



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

State of West Virginia  
**Purchase Order**

Order Date: 10-01-2024

CORRECT ORDER NUMBER MUST APPEAR  
ON ALL PACKAGES, INVOICES, AND  
SHIPPING PAPERS. QUESTIONS  
CONCERNING THIS ORDER SHOULD BE  
DIRECTED TO THE DEPARTMENT  
CONTACT.

|                       |  |                          |   |
|-----------------------|--|--------------------------|---|
| Order Number:         | CPO 0211 4071 GSD2300000003 7                        | Procurement Folder:      | 1010703                                     |
| Document Name:        | Elevator Modernization Various Facilities (Phase II) | Reason for Modification: | Change Order 4<br>To Increase the Contract. |
| Document Description: | Elevator Modernization Various Facilities (Phase II) |                          |   |
| Procurement Type:     | Central Purchase Order                               |                          |   |
| Buyer Name:           | Melissa Pettrey                                      |                          |   |
| Telephone:            | (304) 558-0094                                       |                          |   |
| Email:                | melissa.k.pettrey@wv.gov                             |                          |   |
| Shipping Method:      | Best Way   | Effective Start Date:    | 2022-10-19                                  |
| Free on Board:        | FOB Dest, Freight Prepaid                            | Effective End Date:      | 2024-06-20                                  |

| VENDOR   | DEPARTMENT CONTACT |                     |                     |               |    |    |        |   |    |             |  |  |    |             |  |  |    |             |  |  |  |
|--|--------------------|---------------------|---------------------|---------------|----|----|--------|---|----|-------------|--|--|----|-------------|--|--|----|-------------|--|--|--|
| Vendor Customer Code: VS0000037778<br>SQP CONSTRUCTION GROUP INC<br>281 SMILEY DR<br><br>ST ALBANS WV 25177<br>US<br>Vendor Contact Phone: 3045323659 Extension:<br>Discount Details: <table><thead><tr><th></th><th>Discount Allowed</th><th>Discount Percentage</th><th>Discount Days</th></tr></thead><tbody><tr><td>#1</td><td>No</td><td>0.0000</td><td>0</td></tr><tr><td>#2</td><td>Not Entered</td><td></td><td></td></tr><tr><td>#3</td><td>Not Entered</td><td></td><td></td></tr><tr><td>#4</td><td>Not Entered</td><td></td><td></td></tr></tbody></table> |                    | Discount Allowed    | Discount Percentage | Discount Days | #1 | No | 0.0000 | 0 | #2 | Not Entered |  |  | #3 | Not Entered |  |  | #4 | Not Entered |  |  | Requestor Name: Patrick S O'Neill<br>Requestor Phone: 304-352-5492<br>Requestor Email: patrick.s.oneill@wv.gov<br><br><b>2025</b><br>FILE LOCATION _____ |
|  | Discount Allowed   | Discount Percentage | Discount Days       |               |    |    |        |   |    |             |  |  |    |             |  |  |    |             |  |  |  |
| #1   | No                 | 0.0000              | 0                   |               |    |    |        |   |    |             |  |  |    |             |  |  |    |             |  |  |  |
| #2   | Not Entered        |                     |                     |               |    |    |        |   |    |             |  |  |    |             |  |  |    |             |  |  |  |
| #3   | Not Entered        |                     |                     |               |    |    |        |   |    |             |  |  |    |             |  |  |    |             |  |  |  |
| #4   | Not Entered        |                     |                     |               |    |    |        |   |    |             |  |  |    |             |  |  |    |             |  |  |  |

| INVOICE TO  | SHIP TO  |
|---|--|
| DEPARTMENT OF ADMINISTRATION<br>GENERAL SERVICES DIVISION<br>103 MICHIGAN AVENUE<br>CHARLESTON WV 25305<br>US | STATE OF WEST VIRGINIA<br>JOBSITE - SEE SPECIFICATIONS<br><br>No City WV 99999<br>US |

CR 10-7-24

Total Order Amount: \$7,018,609.7

Purchasing Division's File Copy

MRP 10/02/2024

|  |  |  |
|--|--|--|
| PURCHASING DIVISION AUTHORIZATION<br>DATE: 10/4/24<br>ELECTRONIC SIGNATURE ON FILE | ATTORNEY GENERAL APPROVAL AS TO FORM<br>DATE: John S. Gray<br>ELECTRONIC SIGNATURE ON FILE | ENCUMBRANCE CERTIFICATION<br>DATE: 10-9-24<br>ELECTRONIC SIGNATURE ON FILE |
|--|--|--|

10/9/2024

**Extended Description:**

Change Order

Change Order No. 4 is issued to increase the original contract, according to all terms, conditions, prices, and specifications contained in the original contract including all authorized change orders.

Effective Date of Increase: Immediately.

Original Contract Price: :\$ 6,991,150.00  
Change Order 2 (Decrease):\$ (15,000.00)  
Change Order 3 :\$ 27,428.37  
Change Order 4 :\$ 15,031.37  
New Contract Total: :\$ 7,018,609.74

No other changes.

| Line         | Commodity Code | Quantity     | Unit     | Unit Price | Total Price |
|--------------|----------------|--------------|----------|------------|-------------|
| 1            | 72154010       | 0.00000      |          | 0.000000   | 4426200.00  |
| Service From | Service To     | Manufacturer | Model No |            |             |
| 2022-10-19   | 2024-06-20     |              |          |            |             |

**Commodity Line Description:** Elevator Modernization Project (Phase II): Building 5

**Extended Description:**

Elevator Modernization Project (Phase II): Building 5

| Line         | Commodity Code | Quantity     | Unit     | Unit Price | Total Price |
|--------------|----------------|--------------|----------|------------|-------------|
| 2            | 72154010       | 0.00000      |          | 0.000000   | 487900.00   |
| Service From | Service To     | Manufacturer | Model No |            |             |
| 2022-10-19   | 2024-06-20     |              |          |            |             |

**Commodity Line Description:** Elevator Modernization Project (Phase II): Building 15

**Extended Description:**

Elevator Modernization Project (Phase II): Building 15

| Line         | Commodity Code | Quantity     | Unit     | Unit Price | Total Price |
|--------------|----------------|--------------|----------|------------|-------------|
| 3            | 72154010       | 0.00000      |          | 0.000000   | 488450.00   |
| Service From | Service To     | Manufacturer | Model No |            |             |
| 2022-10-19   | 2024-06-20     |              |          |            |             |

**Commodity Line Description:** Elevator Modernization Project (Phase II): Building 17

**Extended Description:**

Elevator Modernization Project (Phase II): Building 17

| Line         | Commodity Code | Quantity     | Unit     | Unit Price | Total Price |
|--------------|----------------|--------------|----------|------------|-------------|
| 4            | 72154010       | 0.00000      |          | 0.000000   | 543600.00   |
| Service From | Service To     | Manufacturer | Model No |            |             |
| 2022-10-19   | 2024-06-20     |              |          |            |             |

**Commodity Line Description:** Elevator Modernization Project (Phase II): Building 84

**Extended Description:**

Elevator Modernization Project (Phase II): Building 84

| Line         | Commodity Code | Quantity   | Unit         | Unit Price | Total Price |
|--------------|----------------|------------|--------------|------------|-------------|
| 5            | 72154010       | 0.00000    |              | 0.000000   | 1030000.00  |
| Service From |                | Service To | Manufacturer | Model No   |             |
| 2022-10-19   |                | 2024-06-20 |              |            |             |

Commodity Line Description: Elevator Modernization Project (Phase II): Building 86

Extended Description:  
Elevator Modernization Project (Phase II): Building 86

| Line         | Commodity Code | Quantity   | Unit         | Unit Price | Total Price |
|--------------|----------------|------------|--------------|------------|-------------|
| 6            | 72154010       | 0.00000    |              | 0.000000   | 27428.37    |
| Service From |                | Service To | Manufacturer | Model No   |             |
| 2022-10-19   |                | 2024-06-20 |              |            |             |

Commodity Line Description: Change Order 3

Extended Description:

| Line         | Commodity Code | Quantity   | Unit         | Unit Price | Total Price |
|--------------|----------------|------------|--------------|------------|-------------|
| 7            | 72154010       | 0.00000    |              | 0.000000   | 15031.37    |
| Service From |                | Service To | Manufacturer | Model No   |             |
| 2022-10-19   |                | 2024-06-20 |              |            |             |

Commodity Line Description: Change Order 4

Extended Description:



**AIA®**

# Document G701® – 2017

## Change Order

**PROJECT:** (Name and address)  
Elevator Modernizations (Phase 2)

**OWNER:** (Name and address)  
State of West Virginia  
Dept of Administration  
General Services Division  
State Capitol  
Charleston, WV 25305

**CONTRACT INFORMATION:**  
Contract For: General Construction  
Date: October 19, 2022

**ARCHITECT:** (Name and address)  
Miller Engineering, Inc.  
54 West Run Road  
Morgantown, WV 26508

**CHANGE ORDER INFORMATION:**  
Change Order Number: 004  
Date: July 31, 2024

**CONTRACTOR:** (Name and address)  
SQP Construction Group, Inc.

281 Smiley Drive  
St. Albans, WV 25177

### THE CONTRACT IS CHANGED AS FOLLOWS:

(Insert a detailed description of the change and, if applicable, attach or reference specific exhibits. Also include agreed upon adjustments attributable to executed Construction Change Directives.)

Installation of breakers in panel needed to supply power to both HVAC units in the elevator machine rooms.

The original Contract Sum was

The net change by previously authorized Change Orders

The Contract Sum prior to this Change Order was

The Contract Sum will be increased by this Change Order in the amount of

The new Contract Sum including this Change Order will be

The Contract Time will be unchanged by TO BE DETERMINED (TBD) days.

The new date of Substantial Completion will be

|    |              |
|----|--------------|
| \$ | 6,991,150.00 |
| \$ | 12,428.37    |
| \$ | 7,003,578.37 |
| \$ | 15,031.37    |
| \$ | 7,018,609.74 |

**NOTE:** This Change Order does not include adjustments to the Contract Sum or Guaranteed Maximum Price, or the Contract Time, that have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

**NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.**

*BSD in term of Signature & Print*  
**ARCHITECT** (Firm name)

*Robert P. Ketchum, Jr., AIA*  
**SIGNATURE**

*Robert P. Ketchum, Jr., AIA*  
**PRINTED NAME AND TITLE**

*8/2/24*  
**DATE**

SQP Construction Group, Inc.

**CONTRACTOR** (Firm name)

*Donald O. Gatewood*  
**SIGNATURE**

*Donald O. Gatewood, President/CEO*  
**PRINTED NAME AND TITLE**

*8/2/24*  
**DATE**

State of West Virginia/Department of  
Administration  
General Services Division

**OWNER** (Firm name)

*Carol Taylor*  
**SIGNATURE**

*Carol Taylor (Procurement Specialist)*  
**PRINTED NAME AND TITLE**

*8/5/24*  
**DATE**



**SQP Construction Group, Inc.**

281 Smiley Drive, St. Albans, West Virginia 25177

Phone: (304) 440-9200 • Cell: (304) 989-4649

Contact: Jacob Grose, Project Manager

**Project:**

22-018 Elevator Modernization Phase 2

**Date:** July 10

**Proposal Number:** 00

**Proposal Description:**

Cost to provide, install, and program additional fire alarm devices in Building 5 based on recommendation received from D. Sword and C. Miller on 6.18.24.

**COST DETAIL**

| DIRECT COSTS      |  |          |           |                             |                          |                                      |                  |                         |                     |                         |                      |
|-------------------|--|----------|-----------|-----------------------------|--------------------------|--------------------------------------|------------------|-------------------------|---------------------|-------------------------|----------------------|
| SCOPE DESCRIPTION |  |          |           | LABOR                       |                          |                                      |                  | MATERIAL                |                     | EQUIPMENT               |                      |
| Item No.          | Description                                    | Quantity | Qty Units | Direct Labor Hours Per Unit | Total Direct Labor Hours | Hourly Wage Rate, Excl. Taxes & Ins. | Total Labor Cost | Material Cost Per Unit  | Total Material Cost | Equipment Cost Per Unit | Total Equipment Cost |
| A                 | B  | C        | D         | E                           | F = C x E                | G                                    | H = F x G        | I                       | J = C x I           | K                       | L = C x K            |
| 1.02              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.03              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.04              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.05              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.06              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.07              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.08              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.09              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.10              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.11              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.12              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.13              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.14              | Subtotal from Cost Proposal (this sheet)       |          |           |                             |                          | subtotal of 1.01 - 1.13              | -                | subtotal of 1.01 - 1.13 | -                   | subtotal of 1.01 - 1.13 | -                    |
| 1.15              | Subtotal from Cost Proposal Continuation Sheet |          |           |                             |                          |                                      | -                |                         | -                   |                         | -                    |
| 1.97              | Subtotal Direct Costs:                         |          |           |                             |                          | Subtotal Labor                       | \$0.00           | Subtotal Mat'l          | \$0.00              | Subtotal Equip.         | \$0.00               |
| 1.98              | Taxes/Insurance:                               |          |           |                             |                          | Labor Burden 34% % of Item 1.97H     | \$0.00           | Sales Tax 0%            | \$0.00              | Sales Tax 6%            | \$0.00               |
| 1.99              | Total Direct Costs                             |          |           |                             |                          | Total Labor                          | \$0.00           | Total Mat'l             | \$0.00              | Total Equip.            | \$0.00               |

| SUBCONTRACTOR COSTS |  |              |
|---------------------|--|--------------|
| Item No.            | Subcontractor Name<br>(List totals from attached SC-1 forms) | Total Cost   |
| A                   | B  | C            |
| 2.01                | Nitro Electric   | \$ 10,922.77 |
| 2.02                |  | -            |
| 2.03                |  | -            |
| 2.04                |  |              |
| 2.05                |  |              |
| 2.06                |  |              |
| 2.07                |  |              |
| 2.08                |  |              |
| 2.09                |  |              |
| 2.10                |  |              |
| 2.99                | Total Subcontract Costs                                      | \$ 10,922.77 |

| SUMMARY  |                            |                |             |
|----------|----------------------------|----------------|-------------|
| Item No. | Description                |                | Total Cost  |
| 3.01     | Total Direct Labor Cost    | Item 1.99H     | \$0.00      |
| 3.02     | Total Direct Material Cost | Item 1.99J     | \$0.00      |
| 3.03     | Total Equipment Cost       | Item 1.99L     | \$0.00      |
| 3.04     | Subtotal                   | 3.01+3.02+3.03 | \$0.00      |
| 3.05     | Overhead and Profit (%)    | 15.00%         | \$0.00      |
| 3.06     | Subtotal                   | 3.04+3.05      | \$0.00      |
| 3.07     | Subcontractor Cost         | Item 2.99      | \$10,922.77 |
| 3.08     | Subcontractor Markup (%)   | 10.00%         | \$1,092.28  |
| 3.09     | Subtotal                   | 3.06+3.07+3.08 | \$12,015.05 |
| 3.10     | Additional Bond/Ins. Cost  | 2.00%          | \$240.30    |
| 3.11     | B&O Tax                    | 2.00%          | \$240.30    |
| 3.99     | Total Proposal Cost        | 3.09+3.10+3.11 | \$12,495.65 |

**Submitted By**

Jacob Grose

[NAME]

*Jacob Grose*  
[SIGNATURE]

Project Manager

[TITLE]

July 10, 2024

[DATE]

July 10, 2024

Jacob Grose

SQP

St. Albans, WV

RE: Additional Fire Alarm Devices



Jacob

**Scope of Work:** This change order proposal includes the additional devices and labor for installing the devices as well as support for Electronic Specialties during programming. Electronic Specialties quote remains the same as previously noted. This excludes the conduit and wire previously installed.

| Material                               | Quantity | Price      | Extended Price |
|--|----------|------------|----------------|
| 3/4" conduit<br>(State Electric)       | 0        | \$2.75     | \$0.00         |
| Fire Alarm Cable                       | 0        | \$0.30     | \$0.00         |
| Octogan Box                            | 0        | \$5.00     | \$0.00         |
| Devices<br>(Electronic<br>Specialties) | 1        | \$4,450.00 | \$4,450.00     |
|  |          |            | \$0.00         |
|  |          |            | \$0.00         |
| Total Material                         |          |            | \$4,450.00     |
| Total with tax                         |          |            | \$4,761.50     |

Mark up 15% \$5,475.73

| Labor          | Rate    | Hours | Total       |
|----------------|---------|-------|-------------|
| Foreman        | \$87.93 | 32    | \$2,813.76  |
| Journeyman     | \$82.29 | 32    | \$2,633.28  |
| Total Labor    |         |       | \$5,447.04  |
| Total Estimate |         |       | \$10,922.77 |

If you have any questions, please feel free to contact me.



Jason Dillard | Project Manager

Nitro Construction Services, Inc.

4300 1st Ave., Nitro, WV 25143

Office: 304-204-1500 | Cell: 304-437-0988

Website: [nitroconstructionservices.com](http://nitroconstructionservices.com)

NITRO CONSTRUCTION SERVICES, INC.

4300 First Avenue, 2nd Floor | P.O. Box 879 | Nitro, West Virginia 25143-1001 | [nitrocs.com](http://nitrocs.com) | 304.204.1500

**SQP Construction Group, Inc.**

281 Smiley Drive, St. Albans, West Virginia 25177

Phone: (304) 440-9200 • Cell: (304) 989-4649

Contact: Jacob Grose, Project Manager

**Project:**

22-018 Elevator Modernization Phase 2

Date: August 1, 2024

Proposal Number: **008****Proposal Description:**

Cost to provide and install additional electrical breakers for the HVAC unit on the machine room roof. 1 breakers for the unit were listed to be installed in panel DPHE1.

**COST DETAIL**

| DIRECT COSTS      |  |          |           |                             |                          |                                      |                  |                         |                     |                         |                      |
|-------------------|--|----------|-----------|-----------------------------|--------------------------|--------------------------------------|------------------|-------------------------|---------------------|-------------------------|----------------------|
| SCOPE DESCRIPTION |  |          |           | LABOR                       |                          |                                      |                  | MATERIAL                |                     | EQUIPMENT               |                      |
| Item No.          | Description                                    | Quantity | Qty Units | Direct Labor Hours Per Unit | Total Direct Labor Hours | Hourly Wage Rate, Excl. Taxes & Ins. | Total Labor Cost | Material Cost Per Unit  | Total Material Cost | Equipment Cost Per Unit | Total Equipment Cost |
| A                 | B  | C        | D         | E                           | F = C x E                | G                                    | H = F x G        | I                       | J = C x I           | K                       | L = C x K            |
| 1.02              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.03              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.04              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.05              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.06              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.07              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.08              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.09              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.10              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.11              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.12              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.13              |  |          |           | -                           | -                        | -                                    | -                | -                       | -                   | -                       | -                    |
| 1.14              | Subtotal from Cost Proposal (this sheet)       |          |           |                             |                          | subtotal of 1.01 - 1.13              | -                | subtotal of 1.01 - 1.13 | -                   | subtotal of 1.01 - 1.13 | -                    |
| 1.15              | Subtotal from Cost Proposal Continuation Sheet |          |           |                             |                          |                                      | -                |                         | -                   |                         | -                    |
| 1.97              | Subtotal Direct Costs:                         |          |           |                             |                          | Subtotal Labor                       | \$0.00           | Subtotal Mat'l          | \$0.00              | Subtotal Equip.         | \$0.00               |
| 1.98              | Taxes/Insurance:                               |          |           | Labor Burden                | 34%                      | % of Item 1.97H                      | \$0.00           | Sales Tax               | 0%                  | \$0.00                  | Sales Tax 6% \$0.00  |
| 1.99              | Total Direct Costs                             |          |           |                             |                          | Total Labor                          | \$0.00           | Total Mat'l             | \$0.00              | Total Equip.            | \$0.00               |

| SUBCONTRACTOR COSTS |  |             |
|---------------------|--|-------------|
| Item No.            | Subcontractor Name<br>(List totals from attached SC-1 forms) | Total Cost  |
| A                   | B  | C           |
| 2.01                | Nitro Electric   | \$ 2,216.54 |
| 2.02                |  | -           |
| 2.03                |  | -           |
| 2.04                |  |             |
| 2.05                |  |             |
| 2.06                |  |             |
| 2.07                |  |             |
| 2.08                |  |             |
| 2.09                |  |             |
| 2.10                |  |             |
| 2.99                | Total Subcontract Costs                                      | \$ 2,216.54 |

| SUMMARY  |                            |                |            |
|----------|----------------------------|----------------|------------|
| Item No. | Description                |                | Total Cost |
| 3.01     | Total Direct Labor Cost    | Item 1.99H     | \$0.00     |
| 3.02     | Total Direct Material Cost | Item 1.99J     | \$0.00     |
| 3.03     | Total Equipment Cost       | Item 1.99L     | \$0.00     |
| 3.04     | Subtotal                   | 3.01+3.02+3.03 | \$0.00     |
| 3.05     | Overhead and Profit (%)    | 15.00%         | \$0.00     |
| 3.06     | Subtotal                   | 3.04+3.05      | \$0.00     |
| 3.07     | Subcontractor Cost         | Item 2.99      | \$2,216.54 |
| 3.08     | Subcontractor Markup (%)   | 10.00%         | \$221.65   |
| 3.09     | Subtotal                   | 3.06+3.07+3.08 | \$2,438.19 |
| 3.10     | Additional Bond/Ins. Cost  | 2.00%          | \$48.76    |
| 3.11     | B&O Tax                    | 2.00%          | \$48.76    |
| 3.99     | Total Proposal Cost        | 3.09+3.10+3.11 | \$2,535.72 |

**Submitted By**

Jacob Grose

[NAME]

[SIGNATURE]

Project Manager

[TITLE]

July 10, 2024

[DATE]

August 1, 2024

Jacob Grose

SQP

St. Albans, WV

RE: breakers for HVAC units



Jacob

**Scope of Work:** provide and install breakers in panel needed to supply power to both HVAC units in the elevator machine rooms.

| Material                     | Quantity | Price    | Extended Price |
|------------------------------|----------|----------|----------------|
| breakers<br>(State Electric) | 2        | \$624.00 | \$1,248.00     |
|                              |          |          | \$0.00         |
|                              |          |          | \$0.00         |
|                              |          |          | \$0.00         |
| Total Material               |          |          | \$1,248.00     |
| Total with tax               |          |          | \$1,335.36     |
| Mark up 15%                  |          |          | \$1,535.66     |
| Labor                        | Rate     | Hours    | Total          |
| Foreman                      | \$87.93  | 4        | \$351.72       |
| Journeyman                   | \$82.29  | 4        | \$329.16       |
| Total Labor                  |          |          | \$680.88       |
|                              | \$0.00   | 0        | \$0.00         |
| Total Estimate               |          |          | \$2,216.54     |

If you have any questions, please feel free to contact me.



Jason Dillard | **Project Manager**

Nitro Construction Services, Inc.

4300 1st Ave., Nitro, WV 25143

**Office:** 304-204-1500 | **Cell:** 304-437-0988

**Website:** [nitroconstructionservices.com](http://nitroconstructionservices.com)

**NITRO CONSTRUCTION SERVICES, INC.**

4300 First Avenue, 2nd Floor | P.O. Box 879 | Nitro, West Virginia 25143-1001 | [nitrocs.com](http://nitrocs.com) | 304.204.1500



## INCREASE PENALTY RIDER

BOND AMOUNT \$7,003,578.37 BOND NO. PB02597100417

To be attached and form a part of Bond No. PB02597100417 dated the 7th Day of September, 2022, executed by Philadelphia Indemnity Insurance Company as surety, on behalf of SQP Construction Group, Inc. as current principal of record, and in favor of State of West Virginia, Department of Administration, Purchasing Division, as Obligee for Elevator Modernization Various Facilities (Phase 2) CRFQ GSD23\*11, and in the amount of Seven Million Three Thousand Five Hundred Seventy Eight Dollars and 37/100 (\$7,003,578.37).

In consideration of the agreed premium charged for this bond, it is understood and agreed that Philadelphia Indemnity Insurance Company hereby consents that effective from the 31st Day of July, 2024, said bond shall be amended as follows:

THE BOND PENALTY SHALL BE INCREASED:

FROM: Seven Million Three Thousand Five Hundred Seventy Eight Dollars and 37/100 (\$7,003,578.37)

TO: Seven Million Eighteen Thousand Six Hundred Nine Dollars and 74/100 (\$7,018,609.74)

The INCREASE of said bond penalty shall be effective as of the 31st Day of July, 2024, and does hereby agree that the continuity of protection under said bond subject to changes in penalty shall not be impaired hereby, provided that the aggregate liability of the above mentioned bond shall not exceed the amount of liability assumed by it at the time the act and/or acts of default were committed and in no event shall such liability be cumulative.

Signed, sealed and dated this 5th Day of August, 2024

SQP Construction Group, Inc.  
PRINCIPAL

BY [Signature]

Philadelphia Indemnity Insurance Company  
SURETY

BY [Signature]

Kimberly L. Miles, Licensed WV Resident Agent, ATTORNEY-IN-FACT

THE ABOVE BOND IS HEREBY AGREED TO AND ACCEPTED BY

State of West Virginia, Department of Administration, Purchasing Division

OBLIGEE

BY [Signature]

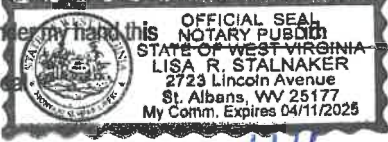
TITLE

# ACKNOWLEDGMENTS

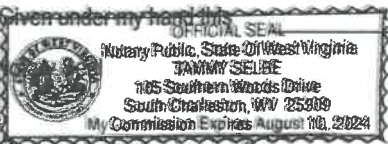
## Acknowledgment by Principal if individual or Partnership

1. STATE OF \_\_\_\_\_
2. County of \_\_\_\_\_ to-wit: \_\_\_\_\_
3. I, \_\_\_\_\_, a Notary Public in and for the \_\_\_\_\_
4. county and state aforesaid, do hereby certify that \_\_\_\_\_  
whose name is signed to the foregoing writing, has this day acknowledged the same before me in my said county.
5. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_
6. Notary Seal \_\_\_\_\_ 7. \_\_\_\_\_  
(Notary Public)
8. My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_

## Acknowledgment by Principal if Corporation

9. STATE OF West Virginia
10. County of Kanawha to-wit: \_\_\_\_\_
11. I, Lisa R Stalnak, a Notary Public in and for the \_\_\_\_\_
12. county and state aforesaid, do hereby certify that Donald O. Gatenwood
13. who as, President/CEO signed the foregoing writing for
14. a corporation, has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
15. Given under my hand this \_\_\_\_\_ day of August 2024
16. Notary Seal  17. Lisa R Stalnak  
(Notary Public)
18. My commission expires on the 11th day of April 2025

## Acknowledgment by Surety

19. STATE OF West Virginia
20. County of Kanawha to-wit: \_\_\_\_\_
21. I, Tammy Selbe, a Notary Public in and for the \_\_\_\_\_
22. county and state aforesaid, do hereby certify that Kimberly L. Miles
23. who as, Attorney-in-Fact signed the foregoing writing for
24. Philadelphia Indemnity Insurance Company a corporation,  
has this day, in my said county, before me, acknowledged the said writing to be the act and deed of the said corporation.
25. Given under my hand this \_\_\_\_\_ day of August 2024
26. Notary Seal  27. Tammy Selbe  
(Notary Public) Tammy Selbe
28. My commission expires on the 10th day of August, 2024

## Sufficiency in Form and Manner of Execution Approved

This 11th day of October 2024

By: John S. Gray  
(Deputy Attorney General)

**PHILADELPHIA INDEMNITY INSURANCE COMPANY**  
One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004-0950

**Power of Attorney**

KNOW ALL PERSONS BY THESE PRESENTS: That **PHILADELPHIA INDEMNITY INSURANCE COMPANY** (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Douglas P. Taylor, Andrew K. Teeter, Kimberly L. Miles, Tammy S. Selbe and Jessica J. Bentley of USI Insurance Services, LLC, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$75,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14<sup>th</sup> of November, 2016.

**RESOLVED:**

That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER  
RESOLVED:**

That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

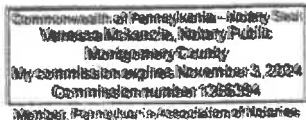
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF MARCH, 2021.

(Seal)



*John Glomb*  
John Glomb, President & CEO  
Philadelphia Indemnity Insurance Company

On this 5<sup>th</sup> day of March, 2021 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

*Vanessa McKenzie*

residing at:

Bala Cynwyd, PA

My commission expires:

November 3, 2024

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5<sup>th</sup> day March, 2021 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 5<sup>th</sup> day of August, 2024

*Edward Sayago*

Edward Sayago, Corporate Secretary  
PHILADELPHIA INDEMNITY INSURANCE COMPANY





STATE OF WEST VIRGINIA  
DEPARTMENT OF ADMINISTRATION  
GENERAL SERVICES DIVISION  
State Capitol  
Charleston, West Virginia 25305

Mark D. Scott  
Cabinet Secretary

John K. McHugh  
Director

**MEMORANDUM**

**To:** Melissa Pettrey, Senior Buyer, State Purchasing Division

**From:** Cody Taylor, Procurement Specialist, General Services Division *Cody Taylor*

**Date:** August 5, 2024

**Ref:** GSD1010703, Change Order #4 Justification

---

Melissa:

Please allow this memorandum to serve as written explanation and justification for our request for Change Order #4 to increase CPO 0211 GSD2300000003, with SQP Construction Group Inc., for Elevator Modernization Various Facilities (Phase 2) Project, per the attached documentation and the explanation given below.

We are requesting a net increase of \$15,031.37 for the installation of breakers in panel to supply power to both HVAC units in the elevator machine rooms. The initial design called for using existing, after installation, it was discovered to need new. This was a simple omission of the original design.

The Agency made the determination that these changes were warranted and approves the changes

|                             |   |                |
|-----------------------------|---|----------------|
| Original Contract Amount    | = | \$6,991,150.00 |
| Change Order #1 (NTP)       | = | N/A            |
| Change Order #2 Decrease    | = | (\$15,000.00)  |
| Change Order #3 (Extension) | = | \$27,428.37    |
| Change Order #4 (Increase)  | = | \$15,031.37    |
| Revised Contract Amount     | = | \$7,018,609.74 |

If you have any questions or need additional information, please contact me via email at [Cody.G.Taylor@wv.gov](mailto:Cody.G.Taylor@wv.gov) or by phone at (304) 352-5531.

You are viewing this page over a secure connection. [Click here](#) for more information.

## West Virginia Secretary of State — Online Data Services

### Business and Licensing

Online Data Services Help

### Business Organization Detail

*NOTICE: The West Virginia Secretary of State's Office makes every reasonable effort to ensure the accuracy of information. However, we make no representation or warranty as to the correctness or completeness of the information. If information is missing from this page, it is not in the The West Virginia Secretary of State's database.*

### SQP CONSTRUCTION GROUP, INC.

#### Organization Information

| Org Type        | Effective Date | Established Date | Filing Date | Charter  | Class  | Sec Type | Termination Date | Termination Reason |
|-----------------|----------------|------------------|-------------|----------|--------|----------|------------------|--------------------|
| C   Corporation | 3/22/2021      |                  | 3/22/2021   | Domestic | Profit |          |                  |                    |

#### Organization Information

|                           |  |                           |  |                      |           |
|---------------------------|--|---------------------------|--|----------------------|-----------|
| <b>Business Purpose</b>   | 2362 - Construction - Construction of Buildings - Nonresidential Building Construction (industrial, commercial & institutional building) |                           |  | <b>Capital Stock</b> | 1000.0000 |
| <b>Charter County</b>     | Putnam   | <b>Control Number</b>     |  |                      |           |
| <b>Charter State</b>      | WV   | <b>Excess Acres</b>       |  |                      |           |
| <b>At Will Term</b>       | <b>Member Managed</b>  |                           |  |                      |           |
| <b>At Will Term Years</b> | <b>Par Value</b>   |                           |  | 1.000000             |           |
| <b>Authorized Shares</b>  | 1000   | <b>Young Entrepreneur</b> |  |                      | No        |



## Addresses

| Type                             | Address  |
|----------------------------------|--|
| <b>Local Office Address</b>      | 281 SMILEY DRIVE<br>SAINT ALBANS, WV, 25177                      |
| <b>Mailing Address</b>           | 281 SMILEY DRIVE<br>SAINT ALBANS, WV, 25177<br>USA               |
| <b>Notice of Process Address</b> | DONALD O GATEWOOD<br>281 SMILEY DRIVE<br>SAINT ALBANS, WV, 25177 |
| <b>Principal Office Address</b>  | 281 SMILEY DRIVE<br>ST. ALBANS, WV, 25177<br>USA                 |
| Type                             | Address  |

## Officers

| Type             | Name/Address  |
|------------------|---|
| <b>President</b> | DONALD GATEWOOD<br>75 W 3RD AVENUE<br>HUNTINGTON, WV, 25701 |
| <b>Secretary</b> | CHARLES CRIMMEL<br>75 W 3RD AVENUE<br>HUNTINGTON, WV, 25701 |
| <b>Treasurer</b> | CHARLES CRIMMEL<br>75 W 3RD AVENUE<br>HUNTINGTON, WV, 25701 |
| Type             | Name/Address  |

## Annual Reports

| Filed For  |
|------------|
| 2024       |
| 2023       |
| 2022       |
| Date filed |

For more information, please contact the Secretary of State's Office at 304-558-8000.

Wednesday, October 2, 2024 — 12:37 PM

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Search

All Words

e.g. 1606N020Q02



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Entities

Disaster Response Registry

Responsibility / Qualification

Exclusions

Filter By



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Simple Search

Search Editor

☐ Any Words



☒ All Words



☐ Exact Phrase



e.g. 123456789, Smith Corp

"SDP Construction Group Inc."



Entity



Location



Status



☒ Active

☐ Inactive

Reset



## No matches found

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# COMPLIANCE VERIFICATION CHECKLIST FOR REQUISITION SUBMISSION

|                          |                  |  |
|--------------------------|------------------|--|
| Purchasing Division Use: |                  | Agency:  |
| Buyer: #05 MKP           | Date: 08/08/2024 | West Virginia General Services Division                    |
| Solicitation No. _____   |                  | Procurement Officer Submitting Requisition:<br>Cody Taylor |
| C/D #4                   |                  | Requisition No.<br>CPO GSD2300000003                       |
|                          |                  | PF No.:<br>1010703   |

This checklist **MUST** be completed by a state agency's designated procurement officer and submitted with the Purchase Requisition to the Purchasing Division. The purpose of the checklist is to verify that an agency procurement officer has obtained and included required documentation necessary for the Purchasing Division to process the requisition without future processing disruptions. At the agency's preference, the agency **MUST** either submit the checklist by attaching it to the requisition's Header **OR** by placing it in the requisition's Procurement Folder.

## FOR ALL SOLICITATION TYPES:

|   | Compliance Check Type  | Required                            | Provided, if Required    | Not Required             | Purch. Div. Confirmation |
|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 1 | Specifications and Pricing Page included   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Use of correct specification template  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Use of correct requisition type<br>[CRQS → CCT or CPO] or [CRQM → CMA]   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Use of most current terms and conditions<br>( <a href="http://www.state.wv.us/admin/purchase/TCP.pdf">www.state.wv.us/admin/purchase/TCP.pdf</a> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Maximum budgeted amount in wvOASIS   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Suggested vendors in wvOASIS   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Capitol Building Commission pre-approval   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Financing (Governor's Office) pre-approval   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Fleet Management Division pre-approval   | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



|    | Compliance Check Type                      | Required                 | Provided, if Required    | Not Required             | Purch. Div. Confirmation |
|----|--|--------------------------|--------------------------|--------------------------|--------------------------|
| 10 | Insurance requirements                     |                          |                          |                          |                          |
|    | Commercial General Liability               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Automobile Liability                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Workers' Compensation/Employer's Liability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Cyber Liability                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Builder's Risk/Installation Floater        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Professional Liability                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|    | Other (specify)                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Office of Technology CIO pre-approval      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Treasurer's Office (banking) pre-approval  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### FOR CHANGE ORDERS/RENEWALS:

|   |  |                                     |                                     |                                     |                                     |
|---|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Two-party agreement                                | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | Standard change order language                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 | Office of Technology CIO approval                  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 4 | Justification for price increases/backdating/other | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 | Bond Rider (Construction)                          | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | Secretary of State Verification                    | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 7 | State debarment verification                       | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 8 | Federal debarment verification                     | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

\*The items pre-checked are required before a Purchase Requisition may be submitted to the Purchasing Division. Failure to complete and verify this documentation may result in rejection of the requisition back to the agency. It is up to the agency procurement officer to determine if pre-approvals, insurance, or other documentation is needed for the purchase. The referenced information below may be used to make this determination.

For Purchasing Division Use Only:

I have reviewed the requisition identified above and find that it is sufficient to advertise publicly to the vendor community. My review does not preclude the possibility that the vendor community, or some other entity, will identify an area of concern; however, should such issues or concerns arise, they will be reviewed and addressed as may be appropriate.

Signature: Melissa K. Petrey, Senior Buyer