



OFFICE OF THE COUNTY ADMINISTRATOR
POST OFFICE BOX 358
STANARDSVILLE, VIRGINIA 22973
434-985-5201
FAX: 434-985-3705

MEMORANDUM

TO:	Greene County Board of Supervisors
FROM:	Terry Beigie, Deputy Clerk to the Board of Supervisors
SUBJECT:	Construction Services Courthouse Renovation
DATE:	April 28, 2026

Recommended action:

Approve the attached resolution to allow the County Administrator to execute the contract with E.A. Breeden LLC for renovation of the Combined Courts as outlined in the invitation for bid dated March 20, 2026.

Background:

Greene County released the Invitation for Bid #2026-008 for Construction Services for a Courthouse Renovation at the Combined Courts on March 20, 2026. We held a public opening on April 15, 2026, and received five responses. I've attached the bid tabulation.

E.A. Breeden Inc. was the lowest responsible bidder at \$134,883. The budget for this work was approved and allocated in the Fiscal Year 2026 budget.

If you have any questions, do not hesitate to reach out to me or Mr. Mike Taylor, Director of Facilities/Maintenance.

**RESOLUTION TO AUTHORIZE EXECUTION
OF A CONTRACT FOR COMBINED COURT RENOVATION**

WHEREAS, Greene County has solicited proposals for the contract for renovation to the combined courts; and

WHEREAS, five proposals were received and publicly opened on April 15, 2026; and

WHEREAS, E.A. Breeden Inc. was the lowest responsive bidder; and

WHEREAS, the Board desires to award a contract to renovate the combined courts.

NOW, THEREFORE, BE IT RESOLVED by the Greene County Board of Supervisors that the County Administrator is hereby authorized to execute a contract with E.A. Breeden Inc. for the work outlined in invitation for bid dated March 20, 2026, once the County Attorney has approved it.

ADOPTED BY THE GREENE COUNTY BOARD OF SUPERVISORS ON APRIL 28, 2026.

Motion:

Second:

Votes:

Steve Catalano:	_____
Marie Durrer:	_____
Tim Goolsby:	_____
Matthew Hartung	_____
Davis Lamb:	_____

Steve Catalano, Chair
Greene County Board of Supervisors

ATTEST: _____
Cathy Schafrik, Clerk
Greene County Board of Supervisors



OFFICE OF THE COUNTY ADMINISTRATOR

POST OFFICE BOX 358

STANARDSVILLE, VIRGINIA 22973

434-985-5201

FAX: 434-985-3705

NOTICE OF INTENT TO AWARD

DATE: April 28, 2026

COMMODITY: Construction Services Courthouse Renovation

IN RESPONSE TO RFP # 2026-008 ISSUED: March 20, 2026

CONTRACTOR(S)/VENDOR(S): E.A. Breeden LLC

Records for this procurement are now available for inspection by any bidder on this IFB.

(Purchase officer/contract officer) Cathy Schafrik, County Administrator
Name typed or printed



IFB: #2026-008
Combined Courts Renovation
Bid Tabulation April 15, 2026

Company	On Time	6 attachments?	Bid Amount
Artisan Construction	Yes	No	\$209,837.00
E.A. Breeden Inc	Yes	Yes	\$134,883.00*
Lantz Construction of Winchester	Yes	Yes	\$175,900
Donya Consulting Group LLC	Yes	Yes	\$145,000.00
Legacy Building Company	Yes	Yes	\$207,600.00

Notice to Award to E.A. Breeden Inc. at the April 28, 2026, BOS Meeting



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/15/2026

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 Humphrey, Stump & Haynie Insurance Agency, Inc. 100 E. Main Street PO Box 3205 Salem VA 24153		CONTACT NAME: Logan Pruett PHONE (A/C, No, Ext): (540) 389-2327 FAX (A/C, No): (540) 389-5901 E-MAIL ADDRESS: logan.pruett@hshi.com	
		INSURER(S) AFFORDING COVERAGE INSURER A: Cincinnati Insurance Company	NAIC # 10677
INSURED E. A. Breeden Inc. E. A. Breeden, LLC PO Box 308 McGaheysville VA 22840		INSURER B: Selective Insurance Co of America INSURER C: INSURER D: INSURER E: INSURER F:	


COVERAGES **CERTIFICATE NUMBER: 2025-2026** **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 INSD	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"/> Employee Benefits- \$1,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	Y	EPP0055298 Includes Blanket Additional Insured & Waiver of Subrogation- Per Written Contract	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> MCS-90 <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HCPD-\$50,000	X	Y	EPP0055298	6/30/2025	6/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined single \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	Y	EPP0055298 Excess Over Genl Liab, Auto Liab, & WC-Emp'l Liab	6/30/2025	6/30/2026	EACH OCCURRENCE \$ 14,000,000 AGGREGATE \$ 14,000,000
A	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 N	N/A	Y EWC0493422	6/30/2025	6/30/2026	<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
A	Contractors Equipment			EPP0055298	6/30/2025	6/30/2026	Rented/Leased Equipment-ACV \$200,000
B	Crime-3rd Party Fidelity			B6052641	08/05/2024	8/5/2025	Theft of Clients Property \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Greene County, Virginia is included as an additional insured on all policies listed, except workers' compensation. Waiver of subrogation applies in favor of the additional insured for all policies listed herein. 30 days written notice of cancellation will be given to additional insured for any material change to the policies listed herein.

CERTIFICATE HOLDER**CANCELLATION**

Greene County, Virginia 40 Celt Road Stanardsville, VA 22973	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 Logan Pruett/ASHIVE 
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ATTACHMENT A – Reference Form

Vendor to complete all blanks in this document. Please list at least three with whom you have had similar contracts during the past three years. These references must be included with your proposal.

Bay Country Flooring

1. Company/County Augusta County
 Contact Name Rusty Sprouse Director of Facilities Management
 Telephone Number N/A
 Email rsprouse@co.augusta.va.us

2. Company/County Marymount University
 Contact Name William C. Bill Wickes
 Telephone Number N/A
 Email wwickes@marymount.edu

3. Company/County Atlantida Builders
 Contact Name Fabian Molina
 Telephone Number 240-793-9197
 Email N/A

COMMONWEALTH of VIRGINIA

Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400, Richmond, VA 23233
Telephone: (804) 367-8500

EXPIRES ON
03-31-2028

NUMBER
2701036174

BOARD FOR CONTRACTORS
CLASS A CONTRACTOR
CLASSIFICATIONS CBC RBC



E A BREEDEN INC
PO BOX 308
MCGAHEYSVILLE, VA 22840



Laura V. McClintock
Laura V. McClintock, Director

Status can be verified at <http://www.dpor.virginia.gov>

(SEE REVERSE SIDE FOR PRIVILEGES AND INSTRUCTIONS)

DPOR-LIC (02/2017)



(DETACH HERE)

CLASS A BOARD FOR CONTRACTORS
CONTRACTOR

CLASSIFICATIONS CBC RBC
NUMBER: 2701036174 EXPIRES: 03-31-2028

E A BREEDEN INC
PO BOX 308
MCGAHEYSVILLE, VA 22840



(FOLD)

Status can be verified at <http://www.dpor.virginia.gov>

DPOR-PC (02/2017)

Entity Information

Entity Information

Entity Name: E. A. BREEDEN, INC.

Entity ID: 03055894

Entity Type: Stock Corporation

Entity Status: **Active**

Series LLC: N/A

Reason for Status: Active and In Good Standing

Formation Date: 06/23/1987

Status Date: 11/30/2018

VA Qualification Date: 06/23/1987

Period of Duration: Perpetual

Industry Code: 0 - General

Annual Report Due Date: 06/30/2026

Jurisdiction: VA

Charter Fee: \$0.00

Registration Fee Due Date: 06/30/2026

Registered Agent Information

RA Type: Entity

Locality: HARRISONBURG CITY (FILED-ROCKINGHAM COUNTY)

RA Qualification: BUSINESS ENTITY THAT IS AUTHORIZED TO TRANACT BUSINESS IN VIRGINIA

Name: CLARK & BRADSHAW, P.C. Registered Office Address: 92 N Liberty St, Harrisonburg, VA, 22802 - 3733, USA

Principal Office Address

ATTACHMENTS

The following is a checklist of items that are to be included with the Bid Response Form and shall be completed by the Contractor:

- A. Attachment A reference form
- B. Attachment B bid response form
- C. Attachment C SCC form
- D. Certificate of Insurance
- E. Copies of any required licenses or permits
- F. Copy of State Contractor's License

8. SIGNATURE AND SEAL

Signed and sealed this Fifteenth day of April, 2026

BIDDER - SIGNATURE: William R. Allen II 

NAME: William Allen

TITLE: Director of operations/Senior PM

ATTACHMENT C

PROOF OF AUTHORITY TO TRANSACT BUSINESS IN VIRGINIA

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL/BID. FAILURE TO INCLUDE THIS FORM MAY RESULT IN REJECTION OF YOUR PROPOSAL/BID

Pursuant to Virginia Code §2.2-4311.2, an Offeror/Bidder organized or authorized to transact business in the Commonwealth pursuant to Title 13.1 or Title 50 of the Code of Virginia shall include in its proposal/bid the identification number issued to it by the State Corporation Commission ("SCC"). Any Offeror/Bidder that is not required to be authorized to transact business in the Commonwealth as a foreign business entity under Title 13.1 or Title 50 of the Code of Virginia or as otherwise required by law shall include in its proposal/bid a statement describing why the Offeror/Bidder is not required to be so authorized. Any Offeror/Bidder described herein that fails to provide the required information shall not receive an award unless a waiver of this requirement and the administrative policies and procedures established to implement this section is granted by the County Administrator.

If this quote for goods or services is accepted by the County of Greene, Virginia, the undersigned agrees that the requirements of the Code of Virginia Section 2.2-4311.2 have been met.

Please complete the following by checking the appropriate line that applies and providing the requested information.

A. Offeror/Bidder is a Virginia business entity organized and authorized to transact business in Virginia by the SCC and such vendor's Identification Number issued to it by the SCC is 03055894.

~~B. Offeror/Bidder is an out-of-state (foreign) business entity that is authorized to transact business in Virginia by the SCC and such vendor's Identification Number issued to it by the SCC is _____.~~

~~C. Offeror/Bidder does not have an Identification Number issued to it by the SCC and such vendor is not required to be authorized to transact business in Virginia by the SCC for the following reason(s): _____.~~

Please attach additional sheets if you need to explain why such Offeror/Bidder is not required to be authorized to transact business in Virginia.

Legal Name of Company (as listed on W-9)

Legal Name of Offeror/Bidder E.A. Breeden, Inc

Authorized Signature Date 

Print or Type Name and Title William R. Allen II---Director of Ops/Senior PM

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) E. A. BREEDEN, INC.	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions. 125 ORE WASH ROAD	Requester's name and address (optional)
	6 City, state, and ZIP code ELKTON, VA 22827	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
5	4	-	1	4	2	5	0	7	8

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Korena Breeden</i>	Date 4/15/26
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they