



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: 794754
Solicitation Description: Addendum #1
 Tree and Arborist Services by Vendor - Statewid
Proc Type: Agency Master Agreement

Solicitation Closes	Solicitation Response	Version
2020-12-07 14:30	SR 0803 ESR12072000000004032	1

VENDOR
 VC0000036093
 S & K ENTERPRISES LLC

Solicitation Number: ARFQ 0803 DOT2100000019
Total Bid: 0
Response Date: 2020-12-07
Response Time: 13:16:25
Comments:

FOR INFORMATION CONTACT THE BUYER
 Tina L Lewis
 304-414-6859
 tina.l.lewis@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	Tree trimming services	0.00000	HOUR	0.000000	0.00

Comm Code	Manufacturer	Specification	Model #
70111503			

Commodity Line Comments:

Extended Description:

Tree trimming services



State of West Virginia
Agency Request for Quote

Proc Folder: 794754
Doc Description: Tree and Arborist Services by Vendor - Statewide 6621C025
Proc Type: Agency Master Agreement
Reason for Modification:

Date Issued	Solicitation Closes	Solicitation No	Version
2020-11-20	2020-12-07 14:30	ARFQ 0803 DOT2100000019	1

BID RECEIVING LOCATION

FINANCE & ADMINISTRATION
DIVISION OF HIGHWAYS
BLDG 5, RM A-220
1900 KANAWHA BLVD E
CHARLESTON WV 25302
US

VENDOR

Vendor Customer Code:
Vendor Name: S & K Enterprises LLC
Address: 498
Street: Old Middleway Rd
City: Kearneysville WV
State: WV **Country:** Jefferson **Zip:** 25430
Principal Contact: Kyle Friend
Vendor Contact Phone: 304-676-3486 **Extension:**

FOR INFORMATION CONTACT THE BUYER

Tina L Lewis
304-414-6859
tina.l.lewis@wv.gov

Vendor Signature X  **FEIN#** 13-4271837 **DATE** 12/5/20

All offers subject to all terms and conditions contained in this solicitation

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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated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.

S & K Enterprises LLC
(Full Company Name)

W. Kyle Friend
(Authorized Signature)

W. Kyle Friend Owner/member
(Print or Type Name and Title of Signatory)

304-676-3486
(Phone Number)

(Fax Number)

sandkwr@gmail.com
(Email address)

12/5/20
(Date)

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

ADDENDUM ACKNOWLEDGEMENT FORM

SOLICITATION NO.: ARFQ DOT 2100000019

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.

S+K Enterprises LLC
Full Company Name

[Signature]
Authorized Signature

12/5/20
Date

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

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: SJK Enterprise LLC

Authorized Signature: [Signature] Date: 12/5/20

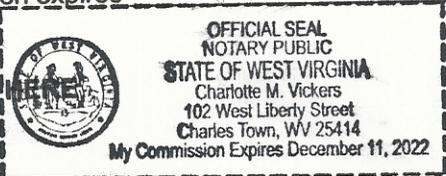
State of WV

County of Jefferson, to-wit:

Taken, subscribed, and sworn to before me this 5th day of December, 2020.

My Commission expires 12/11, 2022.

AFFIX SEAL



NOTARY PUBLIC Charlotte M Vickers

REQUEST FOR QUOTATION
Tree and Arborist Services by Vendor

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. In the event the Contract Manager or any of the Vendor's contact information, email, addresses or phone numbers change, the Vendor shall update the WVDOH in writing and update wvOASIS. Vendor should list its Contract Manager and his or her contact information below.

Contract Manager: Kyle Friend
Telephone Numbers: 304-676-3486
Fax Number: _____
Email Address: sandkuv@gmail.com

TREE AND ARBORIST SERVICES BY VENDOR

ATTACHMENT A (ATT A) - PRICING PAGE BY COUNTY

Vendor Name: SK Enterprises

ITEM #	DESCRIPTION	UNIT OF MEASURE	FAYETTE	GILMER	GRANT	GREENBRIER	HAMPSHIRE	HANCOCK	HARDY	HARRISON	JACKSON
			UNIT COST	UNIT COST	UNIT COST	UNIT COST	UNIT COST	UNIT COST	UNIT COST	UNIT COST	UNIT COST
1	Crew Supervisor (minimum of 1 per job site) <i>Work Crew</i>	Hour					80.00				
2	Laborer / Equipment Operator (minimum of 3 per job site) <i>Bucket Trucks / Aerial Life Equipment</i>	Hour					60.00				
3	Bucket Truck / Aerial Lift Type 1	Hour					85.00				
4	Bucket Truck / Aerial Lift Type 2 <i>Tree and Brush Shearing Equipment</i>	Hour					95.00				
5	Single Blade High Reach Power Tree Shear or Saw	Hour					195.00				
6	Knuckle Boom Crane with Grapple Saw <i>Mulching and Chipping Equipment</i>	Hour					275.00				
7	Mulching Mower	Hour					195.00				
8	Brush/Log Chipper Type 1	Hour					155.00				
9	Brush/Log Chipper Type 2	Hour					130.00				
10	Track Chipper <i>Mobilization</i>	Hour									
11	Mobilization	Per Site					1500.00				

TREE AND ARBORIST SERVICES BY VENDOR

ATTACHMENT A (ATT A) - PRICING PAGE BY COUNTY

Vendor Name: SK Enterprises

ITEM #	EXTENDED DESCRIPTION	UNIT OF MEASURE	COUNTY												
			MINERAL	MINGO	MONONGALLIA	MONROE	MORGAN	NICHOLAS	OHIO	PENDLETON	PLEASANTS				
	Work Crew														
1	Crew Supervisor (minimum of 1 per job site)	Hour						80.00							
2	site)	Hour						55.00							
	Bucket Trucks / Aerial Life Equipment														
3	Bucket Truck / Aerial Lift Type 1	Hour						80.00							
4	Bucket Truck / Aerial Lift Type 2	Hour						90.00							
	Tree and Brush Shearing Equipment														
5	Single Blade High Reach Power Tree Shear or Saw	Hour						195.00							
6	Kruckle Boom Crane with Grapple Saw	Hour						270.00							
	Mulching and Chipping Equipment														
7	Mulching Mower	Hour						195.00							
8	Brush/Log Chipper Type 1	Hour						150.00							
9	Brush/Log Chipper Type 2	Hour						130.00							
10	Track Chipper	Hour													
	Mobilization														
11	Mobilization	Per Site						1350.00							

INFORMATION ATTACHMENT FORM - ATT B

**Vendor's Storage Sites
Tree and Arborist Services by Vendor**

VENDOR NAME S+K Enterprises LLC

Mandatory - Vendor shall complete this form and return with bid submission.

If a Vendor will be servicing this contract from multiple Locations and ALL pricing is the same, ALL Locations can be listed on one Information Attachment Form and one set of Pricing Pages is acceptable.

If a Vendor will be servicing this contract from multiple Locations, at varying prices, *additional*, separate Information Attachment Forms and additional Pricing Pages are required.

Vendor's Base Location:

498 Old Middleway Rd
Rearneysville WV 25430

Vendor's Base Location:

Vendor's Base Location:

Vendor's Base Location:

West Virginia Ethics Commission
Disclosure of Interested Parties to Contracts

(Required by W. Va. Code § 6D-1-2)

Name of Contracting Business Entity: SJK Enterprises LLC Address: 498 Old Middleway Rd

Name of Authorized Agent: W. Kyle Friend Address: Kearneysville WV 25430
498 Old Middleway Rd

Contract Number: ARFQ 0803 DOT 2100000019 Contract Description: Tree and Arborist Services

Governmental agency awarding contract: West Virginia Division of Highways

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.

William Kyle Friend
James Scott Friend

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: *W. Kyle Friend*

Date Signed: 12/5/20

Notary Verification

State of WV, County of Jefferson:

I, W Kyle Friend, 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 5th day of December, 2020.

Charlotte M Vickers
Notary Public's Signature

To be completed by State Agency:
Date Received by State Agency: _____
Date submitted to Ethics Commission: _____
Governmental agency submitting Disclosure: _____

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF WEST VIRGINIA
Charlotte M. Vickers
102 West Liberty Street
Charles Town, WV 25414
My Commission Expires December 11, 2022
Revised June 8, 2018

CONTRACTOR LICENSE

Authorized by the

West Virginia Contractor Licensing Board

Number:

WV057054

Classification:

SPECIALTY

S & K ENTERPRISES LLC
DBA S & K ENTERPRISES LLC
498 OLD MIDDLEWAY RD
KEARNEYSVILLE, WV 25430

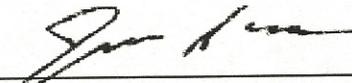
Date Issued

Expiration Date

MARCH 05, 2020

MARCH 05, 2021

Authorized Company Signature



Chair, West Virginia Contractor
Licensing Board



**WEST VIRGINIA
CONTRACTOR
LICENSING
BOARD**

This license, or a copy thereof, must be posted in a conspicuous place at every construction site where 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 cannot be assigned or transferred by licensee. Issued under provisions of West Virginia Code, Chapter 21, Article 11.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/31/2020

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 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 The Bennett Agency 118 N. Charles Street Charles Town, WV 25414	CONTACT NAME: Amanda Friend PHONE (A/C, No, Ext): 304-725-6090 E-MAIL ADDRESS: Amanda@TheBennettAgency.com	FAX (A/C, No): 304-728-6645
	INSURER(S) AFFORDING COVERAGE	
INSURED S & K Enterprises LLC 498 Old Middleway Road Kearneysville, WV 25430	INSURER A: Farm Family Insurance Company	
	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	GENERAL LIABILITY			4719X0184	01/06/20	01/06/21	EACH OCCURRENCE	\$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Contractors Advantage						PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$
								\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER **Proof of Insurance**	CANCELLATION 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>Deborah H. Bennett/AF</i>