



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
Service - Prof

Proc Folder: 1826886

Doc Description: Warehouse Equipment Maintenance & Repair Service

Reason for Modification:

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2025-11-06	2025-12-03 13:30	CRFQ 0708 ABC2600000002	1

BID RECEIVING LOCATION

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

VENDOR

Vendor Customer Code: 160335

Vendor Name : Burns Industrial Equipment

Address : 156 Mesa Drive

Street :

City : Saint Albans

State : West Virginia

Country : USA

Zip : 25177

Principal Contact : Todd Lipford

Vendor Contact Phone: 304-755-8841

Extension:

RECEIVED

2025 NOV 20 AM 11:22

WV PURCHASING
DIVISION

FOR INFORMATION CONTACT THE BUYER

James W Atkins
(304) 558-0094
james.w.atkins@wv.gov

Vendor
Signature X

FEIN# 251232695

DATE 11/12/2025

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 WV ABCA Distribution Center to establish an open-end contract from a qualified company to provide quarterly preventative maintenance and corrective maintenance service on a variety of equipment as per the attached specifications and terms and conditions.

INVOICE TO**SHIP TO**

ALCOHOL BEVERAGE
CONTROL COMMISSION
4TH FLOOR
900 PENNSYLVANIA AVE
CHARLESTON WV
US

ALCOHOL BEVERAGE
CONTROL COMMISSION
4TH FLOOR
900 PENNSYLVANIA AVE
CHARLESTON WV
US

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Total Price
1	Warehouse Equipment Maintenance & Repair Service				27,639. ⁰⁰

Comm Code	Manufacturer	Specification	Model #
73152100			

Extended Description:

Equipment Preventive Maintenance and Repairs. *SEE ATTACHED EXHIBIT A COST SHEET.

SCHEDULE OF EVENTS

Line	Event	Event Date
1	Questions due by 3pm EST.	2025-11-18

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) Todd Lipford - Branch Manager

(Address) 156 Mesa Drive - Saint Albans, WV 25177

(Phone Number) / (Fax Number) 304-755-8841 / 304-755-9326

(email address) tlipford@burnslift.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.

Burns Industrial Equipment

(Company)

(Signature of Authorized Representative)

(Printed Name and Title of Authorized Representative) (Date)

Todd Lipford Branch Manager 11/14/25

304-755-8841 304-755-9326

(Phone Number) (Fax Number)

(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.:

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)

- ☐ Addendum No. 1
- ☐ Addendum No. 2
- ☐ Addendum No. 3
- ☐ Addendum No. 4
- ☐ Addendum No. 5

- ☐ Addendum No. 6
- ☐ Addendum No. 7
- ☐ Addendum No. 8
- ☐ Addendum No. 9
- ☐ 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.

Burns Industrial Equipment

Company

Authorized Signature

Date

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

REQUEST FOR QUOTATION
Equipment Maintenance Service & Repairs

10.3 Reports: Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.

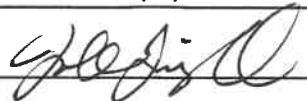
10.4 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager: Todd Lipford
Telephone Number: 304-755-8841
Fax Number: 304-755-9326
Email Address: tlipford@burnslift.com

**REQUEST FOR QUOTATION
EQUIPMENT MAINTENANCE
SERVICE AND REPAIRS**

Cont. Exhibit A

VENDOR NAME: Burns Industrial Equipment

VENDOR SIGNATURE: 

DATE: 11/14/2025

PHONE NUMBER: 304-755-8841

FAX NUMBER: 304-755-9326

EMAIL: tlipford@burnslift.com

WEEKDAY EMERGENCY NUMBER: 304-755-8841

WEEKEND & HOLIDAY EMERGENCY NUMBER: 304-549-1959

8. INSURANCE: The apparent successful Vendor shall furnish proof of the insurance identified by a checkmark below prior to Contract award. The insurance coverages identified below must be maintained throughout the life of this contract. Thirty (30) days prior to the expiration of the insurance policies, Vendor shall provide the Agency with proof that the insurance mandated herein has been continued. Vendor must also provide Agency with immediate notice of any changes in its insurance policies, including but not limited to, policy cancellation, policy reduction, or change in insurers. The apparent successful Vendor shall also furnish proof of any additional insurance requirements contained in the specifications prior to Contract award regardless of whether that insurance requirement is listed in this section.

Vendor must maintain:

☒ **Commercial General Liability Insurance** in at least an amount of: \$1,000,000.00 per occurrence.

☒ **Automobile Liability Insurance** in at least an amount of: \$1,000,000.00 per occurrence.

☐ **Professional/Malpractice/Errors and Omission Insurance** in at least an amount of: _____ per occurrence. Notwithstanding the forgoing, Vendor's are not required to list the State as an additional insured for this type of policy.

☐ **Commercial Crime and Third Party Fidelity Insurance** in an amount of: _____ per occurrence.

☐ **Cyber Liability Insurance** in an amount of: _____ per occurrence.

☐ **Builders Risk Insurance** in an amount equal to 100% of the amount of the Contract.

☐ **Pollution Insurance** in an amount of: _____ per occurrence.

☐ **Aircraft Liability** in an amount of: _____ per occurrence.

☐

☐

☐

☐

**REQUEST FOR QUOTATION
EQUIPMENT MAINTENANCE
SERVICE AND REPAIRS**

EXHIBIT A: COST SHEET: Complete

WVABCA Warehouse Equipment Preventative and Corrective Maintenance Service

	<u>Per Qtr.</u>	<u>Annual Total</u>
<u>Quarterly Preventative</u>		
Maintenance per quarter:	\$ <u>4845.00</u> x 4 =	\$ <u>19,380.00</u> (A)

Corrective Maintenance Hourly Rate

	<u>Per Hour Rate</u>	X	<u>Estimated Hours</u>	=	<u>Extended Cost</u>
Regular Labor rate	\$ <u>127.50</u>		40		\$ <u>5100.00</u>
Weekday Overtime Labor rate	\$ <u>191.25</u>		4.25		\$ <u>812.81</u>
Emergency Rates	\$ <u>191.25</u>		5		\$ <u>956.25</u>
Weekend/Holiday Overtime Labor rate	\$ <u>191.25</u>		4		\$ <u>765.00</u>
				Total =	\$ <u>7634.06</u> (B)

Parts Markup

Cost for Parts (Estimated)	X	Parts Mark-Up Expressed as Multiplier 20% markup = 1.20 15% markup = 1.15 10% markup = 1.10 5% markup = 1.05	=	Estimated Cost for Parts
\$500.00	X	<u>1.25</u>	=	\$ <u>625.00</u> (C)

Total Bid Cost Amount (A+B+C) \$ 27,639.06

EXHIBIT A - PRICING PAGE

WVABCA Warehouse Equipment Maintenance & Repair Service

Quarterly Preventative

Maintenance Per Quarter	x	Unit	=	Annual Total
\$ 4,845.00	x	4	=	\$ 19,380.00 (A)

Corrective Maintenance Hourly Rate

	Per Hour Rate	Estimated Hours	Extended Cost
Regular Labor Rate	\$ 127.50	40	\$ 5,100.00
Weekday OT Labor Rate	\$ 191.25	4.25	\$ 812.81
Emergency Rate	\$ 191.25	5	\$ 956.25
Weekend/Holiday OT Labor Rate	\$ 191.25	4	\$ 765.00
Total =			\$ 7,634.06 (B)

Parts Markup:

Cost for Parts	x	Multiplier	=	Total Parts Multiplier
\$500.00	x	1.25	=	\$ 625.00 (C)

Total Bid Amount = \$ 27,639.06 (D)

* Total Bid Amount is calculated by adding A + B + C = D

***If submitting through wvOASIS, vendor is to enter Total Bid Amount in commodity line. Please list markup % in Commodity Line Comments. Vendors should also attach their Exhibit A Pricing Page.**

Vendor Name Burns Industrial Equipment

Vendor Signature: 

Date 11/14/2025

Phone Number 304-755-8841

Fax Number 304-755-9326

Email tlipford@burnslift.com

Weekday Emergency # 304-755-8841

Weekend/Holiday Emergency # 304-549-1959