FRANKLIN COUNTY

PURCHASING DEPARTMENT

INVITATION FOR BID (IFB) COVER PAGE

IFB NO: 201770

TITLE: Herbicide

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)

_____Material Safety Data Sheet for Herbicide

_____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 Herbicides to the requesting departments, which meet or exceed the specifications contained in this document.
2. **WEED HERBICIDE**, non-selective, liquid, ready to use, soil sterilant, oil based, control most weeds for an extended period of time on non-cropland areas, coverage for annuals weeds 1-2-gallon application per 1000 feet, coverage for perennials weeds 3-5 gallons per 1000 feet. Comparable to Barren Herbicide #2. *Material Safety Data Sheet required*
3. **WEED HERBICIDE**, non-selective, liquid, oil based, soil sterilant, universal control for most weeds annuals, perennials including Johnson grass, coverage for annuals weeds 1-2-gallon application per 1000 feet, coverage for perennials weeds 3-5 gallons per 1000 feet, 55-gallon drums Comparable to Aero Herbicides – Knock Out. *Material Safety Data Sheet required*
4. **WEED HERBICIDE**, non-selective, granular broadcast, long lasting residual action for non-cropland areas, 0.5 lbs. to 0.68 lbs. application per100 sq. ft., ingredient content, minimum 4.00% Bromacil. *Material Safety Data Sheet required*
5. Delivery must include vehicle with hydraulic lift for delivery of 55-gallon drums of herbicide. Delivery locations are as follows:

   Franklin County Highway Department, 1360 Riverview Drive, Union, MO 63084
   Franklin County Highway Department, 4987 Highway ZZ, Gerald, MO 63037
6. Contractor must be able to provide service to all locations/departments necessary. Normal business hours are Monday through Friday 8:00 a.m. – 4:30 a.m. (CST). However, these times must be verified with the requesting department. County observed holidays will be provided upon request.

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

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 Date

_____

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**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ 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.

☐ 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) _____

(Applies to accounts maintained outside the U.S.)

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

201770 Herbicide

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.

Types of Herbicide	Estimated Quantity	Price
Weed Herbicide (Highway Dept.) (LIQUID EXTENDED TIME) 55 gallon		
Weed Herbicide (Highway Dept.) (LIQUID UNIVERSAL CONTROL) 55 gallon		
Weed Herbicide (Highway Dept.) (GRANULAR BROADCAST) pound		
Weed Herbicide (Highway Dept.) (OUTRIDER HERBICIDE) pound		
Weed Herbicide (Highway Dept.) (OUTRIDER HERBICIDE) gallon		
Non-Ionic Surfactant-CPDA Certified-gallon		
Non-Ionic Surfactant-gallon		

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 # 201770 DATE: 11/06/2017

DESCRIPTION: Herbicide

Vendor Name: _____

Vendor Address: _____