



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
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- Document Information
- Clarification Request

Procurement Folder: 1967904

Procurement Type: Central Purchase Order

Vendor ID: 000000205173

Legal Name: DANHILL CONSTRUCTION COMPANY

Alias/DBA:

Total Bid: \$185,600.00

Response Date: 06/16/2026

Response Time: 9:32

Responded By User ID: WesMcD

First Name: Wes

Last Name: McDonald

Email: Wes.Mcdonald@danhillcon:

Phone: 304-640-2283

SO Doc Code: CRFQ

SO Dept: 1400

SO Doc ID: AGR2600000043

Published Date: 6/10/26

Close Date: 6/23/26

Close Time: 13:30

Status: Closed

Solicitation Description: Demolition and New Construction Concrete Block Wall

Total of Header Attachments: 1

Total of All Attachments: 1

Line	Comm Ln Desc	Qty	Unit Issue	Unit Price	Ln Total Or Contract Amount
1	Masonry Wall Repair				185600.00

Comm Code	Manufacturer	Specification	Model #
72121100			

Commodity Line Comments:

Extended Description:

See the attached documentation for further details.

REQUEST FOR QUOTATION
Masonry Wall Repair
CRFQ AGR26*43

EXHIBIT A – Pricing Page

ALL LABOR, MATERIALS, EQUIPMENT, AND SUPPLIES NECESSARY FOR WALL REPAIR LOCATED AT:

FOOD DISTRIBUTION WAREHOUSE
4496 CEDAR LAKES DRIVE
RIPLEY, WV 25271 (JACKSON COUNTY)

BID FORM

The undersigned, hereafter called the Bidder, being familiar with and understanding the bidding documents; and being familiar with the site and all local conditions affecting the project, hereby proposes to furnish labor, material, equipment, supplies, and transportation to perform the work as described in the bidding documents.

BIDDERS COMPANY NAME: Danhill Construction Company

VENDOR ADDRESS: 9033 Midland Trail
Glen Ferris, WV 25090

TELEPHONE: (304) 632-1600

FAX NUMBER: _____

E-MAIL ADDRESS: wes.mcdonald@danhillconstruction.com

WV CONTRACTOR'S LICENSE NO: WV001196

CONTRACT OVERALL TOTAL COST: \$One Hundred Eighty-Five Thousand Six Hundred Dollars
(\$ 185,600.00) *** (Contract bid to be written in words and numbers.) Failure to use this bid form may result in bid disqualification.

SIGNATURE: Robert D. Hill DATE: 6/15/2026

NAME: Robert D. Hill
(Please Print)

TITLE: Owner

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)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6 |
| <input 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.

Danhill Construction Company

Company

Robert D. Hill

Authorized Signature

6/15/2026

Date

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

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) Wes McDonald

(Address) 9033 Midland Trail, Glen Ferris, WV 25090

(Phone Number) / (Fax Number) (304) 632-1600

(email address) wes.mcdonald@danhillconstruction.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through WV OASIS, 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.

Danhill Construction Company
(Company)

Robert D. Hill
(Signature of Authorized Representative)

Robert D. Hill, Owner
(Printed Name and Title of Authorized Representative) (Date)

(Phone Number) (Fax Number)

dan.hill@danhillconstruction.com
(Email Address)



**State of West Virginia
DRUG FREE WORKPLACE CONFORMANCE AFFIDAVIT
West Virginia Code §21-1D-5**

I, Robert D. Hill, after being first duly sworn, depose and state as follows:

- 1. I am an employee of Danhill Construction Company; and,
(Company Name)
- 2. I do hereby attest that Danhill Construction Company
(Company Name)

maintains a written plan for a drug-free workplace policy and that such plan and policy are in compliance with **West Virginia Code §21-1D**.

The above statements are sworn to under the penalty of perjury.

Printed Name: Robert D. Hill

Signature: Robert D. Hill

Title: Owner

Company Name: Danhill Construction Company

Date: 6/15/2026

STATE OF WEST VIRGINIA,

COUNTY OF Fayette, TO-WIT:

Taken, subscribed and sworn to before me this 15 day of June, 2026.

By Commission expires 7/27/2026

(Seal)



Cheryl Lynn Lawrence
(Notary Public)



CONTRACTOR LICENSE

AUTHORIZED BY THE
West Virginia Contractor
Licensing Board

NUMBER: WV001196

CLASSIFICATION:

ELECTRICAL
GENERAL BUILDING
HVAC
MULTIFAMILY
PIPING
PLUMBING
RESIDENTIAL
SPECIALTY

DANHILL CONSTRUCTION COMPANY
PO BOX 685
GAULEY BRIDGE, WV 25085-0685

DATE ISSUED

EXPIRATION DATE

AUGUST 6, 2025

AUGUST 6, 2026

Authorized Signature

Chair, West Virginia Contractor
Licensing Board



A copy of this license must be readily available for inspection by the Board on every job site where contracting work is being performed. This license number must appear in all advertisements, on all bid submissions, and on all fully executed and binding contracts. This license is non-transferable. This license is being issued under the provisions of West Virginia Code, Chapter 30, Article 42.

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 McGriff, a MMA LLC Company 300 Summers Street, Suite 150 Charleston, WV 25301 304 346-0806	CONTACT NAME: Allison Morris PHONE (A/C, No, Ext): 304 346-0806 E-MAIL ADDRESS: certificatesvaww@mcgriff.com	FAX (A/C, No): 8887513002
	INSURER(S) AFFORDING COVERAGE INSURER A : Westfield National Insurance Company NAIC # 24120 INSURER B : NorthStone Insurance Company 13045 INSURER C : Berkley Assurance Company 39462 INSURER D : INSURER E : INSURER F :	
INSURED Danhill Construction Company P O Box 685 Glen Ferris, WV 25090-0685		

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 INSR	SUBR 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"/> XCU Included <input checked="" type="checkbox"/> Contractual Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	X	TRA0548113	07/01/2025	07/01/2026	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$500,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	TRA0548113	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0			TRA0548113	07/01/2025	07/01/2026	EACH OCCURRENCE	\$7,000,000
							AGGREGATE	\$7,000,000
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	WCN6010562 Includes Broad 23-4-2	07/01/2025	07/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000
							E.L. DISEASE - POLICY LIMIT	\$1,000,000
C	Pollution Liab			PCAB50283060725	07/01/2025	07/01/2026	\$1,000,000 Each Claim	
C	Professional Liab			PCAB50283060725	07/01/2025	07/01/2026	\$1,000,000 Each Claim	

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

**** Workers Comp Information ****
 Voluntary Compensation ; Other States Coverage
 Proprietors/Partners/Executive Officers/Members Excluded:
 Robert Hill, President
 Rebecca Hill, Secretary/Treasurer
 (See Attached Descriptions)

Robert D. Hill

CERTIFICATE HOLDER CANCELLATION

Danhill Construction Company P O Box 685 Gauley Bridge, WV 25085	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 <i>Gregory B. Stanley</i>
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DESCRIPTIONS (Continued from Page 1)

Blanket Additional Insured with Waiver of Subrogation included with respect to General Liability and Automobile when required by written contract. Waiver of Subrogation with respect to Workers' Compensation when required by written contract.

Evidence of Coverage