



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
Fuels

Proc Folder: 1649867

Doc Description: FUEL25 - TANKER WAGON & TANKER TRUCK STATEWIDE CONTRACT

Reason for Modification:
ADDENDUM_1

Proc Type: Statewide MA (Open End)

| Date Issued | Solicitation Closes | Solicitation No | Version |
|-------------|---------------------|-------------------------|---------|
| 2025-03-18 | 2025-03-25 13:30 | CRFQ 0212 SWC2500000006 | 2 |

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:

Vendor Name : HARRIS OIL COMPANY INC

Address : 330 P.O. Box 685

Street : 330 OAK DRIVE

City : Spencer

State : WV

Country : USA

Zip : 25276

Principal Contact : Greg Stover

Vendor Contact Phone: (304) 927-2470

Extension:

FOR INFORMATION CONTACT THE BUYER

Mark A Atkins

(304) 558-2307

mark.a.atkins@wv.gov

RECEIVED

2025 MAR 25 PM 12:30

WV PURCHASING
DIVISION

Vendor

Signature X

FEIN# 550480256

DATE 3/25/25

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

ADDITIONAL INFORMATION

ADDENDUM_1 is issued for the following:

To publish the Purchasing Divisions' response to the questions submitted by Vendors during the Technical Questioning period that ended 03/17/2025 at 10:00am EDT.

No other changes.

Statewide Contract Request for Quotation

The West Virginia Purchasing Division is soliciting bids on behalf of the State of West Virginia to establish an Open-End, Statewide Contract for Tanker Truck (TT) and Tanker Wagon (TW) delivery of Motor and Heating Fuels throughout the State as defined below, per the attached documents.

The Contract may be utilized by West Virginia State agencies and all Political Subdivisions of the State in all fifty-five (55) counties.

This contract may be awarded to multiple vendors..

| INVOICE TO | | SHIP TO | | | |
|--|--|--|------------|------------|-------------|
| VARIOUS AGENCY LOCATIONS AS INDICATED BY ORDER | | STATE OF WEST VIRGINIA VARIOUS LOCATIONS AS INDICATED BY ORDER | | | |
| No City US | WV | No City US | WV | | |
| Line | Comm Ln Desc | Qty | Unit Issue | Unit Price | Total Price |
| 1 | Motor and Heating Fuels - Tanker Wagon Delivery | 0.00000 | | | |
| Comm Code | Manufacturer | Specification | Model # | | |
| 15100000 | | | | | |

Extended Description:

Note: Vendor shall complete Exhibit_A Pricing Page(s) for bid pricing and must attach with bid.

If vendor is submitting a bid online, Vendor should enter \$0.00 in the Oasis commodity line.

SCHEDULE OF EVENTS

| Line | Event | Event Date |
|------|---|------------|
| | Technical Questions due by 10:00am EDT: | 2025-03-17 |

SOLICITATION NUMBER: CRFQ 0212 SWC2500000006
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFQ 0212 SWC2500000006 (“Solicitation”) to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error:
- ☐ Other

Description of Modification to Solicitation:

1. To publish the Purchasing Divisions’ response to the questions submitted by Vendors during the Technical Questioning period that ended 03/17/2025 at 10:00am EDT.

No other changes.

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

[illegible]

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ 0212 SWC2500000006

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 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.

HARRIS OIL COMPANY INC
Company


Authorized Signature

3/25/25
Date

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

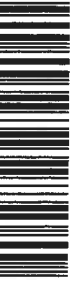


Taxpayer Services Division
P.O. Box 885
Charleston, WV 25323-0885



WEST VIRGINIA
TAX DIVISION

00027301010000



Matthew R. Irby, Tax Commissioner

Letter ID: L1111867808
Issued: 03/24/2025

HARRIS OIL COMPANY INC
PO BOX 685
SPENCER WV 25276-0685

West Virginia Tax Division

Letter of Good Standing

EFFECTIVE DATE: March 24, 2025

A review of tax accounts indicates that HARRIS OIL COMPANY INC is in good standing as of the effective date of this document. Please note, this Letter of Good Standing expires on **June 22, 2025**.

The issuance of this Letter of Good Standing shall not bar any audits, investigations, assessments, refund or credits with respect to the taxpayer named above and is based only on a review of the tax returns and not on a physical audit of records.

Sincerely,

Catherine Mitchell, Assistant Director
Taxpayer Services Division



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2024

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 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 | CONTACT NAME: Jake Stump |
| Humphrey, Stump & Haynie Insurance Agency, Inc. | PHONE (A/C, No. Ext): (540) 389-2327 |
| 100 E. Main Street | FAX (A/C, No): (540) 389-5901 |
| PO Box 3205 | E-MAIL ADDRESS: Jake@hshi.com |
| Salem VA 24153 | |
| INSURED | INSURER(S) AFFORDING COVERAGE |
| Harris Oil Company, Inc. | INSURER A: GuideOne Specialty |
| P.O. Box 685 | INSURER B: Certain UW's at Lloyds |
| 330 Oak Drive | INSURER C: Encova Insurance |
| Spencer WV 25276 | INSURER D: |
| | INSURER E: |
| | INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 2024-2025

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|----------|-------------------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 |
| | <input checked="" type="checkbox"/> Primary & Non-Contributory | X | | 62P100512-05 | 11/1/2024 | 11/1/2025 | MED EXP (Any one person) \$ 10,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | OTHER: | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | | | | | | | Employee Benefits \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY | | | 62A300008-05 | | | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | Additional Insured, Waiver of | 11/1/2024 | 11/1/2025 | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | Subrogation, & Primary Non- | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | X | | Contributory Endts and Auto | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | Pollution, MCS-90 Included | | | Uninsured motorist combined single \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB | X | | 24*13773U24-302631*09 | 11/1/2024 | 11/1/2025 | EACH OCCURRENCE \$ 9,000,000 |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | ISCNB05000000037-01 | 11/1/2024 | 11/1/2025 | AGGREGATE \$ 9,000,000 |
| | DED RETENTION \$ | | | Follows Form Over GL/Auto/WC | | | \$ |
| | | X | | | | | |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | Y | N/A | WCN6007729 | 11/1/2024 | 11/1/2025 | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Contractors Equipment | | | 62P100512-05 | 11/1/2024 | 11/1/2025 | Limit \$129,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The State of West Virginia is included as an Additional Insured in regards to General Liability and Auto Liability as required by written contract. Umbrella is follow form.

CERTIFICATE HOLDER

CANCELLATION

State Of West Virginia
Department of Administration
2019 Washington Street East
Charleston, WV 25305

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

Jake Stump/WHIT

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/23/2024

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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).

| PRODUCER Humphrey, Stump & Haynie Insurance Agency, Inc. 100 E. Main Street PO Box 3205 Salem VA 24153 | CONTACT NAME: Jake Stump PHONE (A/C, No, Ext): (540) 389-2327 E-MAIL: Jake@hshi.com FAX (A/C, No): (540) 389-5901 | | | | | | | | | | | | | | |
|---|--|-------------------------------|--------|-------------------------------|-------|-----------------------------------|--------|-----------------------------|-------|------------|--|------------|--|------------|--|
| INSURED Harris Oil Company, Inc. P.O. Box 685 330 Oak Drive Spencer WV 25276 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: GuideOne Specialty</td><td>14559</td></tr><tr><td>INSURER B: Certain UW's at Lloyds</td><td>111998</td></tr><tr><td>INSURER C: Encova Insurance</td><td>13331</td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: GuideOne Specialty | 14559 | INSURER B: Certain UW's at Lloyds | 111998 | INSURER C: Encova Insurance | 13331 | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: GuideOne Specialty | 14559 | | | | | | | | | | | | | | |
| INSURER B: Certain UW's at Lloyds | 111998 | | | | | | | | | | | | | | |
| INSURER C: Encova Insurance | 13331 | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER: 2024-2025

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.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------|---|-------------------------|-------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary & Non-Contributory GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | X | | 62P100512-05 | 11/1/2024 | 11/1/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | X | | 62A300008-05 Additional Insured, Waiver of Subrogation, & Primary Non-Contributory Endts and Auto Pollution, MCS-90 Included | 11/1/2024 | 11/1/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | X | | 24*13773024-302631*09 ISCNB05000000037-01 Follows Form Over GL/Auto/WC | 11/1/2024 11/1/2024 | 11/1/2025 11/1/2025 | EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 |
| C | 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"/> Y | N/A | WCN6007729 | 11/1/2024 | 11/1/2025 | <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 |
| A | Contractors Equipment | | | 62P100512-05 | 11/1/2024 | 11/1/2025 | Limit \$129,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The State of West Virginia is included as an Additional Insured in regards to General Liability and Auto Liability as required by written contract. Umbrella is follow form.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| State Of West Virginia Department of Administration 2019 Washington Street East Charleston, WV 25305 | 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 Jake Stump/WHIT |
|---|--|

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FUEL25 TANKER WAGPM (TW) VENDOR PRICING SHEET

| | | | | | | |
|-----------------|--------------------------------|--|--|--|---|----------------------|
| VENDOR: | Harris Oil Company Inc. | | Address: | 330 Oak Drive Spencer, WV 25276 PO Box 685 Spencer, WV 25276 | | |
| DISTRICT | FUEL TYPE | Terminal Location Fuel is to be pulled from | Six Month's ESTIMATED NEEDS (gals.) | OPIS Hypothetical Terminal Cost | Fixed Firm Markup Gallon from OPIS | Extended Cost |
| ONE | Unleaded Gasoline/E 10 | CWV | 200,000 | 2.250 | \$ 0.3050 | 511,000.00 |
| | No. 2 Diesel | CWV | 50,000 | 2.310 | \$ 0.3050 | 130,750.00 |
| | No. 2 Diesel w/ Winter add. | CWV | 170,000 | 2.310 | \$ 0.3350 | 449,650.00 |
| | No. 1 Heating/Kerosene | MOH | 1000 | 2.571 | \$ 0.2500 | 2,821.00 |
| | No. 2 Heating/Dyed Diesel | CWV | 2,500 | 2.571 | \$ 0.3650 | 7,340.00 |
| | | | | | Total District One | 1,101,561.00 |
| TWO | Unleaded Gasoline/E 10 | | 214,000 | 2.250 | \$ - | 481,500.00 |
| | No. 2 Diesel | | 33,000 | 2.310 | \$ - | 76,230.00 |
| | No. 2 Diesel w/ Winter add. | | 120,000 | 2.310 | \$ - | 277,200.00 |
| | No. 1 Heating/Kerosene | | 1,000 | 2.571 | \$ - | 2,571.00 |
| | No. 2 Heating/Dyed Diesel | | 1,500 | 2.571 | \$ - | 3,856.50 |
| | | | | | Total District Two | 841,357.50 |
| THREE | Unleaded Gasoline/E 10 | | 166,000 | 2.250 | \$ - | 373,500.00 |
| | No. 2 Diesel | | 63,000 | 2.310 | \$ - | 145,530.00 |
| | No. 2 Diesel w/ Winter add. | | 181,000 | 2.310 | \$ - | 418,110.00 |
| | No. 1 Heating/Kerosene | | 1000 | 2.571 | \$ - | 2,571.00 |
| | No. 2 Heating/Dyed Diesel | | 2,200 | 2.571 | \$ - | 5,656.20 |
| | | | | | Total District Three | 945,367.20 |
| FOUR | Unleaded Gasoline/E 10 | | 243,000 | 2.250 | \$ - | 546,750.00 |
| | No. 2 Diesel | | 87,000 | 2.310 | \$ - | 200,970.00 |
| | No. 2 Diesel w/ Winter add. | | 245,000 | 2.310 | \$ - | 565,950.00 |
| | No. 1 Heating/Kerosene | | 1,000 | 2.571 | \$ - | 2,571.00 |
| | No. 2 Heating/Dyed Diesel | | 5,000 | 2.571 | \$ - | 12,855.00 |
| | | | | | Total District Four | 1,329,096.00 |
| FIVE | Unleaded Gasoline/E 10 | | 167,000 | 2.250 | \$ - | 375,750.00 |
| | No. 2 Diesel | | 55,000 | 2.310 | \$ - | 127,050.00 |
| | No. 2 Diesel w/ Winter add. | | 143,000 | 2.310 | \$ - | 330,330.00 |
| | No. 1 Heating/Kerosene | | 1,000 | 2.571 | \$ - | 2,571.00 |
| | No. 2 Heating/Dyed Diesel | | 25,500 | 2.571 | \$ - | 65,560.50 |
| | | | | | Total District Five | 901,261.50 |
| SIX | Unleaded Gasoline/E 10 | | 127,000 | 2.250 | \$ - | 285,750.00 |
| | No. 2 Diesel | | 52,000 | 2.310 | \$ - | 120,120.00 |
| | No. 2 Diesel w/ Winter add. | | 110,000 | 2.310 | \$ - | 254,100.00 |
| | No. 1 Heating/Kerosene | | 1,000 | 2.571 | \$ - | 2,571.00 |
| | No. 2 Heating/Dyed Diesel | | 2,000 | 2.571 | \$ - | 5,142.00 |
| | | | | | Total District Six | 667,683.00 |
| SEVEN | Unleaded Gasoline/E 10 | | 207,000 | 2.250 | \$ - | 465,750.00 |
| | No. 2 Diesel | | 98,000 | 2.310 | \$ - | 226,380.00 |
| | No. 2 Diesel w/ Winter add. | | 184,000 | 2.310 | \$ - | 425,040.00 |
| | No. 1 Heating/Kerosene | | 1,000 | 2.571 | \$ - | 2,571.00 |
| | No. 2 Heating/Dyed Diesel | | 1,000 | 2.571 | \$ - | 2,571.00 |
| | | | | | Total District Seven | 1,122,312.00 |
| EIGHT | Unleaded Gasoline/E 10 | | 126,000 | 2.250 | \$ - | 283,500.00 |
| | No. 2 Diesel | | 58,000 | 2.310 | \$ - | 133,980.00 |
| | No. 2 Diesel w/ Winter add. | | 170,000 | 2.310 | \$ - | 392,700.00 |
| | No. 1 Heating/Kerosene | | 12,000 | 2.571 | \$ - | 30,852.00 |
| | No. 2 Heating/Dyed Diesel | | 440,000 | 2.571 | \$ - | 1,131,240.00 |

| | | | | | | |
|--|--|--|--|--|----------------------|--------------|
| | | | | | Total District Eight | 1,972,272.00 |
|--|--|--|--|--|----------------------|--------------|

WEST VIRGINIA PURCHASING DIVISION BID OPENING

SOLICITATION#: CEUT ADJZS*19

DATE: 3/25/2025

FOLDER#: 1644514

DEPT#: 0603

[illegible]

| | |
|----------------|---|
| OPENING STAFF: | STAFF CERTIFYING RECEIPT OF ELIGIBLE BIDS RECEIVED ON TIME BUT NOT PUBLICLY READ: |
|----------------|---|

SIGNATURE Crystal Husted

CTS: _____

SIGNATURE _____

ACA: _____

SIGNATURE _____

WEST VIRGINIA PURCHASING DIVISION BID OPENING

SOLICITATION#: CREG DEPZSY16

DATE: 3/25/2025

FOLDER#: 1421922

DEPT#: 0313

[illegible]

| | |
|----------------|---|
| OPENING STAFF: | STAFF CERTIFYING RECEIPT OF ELIGIBLE BIDS RECEIVED ON TIME BUT NOT PUBLICLY READ: |
|----------------|---|

SIGNATURE _____

CTS: _____

SIGNATURE _____

ACA: _____

SIGNATURE _____

WEST VIRGINIA PURCHASING DIVISION BID OPENING

SOLICITATION#: CRFQ GSDZS*24

DATE: 3/25/2025

FOLDER#: 1444391

DEPT#: 0211

[illegible]

| | |
|--|--|
| <p>OPENING STAFF: STAFF CERTIFYING RECEIPT OF ELIGIBLE BIDS RECEIVED ON TIME BUT NOT PUBLICLY READ:</p> | |
|--|--|

SIGNATURE _____

CTS: _____

SIGNATURE _____

ACA: _____

SIGNATURE _____

WEST VIRGINIA PURCHASING DIVISION BID OPENING

SOLICITATION#: CRFQ SWC 25406

DATE: 3/25/2025

FOLDER#: 1649867

DEPT#: 0212

[illegible]

| | |
|----------------|---|
| OPENING STAFF: | STAFF CERTIFYING RECEIPT OF ELIGIBLE BIDS RECEIVED ON TIME BUT NOT PUBLICLY READ: |
|----------------|---|

SIGNATURE _____

CTS: _____

SIGNATURE _____

ACA: _____

SIGNATURE _____