FRANKLIN COUNTY
PURCHASING DEPARTMENT
INVITATION FOR BID (IFB) COVER PAGE

IFB NO: 2018-1

TITLE: Election Notice Cards

Bid Schedule & Deadlines:

January 24, 2018Bid Release Date
January 24 and 31, February 7, 2018Advertising Period
February 9, 2018, 2:00 pmDeadline for Submitting Questions
February 13, 2018 at 4:30 pmDeadline to post Addendum
February 20, 2018 at 9:00 amDeadline to Submit Bids
February 20, 2018 at 10:00 amBid Opening Date / Time

BID responses must be received no later than “Deadline to Submit Bids”
February 20, 2018 at 9 am

Kathy Hardeman, Purchasing Agent,
Ann Struttmann, Assistant Purchasing Agent
Phone: 636-584-6274 Email: purchasing@franklinmo.net

Submittal Instructions: Print this BID Packet in its entirety and complete all pages per
instructions. Print the SEALED BID LABEL found in Attachment 1 of this packet and attach to
the front of your envelope.
BID SUBMISSION CHECKLIST

____ I have reviewed the bid schedule and deadlines, located on the IFB cover page
____ I have read ALL Terms and Conditions and Bid documents closely

(Located at www.franklinmo.org/current)

THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A BID

USE THESE FORMS ONLY

____ IFB Cover page
____ Contractual Terms and Conditions Acknowledgement (page 4)
____ Affidavit for Work Authorization is completed and Notarized (page 5&6)
____ Current, signed W-9 is included in Bid (page 7)
____ Completed Affidavit of Paid Property Taxes and Notarized (page 8)
____ Completed Vendor Information Request (page 9)
____ Bid Pricing Form completed and signed (page 10)
____ I have included the three references as requested
____ I have one original and two copies that are labeled accordingly
____ Envelope is sealed and label attached (page 11)
SPECIFIC REQUIREMENTS

1. Vendor must be able to provide the Election Notice Cards which meet or exceed the specifications contained in this document.
2. This IFB includes all elections that will take place in the year 2018. The date of the elections are as follows:
   - 04/03/2018 General Municipal Election
   - 08/07/2018 Primary Election
   - 11/06/2018 General Election
3. The cards will be processed prior to each specific election.
4. The process for printing and mailing the Election Notice Cards is outlined below:
   a. Receive electronic file of voters in Excel database from Franklin County Clerk, no more than two (2) weeks prior to election date.
   b. Database will need to be sorted by the Vendor. If there are two different addresses listed for a voter, one physical address and one mailing address (i.e. post-office box), then the address to be used would be the mailing address. Any errors made concerning addressing must be fixed ASAP at the expense of the company preparing the cards.
   c. Barcode creation with Voter ID Number. (contained in database from County Clerk)
   d. Proof of card, front and back, to County Clerk for review and approval
   e. Samples, minimum of 20 up to 100 may be required, for County Clerk to test barcodes and approve
   f. Printing, with barcode, approximately 65,000 cards per election.
   g. The voter’s address cannot be changed to match the address the Post Office has in their CASS system, it MUST be the address supplied by County Clerk.
   h. Presorting by routes and packaging in accordance with postal regulations, and delivery to the Post Office within five (5) days of receipt of data.
   i. Vendor must have their own postage permit for mailing.
5. The company with the winning bid will pay for the postage and then be reimbursed by the County Clerk within 21 days of invoice.
6. Bid to include estimated cost of postage.
7. Cards are printed with black ink on white, 110-pound cardstock. Approximate dimensions are 4 ¼ “wide x 5 ½ “length. (A copy of the card is on the website labeled “Sample Election Notice Card)
CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published in the Vendor Information Packet on the Franklin County Official Website located at:

http://www.franklinmo.org/current

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.

________________________  ______________________
Vendor/Contractor Signature  Date

________________________
Vendor/Contractor Name and Title
AFFIDAVIT OF WORK AUTHORIZATION

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now ______________________________________ (Name of Business Entity Authorized Representative) as _____________________________________________ (Position/Title)

first being duly sworn on my oath, affirm __________________________________________ (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to __________________________ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that __________________________________________ (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to __________________________ (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

____________________________________
Authorized Representative’s Signature

____________________________________
Printed Name

______________________________
Title

______________________________
Date

Subscribed and sworn to before me this __________________________. I am

______________________________
Day

______________________________
Month, Year

commissioned as a notary public within the County of __________________________, State of __________________________ and my commission expires on __________________________.

____________________________________
Signature of Notary

______________________________
Date
CURRENT BUSINESS ENTITY STATUS

I certify that ______________ (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

<table>
<thead>
<tr>
<th>Authorized Business Entity</th>
<th>Authorized Business Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Representative’s Name</td>
<td>Representative’s Signature</td>
</tr>
<tr>
<td>(Please Print)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Business Entity Name</th>
<th>Date</th>
</tr>
</thead>
</table>

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program
  (Website: [http://www.dhs.gov/e-verify](http://www.dhs.gov/e-verify); Phone: 888-464-4218
  Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

  **AND**

- Provide documentation affirming said company’s/individual’s enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee’s, subgrantee’s, contractor’s, or subcontractor’s name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee’s, subgrantee’s, contractor’s, or subcontractor’s name, then no additional pages of the MOU must be submitted).
Request for Taxpayer Identification Number and Certification

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

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Business name/described entity name, if different from above</td>
</tr>
<tr>
<td>3 Check appropriate box for federal tax classification; check only one of the following seven boxes:</td>
</tr>
<tr>
<td>- Individual/sole proprietor or</td>
</tr>
<tr>
<td>- Single-member LLC</td>
</tr>
<tr>
<td>- Partnership</td>
</tr>
<tr>
<td>Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</td>
</tr>
<tr>
<td>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</td>
</tr>
<tr>
<td>- Exempt payee code (if any)</td>
</tr>
<tr>
<td>- Exemption from FATCA reporting code (if any)</td>
</tr>
<tr>
<td>(Apply to accounts maintained wholly in U.S.)</td>
</tr>
<tr>
<td>6 Address (number, street, and apt. or suite no.)</td>
</tr>
<tr>
<td>7 City, state, and ZIP Code</td>
</tr>
</tbody>
</table>

Tasker's name and address (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

or

Employer Identification number

Part II Certification

Under penalties of perjury, I certify that:
1. 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
2. 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 and dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Signature of U.S. person

Data

General Instructions

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

Future developments: Information about developments affecting Form W-9 (such as legislation enacted after it was released) is at www.irs.gov/W9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1098-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1096 (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

Form W-9 is a legal document, so please read carefully before signing. By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding.
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See What is FATCA reporting? on page 2 for further information.
AFFIDAVIT OF PAID PROPERTY TAXES

I certify that ____________________________ (Business name) does not owe any unpaid personal or real estate taxes to Franklin County for either the current tax year or prior years.

<table>
<thead>
<tr>
<th>Authorized Representative’s Signature</th>
<th>Printed Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

| Subscribed and sworn to before me this of _________________________. I am |
| Day | Month, Year |

commissioned as a notary public within the County of ________________________, State of ________________________ and my commission expires on Date

<table>
<thead>
<tr>
<th>Signature of Notary</th>
<th>Date</th>
</tr>
</thead>
</table>
VENDOR REQUEST FOR INFORMATION

Company Name _______________________________________________________

Mailing Address ____________________________________________________

______________________________________________________________

Phone number _____________________________________________________

Contact Name _____________________________________________________

Contact Name Title ________________________________________________

Email Address _____________________________________________________

May we send Bid Packet and Bid Information via email? ________
BID PRICING FORM

2018-1 Election Notice Cards

REQUIRED PRICING

The bidder shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the IFB.

*Pricing should be per election.

Printing and Mailing the Election Notice Cards as outlined in Specific Requirements, page 3 of bid packet.

   a. Receipt of electronic files. ________________________________
   b. Database sorting ________________________________
   c. Barcode creation ________________________________
   d. Proof of card ________________________________
   e. Samples ________________________________
   f. Printing ________________________________
   h. Presorting ________________________________

Additional fees not listed above: ________________________________

Total bid per election ________________________________

Estimate of postage ________________________________

Company Name______________________________

Authorized Signature______________________________

Printed name and title______________________________

Please provide three references with the bid packet.
ATTACHMENT 1
SEALED BID LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF BID PACKAGE

SEALED BID RESPONSE ENCLOSED
DELIVER TO:
Purchasing Department
400 East Locust St, Rm 004
Union, MO 63084

BID # 2018-1    DATE: 02/20/2018
DESCRIPTION: Election Notice Cards

Vendor Name:

Vendor Address: