



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at ***WVPurchasing.gov*** with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Jump to: PRCUID

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Welcome, Christopher W Seckman

Solicitation Response(SR) | Dept: 0803 | ID: ESR05082500000006876 | Ver.: 1 | Function: New | Phase: Final | Modified by batch , 05/08/2025

Header # 3

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1670123

Procurement Type: Central Purchase Order

Vendor ID: VS0000011232

Legal Name: STEP CG LLC

Alias/DBA:

Total Bid: \$143,041.00

Response Date: 05/08/2025

Response Time: 12:39

Responded By User ID: clintvaughn

First Name: Clint

Last Name: Vaughn

Email: cvaughn@stepcg.com

Phone: 502-550-6852

SO Doc Code: CRFQ

SO Dept: 0803

SO Doc ID: DOT2500000061

Published Date: 4/17/25

Close Date: 5/8/25

Close Time: 13:30

Status: Closed

Solicitation Description: WVDOT Networking Equipment (81250100)

Total of Header Attachments: 3

Total of All Attachments: 3

List View



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Solicitation Response

Proc Folder: 1670123
Solicitation Description: WVDOT Networking Equipment (81250100)
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2025-05-08 13:30	SR 0803 ESR05082500000006876	1

VENDOR
VS0000011232
STEP CG LLC

Solicitation Number: CRFQ 0803 DOT2500000061
Total Bid: 143041
Response Date: 2025-05-08
Response Time: 12:39:50
Comments:

FOR INFORMATION CONTACT THE BUYER
John W Estep
304-558-2566
john.w.estep@wv.gov

Vendor		
Signature X	FEIN#	DATE

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Extreme Networks 5420M Universal Switch - 48 Port or equal	25.00000	EA	3958.260000	98956.50

Comm Code	Manufacturer	Specification	Model #
43222609			

Commodity Line Comments: Extreme Networks 5420M-48W-4YE

Extended Description:

3.1.1 Extreme Networks 5420M Universal Switch - 48 Port, Part Number 5420M-48W-4YE- or equal. Includes (1) one-year XIQ Pilot Cloud Subscription

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Extreme Switching Power Supply - AC - 920 Watt or equal	50.00000	EA	728.690000	36434.50

Comm Code	Manufacturer	Specification	Model #
43222612			

Commodity Line Comments: Extreme Networks XN-ACPWR-1200W
We're proposing XN-ACPWR-1200W power supplies in place of the 920W PSU's. This will allow for more PoE growth.

Extended Description:

3.2.1 Extreme Switching Power Supply - AC - 920-Watt, Part Number XN-ACPWR-920W or equal.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Extreme Networks 20GBase direct attach cable - 0.5 m or equal	30.00000	EA	150.000000	4500.00

Comm Code	Manufacturer	Specification	Model #
43222612			

Commodity Line Comments: Extreme Networks 20G-DACP-SFPDDZ5M

Extended Description:

3.2.2 Extreme Networks 20GBase direct attach cable - 0.5m, Part Number 20G-DACP-SFPDDZ5M or equal

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Extreme Networks 20GBase direct attach cable - 1 m or equal	10.00000	EA	165.000000	1650.00

Comm Code	Manufacturer	Specification	Model #
43222612			

Commodity Line Comments: Extreme Networks 20G-DACP-SFPDD1M

Extended Description:

3.2.3 Extreme Networks 20GBase direct attach cable - 1m, Part Number 20G-DACP-SFPDD1M or equal.

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Extreme Networks 10302 Comp 10GBASE-LR SFP+XCVR Module or eq	30.00000	EA	50.000000	1500.00

Comm Code	Manufacturer	Specification	Model #
43222612			

Commodity Line Comments: Extreme Networks - STEP CG Branded 10GBASE-LR SFP+

Extended Description:

3.2.4 Extreme Networks 10302 Compatible 10GBASE-LR SFP+ Transceiver Module, Part Number 10302 or equal.



Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Quote
Info Technology

Proc Folder: 1670123

Doc Description: WVDOT Networking Equipment (81250100)

Reason for Modification:

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2025-04-17	2025-05-08 13:30	CRFQ 0803 DOT2500000061	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : STEP CG, LLC

Address : 50 E Rivercenter Blvd #900

Street :

City : Covington

State : KY

Country : USA

Zip : 41011

Principal Contact : Clint Vaughn

Vendor Contact Phone: 502-550-6852

Extension:

FOR INFORMATION CONTACT THE BUYER

John W Estep
304-558-2566
john.w.estep@wv.gov

**Vendor
Signature X**

FEIN# 30-0836376

DATE 5-8-25

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

ADDITIONAL INFORMATION**REQUEST FOR QUOTATION:**

West Virginia Purchasing Division is soliciting bids on behalf of the Department of Transportation to establish a contract for the one-time purchase of Networking Equipment - Switches and various components. Per the Bid requirements, Specifications, Terms and Conditions attached to this solicitation.

INVOICE TO

DEPT. OF TRANSPORTATION
1900 KANAWHA BLVD E,
BLD. 5 RM-720

CHARLESTON WV
US

SHIP TO

DEPT. OF TRANSPORTATION
1900 KANAWHA BLVD E,
BLD. 5 RM-720

CHARLESTON WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Extreme Networks 5420M Universal Switch - 48 Port or equal	25.00000	EA	\$3958.26	\$98,956.50

Comm Code	Manufacturer	Specification	Model #
43222609			

Extended Description:

3.1.1 Extreme Networks 5420M Universal Switch - 48 Port, Part Number 5420M-48W-4YE- or equal. Includes (1) one-year XIQ Pilot Cloud Subscription

INVOICE TO

DEPT. OF TRANSPORTATION
1900 KANAWHA BLVD E,
BLD. 5 RM-720

CHARLESTON WV
US

SHIP TO

DEPT. OF TRANSPORTATION
1900 KANAWHA BLVD E,
BLD. 5 RM-720

CHARLESTON WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Extreme Switching Power Supply - AC - 920 Watt or equal	50.00000	EA	\$728.69	\$36,434.50

Comm Code	Manufacturer	Specification	Model #
43222612	Extreme Networks	1200W PSU	XN-ACPWR-1200W

Extended Description:

3.2.1 Extreme Switching Power Supply - AC - 920-Watt, Part Number XN-ACPWR-920W or equal.

INVOICE TO				SHIP TO			
DEPT. OF TRANSPORTATION 1900 KANAWHA BLVD E, BLD. 5 RM-720				DEPT. OF TRANSPORTATION 1900 KANAWHA BLVD E, BLD. 5 RM-720			
CHARLESTON		WV		CHARLESTON		WV	
US				US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Extreme Networks 20GBase direct attach cable - 0.5 m or equa	30.00000	EA	\$150.00	\$4500.00

Comm Code	Manufacturer	Specification	Model #
43222612			

Extended Description:

3.2.2 Extreme Networks 20GBase direct attach cable - 0.5m, Part Number 20G-DACP-SFPDDZ5M or equal

INVOICE TO				SHIP TO			
DEPT. OF TRANSPORTATION 1900 KANAWHA BLVD E, BLD. 5 RM-720				DEPT. OF TRANSPORTATION 1900 KANAWHA BLVD E, BLD. 5 RM-720			
CHARLESTON		WV		CHARLESTON		WV	
US				US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Extreme Networks 20GBase direct attach cable - 1 m or equal	10.00000	EA	\$165.00	\$1650.00

Comm Code	Manufacturer	Specification	Model #
43222612			

Extended Description:

3.2.3 Extreme Networks 20GBase direct attach cable - 1m, Part Number 20G-DACP-SFPDD1M or equal.

INVOICE TO				SHIP TO			
DEPT. OF TRANSPORTATION 1900 KANAWHA BLVD E, BLD. 5 RM-720				DEPT. OF TRANSPORTATION 1900 KANAWHA BLVD E, BLD. 5 RM-720			
CHARLESTON		WV		CHARLESTON		WV	
US				US			

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Extreme Networks 10302 Comp 10GBASE-LR SFP+XCVR Module or eq	30.00000	EA	\$50.00	\$1500.00

Comm Code	Manufacturer	Specification	Model #
43222612			

Extended Description:
 3.2.4 Extreme Networks 10302 Compatible 10GBASE-LR SFP+ Transceiver Module, Part Number 10302 or equal.

SCHEDULE OF EVENTS		
<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Tech Questions due by 10:00am	2025-04-29

	Document Phase	Document Description	Page 5
DOT2500000061	Final	WVDOT Networking Equipment (81250100)	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Armada Risk Partners, LLC 1300 East 9th Street Suite 1650 Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-350-5050 E-MAIL ADDRESS: service@armadarisk.com FAX (A/C, No):
INSURED Step CG, LLC 50 E Rivercenter Blvd Ste 900 Covington KY 41011	INSURER(S) AFFORDING COVERAGE INSURER A: TRAVELERS PROP CAS INS CO INSURER B: PHOENIX INS CO INSURER C: TRAVELERS CAS & SURETY CO OF AMER INSURER D: Travelers Property Casualty Co of Amer INSURER E: TRAVELERS EXCESS & SURPLUS LINES CO INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1205265265**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZLP-16P10159-24-I5	7/13/2024	7/13/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BA-3S736385-24-I5-G	7/13/2024	7/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			CUP-3S763836-24-I5	7/13/2024	7/13/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input type="checkbox"/> A	UB-3S761289-24-I5-G	7/13/2024	7/13/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
E	Tech E&O/Cyber			TEO-108071244-00	7/13/2024	7/13/2025	Each Occ / Aggregate 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

General

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) STEP CG, LLC		
	2 Business name/disregarded entity name, if different from above.		
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) S Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		
	5 Address (number, street, and apt. or suite no.). See instructions. 50 E. RiverCenter Blvd., Suite 900	Requester's name and address (optional)	
6 City, state, and ZIP code Covington, KY 41011			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

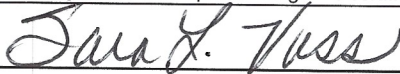
Social security number										
			-				-			
or										
Employer identification number										
3	0	-	0	8	3	6	3	7	6	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person 	Date 1/24/25
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they