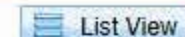




The following documentation is an electronically-submitted vendor response to an advertised solicitation from the *West Virginia Purchasing Bulletin* within the Vendor Self-Service portal at ***wvOASIS.gov***. As part of the State of West Virginia's procurement process, and to maintain the transparency 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 9

 List View

General Information

Contact

Default Values

Discount

Document Information

Clarification Request

Procurement Folder: 2047288

Procurement Type: Central Purchase Order

Vendor ID: 000000208024 

Legal Name: MICROLOGIC INC

Alias/DBA:

Total Bid: \$349,575.31

Response Date: 10/15/2026 

Response Time: 12:00

Responded By User ID: EDyson 

First Name: Eric

Last Name: Dyson

Email: eric.dyson@3wlogic.com

Phone: 3046139064

SO Doc Code: CRFQ

SO Dept: 0403

SO Doc ID: DBS2700000003

Published Date: 10/8/26

Close Date: 10/15/26

Close Time: 13:30

Status: Closed

Solicitation Description: WVSD Internal Cameras and Sensors

Total of Header Attachments: 9

Total of All Attachments: 9



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

State of West Virginia
Solicitation Response

Proc Folder: 2047288
Solicitation Description: WVSDB Internal Cameras and Sensors
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2026-10-15 13:30	SR 0403 ESR10152600000003727	1

VENDOR
000000208024
MICROLOGIC INC

Solicitation Number: CRFQ 0403 DBS2700000003
Total Bid: 349575.3099999999976716935634 **Response Date:** 2026-10-15 **Response Time:** 12:00:26
Comments:

FOR INFORMATION CONTACT THE BUYER
James W Atkins
(304) 558-0094
james.w.atkins@wv.gov

Vendor		
Signature X	FEIN#	DATE

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	WVSDB Internal Cameras and Sensors				349575.31

Comm Code	Manufacturer	Specification	Model #
46171610			

Commodity Line Comments:

Extended Description:

WVSDB Internal Cameras and Sensors

Agency _____
REQ.P.O# _____

BID BOND

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Micrologic, Inc.
_____ of Buckhannon West Virginia, as Principal, and Cincinnati Insurance Company
_____ of Fairfield Ohio, a corporation organized and existing under the laws of the State of _____
Ohio with its principal office in the City of Fairfield, as Surety, are held and firmly bound unto the State
of West Virginia, as Obligor, in the penal sum of 5 percent (\$ 5%) 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
Camera System Installation for the WV School for the Deaf and Blind

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 Obligor 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 15th day of October, 2026.

Principal Seal

Micrologic, Inc.

(Name of Principal)

By _____

(Must be President, Vice President, or
Duly Authorized Agent)

President/CEO

(Title)

Surety Seal



Cincinnati Insurance Company

(Name of Surety)

Patrick T. O'Neill

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.

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY and THE CINCINNATI CASUALTY COMPANY, corporations organized under the laws of the State of Ohio, and having their principal offices in the City of Fairfield, Ohio (herein collectively called the "Companies"), do hereby constitute and appoint

Jody Maibach, Lori Bennett, Patrick T O'Neill, Nicholas Messam, Samantha Gadosik, Sarah Clark, Amy L Caton, Stefanie Osborne, Pam Bradshaw

of WADSWORTH, OH

their true and legal Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and deliver on behalf of the Companies as Surety, any and all bonds, policies, undertakings or other like instruments, as follows:

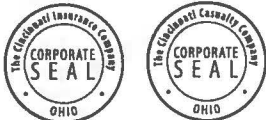
Twenty Five Million Dollars and 00/100 (\$25,000,000.00)

This appointment is made under and by authority of the following resolutions adopted by the Boards of Directors of The Cincinnati Insurance Company and The Cincinnati Casualty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the President or any Senior Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

RESOLVED, that the signature of the President or any Senior Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Vice-President and the Seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, the Companies have caused these presents to be sealed with their corporate seals, duly attested by their President or any Senior Vice President this 16th day of March, 2021.



STATE OF OHIO)SS:
COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY
THE CINCINNATI CASUALTY COMPANY

Stephen A. Ventre

On this 16th day of March, 2021 before me came the above-named President or Senior Vice President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, to me personally known to be the officer described herein, and acknowledged that the seals affixed to the preceding instrument are the corporate seals of said Companies and the corporate seals and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporations.



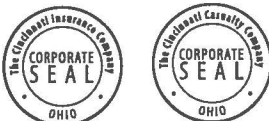
Keith Collett

Keith Collett, Attorney at Law
Notary Public – State of Ohio

My commission has no expiration date.
Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Vice-President of The Cincinnati Insurance Company and The Cincinnati Casualty Company, hereby certify that the above is the Original Power of Attorney issued by said Companies, and do hereby further certify that the said Power of Attorney is still in full force and effect.

Given under my hand and seal of said Companies at Fairfield, Ohio, this 15th day of October, 2026.



Ed H

West Virginia Offices of the Insurance Commissioner



Certificate of Authority

Whereas, **The Cincinnati Insurance Company**, domiciled in the State of **Ohio**, has complied with all the requirements of the laws of this State so as to entitle it to transact its appropriate business in the State of West Virginia

Therefore, I the undersigned, Insurance Commissioner of the State of West Virginia, pursuant to the authority vested in me by the laws of this State, do hereby authorize it to transact the business of insurance as defined in Chapter 33

Marine - Article 1, Section 10(d)
Surety - Article 1, Section 10(f)(1)
Accident & Sickness - Article 1, Section 10(b)
Fire - Article 1, Section 10(c)
Casualty - Article 1, Section 10(e)
Surety - Article 1, Section 10(f)(2)
Surety - Article 1, Section 10(f)(3)
Casualty - Article 1, Section 10(e)(14)

of the 1931 Code of West Virginia as amended, in the State of West Virginia in accordance with the laws thereof until midnight on the 31st day of May, 2027, unless this license be sooner revoked Pursuant to W Va Code §33-3-2(c), the above authorization does not allow the insurer to transact a kind of insurance in this State unless duly authorized or qualified to transact such insurance in the state or country of its domicile

In Testimony Whereof, I have hereunto set my hand and affixed my seal of office at the City of Charleston this 1st day of June, 2026

Allan L. McVey
Insurance Commissioner

NAIC # 10677
SBS Company # 109405325



The Cincinnati Insurance Company ■ The Cincinnati Indemnity Company
The Cincinnati Casualty Company ■ The Cincinnati Specialty Underwriters Insurance Company
The Cincinnati Life Insurance Company

THE CINCINNATI INSURANCE COMPANY
FINANCIAL STATEMENT
DECEMBER 31, 2025

ASSETS

Cash	\$ 812,220,625
Bonds	11,541,122,184
Stocks	9,019,622,009
Agents Balance Receivable	2,932,414,652
All Other Admitted Assets	<u>1,541,043,791</u>
TOTAL ADMITTED ASSETS	<u>\$25,846,423,261</u>

LIABILITIES

Reserve for Losses and Loss Expense	\$ 9,523,151,981
Reserve for Unearned Premiums	4,655,657,725
All Other Liabilities	1,918,903,112
Capital	\$ 3,586,355
Surplus	9,745,124,088
	<u>9,748,710,443</u>
TOTAL LIABILITIES & EQUITY	<u>\$25,846,423,261</u>

State of Ohio
County of Butler

Andrew M. Schnell, Treasurer of The Cincinnati Insurance Company, being duly sworn for himself, deposes and says that he is the above described officer of the said company and that the above Financial Statement as of December 31, 2025 is true and correct to the best of his knowledge and belief.



Andrew M. Schnell
Senior Vice President, Treasurer

Subscribed and sworn before me this 19th day of February 2026.



 RACHEL ELLEN UNDERWOOD
Notary Public
State of Ohio
My Comm. Expires
June 7, 2027



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV028342

CLASSIFICATION:

ELECTRICAL
SPECIALTY
LOW VOLTAGE SYSTEMS <80 VOLTS

MICROLOGIC INC
PO BOX 328
BUCKHANNON, WV 26201

DATE ISSUED

EXPIRATION DATE

MAY 14, 2026

MAY 14, 2027

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



**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.

STATE OF WEST VIRGINIA
State Tax Department, Tax Account Administration
P.O. Box 2666
Charleston, WV 25330-2666

WEST VIRGINIA
STATE TAX DEPARTMENT
BUSINESS REGISTRATION
CERTIFICATE

ISSUED TO:
MICROLOGIC INC
1120 OLD ELKINS RD
BUCKHANNON, WV 26201-3568

BUSINESS REGISTRATION ACCOUNT NUMBER: 1042-5002

This certificate is issued on: **11/03/2023**

*This certificate is issued by
the West Virginia State Tax Commissioner
in accordance with Chapter 11, Article 12, of the West Virginia Code.*

*The person or organization identified on this certificate is registered
to conduct business in the State of West Virginia at the location above.*

This certificate is not transferrable and must be displayed at the location for which issued.

This certificate shall be permanent until cessation of the business for which the certificate of registration was granted or until it is suspended, revoked or cancelled by the Tax Commissioner.

Change in name or change of location shall be considered a cessation of the business and a new certificate shall be required.

TRAVELING/STREET VENDORS: Must carry a copy of this certificate in every vehicle operated by them.
CONTRACTORS, DRILLING OPERATORS, TIMBER/LOGGING OPERATIONS: Must have a copy of this certificate displayed at every job site within West Virginia.

atL006 v.19
L0714039456

Enclosure



MICRINC-02

MLARGENT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/10/2026

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 O'Neill Insurance 111 High Street Wadsworth, OH 44281	CONTACT NAME: Andrew David	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: adavid@oneillinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Hartford Insurance Company	
	INSURER B : Encova Insurance	
INSURED Micrologic, Inc. 1120 Old Elkins Rd Buckhannon, WV 26201-3568	NAIC #	
	22357	
	14621	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			45UENBK2A0N	8/30/2025	8/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			45UENBK2A13	8/30/2025	8/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			45XHUBK2A1M	8/30/2025	8/30/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	☒ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WCN6007543	9/30/2025	9/30/2026	☒ PER STATUTE ☐ 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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Project: St. Clairsville-Richland City Schools Security Camera Upgrades

CERTIFICATE HOLDER

CANCELLATION

St. Clairsville-Richland City School District
108 Woodrow Ave.
Saint Clairsville, OH 43950

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



MICRINC-02

CWARNER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2026

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.

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PRODUCER O'Neill Insurance 111 High Street Wadsworth, OH 44281	CONTACT NAME: Pam Bradshaw, CIC, AIS, CISR, CBIA	
	PHONE (A/C, No, Ext): (330) 849-3883 FAX (A/C, No):	
	E-MAIL ADDRESS: pbradshaw@oneillinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Hartford Insurance Company	22357
INSURED Micrologic, Inc. 1120 Old Elkins Rd Buckhannon, WV 26201-3568	INSURER B : Encova Insurance	14621
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC OTHER:			45UENBK2A0N	8/30/2026	8/30/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	☒ AUTOMOBILE LIABILITY ☐ ANY AUTO OWNED AUTOS ONLY ☒ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			45UENBK2A13	8/30/2026	8/30/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000			45XHUBK2A1M	8/30/2026	8/30/2027	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ Products/Ops \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y / N If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WCN6007543	9/30/2026	9/30/2027	☒ PER STATUTE ☐ 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

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

CERTIFICATE HOLDER

CANCELLATION

West Virginia Schools for the Deaf and the Blind
301 E. Main Street
Romney, WV 26757

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

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ DBS27*03

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:

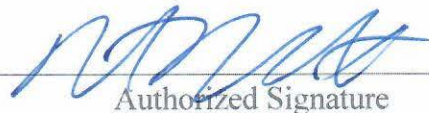
(Check the box next to each addendum received)

☒ Addendum No. 1	☐ Addendum No. 6
☒ Addendum No. 2	☐ Addendum No. 7
☒ Addendum No. 3	☐ Addendum No. 8
☐ Addendum No. 4	☐ Addendum No. 9
☐ Addendum No. 5	☐ 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.

Micrologic, Inc.

Company



Authorized Signature

10-14-2026

Date

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

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: Micrologic, IncVendor Telephone: 304-472-4596Vendor Address: P.O. Box 328

Vendor Fax: _____

Buckhannon, WV 26201

Vendor E-Mail: _____



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

I, Robert Hinton, after being first duly sworn, depose and state as follows:

1. I am an employee of Micrologic, Inc; and,
(Company Name)
2. I do hereby attest that Micrologic, Inc.
(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: Robert Hinton

Signature: 

Title: President/CEO

Company Name: Micrologic, Inc

Date: 10-14-2026

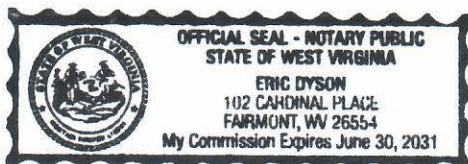
STATE OF WEST VIRGINIA,

COUNTY OF Upshur, TO-WIT:

Taken, subscribed and sworn to before me this 15th day of October, 2026.

By Commission expires 6/30/2031

(Seal)




(Notary Public)



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: 2047288			Reason for Modification: Addendum No. 3 1. Vendor Questions and Responses 2. Modified specifications by adding sections 3.6.1 to 3.6.8
Doc Description: WVSDB Internal Cameras and Sensors			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2026-10-08	2026-10-15 13:30	CRFQ 0403 DBS2700000003	4

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code:
Vendor Name : Micrologic, Inc.
Address : PO Box 328
Street : 1120 Old Elkins Rd
City : Buckhannon
State : WV **Country :** US **Zip :** 26201
Principal Contact : Eric Dyson
Vendor Contact Phone: 304-472-4596 **Extension:** 204

FOR INFORMATION CONTACT THE BUYER

James W Atkins
(304) 558-0094
james.w.atkins@wv.gov

Vendor Signature X *Eric Dyson*

FEIN# 37-1752313

DATE 10-15-2026

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

ADDITIONAL INFORMATION**ADDENDUM NO. 3**

Addendum No. 3 issued to publish and distribute the attached information to the Vendor Community

ADDENDUM NO. 2

Addendum No. 1 issued to publish and distribute the attached information to the Vendor Community

ADDENDUM NO. 1

Addendum No. 1 issued to publish and distribute the attached information to the Vendor Community

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Schools for the Deaf and the Blind to establish a contract for the purchase and installation of security cameras and related construction at the West Virginia Schools for the Deaf and the Blind, located at 301 E. Main Street, Romney, WV 26757. per the attached specifications and terms and conditions.

INVOICE TO

SCHOOL FOR THE DEAF &
BLIND
301 EAST MAIN ST

ROMNEY WV
US

SHIP TO

SCHOOL FOR THE DEAF &
BLIND
301 EAST MAIN ST

ROMNEY WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	WVSDB Internal Cameras and Sensors				

Comm Code	Manufacturer	Specification	Model #
46171610			

Extended Description:

WVSDB Internal Cameras and Sensors

SCHEDULE OF EVENTS

<u>Line</u>	<u>Event</u>	<u>Event Date</u>
1	Mandatory Pre-Bid at 11am EST	2026-09-08
2	Questions Due by 2:00pm EST	2026-09-15

	Document Phase	Document Description	Page 3
DBS2700000003	Final	WVSDB Internal Cameras and Sensors	

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

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) Eric Dyson, Construction Services Sales Engineer

(Address) 1120 Old Elkins Road, Buckhannon, WV 26201

(Phone Number) / (Fax Number) 304-472-4596

(email address) eric.dyson@3wlogic.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.

Micrologic, Inc.

(Company)

(Signature of Authorized Representative)

Robert Hinton, President/CEO

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

304-472-4596

(Phone Number) (Fax Number)

rob@3wlogic.com

(Email Address)