

05/31/22 16:03:28
West Virginia Purchasing Division

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

05-31-2022

Bid Submission Fax Cover

RE: Huttonsville Fertilizer Bid

Vendor Name: Southern States Buckhannon Coop/ Weston Br

BUYER: Crystal Hustead


SOLICITATION NO: CRFQ AGR2200000028

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 Agricultural

Proc Folder: 1046909	Reason for Modification:		
Doc Description: FERTILIZER-HUTTONSVILLE STATE FARM			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2022-05-19	2022-06-07 13:30	CRFQ 1400 AGR2200000028	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 Husted
 (304) 558-2402
 crystal.g.husted@wv.gov

Vendor Signature X  FEIN# DATE 5-24-2022

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 HUTTONSVILLE 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
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AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US	AGRICULTURE DEPARTMENT OF LAND SECTION - HUTTONSVILLE FARM RT 250 SOUTH HUTTONSVILLE WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	46-0-0 Bagged Urea w/Nutrishere	12.00000	TON	980 ⁰⁰	\$ 11760 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10171507			

Extended Description:
minimum 1-ton bags to be delivered to Huttonsville Farm

INVOICE TO	SHIP TO
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AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US	AGRICULTURE DEPARTMENT OF LAND SECTION - HUTTONSVILLE FARM RT 250 SOUTH HUTTONSVILLE WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	46-0-0 Urea w/ Nutrishere Mixed	4.00000	TON	980 ⁰⁰	\$ 3920 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10171507			

Extended Description:
46-0-0 Urea with Nutrishere Mixed

INVOICE TO	SHIP TO
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AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US	AGRICULTURE DEPARTMENT OF LAND SECTION - HUTTONSVILLE FARM RT 250 SOUTH HUTTONSVILLE WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	18-46-0 DAP Mixed	4.00000	TON	950 ⁰⁰	\$ 3800 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10170000			

Extended Description:
DAP Mixed 18-46-0

INVOICE TO	SHIP TO
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AGRICULTURE DEPARTMENT OF ADMINISTRATIVE SERVICES 1900 KANAWHA BLVD E CHARLESTON WV US	AGRICULTURE DEPARTMENT OF LAND SECTION - HUTTONSVILLE FARM RT 250 SOUTH HUTTONSVILLE WV US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	0-0-60 MOP Granular Mixed	5.00000	TON	860 ⁰⁰	\$ 4300 ⁰⁰

Comm Code	Manufacturer	Specification	Model #
10170000			

Extended Description:
0-0-60 MOP Granular Mixed

SCHEDULE OF EVENTS

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

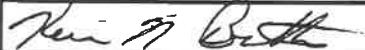
May 31 2022 03:58pm
No. 1102 P. 5

Exhibit A Pricing Page

CRFQ AGR2200000028

Item No.	Description	Unit of Measure	Unit Price	Quantity	Extended Amount
3.1.1	46-0-0 bagged Urea with Nutrishere per ton for min. 1-ton bags to be delivered to Huttonsville State Farm	Ton	\$980.00	12	\$11,760.00
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 Huttonsville State Farm					
3.1.2.1	46-0-0 Urea with Nutrishere mixed	Ton	\$980.00	4	\$3,920.00
3.1.2.2	18-46-0 DAP mixed	Ton	\$950.00	4	\$3,800.00
3.1.2.3	0-0-60 MOP Granular mixed	Ton	\$860.00	5	\$4,300.00
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	\$23,780.00
Delivered to the following location: West Virginia Department of Agriculture Huttonsville State Farm 271 Prison Farm Circle Huttonsville, WV 26273					

May 31 2022 3:57PM

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR220000027

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 acknowledgement should be submitted with the bid to expedite document processing.

**REQUEST FOR QUOTATION
CRFQ AGR22000027
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@SSCOOP.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 BULKHANNON 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 6806 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	
INSURER A: Nationwide Agribusiness Ins Co	NAIC # 28223
INSURER B: Southern States Insurance Exchange	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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR (NSR) (WCD)	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CGL999999921	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 - COMP/OP AGG \$ 4,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> PIP <input checked="" type="checkbox"/> MCS-90 Endt Inc		CA853594A	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 WV) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	WCC137786A	5/1/2021	5/1/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Auto Physical Damage		CAP999999921	5/1/2021	5/1/2022	\$1,000 Comp/Col/ 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. CGL999999921 Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV;
 Auto Policy No. CA853594A \$1,000,000 SIR Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.
 Auto Policy No. CA853594C - 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 812412

West Virginia Department of Agriculture 1900 Kanawha Blvd E Charleston, WV 25306 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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