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

IFB NO: 201807

TITLE: Disaster Recovery Dumpsters

Bid Schedule & Deadlines:

May 9, 2018  Bid Release Date
May 9, 16, 23, 2018  Advertising Period
May 25, 2018, 2:00 pm  Deadline for Submitting Questions
May 29, 2018 4:30 pm  Deadline to post Addendum
June 5, 2018 at 9:00 AM  Deadline to Submit Bids
June 5, 2018 at 9:30 AM  Bid Opening Date & Time

BID responses must be received no later than “Deadline to Submit Bids”

June 5, 2018 at 9 am

*Awarding is good for one year from awarding date, subject to annual appropriation. *

Kathy Hardeman, Purchasing Agent  Ann Struttman, 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 8)

_____ Completed Affidavit of Paid Property Taxes and Notarized (page 9)

_____ 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)
SPECIFIC REQUIREMENTS

1. Contractor must be able to provide dumpsters which meet or exceed the specifications contained in this document.
2. Contractor to provide pricing for the container, tonnage, mileage, and fuel surcharge for a 20 yard container.
3. Contractor to provide pricing for the container, tonnage, mileage and fuel surcharge for a 30-yard container.
4. Contractor to provide pricing for the container, tonnage, mileage and fuel surcharge for a 40-yard container.
5. Contractor to deliver, dump/return, remove dumpsters for a period of time to be determined by need. Delivery will not exceed Franklin County boundaries.
6. Response time not to exceed four (4) calendar days, from time of order to time of delivery.
7. Dumpsters may be requested following a disaster (flooding, tornado, etc.) Dumpsters may be used for multiple types of debris including white goods.
8. Any restrictions should be submitted with bid.
9. A copy of the landfill permit for any/all landfills that may be used is required.
10. Proof of liability insurance is required.
REQUIRED PRICING

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

All invoices must reflect discounts applied to final order.

20-Yard Container: ____________________________

30-Yard Container: ____________________________

40-Yard Container: ____________________________

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/bidopps

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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<th>Vendor/Contractor Name and Title</th>
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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 ___________ day of ____________, 2023. I am a ____________ of ____________, State of __________________________, and my commission expires on ____________, 2023.

__________________________________________
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 grantees, contractor, or subcontractor must perform/provide the following. The grantee, sub grantees, 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

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
   □ C Corporation
   □ S Corporation
   □ Partnership
   □ Trust/estate
   □ Limited liability company. Enter the tax classification (C or S corporation or partnership).
   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.

4. Exemptions (codes apply only to certain entities, not individuals, see instructions on page 3):
   Exempt payee code (if any)
   Exemption from FATCA reporting code (if any)
   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and 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 provided the Internal Revenue Service (IRS) with my correct identification number, and (c) the IRS has notified me that I am no longer subject to backup withholding,

3. I am a U.S. citizen or other U.S. person (as defined below);

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 not been notified by the Internal Revenue Service 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 future developments affecting Form W-9 (such as legislation enacted after we release it) is available 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 1099-B (stock or mutual fund sales and certain other transactions by brokers)
• Form 1098-S (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.

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, 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 _________________. 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 # 201807  DATE: 11/06/2017
DESCRIPTION: Disaster Recovery Dumpsters
Vendor Name: ____________________________________________
Vendor Address: ________________________________________