



The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at *wvOASIS.gov*. As part of the State of West Virginia's procurement process, and to maintain the transparency of the bid-opening process, this documentation submitted online is publicly posted by the West Virginia Purchasing Division at *WVPurchasing.gov* with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 3

List View

General Information | Contact | Default Values | Discount | Document Information | Clarification Request

Procurement Folder: 1394913


Procurement Type: Central Purchase Order

Vendor ID: VS0000001912 

Legal Name: HOME TOWN SOLUTIONS LLC

Alias/DBA:

Total Bid: \$28,125.00

Response Date: 04/02/2024 

Response Time: 12:37

Responded By User ID: kbohrer 

First Name: Keith

Last Name: Bohrer

Email: kbohrer@htswv.com

Phone: 304-496-8900

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2400000012

Published Date: 3/22/24

Close Date: 4/4/24

Close Time: 13:30

Status: Closed

Solicitation Description: Whole Shelled Corn

Total of Header Attachments: 3

Total of All Attachments: 3

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

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Whole Shelled Corn	125.00000	TON	225.000000	28125.00

Comm Code	Manufacturer	Specification	Model #
10121503			

Commodity Line Comments: \$225.00 per ton, delivery included.
Delivery days per specs
Payment required within 30 days of delivery, past due balance
subject to 2% APR

Extended Description:

See attached documentation for further details.



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: 1394913		Reason for Modification:	
Doc Description: Whole Shelled Corn			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2024-03-22	2024-04-04 13:30	CRFQ 1400 AGR2400000012	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: *V50000001912*
 Vendor Name: *HomeTown Solutions LLC*
 Address: *15951*
 Street: *Northwestern Pike*
 City: *Augusta*
 State: *WV* Country: Zip: *26704*
 Principal Contact: *Keith Bohrer*
 Vendor Contact Phone: *304-496-8900* Extension:

FOR INFORMATION CONTACT THE BUYER

Jerry D McDonnell
 304-558-2063
 jerry.d.mcdonnell@wv.gov

Vendor Signature X *[Signature]* FEIN# *97-1049-790* DATE *4/2/24*

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

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) Keith Bolner Member

(Address) 15951 Northwestern Pike Augusta WV 26704

(Phone Number) / (Fax Number) 304-496-8700 304-496-8989

(email address) kbolner@htswwv.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.

HomeTown Solutions LLC
(Company)

KB
(Signature of Authorized Representative)

Keith Bolner Member 4/2/24
(Printed Name and Title of Authorized Representative) (Date)

304-496-8700 304-496-8989
(Phone Number) (Fax Number)

kbolner@htswwv.com
(Email Address)



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 Purchasing Division
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 Vendor Contact Phone: *304-496-8900* Extension:

FOR INFORMATION CONTACT THE BUYER

Garry D McDonnell
 304-558-2063
 garry.d.mcdonnell@wv.gov

Vendor Signature X *[Signature]* FEIN# *47-1049-790* DATE *4/2/24*

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(Printed Name and Title) Keith Bolner Member
(Address) 15951 Northwestern Pike Augusta WV 26704
(Phone Number) / (Fax Number) 304-496-8700 304-496-8989
(email address) kbolner@htswu.com

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HomeTown Solutions LLC
(Company)
KB
(Signature of Authorized Representative)
Keith Bolner Member 4/2/24
(Printed Name and Title of Authorized Representative) (Date)
304-496-8700 304-496-8989
(Phone Number) (Fax Number)
kbolner@htswu.com
(Email Address)



CERTIFICATE OF INSURANCE

— THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY —

DATE ISSUED (MM/DD/YY) 3/25/24

Home Office • 100 Erie Insurance Place • Erie, Pennsylvania 16530 • 814.870.2000
Toll free 1.800.458.0811 • Fax 814.870.3126 • www.erieinsurance.com

NAME AND ADDRESS OF AGENCY AMERICAN INSURANCE CENTER, LLC 310 N BOLTON ST ROMNEY, WV 26757 304-822-8050	AGENT'S NO. EE1517	COMPANY(IES) AFFORDING COVERAGE Co.: C ERIE INSURANCE COMPANY Co.: D ERIE INSURANCE PROPERTY & CASUALTY COMPANY Co.: E ERIE INSURANCE EXCHANGE (Not Applicable) Erie Indemnity Co., Attorney-in-Fact in NY Co.: F ERIE INSURANCE COMPANY OF NEW YORK Co.: G FLAGSHIP CITY INSURANCE COMPANY
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NAME AND ADDRESS OF NAMED INSURED HOME TOWN SOLUTIONS LLC 15951 NORTHWESTERN PIKE AUGUSTA, WV 26704	This certificate is issued for information purposes only and confers no rights on the certificate holder. It does not affirmatively or negatively amend, extend, or otherwise alter the terms, exclusions and conditions of insurance coverage contained in the policy(ies) indicated below. The terms and conditions of the policy(ies) govern the insurance coverage as applied to any given situation. Limits shown may have been reduced by claims paid. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer and the certificate holder.
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This is to certify that policies, as indicated by the Policy Number below, are in force for the Named Insured at the time that the Certificate is being issued.

CO Add'l LTR Ins'd	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																		
D	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Q97 0789352	8/28/23	8/28/24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>FIRE DAMAGE (Any One Fire)</td><td>\$</td><td>1,000,000</td></tr> <tr><td>MED EXP (Any One Person)</td><td>\$</td><td>5,000</td></tr> <tr><td>PERSONAL & ADV. INJURY</td><td>\$</td><td>1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td>\$</td><td>2,000,000</td></tr> <tr><td>PRODUCTS-COMP/OP AGG</td><td>\$</td><td>2,000,000</td></tr> </table>	EACH OCCURRENCE	\$	1,000,000	FIRE DAMAGE (Any One Fire)	\$	1,000,000	MED EXP (Any One Person)	\$	5,000	PERSONAL & ADV. INJURY	\$	1,000,000	GENERAL AGGREGATE	\$	2,000,000	PRODUCTS-COMP/OP AGG	\$	2,000,000
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D	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> "ANY AUTO" (OWNED, HIRED, NON-OWNED) <input checked="" type="checkbox"/> OWNED <input type="checkbox"/> HIRED <input type="checkbox"/> NON-OWNED <input type="checkbox"/> GARAGE	Q10 8130258	10/31/23	10/31/24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BODILY INJURY (EACH PERSON)</td><td>\$</td><td>1,000,000</td></tr> <tr><td>BODILY INJURY (EACH ACCIDENT)</td><td>\$</td><td>1,000,000</td></tr> <tr><td>PROPERTY DAMAGE</td><td>\$</td><td>1,000,000</td></tr> <tr><td>BODILY INJURY AND PROPERTY DAMAGE COMBINED</td><td>\$</td><td>1,000,000</td></tr> </table>	BODILY INJURY (EACH PERSON)	\$	1,000,000	BODILY INJURY (EACH ACCIDENT)	\$	1,000,000	PROPERTY DAMAGE	\$	1,000,000	BODILY INJURY AND PROPERTY DAMAGE COMBINED	\$	1,000,000						
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G	<input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> RETENTION \$				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td>\$</td><td></td></tr> <tr><td>AGGREGATE</td><td>\$</td><td></td></tr> <tr><td></td><td>\$</td><td></td></tr> <tr><td></td><td>\$</td><td></td></tr> </table>	EACH OCCURRENCE	\$		AGGREGATE	\$			\$			\$							
EACH OCCURRENCE	\$																						
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	\$																						
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G	<input type="checkbox"/> WORKERS COMPENSATION & EMPLOYERS LIABILITY	Q93 6500337	9/15/23	9/15/24	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><th colspan="3" style="text-align: center;">STATUTORY</th></tr> <tr><td rowspan="3" style="vertical-align: middle;">BODILY INJURY BY</td><td>ACCIDENT</td><td>\$ 100,000 EACH ACCIDENT</td></tr> <tr><td>DISEASE</td><td>\$ 500,000 POLICY LIMIT</td></tr> <tr><td>DISEASE</td><td>\$ 100,000 EACH EMPLOYEE</td></tr> </table>	STATUTORY			BODILY INJURY BY	ACCIDENT	\$ 100,000 EACH ACCIDENT	DISEASE	\$ 500,000 POLICY LIMIT	DISEASE	\$ 100,000 EACH EMPLOYEE								
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G	<input type="checkbox"/> OTHER																						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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).

NAME AND ADDRESS OF CERTIFICATE HOLDER STATE OF WEST VIRGINIA 1900 KANAWHA BLVD BUILDING 5 CHARLESTON, WV 25305	AUTHORIZED REPRESENTATIVE
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