



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 1

List View

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

Procurement Folder: 1184337

Procurement Type: Central Purchase Order

Vendor ID: 000000197271

Legal Name: SOUTHERN STATES COOPERATIVE INC

Alias/DBA:

Total Bid: \$47,309.00

Response Date: 03/11/2023

Response Time: 10:25

Responded By User ID: eric@philippi

First Name: Eric

Last Name: Titchnell

Email: eric.titchnell@sscoop.com

Phone: 304-991-4577

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2300000020

Published Date: 2/23/23

Close Date: 3/14/23

Close Time: 13:30

Status: Closed

Solicitation Description: FERTILIZER-HUTTONSVILLE/PRUNTYTOWN

Total of Header Attachments: 1

Total of All Attachments: 1



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: 1184337
Solicitation Description: FERTILIZER-HUTTONSVILLE/PRUNTYTOWN
Proc Type: Central Purchase Order

Solicitation Closes	Solicitation Response	Version
2023-03-14 13:30	SR 1400 ESR03112300000004206	1

VENDOR
 000000197271
 SOUTHERN STATES COOPERATIVE INC

Solicitation Number: CRFQ 1400 AGR2300000020
Total Bid: 47309
Response Date: 2023-03-11
Response Time: 10:25:18
Comments:

FOR INFORMATION CONTACT THE BUYER

Crystal G Husted
 (304) 558-2402
 crystal.g.husted@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	46-0-0 Bagged Urea w/Nutrisphere	22.00000	TON	690.000000	15180.00

Comm Code	Manufacturer	Specification	Model #
10171507			

Commodity Line Comments:

Extended Description:

Minimum 1-Ton Bags to be delivered to Huttonsville State Farm

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
2	18-46-0 DAP	7.00000	TON	905.000000	6335.00

Comm Code	Manufacturer	Specification	Model #
10170000			

Commodity Line Comments:

Extended Description:

Minimum 1-Ton Bags to be delivered to Huttonsville State Farm

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
3	0-0-60 MOP Granular	5.00000	TON	670.000000	3350.00

Comm Code	Manufacturer	Specification	Model #
10170000			

Commodity Line Comments:

Extended Description:

Minimum 1-Ton Bags to be delivered to Huttonsville State Farm

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
4	19-19-19 Bagged Fertilizer	4.00000	TON	746.000000	2984.00

Comm Code	Manufacturer	Specification	Model #
10170000			

Commodity Line Comments:

Extended Description:

Minimum 50-pound Bags to be delivered to Huttonsville State Farm

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
5	46-0-0 Urea w/Nutrisphere Mixed	8.00000	TON	690.000000	5520.00

Comm Code	Manufacturer	Specification	Model #
10171507			

Commodity Line Comments:

Extended Description:

46-0-0 Urea w/ Nutrisphere Mixed

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
6	18-46-0 DAP Mixed	8.00000	TON	905.000000	7240.00

Comm Code	Manufacturer	Specification	Model #
10170000			

Commodity Line Comments:

Extended Description:

18-46-0 DAP Mixed

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
7	0-0-60 MOP Granular Mixed	10.00000	TON	670.000000	6700.00

Comm Code	Manufacturer	Specification	Model #
10170000			

Commodity Line Comments:

Extended Description:

0-0-60 MOP Granular Mixed

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) ERIC TITCHNELL - MANAGER

(Address) 42 Depot St Philippi WV 26416

(Phone Number) / (Fax Number) 304-457-2441 / 304-457-2470

(Email address) eric.titchnell@sscoop.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Southern STATES Corp., Inc - Philippi Service
(Company)


(Signature of Authorized Representative)

ERIC TITCHNELL - MANAGER
(Printed Name and Title of Authorized Representative) (Date)

304-457-2441 / 304-457-2470
(Phone Number) (Fax Number)

eric.titchnell@sscoop.com
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFQ AGR230000020

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 checked="" type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input checked="" type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input checked="" type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input checked="" type="checkbox"/> Addendum No. 9 |
| <input checked="" type="checkbox"/> Addendum No. 5 | <input checked="" 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.

Southern States - Phillip Service
Company

[Signature]
Authorized Signature

3-
Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)

9/14/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SSC Insurance Agency, LLC 6606 West Broad Street Richmond, VA 23230	CONTACT NAME: Lisa Gravitt	
	PHONE (A/C, No, Ext): (804) 281-1395	FAX (A/C, No):
	E-MAIL ADDRESS: insurance.certificate@sscoop.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Southern States Cooperative, Incorporated 6606 West Broad Street Richmond, VA 23230	INSURER A: Nationwide Agribusiness Ins Co.	28223
	INSURER B: Southern States Insurance Exchange	15709
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 974312

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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		CGL999999922	5/1/2022	5/1/2023	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> PIP		<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> MCS-90 Endt Inc	CA853594A	5/1/2022	5/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB		OCCUR CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	DED		RETENTION \$				\$
B	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	N/A	WCC853594C	5/1/2022	5/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Auto Physical Damage			CAP999999922	5/1/2022	5/1/2023	\$1,000 Comp/Coll Deductible Included States AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV

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

General Liability Policy No. CGL999999922 Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV;
Auto Policy No. CA853594A \$1,000,000 SIR Included States - AL/DE/GA/KY/MD/MS/NC/PA/SC/TN/VA/WV.
N.C. Southern States Cooperative, Inc. - Emissions Service - 4200 South Davis Avenue, Elkhart, WV 26241; Open-End Propane Contract for Blackwater Falls State Park. Substitution No. ARFQ 0310 DNR2200000022. West Virginia Division of Natural Resources is included as additional insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

CANCELLATION

22-23 GLALPDWC-853594C

974312

WV Department of Agriculture
1900 Kanawha Boulevard East
Charleston, WV 25305 USA

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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