

May. 31. 2022 3:51PM

May 31 2022 03:52pm
No. 1101 P. 1

P001

Southern States
22 Oak St
Weston WV 26452
(304) 269-4300

05/31/22 15:55:19
West Virginia Purchasing Division

05-31-2022

Bid Submission Fax Cover

Vendor Name: Southern States Buckhannon Coop/ Weston Br

BUYER: Crystal Husted

SOLICITATION NO: CRFQ AGR2200000027

BID OPENING DATE: June 7, 2022

BID OPENING TIME: 1:30PM ET

FAX NUMBER: 304-558-3970

Please find 10 pages total



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

Proc Folder: 1046934		Reason for Modification:	
Doc Description: FERTILIZER-LAKIN STATE FARM			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-05-19	2022-06-07 13:30	CRFQ 1400 AGR2200000027	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:
Vendor Name: SOUTHERN STATES BUCKHANNON COOP / WESTON BRANCH
Address: 22 OAK ST
Street:
City: WESTON
State: WV Country: USA Zip: 26452
Principal Contact: KEVIN N BRITTON
Vendor Contact Phone: (304) 269-4300 Extension:

FOR INFORMATION CONTACT THE BUYER

Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X *Kevin N Britton* FEIN# DATE 5-31-2022

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

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF AGRICULTURE, IS SOLICITING BIDS FOR THE ONE-TIME PURCHASE OF BAGGED FERTILIZERS FOR THE LAKIN STATE FARM PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

INVOICE TO		SHIP TO	
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US		AGRICULTURE DEPARTMENT OF LAND SECTION LAKIN STATE FARM 9 PLANT LANE RD WEST COLUMBIA WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	46-0-0 Urea w/Nutrishere Mixed	4.00000	TON	\$ 1113 ⁰⁰	\$ 4542 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10171507			

Extended Description:
Urea with Nutrishere 48-0-0 analysis

INVOICE TO		SHIP TO	
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US		AGRICULTURE DEPARTMENT OF LAND SECTION LAKIN STATE FARM 9 PLANT LANE RD WEST COLUMBIA WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	18-46-0 DAP Mixed	4.00000	TON	1113 ⁰⁰	4542 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10170000			

Extended Description:
DaP 18-46-0 Analysis

INVOICE TO		SHIP TO	
AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US		AGRICULTURE DEPARTMENT OF LAND SECTION LAKIN STATE FARM 9 PLANT LANE RD WEST COLUMBIA WV US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	0-0-60 MOP Granular Mixed	5.00000	TON	113 ⁰⁰	\$ 565 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10171507			

Extended Description:
MOP Granular 0-0-60 Analysis

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2022-05-25


Exhibit A Pricing Page

CRFQ AGR220000027

The Following fertilizers must be mixed evenly per ton for min. 1-ton bags to equal a total of 13 Tons to be delivered to Lakin State Farm

Item No.	Description	Unit of Measure	Unit Price	Quantity	Extended Amount
3.1.1.1	46-0-0 Urea with Nutrishere mixed	Ton	\$1,113.00	4	\$4,452.00
3.1.1.2	-18-46-0 DAP mixed	Ton	\$1,113.00	4	\$4,452.00
3.1.1.3	0-0-60 MOP Granular mixed	Ton	\$1,113.00	5	\$5,565.00
Note: All items are to be F.O.B. Destination. Freight or delivery charges must be included in the bid unit cost				Total Bid Amount	\$14,469.00

Delivered to the following location: West Virginia Department of Agriculture
Lakin State Farm
917 State Farm Road
West Columbia, WV 25287

Company:	Southern States Buckhannon Coop/ Weston Br
Contact Name:	Kevin N Britton
Address:	22 Oak St Weston WV 26452
Phone:	(304) 269-4300
Email Address:	weston@sscoop.com
Signature:	

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR2200000027

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.

SOUTHERN STATES BUCKHANNON COOP / WESTON BR
Company


Authorized Signature

5-31-2022
Date

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

**REQUEST FOR QUOTATION
CRFQ AGR220000027
Fertilizers for Lakin State Farm**

- 8.3 Reports:** Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

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

Contract Manager: KEVIN N BRITTON
Telephone Number: (304) 269-4300
Fax Number: (304) 269-4024
Email Address: weston@sscddp.com

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

Kevin N Britton MANAGER
 (Name, Title)
KEVIN N BRITTON MANAGER
 (Printed Name and Title)
22 Oak St Weston WV 26452
 (Address)
(304) 269-4300 / (304) 269-4024
 (Phone Number) / (Fax Number)
weston@SSCOOP.COM
 (E-mail 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.

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.

SOUTHERN STATES BUCKHANNON COOP / WESTON BR
(Company)

Kevin N Britton MGR
(Authorized Signature) (Representative Name, Title)

KEVIN N BRITTON MGR
(Printed Name and Title of Authorized Representative)

5-10-2022
(Date)

(304) 269-4300 / (304) 269-4024
(Phone Number) (Fax Number)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

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

ALL CONTRACTS: Under W. Va. Code §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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: SOUTHERN STATES BUCKHANNON CO-OP WESTON BRANCH

Authorized Signature: [Signature] Date: 01-13-2022

State of WEST VIRGINIA

County of Lewis, to-wit:

Taken, subscribed, and sworn to before me this 13 day of January, 2022

My Commission expires June 23, 2026, 20

[Signature]
NOTARY PUBLIC





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2021

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

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

PRODUCER SSC Insurance Agency, LLC 6606 West Broad Street Richmond, VA 23230	CONTACT NAME: Lisa Gravitt PHONE (A/C, No, Ext): (804) 281-1395 FAX (A/C, No): E-MAIL ADDRESS: insurance.certificate@sscoop.com
	INSURER(S) AFFORDING COVERAGE
INSURED Southern States Cooperative, Incorporated 6606 West Broad Street Richmond, VA 23230	INSURER A: Nationwide Aarbusiness Ins Co NAIC #: 28223
	INSURER B: Southern States Insurance Exchange NAIC #: 15709
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:


COVERAGES **CERTIFICATE NUMBER: 912412** **REVISION NUMBER:**

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

INBR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		CGL99999921	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> PIP <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 Endt Inc			CAB53694A	5/1/2021	5/1/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N/A			WCC137786A	5/1/2021	5/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Auto Physical Damage			CAP99999921	5/1/2021	5/1/2022	\$1,000 Comp/Coll Deductible Included States AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability Policy No. CGL99999921 Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV;
 Auto Policy No. CAB53594A \$1,000,000 SIR Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.
 Auto Policy No. CAB53594C - All Other States.
 Re: Southern States Buckhannon Coop., Inc. - Weston Branch, 22 Oak Street, Weston, WV 26452. West Virginia Department of Agriculture is included as an Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER **CANCELLATION** 21-22 GLALPDWC-137786A 912412

West Virginia Department of Agriculture 1900 Kanawha Blvd E Charleston, WV 25305 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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