



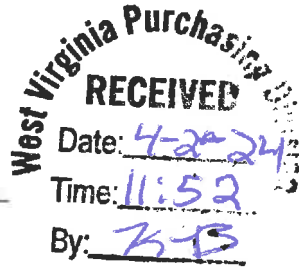
Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Centralized Request for Quote
 Construction

Proc Folder: 1385978			Reason for Modification: Addendum No. 1
Doc Description: Building 1, West Wing HVAC and Demolition (Phase 6)			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-27	2024-04-02 13:30	CRFQ 0211 GSD2400000018	2

BID RECEIVING LOCATION

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



VENDOR

Vendor Customer Code: 000000 189985
Vendor Name : DSO Mechanical LLC
Address : 515 Third Ave
Street :
City : South Charleston
State : West Virginia **Country :** USA **Zip :** 25303
Principal Contact : Jeffrey Kelley
Vendor Contact Phone: 304-744-8479 **Extension:**

FOR INFORMATION CONTACT THE BUYER
 Melissa Pettrey
 (304) 558-0094
 melissa.k.pettrey@wv.gov

Vendor Signature X  **FEIN#** 46-1525016 **DATE** 04/02/2024

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

ADDITIONAL INFORMATION

Addendum No. 1 is issued to publish and distribute the attached information to the vendor community.

Request for Quotation
CONSTRUCTION

The West Virginia Purchasing Division is soliciting bids on behalf of General Services Division ("GSD," "Owner," or "Agency") to establish a contract to provide and install a new Air handler unit (TRANE PCCCAH basis of design) or equal in the west wing of the Main Capitol Building, per the bid requirements, specifications, and terms and conditions as attached hereto.

INVOICE TO | **SHIP TO**

DEPARTMENT OF ADMINISTRATION GENERAL SERVICES DIVISION 103 MICHIGAN AVENUE CHARLESTON WW US	DEPARTMENT OF ADMINISTRATION GENERAL SERVICES DIVISION BLDG 1 1900 KANAWHA BLVD E CHARLESTON WW US
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Building 1, West Wing HVAC and Demolition (Phase 6)				\$ 476,890

Comm Code	Manufacturer	Specification	Model #
72151206			

Extended Description:
Per attached Project Plans, see Exhibit A Pricing Page, Base Bid

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Mandatory Pre-bid meeting @ 10 AM	2024-03-19
2	Vendor question deadline @ 12 PM	2024-03-26

REQUEST FOR QUOTATION
Building 1 West Wing HVAC and Demolition (Phase 6)
CRFQ GSD2400000018

EXHIBIT A – Pricing Page

Base Bid (Commodity Line 1 in wvOasis): All inclusive, lump-sum bid to provide for demolition and replacement of Air handler unit, HVAC controls, electrical upgrades and connections, interior demolition work and debris removal, and other services as outlined on the attachments, **including all associated work as specified herein:**

Lump Sum = \$ 476,890

REQUEST FOR QUOTATION
Building 1 West Wing HVAC and Demolition (Phase 6)
CRFQ GSD240000018

13. MISCELLANEOUS:

13.1. 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: Mike Laughlin

Telephone Number: 304-744-8479

Fax Number: 304-744-8491

Email Address: mLaughlin@dsomech.com

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ GSD240000018

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.

DSO Mechanical LLC
Company


Authorized Signature

04/02/2024
Date

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



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: **WV050370**

CLASSIFICATION:

**HEATING, VENTILATING & COOLING
PLUMBING**

**DSO MECHANICAL LLC
DBA DSO MECHANICAL LLC
515 THIRD AVENUE
SOUTH CHARLESTON, WV 25303**

DATE ISSUED

EXPIRATION DATE

JANUARY 21, 2024 **JANUARY 21, 2025**

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



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

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

(Printed Name and Title) Mike Laughlin Project Manager

(Address) 515 Third Ave., South Charleston, WV, 25303

(Phone Number) / (Fax Number) 304-744-8479 / 304-744-8491


(email address) mlaughter@dsomech.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wvOASIS*, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

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

DSO Mechanical LLC

(Company)


(Signature of Authorized Representative)

Mike Laughlin Project Manager 04/02/2024

(Printed Name and Title of Authorized Representative) (Date)

304-744-8479 / 304-744-8491

(Phone Number) (Fax Number)

mlaughter@dsomech.com

(Email Address)

State of West Virginia
Purchasing Division

CERTIFIED DRUG-FREE WORKPLACE REPORT COVERSHEET

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

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

Contract Identification:

Contract Number: _____

Contract Purpose: _____

Agency Requesting Work: _____

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

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

Vendor Contact Information:

Vendor Name: DSO Mechanical LLC

Vendor Telephone: 304-744-8479

Vendor Address: 515 Third Ave
South Charleston, WV 25303

Vendor Fax: 304-744-8491

Vendor E-Mail: mclaughlin@dsomech.com



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

I, Mike Laughlin, after being first duly sworn, depose and state as follows:

- 1. I am an employee of DSO Mechanical LLC; and,
(Company Name)
- 2. I do hereby attest that DSO Mechanical LLC
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code** §21-1D.

The above statements are sworn to under the penalty of perjury.

Printed Name: Mike Laughlin

Signature: 

Title: Project Manager

Company Name: DSO Mechanical LLC

Date: 04/02/2024

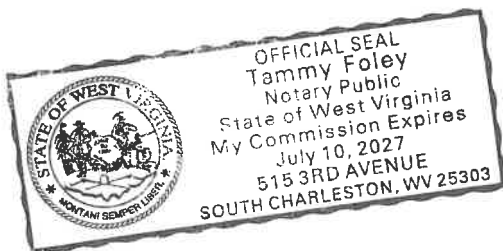
STATE OF WEST VIRGINIA,

COUNTY OF Kanawha, TO-WIT:

Taken, subscribed and sworn to before me this 02 day of April, 2024.

By Commission expires 7/10/27

(Seal)




(Notary Public)

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, DSO Mechanical, LLC
of 515 Third Avenue, South Charleston, WV 25303, as Principal, and Nationwide Mutual Insurance
Company of Columbus, Ohio, a corporation organized and existing under the laws of the State of Ohio
with its principal office in the City of Des Moines, IA, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligee, in the penal sum of 5% of the total amount bid (\$) for the payment of which,
well and truly to be made, we jointly and severally bind ourselves, our heirs, administrators, executors, successors and assigns.

The Condition of the above obligation is such that whereas the Principal has submitted to the Purchasing Section of the
Department of Administration a certain bid or proposal, attached hereto and made a part hereof, to enter into a contract in writing for
CRFQ 0211 GSD240000018
Building 1, West Wing HVAC and Demolition (Phase 6)
Demo two rooms and install new HVAC unit

NOW THEREFORE,

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

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

WITNESS, the following signatures and seals of Principal and Surety, executed and sealed by a proper officer of Principal and
Surety, or by Principal individually if Principal is an individual, this 26th day of March, 2024.

Principal Seal

DSO Mechanical, LLC
(Name of Principal)
By [Signature]
(Must be President, Vice President, or
Duly Authorized Agent)
Operations Manager
(Title)

Surety Seal

Nationwide Mutual Insurance Company
(Name of Surety)
[Signature]
Alexandrea R. Grant, Attorney-in-Fact

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

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-11

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5835

KNOW ALL PERSONS BY THESE PRESENTS THAT:

Agency Name: ALTHANS INSURANCE AGENCY INC

Agency Code: 45-456316

- Hartford Fire Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- Hartford Casualty Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- Hartford Accident and Indemnity Company**, a corporation duly organized under the laws of the State of Connecticut
- Hartford Underwriters Insurance Company**, a corporation duly organized under the laws of the State of Connecticut
- Twin City Fire Insurance Company**, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of Illinois**, a corporation duly organized under the laws of the State of Illinois
- Hartford Insurance Company of the Midwest**, a corporation duly organized under the laws of the State of Indiana
- Hartford Insurance Company of the Southeast**, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut, (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint, **up to the amount of Unlimited** :

Patti N. Skalla of Chagrin Falls OH, James C. Althans, Michael N. Chess, Alexandra R. Grant, Rachel L. Hopkins, Karen L. Meduri of CHAGRIN FALLS, Ohio

their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign its name as surety(ies) only as delineated above by , and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

In Witness Whereof, and as authorized by a Resolution of the Board of Directors of the Companies on May 23, 2016 the Companies have caused these presents to be signed by its Assistant Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further, pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



Shelby Wiggins

Shelby Wiggins, Assistant Secretary

Joelle LaPierre

Joelle L. LaPierre, Assistant Vice President

STATE OF FLORIDA

COUNTY OF SEMINOLE

ss. Lake Mary

On this 20th day of May, 2021, before me personally came Joelle LaPierre, to me known, who being by me duly sworn, did depose and say: that (s)he resides in Seminole County, State of Florida; that (s)he is the Assistant Vice President of the Companies, the corporations described in and which executed the above instrument; that (s)he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that (s)he signed his/her name thereto by like authority.



Jessica Ciccone

Jessica Ciccone
My Commission HH 122280
Expires June 20, 2025

I, the undersigned, Assistant Vice President of the Companies, DO HEREBY CERTIFY that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is still in full force effective as of March 26, 2024

Signed and sealed in Lake Mary, Florida.



Keith Dozois

Keith D. Dozois, Assistant Vice President

Some of the Companies names below are not licensed in every state

- Hartford Fire Insurance Company
- Hartford Casualty Insurance Company
- Hartford Accident and Indemnity Company
- Hartford Underwriters Insurance Company
- Twin City Fire Insurance Company
- Hartford Insurance Company of Illinois
- Hartford Insurance Company of the Midwest
- Hartford Insurance Company of the Southeast



(Designated Company(ies) delineated above by X in box)

One Hartford Plaza, Hartford, Connecticut 06155

Date: 1/03/2024

From:

Bond Department

Detroit (35)

Subject: Power Of Attorney – Agency Code: 45-456316

To: ALTHANS INSURANCE AGENCY INC

543 EAST WASHINGTON STREET

CHAGRIN FALLS, OH 44022

POA names as of this date:

Patti N. Skalla of Chagrin Falls OH, James C. Althans, Michael N. Chess, Alexandra R. Grant, Rachel L. Hopkins, Karen L. Meduri of CHAGRIN FALLS, Ohio

Unlimited Bond Signing Authority

A (Standard) Underwriting Authority

D (None) Underwriting Authority

E (Bulk Reporting) Underwriting Authority

Attached is the following:

Original power for producing pre-printed powers
Do not attach a photocopy (Xerox) or a faxed copy to any bond.

The Power of Attorney (POA) form must be sealed prior to being attached to the bond.

Sent under separate cover directly to the Agency:

Manually executed power(s) (Wet Powers) to the attention of

Company Seal(s) to the attention of

Additional comments:

Signed Jamie Garofalo