



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

IFB NO: 201769

TITLE: Material Testing

Bid Schedule & Deadlines:

October 11, 2017	Bid Release Date
October 11, 18, 25, 2017	Advertising Period
October 27, 2017, 2:00 pm	Deadline for Submitting Questions
November 6, 2017 at 9:00 AM	Deadline to Submit Bids
November 6, 2017 at 10:00 AM	Bid Opening Date I Time

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

November 6, 2017 at 9 am

**Awarding is good for one year, January 1, 2018 through December 31, 2018. **

Kathy Hardeman, Purchasing Agent, Phone: 636-583-6356

Ann Struttmann, Assistant Purchasing Agent, Phone: 636-584-6279

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/bidopps)

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 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 and Website Information Forms (page 10&11)

_____ Bid Pricing Form completed and signed (page 12)

_____ Certificate of Insurance

_____ Certification – Attachment 3

_____ 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 12 of IFB.

SPECIFIC REQUIREMENTS

1. Contractor must be able to provide Material Testing to the requesting departments, which meet or exceed the specifications contained in this document.
2. The Contractor, when awarded contract, must provide properly executed certificates of insurance prior to signing the contract with the Franklin County Commission. Insurance requirements are detailed in Attachment 2.
3. Franklin County, upon receipt of an acceptable Certificate of Insurance and Agreement signed by the party to whom the Contract was awarded, shall within a reasonable period of time sign the Agreement and return to such party an executed duplicate of the Agreement. Franklin County, upon signing the Agreement and within a reasonable period of time shall issue the Notice to Proceed. A written Notice to Proceeds shall be used with each project.
4. Projects shall be located on or along county roads at various locations. A project shall be defined by the road the work is located on.
5. The anticipated tests are listed on the bid sheet. Each test has an AASHTO or MODOT Test Method associated with it that will govern the test procedure. Franklin County reserves the right to request additional test methods from any consultant on as as needed basis.
6. The unit price listed for each test in the pricing sheet will cover all costs associated with performing the given test. For tests that are not available please place N/A. Unit price shall remain consistent for the year contracted.
7. In accordance with the 2009 Manual of Uniform Traffic Control Devices, Section 6D.03 Worker Safety consideration shall apply. Paragraph 04 contains the standard.
8. Franklin County will initiate the process of testing as needed.

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.

Vendor/Contractor Signature

Date

Vendor/Contractor Name and Title

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).

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=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. <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
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.

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.

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/fw9.

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 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, 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 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 _____ 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? _____

WEBSITE INFORMATION

Does your company have a website? _____

If yes, please provide the website address below:

Can products be ordered from the website? _____

Can we receive the pricing you have quoted us when ordering from the website?

What form of payment is accepted on the website?

BID PRICING FORM

201769 Material Testing

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.

Test Item	Test Method	Units	Unit Price
<u>Soils</u>			
Laboratory Compaction Characteristics of soil using Standard Effort	AASHTO T-99	EA	_____
Density and Moisture Content of Soils by Nuclear Methods	AASHTO T-310	EA	_____
<u>Aggregate</u>			
Density and Moisture Content of Aggregate by Nuclear Methods	AASHTO T-310	EA	_____
<u>Bituminous Concrete</u> - Using samples retained by contractor and picked up by consultant. Bulk Specific Gravity of Compacted Bituminous Mixtures Using Saturated Surface Dry Specimens			
	AASHTO T-166	EA	_____
Sieve Analysis of Fine and Coarse Aggregates	AASHTO T-27	EA	_____
Determining the Asphalt Content of a Bituminous Mixture	AASHTO T-308	EA	_____
Density and Moisture Content of Bituminous Concrete by Nuclear Methods	AASHTO T-310	EA	_____
<u>Additional Items</u>			
Mileage		MI	_____
Engineer Hourly Rate		HR	_____
Technician Hourly Rate		HR	_____

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.

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 206
Union, MO 63084

BID # 201769 DATE: 11/06/2017

DESCRIPTION: Material Testing

Vendor Name: _____

Vendor Address: _____

ATTACHMENT 2

INSURANCE REQUIREMENTS

Insurance

The successful bidder must provide properly executed certificates of insurance prior to signing the contract with the Commission.

Worker's Compensation: Equal to or in excess of limits of Worker's Compensation Laws in the State of Missouri.

Liability Insurance: The Contractor shall indemnify and save harmless the County from all suits or action of every name and description brought against the County for or on account of any personal injuries, including accidental or resulting death, or property damages received or claimed to be received or sustained by any persons due to the construction of the work, or by, or in consequence or assigns in safeguarding it, or by, or on account of any act or omission of the Contractor, his employees, agents, or assigns.

The Contractor shall carry adequate public liability and property damage insurance for the joint and several benefits of the contractor and the County with a company licensed to do business in the State of Missouri and satisfactory to the County and in the amount not less than those specified below. The amounts of coverage required are for public liability of the Contractor in protecting the County from damage or injury claims. The County shall have the right to require the contractor to increase any or all such insurance policy limits while the contract work is in progress in the event the County Highway Administrator determines that unusual or special risks revealed by the work so required and in such amounts as the County Highway Administrator may determine to be adequate, and without hereby limits the liability of the Contractor in protecting the County from damage or claim. Franklin County shall be named under General Liability.

The coverage shall insure the County and its officers and employees while acting within the scope of their duties against all claims arising out of or in connection with the work to be performed.

The cost of the insurance shall be included in the prices for the various items of work and no additional payment will be made therefore.

ATTACHMENT 2

INSURANCE REQUIREMENTS - CONTINUED

The minimum acceptable coverage in U.S. dollars is tabulated below:

<u>Coverage Item</u>	<u>Public Liability</u>	<u>Property Damage</u>
Each Person Each Occurrence	\$300,000	\$100,000
Each Accident Each Occurrence	\$500,000	\$300,000
Aggregate Each Occurrence	\$1,000,000	\$500,000

Certificate of Insurance sent to the County as evidence of insurance shall contain the following statements; and in their absence, the Certificate will not be satisfactory to the County.

- a) The insurance evidenced by this certificate cancelled or altered ten (10) days from date of receipt by the County will require written notice thereof.
- b) The insurance evidenced by this certificate expressly includes blanket underground coverage including, but not limited to, injury or destruction of wire, conduit pipes, mains, sewers or other similar property, or any apparatus in connection therewith below the surface of the ground, whether or not such injury is caused by and occurs during the use of mechanical equipment, for the purpose of grading of land, paving, backfilling, excavating or drilling, or to injury to destruction of property at any time resulting therefrom.
- c) The insurance evidenced by this certificate expressly includes personal injury or death by injury to or destruction of any property arising out of blasting or explosion, or the collapse of a structural injury to any buildings or structures due to grading of land, excavation, burrowing filling, backfilling or tunneling.

ATTACHMENT 3

CERTIFICATION

Job Type: **Material Testing**

Franklin County
400 E Locust Street, Room 206
Union, MO 63084

Hereinafter called the "Commission"

For improving Franklin County roads consisting of **Material Testing**, hereinafter called the work.

Compliance with Contract Provisions: The Contractor, having examined and being familiar with the local conditions affecting the work, and with the contract documents, and the request for proposal, including appendices, the specifications and plans, hereby proposes to furnish all materials, equipment, services, etc., required for the performance and completion of the work.

Proposal Guarantee: The Contractor submits and attaches to this proposal a proposal guaranty meeting the requirements of the Notice to Bidders.

Contractor's Certification: The Contractor signature on this proposal constitutes execution of all certifications which are a part of this proposal.

a.) Certification Regarding Anti-Collusion: In accordance with 23USC #112 the bidder hereby states, under penalty of perjury, that he has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive bidding in connection with this contract.

b.) Certification of Contractor Responsibility: By submitting this bid without marking the box below, the contractor certifies that it, and its affiliates and principals, are responsible, and they have not committed within the last seven years and will not commit during the life of this contract any act specified in Sec 108.11 and its subsections which may place the contractor in default to the contract, if it is the successful bidder. The contractor understands and affirms that if an act of default as specified in Sec 108.11 has occurred or later occurs, any existing contract between the contractor and Highway Department may be subject to immediate termination by the Highway Department without liability for that action.

By marking this box, the bidder states that it, or a principal or affiliate of the bidder, may have committed an act of default, as defined in Sec 108.11, on this bid or within the last seven years.

The Contractor has attached to this proposal a full and complete explanation and documentation of the possible act of default, and what actions if any were taken as a response to or result of that act by any federal, state, or local government agency or private person or firm.

Itemized Proposal: The Contractor proposes to furnish all labor, materials, equipment, services, etc. required for the performance and completion of the work, as described in the scope of work hereby included as follows:

Signature and Identity of Bidder: The undersigned states that the correct legal name and address of:

The individual bidder

Each partner or joint venture (whether individuals or corporation, and whether doing business under a fictitious name), or

The corporation (which the state in which it is incorporated) are shown below; that (if not signing with the intention of binding himself to become the responsibility and sole bidder) he is the agent of, and duly authorized in writing to sign for the Contractor or Contractors; and that he is signing and executing this (as indicated in the proper spaces below) as the proposal of a:

sole individual

partnership

joint venture

corporation, incorporated under the laws of state of

Executed by this bidder this _____ day of _____ 20_____.

Bidder:

Address:

E-mail:

Signature:

Title:

Seal: if bid is by a corporation

