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

IFB NO: 2018-04
TITLE: Culvert Materials

Bid Schedule & Deadlines:

February 21, 2018           Bid Release Date
February 21, 28, March 7, 2018 Advertising Period
March 9, 2018, 2:00 PM       Deadline for Submitting Questions
March 13, 2018 4:30PM        Deadline to post Addendum
March 20, 2018 at 9:00 AM    Deadline to Submit Bids
March 20, 2018 at 9:30 AM    Bid Opening Date / Time

Bid responses must be received no later than “Deadline to Submit Bids”
March 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
_____ Bid Pricing Form completed and signed (page 4)
_____ Contractual Terms and Conditions Acknowledgement (page 5)
_____ Affidavit for Work Authorization is completed and Notarized (page 6&7)
_____ Current, signed W-9 is included in Bid (page 9)
_____ Completed Affidavit of Paid Property Taxes and Notarized (page 10)
_____ Completed Vendor Information Request (page 10)
_____ I have one original and two copies that are labeled accordingly
_____ Envelope is sealed and label attached (page 11)
SCOPE OF WORK

This section of the IFB includes requirements as well as desirable attributes and provisions relating specifically to the scope of work requirements of the Franklin County Entity. The contents of this section include mandatory requirements that will be required of the successful bidder and subsequent contractor. The bidder is requested to provide responses to the requirements/desired attributes in this section pursuant to the directions identified herein. The bidder's response, whether responding to a mandatory requirement or a desired attribute, shall be binding in the event the bid is accepted by Franklin County. The bidder must provide all costs necessary to meet the mandatory requirements and the fulfillment of any desirable attributes by the bidder (if any) in the appropriate section of Pricing, pages 5-7 of IFB.
SPECIFIC REQUIREMENTS

1. Contractor must be able to provide Culvert Materials to the requesting departments, which meet or exceed the specifications contained in this document.

2. Franklin County will purchase culvert materials throughout the year in varying quantities and of varying materials such as Metal, Polyvinyl Chloride, Reinforced Concrete and Polyethylene pipe as needed.

3. Unit Prices shall include all costs associated with loading, hauling and unloading at locations within Franklin County. Two known locations for delivery shall be 1360 Riverview Dr. Union Mo 63084 and 4987 Highway ZZ, Gerald Mo 63037. Other locations will be requested on an as needed basis with Franklin County. Each culvert pipe order will be no less than a tractor trailer flatbed load of pipe. Nested pipe deliveries are not allowed.

4. Materials must meet specifications as described in Section 1020, 1026, 1027 and 1047 respectively, of the 2017 Missouri Standard Specifications for Highway Construction. Awarded contractor must maintain qualification with MoDOT and be on the MoDOT Qualified List.

5. Connecting bands shall have continuous angle iron brackets on both sides of the band opening. Connecting bands and hardware for pipe diameters 12 inch to 60 inch shall be invoiced at the same price as 1 ½ foot of the pipe size it is adjoining. Connecting bands and hardware for pipe diameters 72 inch to 120 inch shall be invoiced at the same price as 2 foot of the pipe size it is adjoining.

6. Culverts must be received within 1 calendar month of order. Liquidated damages of $100.00 per working day will be applied for shipments received after that time period.

7. Franklin County, at its own expense, reserves the right to sample any material, for the purpose of having an independent laboratory test of the material for conformance to specifications. Product that does not meet specifications will cause all of the shipments to be returned at the bidder’s expense.
### REQUIRED PRICING

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

<table>
<thead>
<tr>
<th>ALL CULVERTS MUST BE ANNULAR RIVETED GALVANIZED PIPE</th>
<th>UNITS</th>
<th>PER UNIT PRICE</th>
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<td>2/23&quot; x ½&quot; Corrugated 15&quot; Diameter 16 Gauge</td>
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<td>2/23&quot; x ½&quot; Corrugated 15&quot; Arch Diameter 16 Gauge</td>
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<td>Lift Handles</td>
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<tr>
<td>Polymer Coated Pipe - add percentage to above submitted pricing</td>
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</table>
BID PRICING FORM - CONTINUED

2018-04 CULVERT MATERIALS

Company Name__________________________________________

Authorized Signature____________________________________

Printed name and title____________________________________

Franklin County reserves the right to request supporting documentation for the proposed pricing. In addition, it may be necessary to evaluate the bidder’s expertise and experience in order to award a bid. Franklin County reserves the right to request reference information and/or proof of expertise if necessary.
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.

<table>
<thead>
<tr>
<th>Vendor/Contractor Signature</th>
<th>Date</th>
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</table>

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 ___ of __________________________. I am

Day          Month, Year

commissioned as a notary public within the County of __________________________, State of

________________________________________
Signature of Notary

Date
AFFIDAVIT OF WORK AUTHORIZATION
(Continued)

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

Business Entity Name  
Date

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; 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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes:
   - Individual/sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership).
   - Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership).

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 9):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

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. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

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 or 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 for Part II, later.

Sign Here

Signature of
U.S. person

Date

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.

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 1099-B (stock or mutual fund sales and certain other transactions by brokers)
* Form 1099-S (proceeds from real estate transactions)
* Form 1099-K (merchant card and third party network transactions)
* Form 1096 (transmittal of information returns), 1096-E (student loan interest), 1098-T (tuition)
* Form 1099-C (canceled debt)
* Form 1098-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, later.
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.

Authorized Representative's Signature

Printed Name

Title

Date

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

Signature of Notary

Date
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? _________
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 # 2018-04   DATE: 03/13/2018
DESCRIPTION: Culvert Materials

Vendor Name: ____________________________________________

Vendor Address: ____________________________________________