



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](http://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](http://WVPurchasing.gov) with any other vendor responses to this solicitation submitted to the Purchasing Division in hard copy format.

Header 6

List View

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

Procurement Folder: 871235

SO Doc Code: CRFQ

Procurement Type: Central Purchase Order

SO Dept: 0210

Vendor ID: VS0000022513

SO Doc ID: ISC2100000030

Legal Name: Phaeton Solutions LLC

Published Date: 5/25/21

Alias/DBA:

Close Date: 6/1/21

Total Bid: \$49,235.76

Close Time: 13:30

Response Date: 06/01/2021

Status: Closed

Response Time: 10:24

Solicitation Description: SMARTNet Total Care for Core Routers (OT21124)

Responded By User ID: Phaeton2020

Total of Header Attachments: 6

Total of All Attachments: 6

First Name: Anthony

Last Name: Cole

Email: acole@phaeton-solutions

Phone: 202-805-1359



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:** 871235  
**Solicitation Description:** SMARTNet Total Care for Core Routers (OT21124)  
**Proc Type:** Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2021-06-01 13:30	SR 0210 ESR06012100000007913	1

**VENDOR**  
 VS0000022513  
 Phaeton Solutions LLC

**Solicitation Number:** CRFQ 0210 ISC2100000030  
**Total Bid:** 49235.76000000000203726813197 **Response Date:** 2021-06-01 **Response Time:** 10:24:18  
**Comments:**

**FOR INFORMATION CONTACT THE BUYER**

Jessica S Chambers  
 (304) 558-0246  
 jessica.s.chambers@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	3.1.1 - Cisco Smartnet Total Care, or equal	1.00000	YR	20790.110000	20790.11

Comm Code	Manufacturer	Specification	Model #
81111812			

**Commodity Line Comments:** CON-SNTE-3945 - \$3,466.43  
 CON-SNTE-3945V - \$3,464.74  
 CON-SNTE-3945VSEC - \$10,000.00

**Extended Description:**

3.1.1 Contract Item #1: Extended Service Agreement - Cisco SMARTNet Total Care 8x5xNBD, CON-SNT-3945VSEC or Equal

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	3.1.2 - Cisco Smartnet Total Care, or equal	1.00000	YR	28445.650000	28445.65

Comm Code	Manufacturer	Specification	Model #
81111812			

**Commodity Line Comments:** CON-SNT-2921CMST - \$726.07  
 CON-SNTE-3945 - \$3,466.43  
 CON-SNTE-3945VSEC - \$10,000.00

**Extended Description:**

3.1.2 Contract Item #2: Extended Service Agreement - Cisco SMARTNet Total Care 8x5xNBD, CON-SNT-2921VSEC or Equal

# PHAETON SOLUTIONS

## PRICING PROPOSAL

**Number:** WV-OASIS-CRFQ ISC2100000030  
**Proposal Expiration:** 07/15/2021  
**Contact:** Anthony Cole  
**Email:** [acole@phaeton-solutions.com](mailto:acole@phaeton-solutions.com)  
**Phone #:** 202-805-1359

**Phaeton Solutions**  
12110 Sunset Hills Rd., Suite 600  
Reston, VA 20190  
[www.phaeton-solutions.com](http://www.phaeton-solutions.com)  
TAX ID: 84-4420324  
DUNS: 117416111  
CAGE CODE: 8HFX4  
Size Standard: SB, MBE, DBE

**Date:** 5/24/2021  
**Attention:** Jessica Chambers  
**Title:** Procurement Officer,  
**Contact:** [Jessica.S.Chambers@wv.gov](mailto:Jessica.S.Chambers@wv.gov)  
**Phone:** (304) 558-0246  
**Customer Name:** West Virginia - Office of Technology

**Billing Address:**  
Department of Administration, Purchasing Division  
2019 Washington Street East  
Charleston, WV 25305-0130

**Ship To Address:**  
WV OFFICE OF TECHNOLOGY  
BLDG 5, 10TH FLOOR  
1900 KANAWHA BLVD E  
CHARLESTON WV 25305

**Project Title:** CRFQ ISC2100000030  
**Project Description:** SMARTNet Total Care for Core Routers  
**Payment Terms:** 30 Days  
**Shipping Terms:** FOB Destination

Item #	Manufacturer Model/ Description	Parts #	Start Date	End Date	QTY	MSRP	MSRP Amount	Client Offered Unit Price	Client Offered Amount
1	SNTC-8X5XNBD 2921 Voice Bundle w/ UC License PAK	CON-SNT-2921CMST	06/08/2021	06/07/2022	1	\$855.00	\$855.00	\$726.07	\$726.07
	SNTC-8X5X4 Cisco 3945 w/SPE150	CON-SNTE-3945	06/08/2021	06/07/2022	1	\$4,082.00	\$4,082.00	\$3,466.43	\$3,466.43
	SNTC-8X5X4 Cisco 3945 w/SPE150	CON-SNTE-3945	06/08/2021	06/07/2022	1	\$4,082.00	\$4,082.00	\$3,466.43	\$3,466.43
	SNTC-8X5X4 Cisco 3945 Voice Bundle. UC License PAK	CON-SNTE-3945V	06/08/2021	06/07/2022	1	\$4,080.00	\$4,080.00	\$3,464.74	\$3,464.74
	SNTC-8X5X4 Cisco 3945 Voice Sec. Bundle. UC and SEC	CON-SNTE-3945VSEC	06/08/2021	06/07/2022	3	\$4,080.00	\$12,240.00	\$3,464.74	\$10,394.21
	SNTC-8X5X4 Cisco 3945 Voice Sec. Bundle. UC and SEC	CON-SNTE-3945VSEC	06/08/2021	06/07/2022	4	\$4,080.00	\$16,320.00	\$3,464.74	\$13,858.94
	SNTC-8X5X4 Cisco 3945 Voice Sec. Bundle. UC and SEC	CON-SNTE-3945VSEC	06/08/2021	06/07/2022	4	\$4,080.00	\$16,320.00	\$3,464.74	\$13,858.94
						<b>SUB TOTAL:</b>	\$57,979.00		\$49,235.77
						<b>Savings off MSRP</b>		-15.1%	
						<b>Tax</b>			
						FOB Shipping:			\$0.00
						<b>GRAND TOTAL:</b>			<b>\$49,235.77</b>

**ADDENDUM ACKNOWLEDGEMENT FORM**

**SOLICITATION NO.:** CRFO 15C2100000030

**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 checked="" type="checkbox"/> Addendum No. 2 | <input type="checkbox"/> Addendum No. 7  |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8  |
| <input checked="" 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.

PHAETON SOLUTIONS

Company

Anthony J. Cole

Authorized Signature

05/27/21

Date

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

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 § 23-2c-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 exceed 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: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

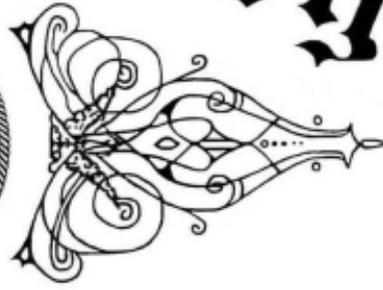
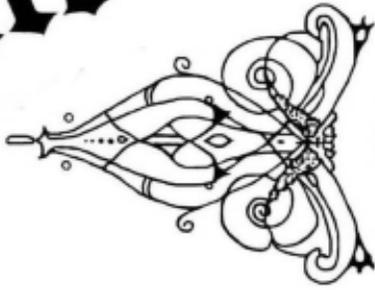
Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_, 20\_\_.

**AFFIX SEAL HERE**

**NOTARY PUBLIC** \_\_\_\_\_

# State of West Virginia



## Certificate

*I, Mac Warner, Secretary of State,  
of the State of West Virginia, hereby certify that*

PHAETON SOLUTIONS LLC

has filed the appropriate registration documents in my office according to the provisions of the West Virginia Code and hereby declare the organization listed above as duly registered with the Secretary of State's Office.

*Given under my hand and  
the Great Seal of West Virginia  
on this day of  
May 13, 2021*



*Mac Warner*

*Secretary of State*



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/25/2021

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).

<b>PRODUCER</b> CoverWallet, Inc. 25 W 45th Street, Floor 15 New York NY 10036	<b>CONTACT NAME:</b> Chris Ham <b>PHONE (A/C. No. Ext):</b> (646) 844-9933 <b>E-MAIL ADDRESS:</b> customer.service@coverwallet.com	<b>FAX (A/C. No):</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Pacific Indemnity Company		<b>NAIC #</b> 20346
<b>INSURED</b> Phaeton Solutions LLC 12110 Sunset Hills Rd. #602 Reston, VA 20190 United States	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

**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	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			OFFVAF156062905-002	03/25/2021	03/25/2022	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							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
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			OFFVAF156062905-002	03/25/2021	03/25/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A				PER STATUTE	OTH-ER
							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)

**CERTIFICATE HOLDER**

Proof of Coverage

**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

*Margaret M. Reff*

© 1988-2015 ACORD CORPORATION. All rights reserved.

**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.**

Anthony O. Cole, President and CEO

**(Name, Title)**

ANTHONY O. COLE, President and CEO

**(Printed Name and Title)**

12110 Sunset Hills Road, Suite 600, Reston, VA 20190

**(Address)**

202-805-1359

**(Phone Number) / (Fax Number)**

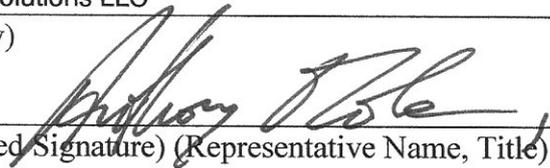
acole@phaeton-solutions.com

**(E-mail 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.

Phaeton Solutions LLC

(Company)

 **PRESIDENT & CEO**  
(Authorized Signature) (Representative Name, Title)

ANTHONY O. COLE, President and CEO

(Printed Name and Title of Authorized Representative)

05/14/2021

(Date)

202-805-1359

(Phone Number) (Fax Number)