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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation

RFQ NUMBER DEP14922

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CHUCK BOWMAN 304-558-2157

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ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV 25304

304-926-0499

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POTENTIAL BIDDERS TO COMPLETE. THIS WILL SERVE AS THE OFFICIAL DOCUMENT VERIFYING ATTENDANCE AT THE MANDATORY FAILURE TO PROVIDE YOUR COMPANY AND REPRESENTATIVE NAME ON THE ATTENDANCE SHEET WILL RESUL IN DISQUALIFICATION OF THE BID. THE STATE WILL NOT ACCEPT ANY OTHER DOCUMENTATION TO VERIFY ATTENDANCE. THE BIDDER IS RESPONSIBLE FOR ENSURING THEY HAVE COMPLETED THE INFORMATION REQUIRED ON THE ATTENDANCE SHEET. THE PURCHASING DIVISION AND THE STATE AGENCY WILL NOT ASSUME ANY RESPONSIBILITY FOR A BIDDER'S

SEE REVERSE SIDE FOR TERMS AND CONDITIONS TELEPHONE

SIGNATURE

TITLE

ADDRESS CHANGES TO BE NOTED ABOVE

DATE

GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

- 1. Awards will be made in the best interest of the State of West Virginia.
- 2. The State may accept or reject in part, or in whole, any bid.
- 3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
- 4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
- 5. Payment may only be made after the delivery and acceptance of goods or services.
- 6. Interest may be paid for late payment in accordance with the West Virginia Code.
- 7. Vendor preference will be granted upon written request in accordance with the West Virginia Code.
- 8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
- 9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
- 10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
- 11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
- 12. BANKRUPTCY: In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
- 13. HIPAA BUSINESS ASSOCIATE ADDENDUM: The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at www.state.wv.us/admin/purchase/vrc/hipaa.htm and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
- 14. CONFIDENTIALITY: The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf.
- 15. LICENSING: Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
- 16. ANTITRUST: In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

INSTRUCTIONS TO BIDDERS

- 1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
- 2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
- 3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
- 4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
- 5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).



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PAGE 2

ADDRESS CORRESPONDENCE TO ATTENTION OF

CHUCK BOWMAN 304-558-2157

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ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE
CHARLESTON, WV
25304 304-926-0499

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WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

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25304 304-926-0499

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ADDRESS CORRESPONDENCE TO ATTENTION OF:

CHUCK BOWMAN 304-558-2157

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ENVIRONMENTAL PROTECTION
DEPARTMENT OF
OFFICE OF AML&R
601 57TH STREET SE
CHARLESTON, WV

25304 304-926-0499

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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

Request for Quotation

DEP14922

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25304 304-926-1

25304 304-926-0499

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ENVIRONMENTAL PROTECTION DEPARTMENT OF OFFICE OF AML&R 601 57TH STREET SE CHARLESTON, WV

25304 304-926-0499

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BID OPENING DATE:		04/22/	2010				BID	OPENIN	TIME	01	:30PM	
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SIGNATURE	<u> </u>	<u> </u>	<u></u>	<u> </u>		TELEPHO	A CONTRACTOR OF COMME			DATE		
TITLE		FE	IN.						DDDFCC C:	ANGES	700 P. P. S.	
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State of West Virginia Department of Administration Purchasing Division 2019 Washington Street East Post Office Box 50130 Charleston, WV 25305-0130

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04/22/2010

QUANTITY

Request for Quotation

DEP14922

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BID OPENING DATE:

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DATE PRINTED

02/23/2010

RFQ COPY TYPE NAME/ADDRESS HERE

ਜੋ DEP	IRONMENTAL PRARTMENT OF ICE OF AML&R 57TH STREET RLESTON, WV 5304	SE	926-0499	
SHIP VIA	F.O.B		FREIGHTTERMS	206
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OMB #1029-0119 Expiration Date: 1/31/13

AML CONTRACTOR INFORMATION FORM

You must complete this form for your AML contracting officer to request an eligibility evaluation from the Office of Surface Mining to determine if you are eligible to receive an AML contract. This requirement applies to contractors and their sub-contractors and is found under OSM's regulations at 30 CFR 874.16.

Business Name:		Tax Paye	er ID No.:
Address:			
City:	State:	_ Zip Code:	Phone:
Fax No.:	E-mail add	ress:	
Part B: Legal Structu	re		
() Corporation (() Other (please specified)			
Part C: Certifying and Select only one of the fo	l updating information	n in the Applica w the instructions	nt/Violator System (AVS). s for that option, and sign below
I,	. 1	have the express	authority to certify that:
L,		•	
l,(print nar	ne)	•	
(print nat	ne) on the attached Entity	Organizational F	amily Tree (OFT) from AVS is option, you must attach an Enti
Information accurate, composition of the information on the attached Entity plete, and up-to-date. So to this form. Sign and formation on the attachdated. If you select the	Organizational F If you select this of date below and the below and the below and the below are the	amily Tree (OFT) from AVS is	
1Information of accurate, composition of OFT from AV 2Part of the infand must be up AVS to this for and date below 3. Our business	on the attached Entity plete, and up-to-date. S to this form. Sign and formation on the attached Entity of the second and complete Part D.	Organizational F If you select this of date below and the Below and the Below and the Below and the Below are the missing of the missing of the missing of the missing of the missing of the missing of the Below and the Below are the Below and the Below are the Below ar	amily Tree (OFT) from AVS is option, you must attach an Entire do not complete Part D. from AVS is missing or incorrect statach an Entity OFT from

contact the AVS Office, toll-free, at 800-643-9748 or from the AVS website at https://avss.osmre.gov.

p_9	rf	n

Contractor's Business Name:	

If the current Entity OFT information for your business is incomplete or incorrect in AVS, or if there is no information in AVS for your business, you must provide all of the following information as it applies to your business. Please make as many copies of this page as you require.

- Every officer (President, Vice President, Secretary, Treasurer, etc.);
- All Directors;
- All persons performing a function similar to a Director;
- Every person or business that owns 10% or more of the voting stock in your business;
- Every partner, if your business is a partnership;
- Every member and manager, if your business is a limited liability company; and
- Any other person(s) who has the ability to determine the manner in which the AML reclamation project is being conducted.

NameAddress	Position/Title Telephone # % of Ownership
Begin Date:	Ending Date:
NameAddress	% of Ownership
Begin Date:	Ending Date:
NameAddress	Position/Title Telephone # % of Ownership
Begin Date:	Ending Date:
NameAddress	Position/Title Telephone # % of Ownership
Begin Date:	Ending Date:

PAPERWORK REDUCTION STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501) requires us to inform you that: Federal Agencies may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. This information is necessary for all successful bidders prior to the distribution of AML funds, and is required to obtain a benefit.

Public reporting burden for this form is estimated to range from 15 minutes to 1 hour, with an average of 22 minutes per response, including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 202 SIB, Constitution Ave., NW, Washington, D.C. 20240.

Instructions for Completing AML Contractor Form OMB #1029-0119¹

Part A: General Information. Part A should be completed by the AML Contractor.

Part B: Legal Structure. Part B should be completed by the AML Contractor.

Part C: Certifying and updating information in the Applicant/Violator System (AVS). Part C should be completed by the AML Contractor, selecting the statement that best describes their situation.

If information is accurate, complete and up-to-date, then check the first statement and sign and date. Attach the Entity OFT printout to the OMB #1029-0119 form and submit the form and attachment to the AML Contracting Officer your business is working with. ²

Upon reviewing an Entity OFT printout, if you discover the information contained in AVS is not accurate, complete and up-to-date, then check the second statement and complete Part D to provide missing or corrected information that needs reflected in AVS. Attach the Entity OFT printout to the OMB #1029-0119 form and submit the form and attachment to the AML Contracting Officer your business is working with.

If your business does not appear to have any information in AVS, then check the third statement and complete Part D. Submit the OMB #1029-0119 form to the AML Contracting Officer your business is working with.

Part D:

If current Entity OFT information for your business is incomplete, incorrect, or if you believe there is no information currently in the AVS for your business, you must complete Part D. Submit the OMB #1029-0119 form to the AML Contracting Officer your business is working with.

¹ If you need any assistance completing OMB #1029-0119, please contact the AVS Office at 800.643.9748.

² You may obtain your business' Entity OFT for certification purposes two ways. One way is to contact the AVS Office at 800.643.9748 and request the information. The second way is to access the AVS from your personal computer by visiting https://avss.osmrc.gov. Click "Access AVS", and then Login as Guest. Place your cursor on the "Entity" Module and "Click". Type your business name in search box and press enter key. If more than one entity record appears, select your company and then "Click" on the "relationship" tab to display your Entity OFT information. Print the Entity OFT from AVS.

Van (Meadows) Portals Requisition # DEP14922

Contractor's Bid Sheet

Company Name:	
Address:	

The DEP reserves the right to request additional information and supporting documentation regarding unit prices when the unit price appears to be unreasonable.

ITEM NO.	QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
NO.	QUANTITY SECONDO SECOND			
1.0	Lump Sum	MOBILIZATION (LIMTED TO 10% OF TOTAL BID)		\$
2.0	Lump Sum	CONSTRUCTION LAYOUT (LIMITED TO 5% TOTAL BID)		\$
3.0	Lump Sum	QUALITY CONTROL (LIMITED TO 3% OF TOTAL BID)		\$
4.0	Lump Sum	SITE PREPARATION (LIMITED TO 10% OF TOTAL BID)		\$
5.0	400 L.F.	SEDIMENT CONTROL BARRIER		\$
6.0	Lump Sum	REVEGETATION		\$
7.1	425 L.F.	18" Diameter HDPE Pipe		\$
7.2	4	Manholes		\$
7.3	3	Drop Inlets		\$
7.4	30 L.F.	Grass Lined Channel		\$
10.1	3	Wet Mine Seal		\$
10.2	1	Bat Gate Mine Seal		\$
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	Agency		
	BID BOND		
KNOW ALL MEN BY THESE PRESEN	ITS, That we, the undersigned,		
	, as Principal, and		
	, a corporation organized and existing under the laws of the State of		
	City of, as Surety, are held and firmly bound unto the State		
	f(\$) for the payment of which,		
	lly bind ourselves, our heirs, administrators, executors, successors and assigns.		
The Condition of the above obligation is	s such that whereas the Principal has submitted to the Purchasing Section of the		
	oposal, attached hereto and made a part hereof, to enter into a contract in writing for		
	· · · · · · · · · · · · · · · · · · ·		
NOW THEREFORE, (a) If said bid shall be rejected, or			
hereto and shall furnish any other bonds and ins agreement created by the acceptance of said bid force and effect. It is expressly understood and exceed the penal amount of this obligation as he The Surety, for the value received, here	eby stipulates and agrees that the obligations of said Surety and its bond shall be in no		
way impaired or affected by any extension of the waive notice of any such extension.	time within which the Obligee may accept such bid, and said Surety does hereby		
IN WITNESS WHEREOF, Principal and	d Surety have hereunto set their hands and seals, and such of them as are corporations		
	nereunto and these presents to be signed by their proper officers, this		
day of, 20	- · · · · · · · · · · · · · · · · · · ·		
Principal Corporate Seat			
	(Name of Principal)		
·	Ву		
	(Must be President or		
	Vice President)		
	(Title)		
Surety Corporate Seal	(Name of Surety)		
•	,,,		
	Attorney-in-Fact		

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised corporate seals must be affixed, a power of attorney must be attached.

AGENCY_

			RFQ/RFP# (B)
		Bid Bo	n.il
(A)	WV State Agency	KNOW ALL MEN BY THESE P	RESENTS, That we, the undersigned,
(2%)	(Stated on Page 1 "Spending Unit")	(C) of (D	<u>-</u>
	Request for Quotation Number (upper	as Principal, and(F)	
	right corner of page #1)		rganized and existing under the laws
(C)	Your Company Name	of the State of with its	s principal office in the City of
(D)	City, Location of your Company	(J) as Surety, are h	seld and firmly bound unto The State
(E)	State, Location of your Company	of West Virginia, as Obligee, in the penal s	um of (K)
(F)	Surety Corporate Name		it of which, well and truly to be made,
(G)	City, Location of Surety	we jointly and severally bind ourselves, our	
Ή)	State, Location of Surety	successors and assigns.	,
(I)	State of Surety Incorporation	The Condition of the above obliga	tion is such that whereas the Principal
(J)	City of Surety Incorporation	has submitted to the Purchasing Section of	
(K)	Minimum amount of acceptable bid	a certain bid or proposal, attached hereto ar	nd made a part hereof to enter into a
	bond is 5% of total bid. You may state	contract in writing for	_
	"5% of bid" or a specific amount on	(M)	
	this line in words.		
(L)	Amount of bond in figures		
(M)	Brief Description of scope of work	NOW THEREFORE.	
(N)	Day of the month	(a) If said bid shall be rejected, or	
(O)	Month	(b) If said bid shall be accepted a	
(P)	Year	contract in accordance with the bid or prop	
(Q)	Name of Corporation	any other bonds and insurance required by	
(R)	Raised Corporate Seal of Principal	other respects perform the agreement create	
(S)	Signature of President or Vice President	this obligation shall be null and void, other force and effect. It is expressly understood	
(T)	Title of person signing	Surety for any and all claims hereunder sha	
(U)	Raised Corporate Seal of Surety	amount of this obligation as herein stated	m, in no event, exceed the penal
(V)	Corporate Name of Surety	The Surety for value received, he	rehy ctimulates and arrees that the
(W)	Signature of Attorney in Fact of the	obligations of said Surety and its bond shall	
()	Surety	any extension of time within which the Ob	
NOTE:	Dated, Power of Attorney with Raised	Surety does hereby waive notice of any suc	
	Surety Seal must accompany this bid		pal and Surety have hereunto set their
	bond.	hands and seals, and such of them as are co	
		seals to be affixed hereto and these present	
		this (N) day of (O)	
		•	
		Principal Corporate Seal	(Q)
			(Name of Principal)
		(R)	By(S)
			(Must be President or
			Vice President)
		•	<u>(D)</u>
			Title
		(U)	
		Surety Corporate Seal	<u> </u>
			(Name of Surety)
	•		AKE U
			(W) Attorney-in-Fact
		· ·	randiney-in-i-act

IMPORTANT – Surety executing bonds must be licensed in West Virginia to transact surety insurance. Raised Corporate Seals must be affixed and a Power of Attorney must be attached.



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

STAT	TE OF	
cou	NTY OF	, TO-WIT:
I,	as follows:	after being first duly sworn, depose and
1.	I am an employee of	(Company Name); and,
2,	I do hereby attest that	(Company Name)
		drug free workplace policy and that such th West Virginia Code §21-1D-5.
The	above statements are sworr	n to under the penalty of perjury.
		(Company Name)
		Ву:
		Title:
		Date:
Take	en, subscribed and sworn to	before me this day of
Ву С	Commission expires	
(Sea	ıl)	
		(Notary Public)

THIS AFFIDAVIT MUST BE SUBMITTED WITH THE BID IN ORDER TO COMPLY WITH WV CODE PROVISIONS. FAILURE TO INCLUDE THE AFFIDAVIT WITH THE BID SHALL RESULT IN DISQUALIFICATION OF THE BID.

Rev March 2009

RFQ	No.	DEP14922	22	
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STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

West Virginia Code §5A-3-10a states: 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 the debt owed is an amount greater than one thousand dollars in the aggregate.

"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.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "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.

EXCEPTION: The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this 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.

Under penalty of law for false swearing (West Virginia Code §61-5-3), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

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		