

STATE OF WEST VIRGINIA
PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: Under W. Va. Code § 15A-3-14, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code § 61-5-3) that: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Katherine Nelson

Authorized Signature:  Date: 7-6-23

State of WV

County of Marshall, to-wit:

Taken, subscribed, and sworn to before me this 6 day of July, 2023.

My Commission expires 6 July, 2024.

AFFIX SEAL HERE

NOTARY PUBLIC _____



2023

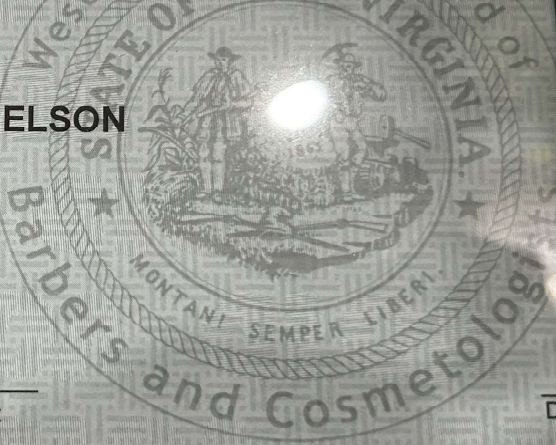
STATE OF WEST VIRGINIA
BOARD OF BARBERS AND COSMETOLOGISTS



This license certifies the individual named below is licensed to practice their profession within the

KATHERINE FAITH NELSON
LICENSE #: 041570
COSMETOLOGIST
MOUNDSVILLE

B. Donnie Snyder, Chair/President





**State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5**

**STATE OF WEST VIRGINIA,
COUNTY OF Marshall, TO-WIT:**

I, Katherine Nelson, after being first duly sworn, depose and state as follows:

1. I am an employee of First Impression; and,
(Company Name)
2. I do hereby attest that First Impression
(Company Name)

maintains a written plan, for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Katherine Nelson
 Signature: *Katherine Nelson*
 Title: Cosmetologist
 Company Name: First Impression
 Date: 7-6-23

Taken, subscribed and sworn to before me this 6 day of July, 2023.
By Commission expires 6 July 2024

(Seal)

(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

Section	Description	Unit of Measure	Estimated Quantity	Unit Price	Extended Cost
4.1.1	Contract Service #1: Inmate Haircuts	EA	150	17	2,550
				Overall Total Cost	2,550

Please note the following: This information is being captured for auditing purposes.

Vendor must complete the Pricing Page in full as failure to complete the Pricing Page in its entirety will result in Vendor's bid being disqualified. A no bid entered on the Pricing Page will result in Vendor's bid being disqualified.

Any product or service not on the Agency provided Pricing Page will not be allowable. The State cannot accept alternate pricing pages.

Vendor must type or electronically enter the information into the Pricing Page to prevent errors in the evaluation.

Vendor must complete and return this Pricing Page.

The Pricing Page contains a list of the Contract Services and estimated purchase volume. The estimated purchase volume for each item represents the approximate volume of anticipated purchases only. No future use of the Contract or any individual item is guaranteed or implied.

BIDDER /VENDOR INFORMATION:

Vendor Name:	Katherine Nelson
Address:	260 Jefferson Ave
City, St. Zip:	Moundsville, WV 20041
Phone No.:	304-231-8322
Email Address:	katielson16524@gmail.com

Katherine Nelson

Vendor Signature:

7-31-23

Date:



State of West Virginia
Agency Request for Quote

Proc Folder: 1239757		Reason for Modification:	
Doc Description: Inmate Haircuts for Northern Regional Jail			
Proc Type: Agency Master Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version
2023-06-08	2023-06-26 14:00	ARFQ 0608 DCR2300000199	1

BID RECEIVING LOCATION

260 Jefferson Ave Moundsville WV 26041
Appt A.

VENDOR

Vendor Customer Code: VS00000043347
 Vendor Name: Katherine Nelson
 Address: 260 Jefferson Ave
 Street: Jefferson
 City: Moundsville
 State: WV Country: Marshall Zip: 26041
 Principal Contact:
 Vendor Contact Phone: 304-231-8322 Extension:

FOR INFORMATION CONTACT THE BUYER

Mary R Kemper
 304-957-8226
 mary.r.kemper@wv.gov

Vendor
Signature X

FEIN#

DATE

7-6-23

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

The West Virginia Division of Administrative Services is soliciting bids on behalf of the Division of Corrections and Rehabilitation, Northern Regional Jail located at 112 Northern Regional Correctional Drive, Moundsville, WV 26041, to establish an open-ended contract for Inmate Haircuts.

INVOICE TO

NORTHERN REGIONAL JAIL
112 NORTHERN REGIONAL
CORRECTIONAL DR

MOUNDSVILLE WV
US

SHIP TO

NORTHERN REGIONAL JAIL
112 NORTHERN REGIONAL
CORRECTIONAL DR

MOUNDSVILLE WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Contract Service #1: Inmate Haircuts	150.00000	EA		

Comm Code	Manufacturer	Specification	Model #
91101701			

Extended Description:

4.1.1.1 Vendor must provide inmate haircut services on a weekly basis at Northern Regional Jail. Vendor shall coordinate the day(s) of the week with the Jail Counseling Staff.

4.1.1.2 Vendor must provide their own tools.

4.1.1.3 Vendor must cut all hair types, including male and female hair.

4.1.1.4 Vendor must clean and sanitize the area upon completion.

4.1.1.5 Vendor must pass a background check and must bring approved picture ID, such as a driver's license, when working at the facility.

4.1.1.6 The working environment is an operational regional jail facility. All work related to this contract must be conducted in accordance with all West Virginia Division of Corrections and Rehabilitation protocol for working within an operational facility.

See attached Specifications for more details.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Questions due by 2:00pm EST	2023-06-15

	Document Phase	Document Description	Page
DCR2300000199	Final	Inmate Haircuts for Northern Regional Jail	3

REQUEST FOR QUOTATION
Inmate Haircuts for
Northern Regional Jail
ARFQ 0608 DCR23000000199

11.1.4. Failure to remedy deficient performance upon request.

11.2. The following remedies shall be available to Agency upon default.

11.2.1. Immediate cancellation of the Contract.

11.2.2. Immediate cancellation of one or more release orders issued under this Contract.

11.2.3. Any other remedies available in law or equity.

12. MISCELLANEOUS:

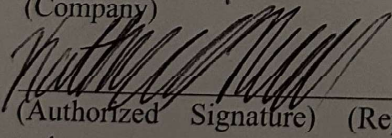
12.1. **Contract Manager:** During its performance of this Contract, Vendor must designate and maintain a primary Contract Manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract Manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract Manager and his or her contact information below.

Contract Manager:	Katherine Nelson
Telephone Number:	304-231-8322
Fax Number:	
Email Address:	katiensel16524@gmail.com

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

Katherine Nelson Cosmetologist
(Name, Title)
Katherine Nelson Cosmetologist
(Printed Name and Title)
260 Jefferson Ave Moundsville WV 26041
(Address)
260 Jefferson Ave
(Phone Number) / (Fax Number)
304-231-8322
(E-mail address)
katenelson16524@gmail.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

First Impression
(Company)
 Katherine Nelson Cosmetologist
(Authorized Signature) (Representative Name, Title)
Katherine Nelson Cosmetologist
(Printed Name and Title of Authorized Representative)
7-6-23
(Date)
304-231-8322
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.:

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification. Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:

(Check the box next to each addendum received)

- | | |
|----------------------------------------------------|-----------------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input checked="" type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input checked="" type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input checked="" type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input checked="" type="checkbox"/> Addendum No. 9 |
| <input checked="" type="checkbox"/> Addendum No. 5 | <input checked="" type="checkbox"/> Addendum No. 10 |

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

First Impression

Company

Matthew Nelson

Authorized

Signature

7-6-23

Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.