FRANKLIN COUNTY

PURCHASING DEPARTMENT

INVITATION FOR BID (IFB) COVER PAGE

IFB NO: 201771

TITLE: Liquid Calcium Chloride

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)

_____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 Liquid Calcium Chloride to the requesting departments, which meet or exceed the specifications contained in this document.
2. The work shall consist of supplying, delivering and pumping into tanks liquid calcium chloride. This specification covers liquid calcium chloride for use as a deicer for maintenance purposes.
3. Chemical Composition

Concentration	32%
Specific Gravity	1.322 @ 77^0 F
Weight	10.99 lbs./gal

4. Technical Specifications - The liquid calcium chloride shall conform to the following requirements: ASTM D 98 Type L
   AASHTO M144
5. Condition - The calcium chloride shall arrive at the delivery point in a free-flowing and usable condition.
6. Foreign Material - Liquid calcium chloride shall contain no more than 0.9% potassium chloride, no more than 0.6% sodium chloride and no more than 0.15% other impurities.
7. The calcium chloride shall be delivered in bulk load lots of 1,500 to 2,000 gallons. The delivery locations are as follows:
   East District, 1360 Riverview, Union, MO 63084
   West District, 4987 Highway ZZ, Gerald, MO 63037
8. Delivery shall be made to the locations designated hereafter, and shall begin within ten (10) days of the "Notice to Proceed" as issued by the Highway Administrator or City Administrator.
9. A representative of the receiving entity shall be present at the delivery site for all deliveries and no material will be accepted that has been delivered in their absence. No deliveries shall be made on Saturday, Sundays, or any official holiday, unless approved by the Highway Administrator or City Administrator.
10. All deliveries shall be coordinated with the Highway Administrator who shall be given 1-week notice prior to the beginning of delivery. **The successful bidder is hereby notified that there may not be sufficient space to accept their full order at one delivery, and the right is reserved to call for delivery as space is available.**
11. 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.
12. Contractor must comply with Special Provision, Attachment 2.

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

201771 Liquid Calcium Chloride

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.

Price per 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 # 201771 DATE: 11/06/2017

DESCRIPTION: Liquid Calcium Chloride

Vendor Name: _____

Vendor Address: _____

ATTACHMENT 2

SPECIAL PROVISIONS

1. The supplier shall furnish the truck driver a copy of the bill of lading, manifest, or truck ticket to be delivered to the representative personnel, prior to unloading, showing the following information regarding the shipment:

   (a) Consignee.
   (b) Destination.
   (c) Type of Material.
   (d) Purchase Order Number.
   (e) Truck number and weights of truck before and after loading.
   (f) Date loaded.
   (g) Name and Location of the Source.
   (h) A Certification Statement.

   The certification statement shall be signed by an authorized representative of the Supplier and substantially as follows:

   "This certifies that the Calcium Chloride in this shipment complies with Franklin County Highway Department specifications and the volumes shown hereon were obtained on flow meters approved by and/or certified by the State of Missouri and are correct within the specified meter requirements."

2. Flow meters shall have been calibrated within the six-month period immediately prior to any material being delivered or any time the Franklin County Highway Department representative has cause to question the accuracy of the flow meter. A flow meter acceptance shall be based on one of the following:

   (a) A valid certification or seal of approval by the Division of Weights and Measures of the Missouri Department of Agricultural will be acceptable.

   (b) A valid certification or seal of approval by a State of Missouri duly appointed "sealer of weights and measures" in cities or counties of seventy-five thousand populations or more will be acceptable.
   (c) Certification of calibration from a commercial scale service company showing that the flow meter meets the requirements of these specifications. The Supplier shall furnish the certification of calibration to the Franklin County Highway Department's representative.

3. A lot shall consist of that quantity of material ordered for delivery to one location at one time. It shall be sampled and tested prior to intermixing with material on hand.

ATTACHMENT 2

SPECIAL PROVISIONS - CONTINUED

Acceptance of the material will be based on satisfactory compliance with this specification as determined by samples and inspection deemed necessary by the representative at the delivery site.

If samples fail to meet the material requirements on the basis of an initial sample, two additional samples shall be taken from the lot and tested. Both of the additional samples must meet the requirements, or the lot will be rejected. Rejected product will be returned at the Contractor's expense.

The department will not accept loads which exceed the legal limits. Overweight loads that are emptied before rejection will have the tonnage in excess of the legal weight deducted from the invoice.

In addition to other requirements, Calcium Chloride material shall be specifically delivered to a location designated by receiving personnel, and any contamination with existing lower concentration calcium chloride as a result of delivery will be cause for rejection or payment at the lower calcium chloride concentration, at the department's option.