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

IFB NO: 2018-02
TITLE: Vehicle Graphics

Bid Schedule & Deadlines:

January 31, 2018               Bid Release Date
January 31, February 3, 7, 2018 Advertising Period
February 9, 2018, 2:00 PM      Deadline for Submitting Questions
February 13, 2018 4:30PM       Deadline to post Addendum
February 20, 2018 at 9:00 AM   Deadline to Submit Bids
February 20, 2018 at 10:00 AM  Bid Opening Date I Time

BID responses must be received no later than “Deadline to Submit Bids”
February 27, 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 5)
_____ Contractual Terms and Conditions Acknowledgement (page 6)
_____ Affidavit for Work Authorization is completed and Notarized (page 7&8)
_____ 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 11)
_____ Proof of Insurance
_____ I have one original and two copies that are labeled accordingly
_____ Envelope is sealed and label attached (page 13)
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, page 5 of IFB.
SPECIFIC REQUIREMENTS

1. Contractor must be able to provide removal and/or installation of decals to the vehicles specified in this IFB.

2. Vehicles included in the fleet for the purpose of this bid are as follows:
   Dodge Chargers, Ford Crown Victorians, Ford Explorers, Chevrolet 1500 series trucks,
   Dodge 1500 series trucks, Ford F150

3. Decals must be created by vendor and customizable in both color and black and white.

4. Sample graphics that will be used for the listed vehicles, including size, are posted with this bid packet on the website.

4. Proofs to be sent to requesting department and require approval prior to proceeding.

5. Materials to include but are not limited to:
   3M Scotchlite Reflective Graphic Film Series 5100R
   3M Scotchlite Overlaminate 8518 Gloss

6. Three (3) year replacement warranty on materials for “normal wear use” not to include damage from auto accidents or off-road driving.

7. Work is to be done at Contractor location.

8. Method of delivery shall be determined at the time of order and will not exceed Franklin County boundaries.

9. Include proof of liability insurance and if awarded bid, name Franklin County as certificate holder.
BID PRICING FORM
2018-02 VEHICLE GRAPHICS

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 per vehicle requested, including a breakdown of materials and labor costs.

1. Dodge Charger
2. Ford Crown Vic
3. Ford Explorer
4. Chevrolet 1500 series
5. Dodge 1500 series
6. Ford F150

Set up fee:
Removal charge:

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.

_________________________________________  ____________
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 _______ of ___________________. 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
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.

Authorized Business Entity
Representative’s Name
(Please Print)

Authorized Business Entity
Representative’s Signature

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).
# Form W-9

## Request for Taxpayer Identification Number and Certification

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

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; check only one of the following seven boxes:**
   - [ ] Individual/sole proprietor or
   - [ ] C Corporation
   - [ ] S Corporation
   - [ ] Partnership
   - [ ] Trust/estate
   - [ ] Limited liability company. Enter the tax classification (C, S, corporation, etc.) here.
   - [ ] Other (see instructions) □

4. **Exempt payee code (if any)**
   - [ ] Exemption from FATCA reporting code (if any) □

5. **Address (number, street, apt. or suite no.)**

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 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."

**Note:** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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.

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.

### Sign Here

**Signature of U.S. person ▶**

**Date ▶**

### 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 we release it) 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 1098 (mortgage interest) ▶
- Form 1098-E (student loan interest) ▶
- Form 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.

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, or

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, you are not subject to the withholding tax on foreign partners' share of effectively connected income, and

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.

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 __________.

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

<table>
<thead>
<tr>
<th>SEALED BID RESPONSE ENCLOSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>DELIVER TO:</td>
</tr>
<tr>
<td>Purchasing Department</td>
</tr>
<tr>
<td>400 East Locust St, Rm 004</td>
</tr>
<tr>
<td>Union, MO 63084</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BID # 2018-02  DATE: 02/27/2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>DESCRIPTION: Vehicle Graphics</td>
</tr>
</tbody>
</table>

Vendor Name: ____________________________________________

Vendor Address: ____________________________________________