



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
 Construction

Proc Folder: 1365373			Reason for Modification:
Doc Description: Professional Painting for Public Service Commission			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-01-31	2024-02-21 13:30	CRFQ 0926 PSC2400000004	1

BID RECEIVING LOCATION

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

RECEIVED
 2024 FEB 21 PM 2:09
 WV PURCHASING
 DIVISION

VENDOR

Vendor Customer Code:

Vendor Name : W. Q. Watters Company

Address : 1081 Kanawha State Forest Drive

Street :

City : Charleston **USA**

State : WV **Country :** **Zip :** 25314

Principal Contact : Kenneth P. Bowen

Vendor Contact Phone: (304) 744-9431 **Extension:**

FOR INFORMATION CONTACT THE BUYER
 Larry D McDonnell
 304-558-2063
 larry.d.mcdonnell@wv.gov

Vendor Signature X *Kenneth P Bowen* **FEIN#** 55-0334314 **DATE** 2/22/24

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

ADDITIONAL INFORMATION

The West Virginia Purchasing Division, for the agency, Public Service Commission, is soliciting bids for professional painting services for various areas of the Agency's main facility, per the attached documentation.

 Mandatory pre-bid meeting will be held on 02/07/2024 at 9:00 AM EST at the Public Service Commission 201 Brook Street, Charleston, WV 25301

INVOICE TO	SHIP TO
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PUBLIC SERVICE COMMISSION 201 BROOKS ST CHARLESTON WV US	PUBLIC SERVICE COMMISSION 201 BROOKS ST CHARLESTON WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Professional Painting - Total Overall Cost	1.00000	LS		62,646.36

Comm Code	Manufacturer	Specification	Model #
72151302			

Extended Description:
 See attached documentation for further details.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Pre-Bid Meeting at 9:00AM EST	2024-02-07
2	Vendor Questions due at 2:00PM EST	2024-02-13



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 Purchasing Division
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 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
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 Construction

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Doc Description: Professional Painting for Public Service Commission			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-02-13	2024-02-22 13:30	CRFQ 0926 PSC2400000004	3

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:
 Vendor Name: W. Q. Watters Company
 Address: 1081 Kanawha State Forest Drive
 Street:
 City: Charleston,
 State: WV Country: USA Zip: 25314
 Principal Contact: Kenneth P. Bowen
 Vendor Contact Phone: (304) 744-9431 Extension:

FOR INFORMATION CONTACT THE BUYER
 Larry D McDonnell
 304-558-2063
 larry.d.mcdonnell@wv.gov

Vendor Signature X *Kenneth P Bowen* FEIN# 55-0334314 DATE 2/22/24

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

ADDITIONAL INFORMATION

To post answers to vendor questions.
Bid opening date still remains February 22, 2024 at 1:30PM EST.
No other changes

INVOICE TO | **SHIP TO**

PUBLIC SERVICE COMMISSION 201 BROOKS ST CHARLESTON WV US	PUBLIC SERVICE COMMISSION 201 BROOKS ST CHARLESTON WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Professional Painting - Total Overall Cost	1.00000	LS		

Comm Code	Manufacturer	Specification	Model #
72151302			

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

I, Kenneth P. Bowen, after being first duly sworn, depose and state as follows:

1. I am an employee of W. Q. Watters Company; and,
(Company Name)
2. I do hereby attest that W. Q. Watters Company
(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: Kenneth P. Bowen

Signature: *Kenneth P Bowen*

Title: Vice President

Company Name: W. Q. Watters Company

Date: 2/22/24

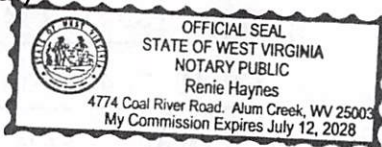
STATE OF WEST VIRGINIA,

COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 22 day of February, 2024.

By Commission expires 7/12/28

(Seal)



Renie Haynes
(Notary Public)

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

In accordance with *West Virginia Code* § 21-1D-7b, no less than once per year, or upon completion of the project, every contractor shall provide a certified report to the public authority which let the contract. That report must include each of the items identified below in the Required Report Content section.

Instructions: Vendor should complete this coversheet, attach it to the required report, and submit it to the appropriate location as follows: For contracts more than \$25,000, the report should be mailed to the West Virginia Purchasing Division at 2019 Washington Street East, Charleston, WV 25305. For contracts of \$25,000 or less, the vendor should mail the report to the public authority issuing the contract.

Contract Identification:

Contract Number: Solicitation No. CRFQ 0926 PSC2400000004

Contract Purpose: Professional Painting for Public Service Commission

Agency Requesting Work: Department of Administration, Purchasing Division

Required Report Content: The attached report must include each of the items listed below. The vendor should check each box as an indication that the required information has been included in the attached report.

- Information indicating the education and training service to the requirements of *West Virginia Code* § 21-1D-5 was provided;
- Name of the laboratory certified by the United States Department of Health and Human Services or its successor that performs the drug tests;
- Average number of employees in connection with the construction on the public improvement;
- Drug test results for the following categories including the number of positive tests and the number of negative tests: (A) Pre-employment and new hires; (B) Reasonable suspicion; (C) Post-accident; and (D) Random.

Vendor Contact Information:

Vendor Name: W. Q. Watters Company

Vendor Telephone: (304) 744-9431

Vendor Address: 1081 Kanawha State Forest Dr.

Vendor Fax: (304) 744-9433

Charleston, WV 25314

Vendor E-Mail: admin@wqwatters.com



Contractor License
Number: WV000563

W.Q. Watters Company

1081 Kanawha State Forest Drive
Charleston, WV 25314

Phone 744-9431

FAX 744-9433

AREA CODE 304

February 22, 2024

Drug Free Workplace Report Attachment

Re: Required Report Content
Solicitation No. CRFQ 0926
PSC2400000004
Professional Painting For
Public Service Commission

Our drug testing program is through KVBA Lead - See Attached
Our average employees on this project will be 4.



Patron
Member



NCI - Nursing Corps

Nationwide Medical Services to Business and Industry
Post Office Box 2580, Wintersville, OH 43953

Phone: (740) 266-6344

Fax: (740) 266-6671

Notice of Medical Testing for LEAD West Virginia

You are hereby authorized to collect a sample(s) as checked below for the following employee / applicant and to forward the sample to MEDTOX for analysis

Employee Name: _____ Date: _____

Authorized Test: Non-DOT, Urine Drug Collection Non-DOT, Breath Alcohol Test
 DOT, Urine Drug Collection DOT, Breath Alcohol Test

Reason For Test: Pre-Employment Random Post-Accident Reasonable Cause
 Follow-up Return to duty

X Special Instructions: _____

Important: NCI has a corporate account for drug screen collections. MEDTOX has identified you as an approved MEDTOX Collection Facility, all necessary account set-up, billing, and protocol information should have been sent to you for entry into your system. Please be sure to use the appropriate custody and control form for the employee. The employee should supply you with the appropriate Chain of Custody. All necessary collection / shipping supplies should be available at your location. If a form is not supplied or available, **Please contact Nursing Corps at the number below for instructions and resupply.**

Traditional Drug Testing:

If a traditional urine collection is requested, follow all normal urine collection protocols and procedures, seal the specimen, and send to MEDTOX using MEDTOX's pre-paid FedEx shipping account.

Billing Information:

ALL INVOICING SHOULD BE SENT TO:

NCI Nursing Corps
P. O. Box# 2580
500 Luray drive
Wintersville, OH 43953
740 266-6344

Specimen Shipping:

PLEASE FORWARD ALL SAMPLES TO:
Medtox Laboratories

MRO:

Dr. Steve Mascio
PO Box 2580
Winterville, OH 43953
(740)266-6794

Company Information:

COC Name:
Address
City, State, ZIP
Contact/Number:

CALL NCI/NURSING CORPS WITH ANY QUESTIONS OR CONCERNS (740) 266-6344, OPTION 0

Occupational / Industrial Nursing ♦ Drug & Alcohol Testing
DOT & OSHA Compliance Consulting ♦ Respirator Testing
Blood Draws ♦ Medical Staffing ♦ Private Duty Nursing



Z42609556

MEDTOX
LABORATORIES, INC.

402 W County Rd D
St. Paul, MN 55112
(651) 636-7466
(800) 832-3244

3
1

To be completed by **COLLECTOR**
or **EMPLOYER REPRESENTATIVE**

Account # 3373970

A. Employer Name, Address, I.D. No.

EAD-WEST VIRGINIA/PAINTERS #970
627 BIGLEY AVE
HARLESTON, WV 25302
740-266-6344

B. MRO Name, Address, Phone and Fax No.

DR STEVE MASCO
500 LURAY DR
WINTERSVILLE, OH 43953
PH 740-266-6774 FX 740-266-6671

LAB ACCESSION NO.

C. Donor Name (Last, First)

[Grid for Donor Name]

Lodge #/
Loc. Code

[Grid for Lodge #/ Loc. Code]

Donor SSN

[Grid for Donor SSN]

Daytime Phone ()

Evening Phone ()

Donor Street Address

[Grid for Donor Street Address]

City

[Grid for City]

D. Reason for Test

- Pre-employment
- Random
- Reasonable Suspicion/Cause
- Return To Duty
- Periodic Medical
- Follow-up
- Post Accident

State

[Grid for State]

ZIP

[Grid for ZIP]

E. Collection Site Name

Other (Specify)

[Grid for Other (Specify)]

Collection Site
Phone No.

[Grid for Collection Site Phone No.]

Donor Consent:

I consent to the release of the results of such analysis to my union, employer, other drug screen programs sponsored in part by building and constructions trades councils affiliated with the building and construction trades department of the AFL-CIO, and if required, to the owner or operator of the facility at which I am to be considered for employment or continued employment.

Donor Init _____

F. Test(s) Ordered

89740
TPNL + EXP
[Barcode]

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark

Specimen Collection:

Split Single None Provided (Enter Remark) Observed (Enter Remark)

38400

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.

X _____
Signature of Collector

(PRINT) Collector's Name (First, MI, Last)

Time of Collection [Grid] AM PM
Date (Mo./Day/Yr.) [Grid]

SPECIMEN BOTTLE(S) RELEASED TO:
Name of Delivery Service Transferring Specimen to Lab
 FedEx Local Courier
 Other _____

RECEIVED AT LAB:

X _____
Signature of Accessioner

(PRINT) Accessioner's Name (First, MI, Last)

SPECIMEN BOTTLE(S) RELEASED TO:

Primary Specimen Bottle Seal Intact

Yes
 No, Enter Remark Below

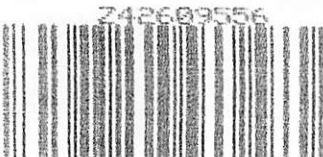
STEP 5: COMPLETED BY DONOR

I authorize the collection of this specimen for the purpose of a drug test. I certify that I provided my urine specimen to the collector and that I have not adulterated it in any manner. I acknowledge that the specimen container(s) was/were sealed with a tamper-proof seal(s) in my presence, and that the information provided on this form and on the label(s) affixed to the specimen container(s) is correct. I authorize the laboratory to release the results of the test to the company identified on this form or its designated agents.

X _____
Signature of Donor

Date (Mo. / Day /Yr.) _____

SPECIMEN ID NO.



Z42609556

SPECIMEN ID NO.

A - SPECIMEN 30 ML



MEDTOX
LABORATORIES, INC.

A-30 ML

Date (Mo. Day, Yr.) _____

Donor's Initials _____

B SPLIT SPECIMEN 15 ML



MEDTOX
LABORATORIES, INC.

B-15 ML

Date (Mo. Day, Yr.) _____

Donor's Initials _____

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.

(Printed Name and Title) Kenneth P. Bowen, Vice President

(Address) 1081 Kanawha State Forest Drive, Chas, WV 25314

(Phone Number) / (Fax Number) (304) 744-9431 Fax (304) 744-9433

(email address) admin@wqwatters.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract 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/Contract 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 this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; 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.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

W. Q. Watters Company
(Company)


(Signature of Authorized Representative)

Kenneth P. Bowen, Vice President
(Printed Name and Title of Authorized Representative) (Date)

(304) 744-9431 744-9433
(Phone Number) (Fax Number)

admin@wqwatters.com
(Email Address)

Subcontractor List Submission (Construction Contracts Only)

Bidder's Name: W. Q. Watters Company

Check this box if no subcontractors will perform more than \$25,000.00 of work to complete the project.

Subcontractor Name	License Number if Required by W. Va. Code § 21-11-1 et. seq.

Attach additional pages if necessary

CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board



NUMBER: WV000563

CLASSIFICATION:

SPECIALTY
PAINTING

W Q WATTERS COMPANY
DBA W Q WATTERS COMPANY
1081 KANAWHA STATE FOREST DRIVE
CHARLESTON, WV 25314

DATE ISSUED

AUGUST 06, 2023

EXPIRATION DATE

AUGUST 06, 2024

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.



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 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
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State of West Virginia
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 Construction

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Doc Description: Professional Painting for Public Service Commission			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-02-09	2024-02-22 13:30	CRFQ 0926 PSC2400000004	2

BID RECEIVING LOCATION

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 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
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VENDOR

Vendor Customer Code:

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Address : 1081 Kanawha State Forest Drive

Street :

City : Charleston,

State : WV **Country :** USA **Zip :** 25314

Principal Contact : Kenneth P. Bowen

Vendor Contact Phone: (304) 744-9431 **Extension:**

FOR INFORMATION CONTACT THE BUYER
 Larry D McDonnell
 304-558-2063
 larry.d.mcdonnell@wv.gov

Vendor Signature X *Kenneth P Bowen* **FEIN#** 55-0334314 **DATE** 2/22/24

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

ADDITIONAL INFORMATION

1. To attach pre-bid sign-in sheet from the pre-bid meeting that was held on 2/07/2024.
2. To extend bid open date from February 21, 2024 to February 22, 2024.

Bid opening time remains 1:30PM EST.

No other changes

INVOICE TO**SHIP TO**

PUBLIC SERVICE
COMMISSION
201 BROOKS ST

PUBLIC SERVICE
COMMISSION
201 BROOKS ST

CHARLESTON WV
US

CHARLESTON WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Professional Painting - Total Overall Cost	1.00000	LS		

Comm Code**Manufacturer****Specification****Model #**

72151302

Extended Description:

See attached documentation for further details.

SCHEDULE OF EVENTS

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1	Pre-Bid Meeting at 9:00AM EST	2024-02-07
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	Document Phase	Document Description	Page
PSC2400000004	Final	Professional Painting for Public Service Commission	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, W. Q. Watters Company
of Charleston, WV, as Principal, and Travelers Casualty and Surety Company of America
of Hartford, CT, a corporation organized and existing under the laws of the State of
CT with its principal office in the City of Hartford, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of Five Percent of Amount Bid (\$ 5%) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
Professional Painting for Public Service Commission - CRFQ 0926 PSC240000004 - According to Plans &
Specifications

NOW THEREFORE,

- (a) If said bid shall be rejected, or
- (b) If said bid shall be accepted and the Principal shall enter into a contract in accordance with the bid or proposal
attached hereto and shall furnish any other bonds and insurance required by the bid or proposal, and shall in all other respects perform
the agreement created by the acceptance of said bid, then this obligation shall be null and void, otherwise this obligation shall remain in
full force and effect. It is expressly understood and agreed that the liability of the Surety for any and all claims hereunder shall, in no
event, exceed the penal amount of this obligation as herein stated.

The Surety, for the value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no
way impaired or affected by any extension of the time within which the Obligee may accept such bid, and said Surety does hereby
waive notice of any such extension.

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 22nd day of February, 2024.

Principal Seal

W. Q. Watters Company

(Name of Principal)

By: Kenith P Bowen
(Must be President, Vice President, or
Duly Authorized Agent)

Vice President

(Title)

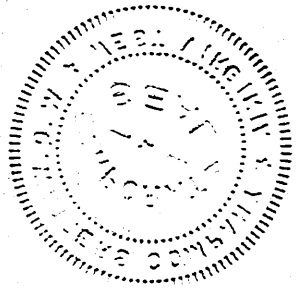
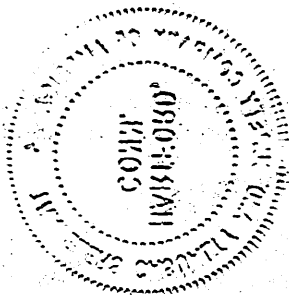
Surety Seal

Travelers Casualty and Surety Company of America

(Name of Surety)

By: Patricia A. Moye
Patricia A. Moye, WV Resident Agent Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance, must affix its seal, and
must attach a power of attorney with its seal affixed.**



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**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

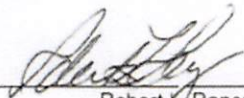
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Gregory T Gordon, Patricia A Moye, Jeremy B. Stanley, Terri L. Dodrill, and Kimberly J Wilkinson of Charleston, West Virginia** their true and lawful Attorney (s)-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **21st** day of **April**, 2021.



State of Connecticut

City of Hartford ss.

By: 
Robert L. Raney, Senior Vice President

On this the **21st** day of **April**, 2021, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of each of the Companies, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2026




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of each of the Companies, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

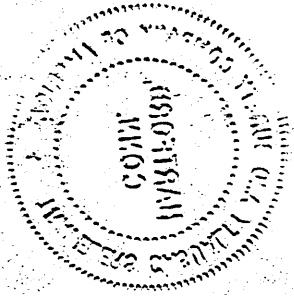
I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of each of the Companies, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **22nd** day of **February**, 2024




Kevin E. Hughes, Assistant Secretary

To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney(s)-in-Fact and the details of the bond to which this Power of Attorney is attached.



Handwritten mark or signature at the bottom left corner.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ PSC24-04

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

W. Q. Watters Company

Company

Kenneth P. Bowen

Vice President

Authorized Signature

2/22/24

Date

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

Revised 6/8/2012

REQUEST FOR QUOTATION
Professional Painting for Public Service Commission
CRFQ PSC24*04

EXHIBIT A – Pricing Page

Paint Project

Approximate square footage is 30,709. Unit price includes the cost of moving furniture, all necessary labor, equipment, and supplies.

Unit Price per Sq. Ft.: \$ 2.04 _____

Total Overall Cost: \$ 62,646.36 _____

Enter this amount into Commodity Line 1

\$ Sixty Two Thousand Six Hundred Forty Six Dollars
Thirty Six Cents *Show amount in words*

Vendor Contractor's License Number: WV000563

Contact Name: Kenneth P. Bowen

Phone Number: (304) 744-9431

Email: admin@wqwatters.com

Signature: 

REQUEST FOR QUOTATION
Professional Painting for Public Service Commission
CRFQ PSC24*04

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: Kenneth P. Bowen

Telephone Number: (304) 744-9431

Fax Number: (304) 744-9433

Email Address: admin@wqwatters.com