

PRICING PAGE

Item No.	Description	Model No/Brand Name Bid	Unit Cost	Extended Cost
1	Pneumatic Tire Electric Forklift 4000lbs, at 24' center includes Delivery.	ERP040VT / Yale	\$31,592.40	\$31,592.40
	Failure to use this form may result in disqualification			
	Bidder / Vendor Information		TOTAL COST	\$31,592.40
Name:	Burns Industrial Equipment			
Address:	156 Mesa Drive			
	St. Albans, WV 25177			
Phone:	304-755-9333			
Email Address:	t1ipford@burnslift.com			
Authorized Signature:	<i>Christopher Burns</i>			

07/12/16 10:46:06
 WV Purchasing Division



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

State of West Virginia
 Request for Quotation
 01 – Agricultural

Proc Folder: 216430

Doc Description: Pneumatic Tire Electric Forklift

Proc Type: Central Purchase Order

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-23	2016-07-12 13:30:00	CRFQ 1400 AGR1600000028	1

BID RECEIVING LOCATION

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

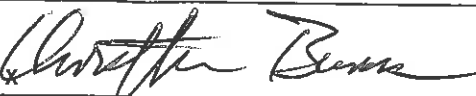
VENDOR

Vendor Name, Address and Telephone Number:

Burns Industrial Equipment
 156 Mesa Drive
 St. Albans, WV 25177
 304-755-9333

FOR INFORMATION CONTACT THE BUYER

Linda Harper
 (304) 558-0468
 linda.b.harper@wv.gov

Signature 

FEIN # 25-1232695

DATE July 11, 2016

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

ADDITIONAL INFORMATION:

The West Virginia Purchasing Division for the Agency, The West Virginia Department of Agriculture is soliciting bids from qualified vendors to establish a "One-Time" contract for the purchase of a Pneumatic Tire Electric Forklift per the Specifications, Terms & Conditions and bid requirements as attached.

INVOICE TO		SHIP TO	
PROCUREMENT OFFICER 304-558-2221 AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV25305-0173 US		AUTHORIZED RECEIVER 304-558-0573 AGRICULTURE DEPARTMENT OF FOOD DISTRIBUTION PROGRAM 4496 CEDAR LAKES RD RIPLEY WV 25271 US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Pneumatic Tire Electric Forklift	1.00000	EA	\$31,592.40	\$31,592.40

Comm Code	Manufacturer	Specification	Model #
24101603	YALE	Pneumatic Tire Electric Forklift	ERP040VT

Extended Description :

Pneumatic Tire Electric Forklift, Cost includes shipping charges

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Question Deadline 3:00 p.m.	2016-06-29

AGR1600000028	Document Phase Final	Document Description Pneumatic Tire Electric Forklift	Page 3 of 3
---------------	--------------------------------	---	-----------------------

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

STATE OF WEST VIRGINIA
Purchasing Division
PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

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

DEFINITIONS:

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

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

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

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: Burns Industrial Equipment

Authorized Signature: *Christopher Burns* Date: July 11, 2016

State of Pennsylvania

County of Allegheny, to-wit:

Taken, subscribed, and sworn to before me this 11th day of July, 2016.

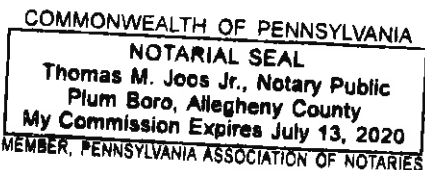
My Commission expires July 13, 2020

AFFIX SEAL HERE

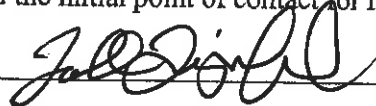
NOTARY PUBLIC

Thomas M. Joos Jr.

Purchasing Affidavit (Revised 09/01/2015)



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.



(Name, Title)
Todd Lipford, Operations Manager

(Printed Name and Title)
156 Mesa Drive, St. Albans, WV 25177

(Address)
304-755-9333, 304-755-9326

(Phone Number) / (Fax Number)
tlipford@burnslift.com

(email address)

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

Burns Industrial Equipment

(Company)



(Authorized Signature) (Representative Name, Title)

Christopher Burns, President

(Printed Name and Title of Authorized Representative)

July 11, 2016

(Date)

412-856-9253, 412-372-2941

(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: AGR1600000028

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 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.

Burns Industrial Equipment
Company


Authorized Signature

July 11, 2016
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.
Revised 6/8/2012

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. BURNS INDUSTRIAL EQUIPMENT	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 1050 RICO ROAD	Requester's name and address (optional)
6 City, state, and ZIP code MONROEVILLE PA 15146	
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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																					
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td></tr> </table>											<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td><td style="width: 10px; height: 20px;"> </td></tr> </table>										
or																					
Employer identification number																					
<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10px; height: 20px;">2</td><td style="width: 10px; height: 20px;">5</td><td style="width: 10px; height: 20px;">-</td><td style="width: 10px; height: 20px;">1</td><td style="width: 10px; height: 20px;">2</td><td style="width: 10px; height: 20px;">3</td><td style="width: 10px; height: 20px;">2</td><td style="width: 10px; height: 20px;">6</td><td style="width: 10px; height: 20px;">9</td><td style="width: 10px; height: 20px;">5</td></tr> </table>	2	5	-	1	2	3	2	6	9	5											
2	5	-	1	2	3	2	6	9	5												

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶ <u>7-11-14</u>
------------------	----------------------------	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

- By signing the filled-out form, you:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 2. Certify that you are not subject to backup withholding, or
 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



Model: ERP040VT

**Proposal To:
Mr. DARREL CARTER**

STATE OF WV DONATED FOODS PROGRAM

Investment Proposal

We propose to furnish the equipment described herein and in accordance with the specifications, terms, and conditions outlined hereinafter:

Customer:

STATE OF WV DONATED
FOODS PROGRAM
322 70TH STREET
CHARLESTON, WV -25304

SHIP TO:

STATE OF WV DONATED
FOODS PROGRAM
322 70TH STREET
CHARLESTON, WV -25304

Quote To:

Mr. DARREL CARTER
Quote No: 85-47383685
Series: G807
Model: ERP040VT
Quantity: 1
Date: 28 Jun 2016
Expires: 16 Jul 2016



Highlight

Yale Pneumatic Tire Electric Forklift Model ERP040VT Nominal 4000 lb capacity at 24" load center Yale trucks feature low operating costs, superior ergonomics, greater dependability, and exceptional productivity Standard equipment includes: Dual AC Traction Motors, AC Pump Motor, Transistor Drive & Pump Control, Advanced VSM (Vehicle System Manager), Progressive Thermal Management System, Fully Integrated CANbus Communication, On-Demand Power Steering, Power Assist Braking with Oil-Cooled Wet Disc Brakes, Automatic Park Brake, ADS (Auto Deceleration System) with Regenerative Braking, Multi-Functional Display (Battery State of Charge with Low Battery Lift Interrupt, Hour Meter, Performance Mode Indicator, Fault Indicator and 4 Operator Selectable, Programmable Performance Modes), Contoured Ingress / Egress Handle, Operator Convenience Station (Storage Areas, Beverage & Clipboard Holders), Infinitely Adjustable Tilt Steering Column, Low Profile Cowl, Anti-Cinch Operator Restraint System, Cushioned Floormat, Static Strap, Tow Pin, Seat Side Power Disconnect Button, On-Board Software (Password Protected with Program, Test, & Diagnose Features), 48" high Load Backrest Extension, Electronic Horn, Operating Manual, Standard Warranty: 12 months / 2,000 Hours Full Truck, 24 months / 4,000 Hours Powertrain (see Warranty Statement)

BATTERY COMPARTMENT: 39.0"(X) x 25.3"(Y) x 23.9"(Z).(990mm x 642mm x 607mm) X = Width of truck, Y = Length of truck, Z = height

BATTERY CHARGING SYSTEM: Truck Arranged for Conventional Charging. Includes Single Battery Connector under Hood (Gray for 36 volt, Blue for 48 volt). See Price Page Battery Chart for Complete Specifications / Requirements.

BATTERY REMOVAL: Lift out / vertical extraction.

COUNTERWEIGHT/SPACER-Not included. Battery Weight Range-ERP030VT = 2000-2500 lbs. Battery Weight Range-ERP035VT/ERP040VT = 2500-2800 lbs. Max Battery Height: 26.1" (664mm)

VOLTAGE: 36V with Gray 350A Connector

CONSTRUCTION: SubZero construction, suitable for environments with temperatures ranging from -40 F to 120 F

Highlights

U.L. APPROVAL: Type "E"

MAST: 3 Stage Full Free Lift. 216" Max Fork Ht / 94" Lowered / 71" Freelif / 265" Ext Ht (5500 mm / 2380 mm / 1805 mm / 6730 mm)

CARRIAGE: 38.5" (977mm) Class II Hook Integral Sideshift for 3 Stage Full Free Lift mast

FORKS: 42" Long Class II Hook Type (1.6"x3.9") Standard taper, (1067mm x 40mm x 100mm).

LOAD BACKREST EXTENSION: 38.5" wide x 48" High

MAST TILT: 5 degrees forward / 5 degrees back

RTST: Not Installed

HYD VALVE: 3 FUNCTION WITH 3 MECH LEVERS

CLAMPING ATTACHMENT INTERLOCK: None. Not for use with clamping type attachments

HOSE GROUP: 1 auxillary function - 2 hoses internal routing

SEAT: Non-Suspension Vinyl Seat with Operator Restraint, No-Cinch Seatbelt and 6" of fore-aft seat travel

SEAT ACCESSORIES: Black ELR (Emergency Locking Retractor) Non-Cinch Seat Belt

OVERHEAD GUARD: 81.5" (2070 mm) Drive-In Rack, Grid Style. 29" Wide from 47.5" to 77.5". Includes low mount display.

ENGINE START: Keyswitch Start

DIRECTIONAL CONTROL: Seat-Side

STEERING WHEEL: Steering Wheel with Wheel Spinner Knob

STEERING COLUMN: Infinite tilt adjustment through a 26 degree range

DISPLAY: Low Mount - Mounted to Right Front Overhead Guard Leg above Operator Convenience Station

STEERING SYSTEM: On-Demand Hydrostatic Power Assist Steering

LIGHTS: Halogen Light Package includes 2 Front Halogen and 1 Rear Halogen Work Lights

AUDIBLE ALARM: Reverse direction activated. Self-adjusting 82-102 dB

VISIBLE ALARM: Amber LED Strobe Light, keyswitch activated, OHG Mounted - does not increase truck height (Low Mount)

POWER CONVERTER: Primary DC to DC converter provides 25 amps / 300 watts @ 12 volts for FACTORY installed lights and accessories.

Highlights

DRIVE & STEER TIRES: Pnuematic-Shaped Solids - Standard Compound - Drive: 200 / 50-10 Lug Tread - Steer: 15 x 4.5-8 Rib Tread

MIRROR: Dual mirrors - Mounted internally within Overhead Guard

LANGUAGE: English (Operator Manual)

36 VOLT 1000 AMP HOUR BATTERY

36 VOLT CHARGER 3PH 480V

PREP & DELIVERY

Investment Proposal Price Information

	<u>Price Each</u>	<u>Extended</u>
Total Selling Price	\$31,592.40	\$31,592.40

Terms: Net 10 Days
F.O.B.: Delivered

Warranty

WARRANTY: 12 Months/2000 Hours Manufacturer's Full Truck Warranty and 24 Months/4,000 Hours Manufacturer's Powertrain Warranty

Statement of Quality

Yale Materials Handling Corporation is an ISO 9002 Certified Manufacturing Company. Additionally, \nall Yale products are rated by Underwriters Laboratories UL to guarantee our customers the highest \nquality material handling equipment manufactured in the world.

No Applicable Taxes Included. This quote is valid for 30 days.

Proposal By : Todd Lipford

Accepted By : DARREL CARTER

Todd Lipford / sap

Operations / Sales Manager _____

Customer Representative _____

Date _____

Date _____