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08/12/21 08:35:47
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 Quote
Highways

Proc Folder: 909165
Doc Description: STONE & AGGREGATE 2021 MATERIAL & PICKUP 6621C074

Reason for Modification:

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2021-07-21	2021-08-11 13:30	CRFQ 0803 DOT2200000021	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 000000 177191
Vendor Name: BUCKEYE AGGREGATES, INC
Address: 364 PATTESON DRIVE
Street: SUITE 277
City: MORGANTOWN
State: W.VA **Country:** USA **Zip:** 26505
Principal Contact: GENE M. KIRAL
Vendor Contact Phone: 304-282-7331 **Extension:**

FOR INFORMATION CONTACT THE BUYER

John W Estep
304-558-2566
john.w.estep@wv.gov

BID RECEIVED LATE

BUYER 

WITNESS 

DISQUALIFIED

	Document Phase	Document Description	Page
DOT2200000021	Final	STONE & AGGREGATE 2021 MATERIAL & PICKUP 6621C074	3

ADDITIONAL TERMS AND CONDITIONS

See attached document(s) for additional Terms and Conditions

CERTIFICATION AND SIGNATURE PAGE

By signing below, or submitting documentation through the West Virginia Vendor Self Service Portal website, 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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated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.

BUCKEYE AGGREGATES, INC
(Full Company Name)

Gene M. Kiral
(Authorized Signature)

GENE M. KIRAL - PRESIDENT
(Print or Type Name and Title of Signatory)

304-282-7331
(Phone Number)

N/A
(Fax Number)

gKiral@comcast.net
(Email address)

8/6/2021
(Date)

**Form pre-approved by DOH legal division on July 12, 2016.
Attorney signature not required.**

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.

Gene M. Kiral - PRESIDENT
(Name, Title)
GENE M. KIRAL
(Printed Name and Title)
364, PATTESON DRIVE, SUITE 277, MORGANTOWN, WV 26505
(Address)
304-282-7331
(Phone Number) / (Fax Number)
gkiral@comcast.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 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.

BUCKETE AGGREGATES, INC.
(Company)

Gene M. Kiral PRESIDENT
(Authorized Signature) (Representative Name, Title)

GENE M. KIRAL PRESIDENT
(Printed Name and Title of Authorized Representative)

8/6/2021
(Date)

304-282-7331
(Phone Number) (Fax Number)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: ACFR DOT 22000000 3

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 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.

BUCKETE AGGREGATES, INC
Full Company Name

Shane M. Kural
Authorized Signature

8/6/2021

Date

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

Attachment A (ATT A) Pricing Page

Stone & Aggregate with Pick Up by WVDOH from Vendor's Storage Site ONLY

Vendor shall provide Storage Site information on ATT B for PICKUP

VENDOR NAME: Buckeye Aggregates, Inc.

2021-2022

Contract Item	Description of Material	Bid Price per Ton Items A-W, Z and AA F.O.B. Vendor's Storage Site		
		Limestone, Sandstone, Gravel, Sand	Blast Furnace Slag	Steel Slag
A	Class 1 Aggregate	25.75		8.50
B	Class 2 Aggregate			
C	Class 10 Aggregate			9.50
D	AASHTO #1 Aggregate	26.25		
E	AASHTO #3 Aggregate			
F	AASHTO #4 Aggregate	26.25		
G	AASHTO #467 Aggregate			
H	AASHTO #57 Aggregate	26.25		
I	AASHTO #67 Aggregate			
J	AASHTO #7 Aggregate			
K	AASHTO #8 Aggregate			
L	AASHTO #9 Aggregate			
M	Stone for Gabions			
N	Fine Aggregate			
OA	Limestone Standard Abrasives			
OB	Sandstone Standard Abrasives	11.50		
OC	Steel Slage for SRIC			5.50
PA	Limestone Modified Abrasives			
PB	Sandstone Modified Abrasives			
Q	Rip Rap	23.25		
R	Shot Rock			
S	AASHTO #8 Modified			
T	AASHTO #9 Modified			
U	Pea Gravel			
V	#11 Limestone Abrasives			
W	Quarry Waste			
Z	Imbricated Stone			
AA	Cinders			

6621C074 PICKUP

ATTACHMENT B (ATT B) Information Form
Stone & Aggregate with Delivery by Vendor to Established Locations 6621C072

Enter your Vendor Name:	Buckeye Aggregates, Inc.
Vendors Phone #, Email Address to contact for placing Orders:	304-282-7331 gkiral@comcast.net
Vendors Phone #, Email Address to contact for Invoices:	304-282-7331 gkiral@comcast.net
Vendors Phone #, Email Address to contact for Payment:	304-282-7331 gkiral@comcast.net

This ATT B must be completed and submitted with the bid and coordinate with the Items pricing on the ATT A..

	Vendors Sources/Plants	Vendors Storage Sites
	Source Name & Location (physical address), Phone #	Location (physical address), Phone #
Limestone	Sidwell Materials, Inc. 740-966-4313 72607 Gun Club Road Saint Clairsville, OH 43950	Sidwell Materials, Inc. 740-966-4313 72607 Gun Club Road Saint Clairsville, OH 43950
	Yager Materials Corp. 304-748-1450 4260 Freedom Way Weirton, WV 26062	Yager Materials Corp. 304-748-1450 4260 Freedom Way Weirton, WV 26062
Sandstone		
Blast Furnace Slag		
Steel Slag	Phoenix Services, Inc. 304-797-0250 900 Pennsylvania Avenue Weirton, WV 26062	Phoenix Services, Inc. 304-797-0250 900 Pennsylvania Avenue Weirton, WV 26062
Cinders		

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/05/2021

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 101 West Main St Suite 900 Norfolk, VA 23510	CONTACT NAME: Ricky Pro PHONE (A/C, No, Ext): 757-785-5397 E-MAIL ADDRESS: ricky.pro@usi.com	FAX (A/C, No): 610-537-9669	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Buckeye Aggregates, Inc. 364 Patteson Drive, Suite 277 Morgantown, WV 26505	INSURER A: Westfield Insurance Company		24112
	INSURER B:		
	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 SUBR INSR 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"/> OH Stop Gap GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	CWP3997889	01/15/2021	01/15/2022	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 - COM/POP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CWP3997889	01/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	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 is named as additional insured with regard to General Liability policy as their interests may appear per written contract per form #CG20101219.

CERTIFICATE HOLDER

CANCELLATION

State of West Virginia
 1900 Kanawha Blvd. E.
 Building 5 Suite A-350
 Charleston, WV 25305

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Shannon Snyder Gole

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: BUCKEYE AGGREGATES, INC. Address: 364 PATTERSON DRIVE

SUITE 277 MORGANTOWN, WV 26505

Name of Authorized Agent: GENE M. KIRAL Address: 364 PATTERSON DRIVE

MORGANTOWN, WV 26505

Contract Number: CEFQ 0803 DOT 2200000021 Contract Description: STONE AND AGGREGATE PICK UP

Governmental agency awarding contract: DEPT. OF ADMINISTRATION - PURCHASING DIVISION

Check here if this is a Supplemental Disclosure

List the Names of Interested Parties to the contract which are known or reasonably anticipated by the contracting business entity for each category below (attach additional pages if necessary):

1. Subcontractors or other entities performing work or service under the Contract

Check here if none, otherwise list entity/individual names below.

2. Any person or entity who owns 25% or more of contracting entity (not applicable to publicly traded entities)

Check here if none, otherwise list entity/individual names below.

3. Any person or entity that facilitated, or negotiated the terms of, the applicable contract (excluding legal services related to the negotiation or drafting of the applicable contract)

Check here if none, otherwise list entity/individual names below.

Signature: 

Date Signed: 8/6/2021

Notary Verification

State of NORTH CAROLINA, County of IREDELL:

I, GENE M. KIRAL, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledge that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 6TH day of AUGUST, 2021.



Notary Public's Signature
JONATHAN R. CLENDENIN
Notary Public
Iredell Co., North Carolina
My Commission Expires Feb. 19, 2025

To be completed by State Agency:

Date Received by State Agency: _____

Date submitted to Ethics Commission: _____

Governmental agency submitting Disclosure: _____

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 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: _____

Authorized Signature: *Gene M. Kural* Date: 8/2/21

State of NORTH CAROLINA

County of IREDEN, to-wit:

Taken, subscribed, and sworn to before me this 2 day of AUGUST, 2021.

My Commission expires FEB. 19, 2025.

AFFIX SEAL HERE
JONATHAN K CLENDENIN
Notary Public
Iredell Co., North Carolina
My Commission Expires Feb. 19, 2025

NOTARY PUBLIC *[Signature]*
Purchasing Affidavit (Revised 01/19/2018)

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: CRFQ 0803 DOT0000021

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Full Company Name

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