

Purchase Change Request



Marshall University
Office of Purchasing
One John Marshall Drive
Huntington, WV 25755-4100

Order #
MU21HVACSYSTS
P2101210

FY 22	Buyer AWN	Date 03/04/2022	Account Various	P.O. Date 11/14/2020	Contract
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Document <input type="checkbox"/> Requisition (Cancellation only) <input type="checkbox"/> Regular Purchase Order <input type="checkbox"/> Contract Purchase Order <input checked="" type="checkbox"/> Open End Contract Purchase <input type="checkbox"/> Agreement	Document Action <input type="checkbox"/> Cancellation <input type="checkbox"/> Increase/Decrease <input type="checkbox"/> Unused Balance <input type="checkbox"/> Freight <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Extension Error	<input type="checkbox"/> Error in Total Amount <input type="checkbox"/> Change of Account <input type="checkbox"/> Change of Vendor Name/Address <input type="checkbox"/> Other
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Vendor Name, Address, Phone #, etc. Mason & Barry, Inc. 301 Smiley Drive St. Albans, WV 25117 Ph# 304-755-0781 Fax	Vendor Code FEIN# 55-0436919	BOG Unit Name & Address Marshall University Office of Purchasing One John Marshall Drive Huntington, WV 25755-4100
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Item#	Quantity	Description of Change	Unit Price	Extended Price
		<p align="center">Change Order # <u>1</u></p> <p>To renew the contract according to all terms, conditions, and specifications contained in the original contract and all authorized change orders.</p> <p>Original Contract Dates: January 1, 2020, through December 31, 2021</p> <p>Change Order No. 01 Renewal Dates: January 1, 2022, through December 31, 2022</p> <p>Renewal: One (1) of Three (3)</p> <p>Renewals Remaining: Two (2)</p>		

Reason for Change: Renewal	Previous Total	\$	Open-End
	Increase	\$	
	Decrease	\$	
	New Total	\$	Open-End

Approved: Angela White Negley 3/4/22
 Authorized Signature Date

N/A
 Attorney General if required Date

REQUEST FOR BIDS

MU21HVACSYSTS

Marshall University Physical Plant - Full-Service Inspection, Maintenance and Repair Services for VRV, VRF and MAU

HVAC Cooling Systems

EXHIBIT B - PRICING PAGE

Location	Frequency	Cost
Visual Arts Center		
	Quarterly	6,330.00
	Semi-Quarterly	12,660.00
	Annual	25,320.00
Old Main		
	Quarterly	2,962.50
	Semi-Quarterly	5,925.00
	Annual	11,850.00
Weisburg Applied Engineering Complex		
	Quarterly	7,972.50
	Semi-Quarterly	15,945.00
	Annual	31,890.00
Drinko Library		
	Quarterly	3,577.50
	Semi-Quarterly	7,155.00
	Annual	14,310.00
TOTAL:		83,370.00



Office of Purchasing

February 25, 2022

Mason & Barry, Inc.
Attention: Terry Vaughan
301 Smiley Drive
St. Albans, WV 25117

Re: Contract Renewal for MU21HVACSYSTS (P2101201)

Dear Mr. Vaughan,

The above referenced contract expired on December 31, 2021. There is a provision for renewal upon written mutual agreement of the parties.

Please annotate on the bottom of this letter, with your signature and date, if you agree to renew contract, **MU21HVACSYSTS (P2101201)**, effective January 1, 2022, through December 31, 2022, under the same terms and conditions as the original contract including all approved change orders.

Please return the executed letter via email at your earliest convenience.

If you have any questions, please feel free to call me at 304-696-2599

Sincerely,

Angela White Negley
Director of Purchasing / Chief Procurement Officer

I agree to the current **MU21HVACSYSTS (P2101201)** for an additional one (1) year period under the same terms and conditions as the original contract.

Yes No

Yes, subject to the following changes indicated below or in the attached letter.

Signature

2-25-2022
Date

Client#: 617839

18MASONBAR

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/28/2022

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McGriff Insurance Services 300 Summers Street, Suite #650 Charleston, WV 25301 304 346-0806	CONTACT NAME: Lisa Shinn PHONE (A/C, No, Ext): 304 346-0806 E-MAIL ADDRESS: certificatesVAWV@mcgriff.com	FAX (A/C, No): 888 751-3002
	INSURER(S) AFFORDING COVERAGE INSURER A : Westfield Insurance Company INSURER B : State Auto P & C Ins Co INSURER C : INSURER D : INSURER E : INSURER F :	
INSURED Mason & Barry Inc 301 Smiley Drive St Albans, WV 25177		

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PD Ded: 1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		CMM5114784	02/01/2022	02/01/2023	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Drive Oth Car		CMM5114784	02/01/2022	02/01/2023	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$0		CMM5114784	02/01/2022	02/01/2023	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	10096225WC Includes Employers 23-4-2	09/30/2021 WV Broad Liability of WV	09/30/2022 Form Section Code	<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

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

CERTIFICATE HOLDER Marshall University Attn: Office of Purchasing One John Marshall Drive, Old Main 125 Huntington, WV 25755-4100	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>Lerri A. Dodrill</i>
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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 exceed 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: Mason and Barry, Inc.

Authorized Signature: [Signature] Date: 2/25/2022

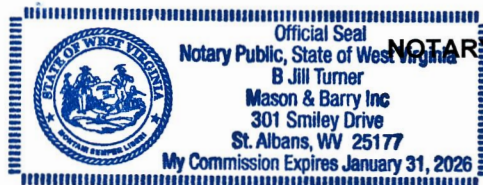
State of WV

County of Putnam, to-wit:

Taken, subscribed, and sworn to before me this 25 day of February, 2022

My Commission expires 1/31, 2026.

AFFIX SEAL HERE



NOTARY PUBLIC [Signature]

Vendor/Customer	Legal Name	Alias/DBA	Vendor Active Status	Customer Active Status	Previous Name
✓ 00000200806	MASON & BARRY INC		Active	Inactive	
00000200807	MASON & BARRY INC		Discontinued	Inactive	

From 1 to 2 of 2 First Prev Next Last [Attachments](#)

Save [Undo](#) Delete Insert [Copy](#) Paste [Search](#)

▼ **General Info**

<p>Vendor/Customer : 00000200806</p> <p>Legal Name : MASON & BARRY INC</p> <p>Alias/DBA : <input type="text"/></p> <p>Vendor Active Status : Active <input type="button" value="v"/></p> <p>Vendor Approval Status : Complete</p> <p>Customer Active Status : Inactive <input type="button" value="v"/></p> <p>Customer Approval Status : Incomplete</p> <p>Location Name : <input type="text"/></p> <p>First Name : <input type="text"/></p> <p>Middle Name : <input type="text"/></p> <p>Last Name : <input type="text"/></p> <p>Company Name : MASON & BARRY INC</p> <p>Previous Name : <input type="text"/></p> <p>Previous Street : <input type="text"/></p> <p>Previous City : <input type="text"/></p> <p>Previous State/Province : <input type="text"/> </p> <p>Previous Country : <input type="text"/> </p>	<p>Restrict Use by Department : <input type="checkbox"/></p> <p>Miscellaneous Account : <input type="checkbox"/></p> <p>Internal Account : <input type="checkbox"/></p> <p>Third Party Only : <input type="checkbox"/></p> <p>Third Party Vendor : <input type="checkbox"/></p> <p>Third Party Customer : <input type="checkbox"/></p> <p>Inventory Customer : <input type="checkbox"/></p> <p>Healthcare Provider : <input type="checkbox"/></p> <p>Never Archive : <input type="checkbox"/></p> <p>Restrict VSS Access : No <input type="button" value="v"/></p> <p>Discontinue - No New Business : <input type="checkbox"/></p> <p>Prevent MA Reference : <input type="checkbox"/></p> <p>PunchOut Enabled : <input type="checkbox"/></p> <p>Re-PunchOut Enabled : <input type="checkbox"/></p> <p>Electronic Order Enabled : <input type="checkbox"/></p> <p>W-9 Received : <input type="checkbox"/></p> <p>W-9 Received Date : <input type="text"/> </p> <p>W-8 Received : <input type="checkbox"/></p> <p>W-8 Received Date : <input type="text"/> </p> <p>Accepts Credit Cards : <input type="checkbox"/></p> <p>Active From : 05/16/1984 </p> <p>Active To : <input type="text"/> </p> <p>Last Usage Date : 03/02/2022</p> <p>Department : <input type="text"/> </p> <p>Unit : <input type="text"/> </p>
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▼ **Headquarters**


<p>Headquarters Account : Yes</p> <p>Headquarters Account Code : 00000200806 </p> <p>Headquarters Account Legal Name : MASON & BARRY INC</p> <p>Franchise Account : <input type="checkbox"/></p>	<p>Web Address http:// : <input type="text"/></p> <p>Catalog DUNS : <input type="text"/></p> <p>Catalog Extended DUNS : <input type="text"/></p> <p>Taxpayer ID Number : 550436919</p> <p>Taxpayer ID Number Type : EIN <input type="button" value="v"/></p>
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▼ **Organization**

<p>Organization Type : Company <input type="button" value="v"/></p> <p>1099 Classification : Corporation <input type="button" value="v"/></p> <p>1042-S Ch. 3 Recipient Code : <input type="text"/> </p> <p>1042-S Ch. 4 Status Code : <input type="text"/> </p> <p>Number of Employees : <input type="text"/> <input type="button" value="v"/></p> <p>Merchant ID : <input type="text"/></p> <p>Sex : <input type="text"/> <input type="button" value="v"/></p> <p>Date of Birth : <input type="text"/></p> <p>Marital Status : <input type="text"/> <input type="button" value="v"/></p> <p>Annual Income : <input type="text"/> <input type="button" value="v"/></p> <p>IRS Country of Residence : <input type="text"/> </p> <p>IRS Country Sub Code : <input type="text"/> </p> <p>Contract Withholding Exempt : <input type="checkbox"/></p> <p>National Provider ID : <input type="text"/></p> <p>Assigning Authority : <input type="text"/></p> <p>CAGE Code : <input type="text"/></p> <p>Permanent Staffed Office in State : <input type="checkbox"/></p>	<p>1099 Indicator : No</p> <p>1042-S Indicator : <input type="text"/></p> <p>Taxpayer ID Number : 550436919 </p> <p>Taxpayer ID Number Type : EIN <input type="button" value="v"/></p> <p>Detailed TIN Type : <input type="text"/></p> <p>Foreign Tax ID : <input type="text"/></p> <p>GIIN : <input type="text"/></p> <p>1042-S Recipient Account Number : <input type="text"/> </p> <p>W-8 Form : <input type="text"/> <input type="button" value="v"/></p> <p>Tax Profile : NOTAX </p> <p>Tax Profile Name : No Tax</p> <p>EBIC Number : <input type="text"/></p> <p>IAEC Number : <input type="text"/></p> <p>Web Address http:// : <input type="text"/></p> <p>Employee ID : <input type="text"/></p> <p>Employee Status : <input type="text"/> <input type="button" value="v"/></p> <p>Supplier Shared Secret : <input type="text"/></p>
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▼ **Disbursement Options**

<p>Category : DIRC </p> <p>Description : Direct Payments</p> <p>Default Type : Check</p> <p>Default Priority : 99 </p> <p>Default Format : <input type="text"/></p>	<p>Hold Payment : <input type="checkbox"/></p> <p>Hold Payment Authorized By : <input type="text"/> </p> <p>Hold Payment Authorized On : <input type="text"/></p> <p>Hold Reason : <input type="text"/></p>
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REG 

Default Format Description :

Scheduled Payment Day :

Single Payment Indicator :

Name on Check : Legal Name

Eligible for VCA Payments :

VCA Effective From Date :

VCA Effective To Date :

VCA Primary Email :

VCA Secondary Email :

VCA Comments :

Prevent New Spending :

Prevent New Orders : Not Active

Third Party Code :

Third Party Name :

Third Party Approved By :

Third Party Approved On :

Third Party Reason :

Always Infer Third Party Vendor :

Third Party Address ID :

▼ Prenote/EFT

Generate EFT Payment :

ABA Number :

Bank Name :

Account Type :

Account Number :

Routing ID Number :

Bank Phone Number :

Prenote Requested Date :

Prenote Return Reason :

Prenote Return Reason Message :

Foreign Correspondent Bank Name :

Foreign Correspondent Bank Branch Country Code :

Account Number Linkage to Provider Identifier :

Reason for Submission :

EFT Format :

EFT Format Description :

EFT Status :

Last Status Change :

EFT Status Description :

Prenote Return Reason Explanation :

W-9 Mailing Date : 09/22/1994

W-9 Response Date : 02/12/2015

▼ Remittance Advice

Remittance Advice Required :

Remittance Advice Format :

Remittance Advice Format Description :

Remittance Advice Transmission Mode :

▼ Vendor Terms

Number of Days 1 :

Discount Percent 1 :

Discount Always 1 :

Number of Days 2 :

Discount Percent 2 :

Discount Always 2 :

Number of Days 3 :

Discount Percent 3 :

Discount Always 3 :

Number of Days 4 :

Discount Percent 4 :

Discount Always 4 :

▼ Accounts Receivable

Default Receipt Type :

Default Billing Profile :

Cost Accounting Funding Type :

Credit/Debit Card Type :

Credit/Debit Card Number :

Name on Card :

Credit/Debit Card Expiration Month :

Credit/Debit Card Expiration Year :

Bill Headquarters :

Bankruptcy :

Central Statement BPRO :

Central Statement Billing Location :

Central Statement Address ID :

Suppress Central Statement :

Suppress Central Past Due Statement :

▼ eMALL

DUNS : 063459192

Extended DUNS :

Internet Catalog :

VSS Registered :

Preferred Ordering Method :

Pcard Acceptance Level :

Create Certification Document :

Vendor Preference Level : 99

▼ Location Information

*Verify My Locations by : Create My Own

Vendor Verification Based On : Migrated vendor accounts ha

Vendor Verification Password :

Send Activation Code :

Activation Email Address :

Activation Code :

Confirm Activation Code :

Requestor Name :

Requestor Phone Number :

Confirm Verifications :

▶ **Fee and Vendor Compliance Holds**

Fee Exempt :

Registration Application Date : 01/18/2022

Registration Effective Date : 01/22/2022

Registration Expiration Date : 01/22/2023

Pre-Registration Code :

Tax Clearance :

Unemployment Insurance :

Worker's Compensation :

Secretary of State Registration :

Federal Debarred :

▶ **Executive Compensation**

▼ **Additional Information**

Miscellaneous Field 1 : Miscellaneous Flag 1 :

Miscellaneous Field 2 : Miscellaneous Flag 2 :

Miscellaneous Field 3 : Miscellaneous Flag 3 :

Miscellaneous Field 4 :

Miscellaneous Field 5 :

Miscellaneous Field 6 :

Miscellaneous Field 7 :

▼ **Travel**

Traveler :

Travel Policy :

Allow Traveler Advances :

PCard ID :

▼ **Change Management**

Created By : conversion Last Modified By : oliverte2

Conversion User Terra N Oliver

Created On : 06/03/2014 Last Modified On : 01/18/2022

Last Approved By : oliverte2 Comments : applied chi#93810 memo#51 1/18/22 not on hold

Terra N Oliver

Last Approved On : 01/18/2022

Date Registered : 06/03/2014

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