RFP NO: 201818

TITLE: Processing of Annual Tax Statements and Receipts

RFP Schedule & Deadlines:

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 4, 2018</td>
<td>RFP Release Date</td>
</tr>
<tr>
<td>July 4, 11, 18, 2018</td>
<td>Advertising Period</td>
</tr>
<tr>
<td>July 20, 2018, 8:00 AM</td>
<td>Deadline for Submitting Questions</td>
</tr>
<tr>
<td>July 23, 2018, 4:30 PM</td>
<td>Deadline to post Addendum</td>
</tr>
<tr>
<td>July 30, 2018, 9:00 AM</td>
<td>Deadline to Submit Proposals</td>
</tr>
</tbody>
</table>

RFP responses must be received no later than “Deadline to Submit Proposals”
July 30, 2018 at 9 am

Contract period is from September 1, 2018 through August 31, 2019.

Kathy Hardeman, Purchasing Agent
Phone: 636-584-6274

Ann Struttmann, Assistant Purchasing Agent
Email: purchasing@franklinmo.net

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

_____ I have reviewed the solicitation schedule and deadlines, located on the RFP cover page
_____ I have read ALL Terms and Conditions and Proposal documents closely
       (Located at www.franklinmo.org/current)

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

_____ RFP Cover page
_____ Pricing Form completed and signed (pages 7 & 8)
_____ Signed and notarized statement of liability included (page 9)
_____ Contractual Terms and Conditions Acknowledgement (page 10)
_____ Affidavit for Work Authorization is completed and Notarized (page 11 & 12)
_____ Current, signed W-9 is included in Packet (page 13)
_____ Completed Affidavit of Paid Property Taxes and Notarized (page 2714)
_____ Completed Vendor Information Request (page 15)
_____ Proof of performance bond is included
       Documentation of USPS and MDP certifications included
_____ Proposed printing and mailing schedule included
_____ I have one original and four copies that are labeled accordingly
_____ Envelope is sealed and label attached (page 16)
SCOPE OF WORK

Vendor to print and mail all tax statements, paid tax receipts and envelopes according to the information outlined below.

1. Printing requirements (approximate):
   a.) Real Estate Tax Statements – 75,000 (Exhibit A)
   b.) Personal Property Tax Statements – 50,000 (Exhibit B)
   c.) Merchant Tax Statements – 2,000 (Exhibit C)
   d.) Delinquent Tax Statements, real estate and personal property – 30,000 (Exhibit D)
   e.) Single page tri-fold inserts – 15,000 (Exhibit E)
   f.) Paid Tax Receipts – 90,000 (Exhibit F)
   g.) Blank Paid Tax Receipts – 50,000 (Exhibit G)
   h.) Duplicate Statement blanks – 50,000 (Exhibit H)
   i.) Return Envelopes – 110,000 (Exhibit I)
   j.) Statement Mailing Envelopes – 110,000 (Exhibit J)
   k.) Paid Receipt Mailing Envelopes – 90,000 (Exhibit K)

2. Specifications for printed items:
   a.) Real Estate Tax Statements (Exhibit A): 8 ½” x 7”, 3-color over 1 color, printed on both sides, with 1 horizontal perforation, #60 white paper.
   b.) Personal Property Tax Statements (Exhibit B): 8 ½” x 7”, 3-color over 1 color, printed on both sides, with 1 horizontal perforation, #60 white paper.
   c.) Merchant Tax Statements (Exhibit C): 8 ½” x 7”, 3-color over 1-color, printed on both sides, with 1 horizontal perforation, #60 white paper.
   d.) Delinquent Tax Statements (Exhibit D): 8 ½” x 7”, 2-color, printed on both sides, with 1 horizontal perforation, #70 white paper.
   e.) Single page tri-fold inserts (Exhibit E): 8 ½” x 11”, #70 color paper, 1-color print
   f.) Paid Tax Receipts (Exhibit F): 8 ½” x 3 ½”, 3-color print, #60 white paper
   g.) Blank Paid Tax Receipts (Exhibit G): 8 ½” x 3 ½”, 3-color print, #60 white paper
SCOPE OF WORK - Continued

h.) Duplicate Statement blanks (Exhibit H): 8 ½” x 3 ½”, 3-color print, #70 canary yellow paper

i.) Return Envelopes (Exhibit I): #9 regular envelope, 24# white wove, 1-color print

j.) Statement Mailing Envelopes (Exhibit J): #10 standard letter, 1 left window envelope, 24# white wove with inside security tint, 1-color print

k.) Paid Receipt Mailing Envelopes (Exhibit K): #10 standard letter, 1 left window envelope, 24# white wove with inside security tint, 1-color print

3. Mailing schedule and deadlines:

Franklin County Collector’s office will provide specific mailing dates and approve all schedules for production of statements and receipts prior to start of project. Proofs must be provided and approved prior to mailing. Data files may be provided up to ten (10) business days prior to vendor’s start of print production.

(approximate dates and quantities, subject to change)

Upon completion of S.F.T.P. – test files can be submitted for data processing tests

September/early October – delinquent files received by vendor

October 15, 2018 mail drop – first round of delinquents, half of total (Exhibits D, I and J)

October (second to third week) – current tax statement files received

November 1, 2018 mail drop – ALL Real Estate, Personal Property and Merchant Tax Statements (Exhibits A, B, C, I, and J)

Weekly paid receipt drop, starting third week of November, file received Monday, receipts go out same week Friday – (Exhibits F and K)

February 15 – delinquent files received

February 28, 2019 mail drop – second round of delinquents, half of total (Exhibits D, I, and J) Single page tri-fold inserts (Exhibit E) added for real estate delinquents only

Blank documents on an as needed basis (Exhibits G and H) quantities per 1,000
SPECIFIC REQUIREMENTS

1. Data will be processed to format all variable information required to print tax statement forms and receipts as directed.

2. All documents will be prepared and layout used as directed by the Franklin County Collector’s Office. See prior year forms attached as “exhibits A thru J.”

3. Tax Statements will be prepared in separate groups; current tax bills and delinquent tax bills.

4. Calculations are required by vendor to display all penalty and interest charges when applicable.

5. Vendor must be capable of receiving data files electronically utilizing S.F.T.P. Communications Protocol.

6. Vendor must have capacity to receive large volume files, as large as 80,000 records with a record length of 2000 bytes.

7. Vendor must have the ability to interpret data from the files utilizing EBCIDIC coded format and provide verification totals.

8. Vendor must have the ability to generate and print standard and two-dimensional bar codes that contain account identification on each tax statement. Physical proof samples are required to ensure bar code readability and calculations are correct.

9. Definite name/address match required for multi-statement and/or receipt envelope inserting process.

10. Vendor to incorporate bar code controls to insure the accuracy and integrity of the inserting process.

11. No overruns will be paid for by Franklin County. Vendor to bill for items actually used, and reporting per item printed required to be submitted with invoice.

12. Vendor must be a Certified USPS Mail Service Provider – Full Service and have a certified Mail Design Professional on staff. Documentation of most current USPS certification and MDP certification is required with proposal.
SPECIFIC REQUIREMENTS - Continued

13. Vendor to utilize all current USPS requirements to obtain best pricing on postage as possible:
   a.) CASS
   b.) NCOA processing
   c.) IMb barcode
   d.) USPS Full Service Requirements

14. Vendor to have a USPS mailing permit. All mail to be delivered by vendor to a designated Post Office.

15. All mail must be PAVE presorted to mail at the Full Service IMb lowest Rates as opposed to Basic Service IMb lowest rates and in accordance with all USPS requirements for securing automation rate postage. **All postage discounts must be passed along to the County as a straight pass through without any markup.**

16. Payment for postage will be provided based on itemized report of postage by classification invoices.

17. Franklin County requests two different pricing proposals; one utilizing envelopes printed by awarded vendor; the other utilizing surplus envelopes in storage.

18. Vendor must not outsource any process, including “data processing” functions required to assemble the data in the proper format for printing.

19. Vendor must have, within their company, a disaster recovery site for backup.

20. Respondents are to include, as part of the proposal, the name and address of some surety authorized to do business in the state of Missouri for fifty percent (50%) of the contract (proposal) price, condition on the faithful performance of the terms of the contract specified.

   The original bond must be received within fifteen (15) calendar days after notice of award is given to the successful bidder. Bond must be executed by attorney-in-fact for surety company before a licensed notary public. No waivers will be given, the project will not begin until the bond is executed.

21. Vendor to include a proposed printing and mailing schedule with response.

22. Payment to be made, other than postage, upon project completion. Invoice should include reporting with required breakdowns.
RFP PRICING FORM – A

2018 Tax Statements and Paid Tax Receipts

REQUIRED PRICING (vendor printing envelopes)

The bidder shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the RFP. All invoices must reflect discounts applied to final order.

Printing to reflect cost per 1,000/total

Real Estate Tax Statements – 75,000 (Exhibit A) 

Personal Property Tax Statements – 50,000 (Exhibit B) 

Merchant Tax Statements – 2,000 (Exhibit C) 

Delinquent Tax Statements – 30,000 (Exhibit D) 

Single page tri-fold inserts – 15,000 (Exhibit E) 

Paid Tax Receipts – 90,000 (Exhibit F) 

Blank Paid Tax Receipts – 50,000 (Exhibit G) 

Duplicate Statement blanks – 50,000 (Exhibit H) 

Return Envelopes – 110,000 (Exhibit I) 

Statement Mailing Envelopes – 110,000 (Exhibit J) 

Paid Receipt Mailing Envelopes – 90,000 (Exhibit K) 

Data Processing: 

Multi-statement matching, inserting, processing: 

Additional fees/explanation: 

Total Proposed Pricing: 

Estimate of postage: 

Company Name: 

Authorized Signature: 

Printed name and title: 
RFP PRICING FORM - B

201818 Tax Statements and Paid Tax Receipts

REQUIRED PRICING (utilizing County surplus envelopes)

The bidder shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the RFP. All invoices must reflect discounts applied to final order.

Printing to reflect cost per 1,000/total

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate Tax Statements</td>
<td>75,000</td>
</tr>
<tr>
<td>Personal Property Tax Statements</td>
<td>50,000</td>
</tr>
<tr>
<td>Merchant Tax Statements</td>
<td>2,000</td>
</tr>
<tr>
<td>Delinquent Tax Statements</td>
<td>30,000</td>
</tr>
<tr>
<td>Single page tri-fold inserts</td>
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<tr>
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<td>50,000</td>
</tr>
<tr>
<td>Duplicate Statement blanks</td>
<td>50,000</td>
</tr>
<tr>
<td>Return Envelopes</td>
<td>110,000</td>
</tr>
<tr>
<td>Statement Mailing Envelopes</td>
<td>110,000</td>
</tr>
<tr>
<td>Paid Receipt Mailing Envelopes</td>
<td>90,000</td>
</tr>
</tbody>
</table>

Data Processing:

Multi-statement matching, inserting, processing:

Additional fees/explanation:

Total Proposed Pricing:

Estimate of postage:

Company Name:

Authorized Signature:

Printed name and title:
STATEMENT OF LIABILITY

Vendor acknowledges that the issuance and payment of the tax bills require both precision and timeliness. As such, it is paramount that all supplies and forms to be supplies by vendor for tax collection purposes must be properly printed and timely mailed or delivered. Vendor hereby agrees to indemnify Franklin County for any loss or damage incurred by Franklin County which are the result of vendor not preparing the required materials in a proper and timely manner.

Company Name__________________________________________________________

Authorized Signature____________________________________________________

Printed name and title____________________________________________________

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 ___________________________
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>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vendor/Contractor Name and Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
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 _______________________. 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.

<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; 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).
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 single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Limited liability company. Enter the tax classification (C, S, 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.
   - 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 FATCA reporting code (if any)

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. Your TIN 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 name to enter.

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 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 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 we release it) is at www.irs.gov/f9.

Purposes of Form

An individual or entity (Form W-9 requested) 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), your 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-MISC (interim earned or paid)
- Form 1098-DIV (dividends, including those from stocks or mutual funds)
- Form 1098-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1098-B (stock or mutual fund sales and certain other transactions by broker)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third-party network transactions)

- Form 1090 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1096-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 signed-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, your applicable 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.

Cat. No. 10231X

Form W-9 (Rev. 12-2014)
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 RFP LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFP PACKAGE

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

RFP # 201818    DATE: 07/30/2018
DESCRIPTION: Tax Statements and Paid Tax Receipts

Vendor Name: ________________________________

Vendor Address: ______________________________