

24742 Northwestern Pike
Romney, WV
26757



Fax

To: Jessica Chambers **From:** Beverly S. Home Towne
Fax: 304-558-3970 **Pages:** 7 total
Phone: 304-558-0246 **Date:** 12/7/2020
Re: Bid Solicitation Response **cc:**

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

Solicitation No.: CRFQ ISC2100000015
 Bid Opening Date: 12/8/2020
 Bid Opening Time: 1:30 pm

Vendor Customer Code - 000000110867

RECEIVED
 2020 DEC -7 PM 3: 37
 WV PURCHASING
 DIVISION



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

State of West Virginia
Centralized Request for Quota

Proc Folder: 807152		Reason for Modification:	
Doc Description: Replacement Floor Tiles (OT21025)			
Proc Type: Central Purchase Order			
Date Issued	Solicitation Closes	Solicitation No	Version
2020-11-18	2020-12-08 13:30	CRFQ 0210 ISC2100000015	1

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

VENDOR	
Vendor Customer Code: 000000110867 Vendor Name: Home Towne Interiors LLC Address: 24742 Street: Northwestern Pike City: Romney State: West Virginia Country: USA Zip: 26757 Principal Contact: Beverly Suddath Vendor Contact Phone: (304) 822-4141 Extension: NA	

FOR INFORMATION CONTACT THE BUYER	
Jessica S Chambers (304) 558-0248 jessica.s.chambers@wv.gov	
Vendor Signature X <i>Beverly Suddath</i>	FEIN# 202146234
DATE 12/2/2020	

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

ADDITIONAL INFORMATION

The West Virginia Purchasing Division is soliciting bids on behalf of the West Virginia Office of Technology to establish a contract for the one-time purchase of 525 replacement Computer Raised Floor Panels per the terms and conditions and specifications as attached.

INVOICE TO	SHIP TO
DEPARTMENT OF ADMINISTRATION OFFICE OF TECHNOLOGY 1900 KANAWHA BLVD E. BLDG 5 10TH FLOOR CHARLESTON WV 25305 US	WV OFFICE OF TECHNOLOGY BLDG 5 10TH FLOOR 1900 KANAWHA BLVD E. CHARLESTON WV 25305 US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Floor Tiles	525.00000	EA	\$94.90	\$49,822.50

Comm Code	Manufacturer	Specification	Model #
30161720	Access Floor Systems	24"x24" Steel floor panels 1/16 in. ; color Gray Steelite # 8192	# 5121124617

Extended Description:
3.1.1 - Floor Tiles

SCHEDULE OF EVENTS

LINE	Event	Event Date
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KITS & REPLACEMENTS

CONCRETE FILLED PANELS

AFS KIT MODEL: AKF12
 PANEL MODEL: RPF12

- SOLID FEEL**
- QUIET**
- IN STOCK**

FEATURES

- Angle Trim
- Full hard cold rolled steel top sheet
- Painted finish
- Welded assembly at domes and perimeter
- Cementitious core material
- Draw quality steel bottom pan with structural dome design

GENERAL SPECIFICATIONS

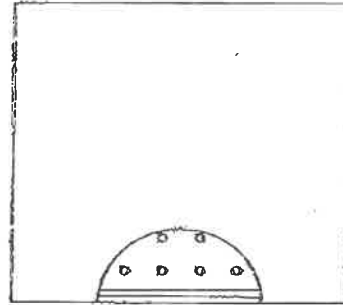
- Panel size: 24" x 24"
- Kit weight: 10 lbs/sf²
- Panel weight: 36 pounds
- All steel welded construction filled internally with a cementitious core material.
- Protected from corrosion by an epoxy paint finish.
- Class A flame spread rating.
- Non-combustible material.

UNDERSTRUCTURE

- 2' Bolted Stringer
- Available in heights from 6" to 36"

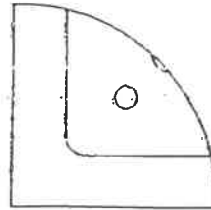
COVERING

- 1/16" High Pressure Laminate
- Color: Gray Starlite



TOP VIEW

- Draw quality steel bottom pan with structural dome design
- Welded assembly at domes and perimeter.
- Cementitious core material
- Painted finish
- Full hard cold rolled steel top sheet



CORNER DETAIL



CROSS SECTION

- 1.37" deep at corners

SYSTEM PERFORMANCE RATINGS*			
DESIGN LOAD	UNIFORM LOAD	ULTIMATE LOAD	IMPACT LOAD
1250 lbs	300 lbs	2500 lbs	150 lbs
ROLLING LOAD		WARRANTY	
10 PASSES 1000 lbs	10,000 PASSES 800 lbs	2 Years	

*Per CISCA Recommendations, Minimum

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.

Beverly Suddath, Owner

(Name, Title)

Beverly Suddath, Owner

(Printed Name and Title)

24742 Northwestern Pike Romney WV 26757

(Address)

(304) 822-4141 / (304) 822-7557

(Phone Number) / (Fax Number)

hometownfc@citlink.net

(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 noncontractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Home Towne Interiors LLC

(Company)

Beverly Suddath, Owner

(Authorized Signature) (Representative Name, Title)

Beverly Suddath, Owner

(Printed Name and Title of Authorized Representative)

12/2/2020

(Date)

(304) 822-4141 / (304) 822-7557

(Phone Number) (Fax Number)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

CONSTRUCTION CONTRACTS: Under W. Va. Code § 5-22-1(i), the contracting public entity shall not award a construction contract to any bidder that is known to be in default on any monetary obligation owed to the state or a political subdivision of the state, including, but not limited to, obligations related to payroll taxes, property taxes, sales and use taxes, fire service fees, or other fines or fees.

ALL CONTRACTS: 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 § 23-2b-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: (1) for construction contracts, the vendor is not in default on any monetary obligation owed to the state or a political subdivision of the state, and (2) for all other contracts, 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: HONNE TOWNE FLOORS & INTERIORS LLC

Authorized Signature: [Signature] Date: 12/7/2020

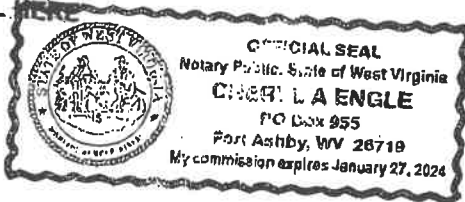
State of West Virginia

County of Hampshire to-wit:

Taken, subscribed, and sworn to before me this 7th day of December, 2020

My Commission expires 01-27 2024

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 01/19/2018)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/7/2020

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 favor of such endorsement(s).

PRODUCER: EVANS INSURANCE AGENCY 56 N. Main St Keyser, WV 26726	CONTACT NAME: STEVE EVANS PHONE: (304) 788-3324 FAX: (304) 788-6529 EMAIL: infokeyser@evansagencywv.com ADDRESS:
	INSURER (S) AFFORDING COVERAGE: INSURER A: SENTINEL INSURANCE COMPANY, LIMITED NAIC# 11001 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED: BEVERLY K. SUDATH DBA: HOME TOWNE INTERIORS LLC 24742 NORTHWESTERN PIKE ROMNEY, WV 26757	

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.

INBR	TYPE OF INSURANCE	ADDL SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTB		INSP		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		30 SBA ZJ2933	2/17/2020	2/17/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOR AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	N/A				PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

PLEASE NOTE CERTIFICATE HOLDER LISTED BELOW ALSO LISTED AS AN ADDITIONAL INSURED

CERTIFICATE HOLDER STATE OF WEST VIRGINIA 2019 WASHINGTON STREET E. CHARLESTON, WV 25305	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE:
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