



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

[List View](#)

**General Information** [Contact](#) [Default Values](#) [Discount](#) [Document Information](#)

Procurement Folder: 217051

SO Doc Code: CRFQ

Procurement Type: Central Master Agreement

SO Dept: 0608

Vendor ID: 000000209165

SO Doc ID: COR1600000032

Legal Name: CIMCO INC

Published Date: 6/22/16

Alias/DBA:

Close Date: 6/28/16

Total Bid: \$13,120.00

Close Time: 13:30

Response Date: 06/28/2016

Status: Closed

Response Time: 11:59

Solicitation Description: ADDENDUM 1 EQUIPMENT AND SYSTEMS MAINTENANCE

Total of Header Attachments: 0

Total of All Attachments: 0



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

State of West Virginia  
Solicitation Response

Proc Folder : 217051

Solicitation Description : ADDENDUM 1 EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS

Proc Type : Central Master Agreement

Date issued	Solicitation Closes	Solicitation No	Version
	2016-06-28 13:30:00	SR      0608   ESR06281600000006299	1

VENDOR

000000209165  
CIMCO INC

FOR INFORMATION CONTACT THE BUYER

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

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	Equipment and Systems Bi-Annual Inspections and Testing	2.00000	LS	\$600.000000	\$1,200.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Equipment and Systems Bi-Annual Inspections and Testing

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	Regular Labor Rate	100.00000	LS	\$85.000000	\$8,500.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Regular Labor Rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	Overtime Labor Rate	16.00000	LS	\$127.500000	\$2,040.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Overtime Labor Rate

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	Holiday Labor Rate	8.00000	LS	\$85.000000	\$680.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Holiday Labor Rate



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	Emergency Labor Rate	8.00000	LS	\$85.000000	\$680.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Emergency Labor Rate
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Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	Parts Markup Percentage	1.00000	PCT	\$20.000000	\$20.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :	Parts Markup Percentage
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Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

State of West Virginia  
Request for Quotation

Proc Folder: 217051

Doc Description: EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-03	2016-06-28 13:30:00	CRFQ 0608 COR1600000032	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

Cimco Inc  
PO Box 480  
Culloden WV 25510

FOR INFORMATION CONTACT THE BUYER

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

Signature X

FEIN #

55-0749511

DATE

6/28/16

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

**ADDITIONAL INFORMATION:**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT TO PROVIDE EQUIPMENT AND SYSTEMS REPAIR AND MAINTENANCE AT ANTHONY CORRECTIONAL CENTER PER THE ATTACHED

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Equipment and Systems Bi-Annual Inspections and Testing	2.00000	LS	600.00	\$ 1200.00

Comm Code	Manufacturer	Specification	Model #
78141600			

**Extended Description :**

Equipment and Systems Bi-Annual Inspections and Testing

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Regular Labor Rate	100.00000	LS	\$ 85.00	\$ 8,500.00

Comm Code	Manufacturer	Specification	Model #
78141600			

**Extended Description :**

Regular Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Overtime Labor Rate	16.00000	LS	\$ 127.50	\$ 2,040.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Overtime Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Holiday Labor Rate	8.00000	LS	\$ 85.00	\$ 680.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Holiday Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Emergency Labor Rate	8.00000	LS	\$ 85.00	\$ 680.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Emergency Labor Rate



INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Parts Markup Percentage	1.00000	20% PCT	<del>\$ 6000.00</del> \$ 6000.00	\$ 6000.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Parts Markup Percentage

#### SCHEDULE OF EVENTS

Line	Event	Event Date
1	MANDATORY PRE-BID MEETING	2016-06-14
2	VENDOR QUESTION DEADLINE	2016-06-17

CRFQ COR1600000032 - Equipment and Systems Maintenance and Repairs Contract Pricing Page

EXHIBIT A

Inspections and Testing	Units	Number of Times Per Year	Unit Price Per Each Time	Annual Price For All Required Inspections and Testing
Equipment and Systems				
Equipment and Systems	Bi-Annual	2	\$ 600	\$ 1,200.00

Subtotal A:	1200.00
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Hourly Rates	Unit of Measure	Estimated Annual Hours *	Unit Price	Extended Amount
Regular Labor Rate	Hour	100	\$ 85.00	\$ 8,500.00
Overtime Labor Rate	Hour	16	\$ 127.50	\$ 2,040.00
Holiday Labor Rate	Hour	8	\$ 85.00	\$ 680.00
Emergency Labor Rate	Hour	8	\$ 85.00	\$ 680.00

Subtotal B:	11,900.00
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Parts Quote	Estimated Parts Cost **	Markup Percentage	Extended Amount
Parts	\$5,000.00	20 %	6,000.00

Subtotal C:	6,600.00
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OVERALL COST (by adding subtotals A, B, and C)	\$ 19,100.00
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**Bidder/Vendor Information:**

Name: Cimco Inc

Address: PO Box 480 Culloden MO 25510

Phone No.: 204-562-7705

Fax No.: 204-387-4128

Email Address: JLGillemont@Cimco MO.com

Authorized Signature: *[Signature]*

NOTES:

\* Quantities are estimated for bid evaluation purposes only.

\*\* Estimated cost for bid evaluation purposes only.

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, That we, the undersigned, Cimco, Inc.  
of P. O. Box 480, Culloden, WV 25510-0480, as Principal, and Great American Insurance Company  
of 301 E 4th Street, Cincinnati, OH 45242, a corporation organized and existing under the laws of the State of Ohio  
with its principal office in the City of Cincinnati, as Surety, are held and firmly bound unto the State  
of West Virginia, as Obligee, in the penal sum of Five Percent of Total Amount Bid (\$ 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  
COR1600000032 - Equipment and Systems Maintenance and Repairs

**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.

IN WITNESS WHEREOF, Principal and Surety have hereunto set their hands and seals, and such of them as are corporations  
have caused their corporate seals to be affixed hereunto and these presents to be signed by their proper officers, this  
28<sup>th</sup> day of June, 20 16.

Principal Corporate Seal

Cimco, Inc.

(Name of Principal)

By [Signature]

(Must be President or  
Vice President)

VICE PRESIDENT

(Title)

Surety Corporate Seal

Great American Insurance Company

(Name of Surety)

[Signature]

Attorney-in-Fact

**IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals  
must be affixed, a power of attorney must be attached.**



# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than FIVE

No. 0 20211

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
JEFFERY O'DELL	RICHARD L. HIGGINBOTHAM ALL OF	ALL
C. DAVID THOMAS	ROSEANN B. DYE-SMALLEY CHARLESTON, WEST VIRGINIA	\$75,000,000
ROBIN M. HUBBARD-SHERROD		

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 10TH day of AUGUST, 2011  
Attest GREAT AMERICAN INSURANCE COMPANY



*My L C. B.*

Assistant Secretary

*David C. Kitchen*

Divisional Senior Vice President

DAVID C. KITCHIN (877-377-2405)

STATE OF OHIO, COUNTY OF HAMILTON - ss:

On this 10TH day of AUGUST, 2011, before me personally appeared DAVID C. KITCHIN, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



KAREN L. GROSHEIM  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES 02-20-16

*Karen L. Grosheim*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 28th day of June, 2016



*My L C. B.*

Assistant Secretary



# CONTRACTOR LICENSE

Authorized by the  
**West Virginia Contractor Licensing Board**

**Number:** WV025512

**Classification:**

ELECTRICAL  
HEATING, VENTILATING & COOLING  
PIPING  
PLUMBING

CIMCO INC  
DBA CIMCO INC  
PO BOX 480  
CULLODEN, WV 25510

**Date Issued**

MAY 09, 2016

**Expiration Date**

MAY 09, 2017

*Mitchell R. Smith*

Authorized Company Signature

*Michael A. Carl*

Chair, West Virginia Contractor  
Licensing Board

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/28/2016

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).

<b>PRODUCER</b> George H. Friedlander Company 1566 Kanawha Blvd. E. Charleston WV 25311		<b>CONTACT NAME:</b> Richard Higginbotham <b>PHONE (A/C, No., Ext.):</b> 304-357-4520 <b>FAX (A/C, No.):</b> 304-345-8724 <b>E-MAIL ADDRESS:</b> rhigginbotham@friedlandercompany.com		
<b>INSURED</b> Cimco, Inc. P O Box 480 Culloden WV 25510-0480		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A: Travelers Insurance		25674
		INSURER B: Travelers Ind Co of America		25666
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

## COVERAGES

CERTIFICATE NUMBER: 314121984

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 SUBR INSD 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"/> Contractual Liab  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CO-5614B143-16	5/1/2016	5/1/2017	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	\$2,000,000
						PRODUCTS - COMP/OP AGG	\$2,000,000
							\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		810-5614B143-16	5/1/2016	5/1/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000		CUP-5614B143-16	5/1/2016	5/1/2017	EACH OCCURRENCE	\$5,000,000
						AGGREGATE	\$5,000,000
							\$
A	<input checked="" type="checkbox"/> 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 Y N/A	UB-6557N779-16	5/1/2016	5/1/2017	<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

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

WC Includes Broad Form Employers Liability, WV 23-4-2  
Evidence of Insurance

## CERTIFICATE HOLDER

## CANCELLATION

TO WHOM IT MAY CONCERN

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

*Richard Higginbotham*

## ADDITIONAL TERMS AND CONDITIONS (Construction Contracts Only)

**1. CONTRACTOR'S LICENSE:** West Virginia Code § 21-11-2 requires that all persons desiring to perform contracting work in this state be licensed. The West Virginia Contractors Licensing Board is empowered to issue the contractor's license. Applications for a contractor's license may be made by contacting the West Virginia Division of Labor. West Virginia Code § 21-11-11 requires any prospective Vendor to include the contractor's license number on its bid. Failure to include a contractor's license number on the bid shall result in Vendor's bid being disqualified. Vendors should include a contractor's license number in the space provided below.

Contractor's Name: Cinco INC  
Contractor's License No. WV 25512

The apparent successful Vendor must furnish a copy of its contractor's license prior to the issuance of a Award Document.

**2. DRUG-FREE WORKPLACE AFFIDAVIT:** W. Va. Code § 21-1D-5 provides that any solicitation for a public improvement contract requires each Vendor that submits a bid for the work to submit at the same time an affidavit that the Vendor has a written plan for a drug-free workplace policy. To comply with this law, Vendor must either complete the enclosed drug-free workplace affidavit and submit the same with its bid or complete a similar affidavit that fulfills all of the requirements of the applicable code. Failure to submit the signed and notarized drug-free workplace affidavit or a similar affidavit that fully complies with the requirements of the applicable code, with the bid shall result in disqualification of Vendor's bid. Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

**2.1.DRUG-FREE WORKPLACE POLICY:** Pursuant to W. Va. Code § 21-1D-4, Vendor and its subcontractors must implement and maintain a written drug-free workplace policy that complies with said article. The awarding public authority shall cancel this contract if: (1) Vendor fails to implement and maintain a written drug-free workplace policy described in the preceding paragraph, (2) Vendor fails to provide information regarding implementation of its drug-free workplace policy at the request of the public authority; or (3) Vendor provides to the public authority false information regarding the contractor's drug-free workplace policy.

Pursuant to W. Va. Code 21-1D-2(b) and (k), this provision does not apply to public improvement contracts the value of which is \$100,000 or less or temporary or emergency repairs.

**3. DRUG FREE WORKPLACE REPORT:** Pursuant to W. Va. 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. For contracts over \$25,000, the public authority shall be the West Virginia Purchasing Division. For contracts of \$25,000 or less, the public authority shall be the agency issuing the contract. The report shall include:

(1) Information to show that the education and training service to the requirements of West Virginia Code § 21-1D-5 was provided;



**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.

Jeff Gillenwater VP  
(Name, Title)  
Jeff Gillenwater VP  
(Printed Name and Title)  
Po Box 480 Culloden WJ 25510  
(Address)  
304-562-7705 304-397-4128  
(Phone Number) / (Fax Number)  
JCGillenwater2@Cinco.com  
(email 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.

Cinco Inc  
(Company)  
Jeff Gillenwater VP  
(Authorized Signature) (Representative Name, Title)  
Jeff Gillenwater VP  
(Printed Name and Title of Authorized Representative)  
6/28/16  
(Date)  
304-562-7705 / 304-397-4128  
(Phone Number) (Fax Number)

- C. Any materials which are found to be damaged shall be removed and replaced at the contractor's expense.

### 1.13 WORK TIMES

- A. The standard hours of work are Monday thru Friday from 8:00 am until 5:00 pm unless otherwise noted.
- B. If for any reason, the contractor wishes to work other than the previous stated days and hours, the request must be turned into the Facility at least forty-eight (48) hours in advance for approval. The request must be submitted to the Associate Warden of Operations, Building and Grounds Manager, or designee.

### 1.14 PERFORMANCE:

- A. Vendor and Agency shall agree upon a schedule for performance of Contract Services and Contract Services Deliverables, unless such a schedule is already included herein by Agency. In the event that this Contract is designated as an open-end contract, Vendor shall perform in accordance with the release orders that may be issued against this Contract.

### 1.15 WORK SEQUENCE:

- A. Schedule and execute work to coordinate with the Facility.

### 1.16 CONTRACT MANAGER:

- A. 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. The previous specified information must be submitted prior to award of contract.

Contract Manager: Jeff Gillenwater

Telephone Number: 304-562-7705

Fax Number: 304-397-4128

Email Address: JL.Gillenwater@CincoWV.com

### 1.17 DAMAGES

- A. Any damages occurring to the building or property resulting from the contractor's performance of this work shall be the responsibility of the contractor to repair at





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

STATE OF WEST VIRGINIA,

COUNTY OF Putnam, TO-WIT:

I, Jeff Gillenwater, after being first duly sworn, depose and state as follows:

1. I am an employee of Cimco Inc.; and,  
(Company Name)
2. I do hereby attest that Cimco 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: Jeff Gillenwater

Signature: [Signature]

Title: VP

Company Name: Cimco Inc

Date: 6/28/16

Taken, subscribed and sworn to before me this 28<sup>th</sup> day of June, 2016

By Commission expires August 13, 2018

(Seal)



STATE OF WEST VIRGINIA  
**NOTARY PUBLIC**  
Carmela Redman  
Cimco Inc  
2336 Virginia Ave  
Hurricane WV 25526  
My Commission Expires Aug. 13, 2018

[Signature]  
(Notary Public)

**THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.**

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: Pinco IncVendor Address: Po Box 480  
Clarksburg WV  
25510Vendor Telephone: 304-562-7705Vendor Fax: 304-392-4128Vendor E-Mail: TL Collins@pinco  
wv.com



STATE OF WEST VIRGINIA  
Purchasing Division

## PURCHASING AFFIDAVIT

**MANDATE:** 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 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: Cimco Inc

Authorized Signature: [Signature] Date: 6/28/16

State of West Virginia

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 28th day of June, 2016

My Commission expires August 13, 2018

AFFIX SEAL HERE

NOTARY PUBLIC



OFFICIAL SEAL  
STATE OF WEST VIRGINIA  
NOTARY PUBLIC  
Carmela Redman  
Cimco Inc  
2336 Virginia Ave  
Hurricane WV 25526  
My Commission Expires Aug. 13, 2018

[Signature]

Purchasing Affidavit (Revised 08/01/2015)



ADDENDUM ACKNOWLEDGEMENT FORM  
SOLICITATION NO.: CRFQ COR1600000032

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.

Company

Cinco Tac

Authorized Signature

[Signature]

Date

6/28/16

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



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

State of West Virginia  
Request for Quotation

Proc Folder: 217051

Doc Description: ADDENDUM 1 EQUIPMENT AND SYSTEMS MAINTENANCE AND REPAIRS

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2016-06-22	2016-06-28 13:30:00	CRFQ 0608 COR1600000032	2

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

Cimco Inc  
Po Box 480  
Culloden WV 25510

FOR INFORMATION CONTACT THE BUYER

Crystal Rink  
(304) 558-2402  
crystal.g.rink@wv.gov

Signature X

FEIN #

DATE

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

**ADDITIONAL INFORMATION:**

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, THE WEST VIRGINIA DIVISION OF CORRECTIONS, IS SOLICITING BIDS TO ESTABLISH AN OPEN-END CONTRACT TO PROVIDE EQUIPMENT AND SYSTEMS REPAIR AND MAINTENANCE AT ANTHONY CORRECTIONAL CENTER PER THE ATTACHED

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Equipment and Systems Bi-Annual Inspections and Testing	2.00000	LS	600.00	\$1200.00

Comm Code	Manufacturer	Specification	Model #
78141600			

**Extended Description :**  
Equipment and Systems Bi-Annual Inspections and Testing

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
2	Regular Labor Rate	100.00000	LS	\$85.00	\$8,500.00

Comm Code	Manufacturer	Specification	Model #
78141600			

**Extended Description :**  
Regular Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	



Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
3	Overtime Labor Rate	16.00000	LS	127.50	2,040.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Overtime Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
4	Holiday Labor Rate	8.00000	LS	\$85.00	\$680.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Holiday Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
5	Emergency Labor Rate	8.00000	LS	\$85.00	\$680.00

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Emergency Labor Rate

INVOICE TO		SHIP TO	
BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70		BUSINESS OFFICE ANTHONY CORRECTIONAL CENTER BOX N-1, HC 70	
WHITE SULPHUR SPRINGS	WV24986	WHITE SULPHUR SPRINGS	WV 24986
US		US	

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
6	Parts Markup Percentage	1.00000	20% PCT	\$ 6.000 <sup>00</sup>	\$ 6.000 <sup>00</sup>

Comm Code	Manufacturer	Specification	Model #
78141600			

Extended Description :  
Parts Markup Percentage

#### SCHEDULE OF EVENTS

Line	Event	Event Date
1	MANDATORY PRE-BID MEETING	2016-06-14
2	VENDOR QUESTION DEADLINE	2016-06-17

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: COR1600000032**

**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.

Cimco Inc  
Company

Jeff Gillewater  
Authorized Signature

6/28/16  
Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.  
Revised 6/8/2012

**SOLICITATION NUMBER: CRFQ COR1600000032**  
**Addendum Number: 1**

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The purpose of this addendum is to modify the solicitation identified as ("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 provide the pre-bid meeting sign-in sheet

**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.

CRF 0608 CR16X32

# SIGN IN SHEET

Request for Proposal No.

PLEASE PRINT

Page 1 of 1  
Date: 6/19/10

\* PLEASE BE SURE TO PRINT LEGIBLY - IF POSSIBLE, LEAVE A BUSINESS CARD

FIRM & REPRESENTATIVE NAME	MAILING ADDRESS	TELEPHONE & FAX NUMBERS
Company: <u>Matt Long Cash Technical Services</u>	<u>570 Leon Sullivan Way</u>	PHONE <u>307 346 0549</u>
Rep: <u>Matt Long</u>	<u>Charleston, WV 25301</u>	TOLL FREE <u>888 222</u>
Email Address: <u>mlong@cashtech.com</u>		FAX <u>307 346 8920</u>
Company: <u>Cinco Fax</u>	<u>Po Box 480</u>	PHONE <u>304-562-2205</u>
Rep: <u>Teff Gillemonte</u>	<u>Culloden WV</u>	TOLL FREE
Email Address: <u>T Gillemonte@cinco-wv.com</u>	<u>25510</u>	FAX <u>304-392-4128</u>
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____
Company: _____	_____	PHONE _____
Rep: _____	_____	TOLL FREE _____
Email Address: _____	_____	FAX _____