



FRANKLIN COUNTY
PURCHASING DEPARTMENT
REQUEST FOR PROPOSALS (RFP) COVER PAGE

RFP NO: 201824

TITLE: Cellular Building Structure **ADDENDUM**

Schedule & Deadlines:

October 24, 2018	Release Date
October 24, 31, November 7, 2018	Advertising Period
November 8, 2018 10:00 AM	Site Visit
November 9, 2018, 8:00 AM	Deadline for Submitting Questions
November 13, 2018 4:00 PM	Deadline to post Addendum
November 16, 2018 at 10:00 AM	Deadline to Submit Proposal

RFP responses must be received no later than "Deadline to Submit Proposal"

November 16, 2018 at 10:00 AM

Kathy Hardeman, Purchasing Agent

Phone: 636-584-6274

Ann Struttmann, Assistant Purchasing Agent

Email: purchasing@franklinmo.net

Vendors are encouraged to register their business with Franklin County and may do so by selecting the "Vendor Registry" link on the County Web Site home page www.franklinmo.org.

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.

BID 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 <https://www.franklinmo.org>

_____ Division of Labor Standards Annual Wage Order No. 25 Franklin County, Attachment

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

USE THESE FORMS ONLY

_____ Solicitation Cover page

_____ I have one original and four copies that are labeled accordingly

_____ Pricing Form (page 6)

_____ Contractual Terms and Conditions Acknowledgement (page 7)

_____ Affidavit for Work Authorization is completed and Notarized (page 8 & 9)

If you have already submitted E-Verify information through Vendor Registry, you do not have to resubmit with response. Just reference Vendor Registry.

_____ Current, signed W-9 is included in solicitation packet (page 10)

If you have already submitted W-9 information through Vendor Registry, you do not have to resubmit with response. Just reference Vendor Registry.

_____ Completed Affidavit of Paid Property Taxes and Notarized (page 11)

_____ Completed Vendor Information Form (page 12)

_____ Envelope is sealed and label attached (page 13)

_____ Prevailing Wage Project Notification-Contractor Information Attachment

_____ Affidavit of Compliance with Prevailing Wage Law, due upon project completion

RFP 2018-24 Cellular Building Structure

GENERAL INFORMATION:

Franklin County, Missouri desires to acquire one (1) pre-owned (good condition) Cellular Building Structure for use in its public safety radio system to replace an existing shelter located at 1 Bruns Lane, Union, Missouri 63084. The County's preference is that the awarded Contractor will provide a shelter that has been formerly used for this application, typically from within the wireless industry, and which will already be furnished and outfitted with equipment and hardware required by and useful to the County.

DEFINITIONS:

Good condition-Shelter has been maintained in previous service with regular preventative maintenance performed. Exterior walls and concrete roof are not in need of repair. Flooring is in good order with no missing tiles.

Fair condition-Shelter is in need of cosmetic work, such as roof patching and painting. Concrete roof may need repair, but structural integrity is intact. Roof does not leak. Metals on shelter could have some rust in need of mitigation. Exterior walls may need repair. Floor tiles may be missing.

SCHEDULE:

The anticipated schedule for the cellular building structure is immediately upon award of this RFP. Procurement of a building is paramount followed immediately by engineering of the foundation system, permitting of structure, and installation of foundations. All work needs to be complete prior to March 2019, the start date of building and remodel of the current Adult Detention Facility.

SCOPE OF WORK:

- Furnish pre-owned cellular building structure
- Provide all transport and hoisting for setting structure
- Furnish and install all foundations for structure including excavation, reinforcing steel, and concrete. Include winter weather protection as needed.
- Contractor to mount structure to foundation.
- Furnish all required permits, i.e.: City of Union, Missouri
- Provide structural drawings sealed by a licensed engineer in the State of Missouri
- Coordinate and install all foundation/conduit sleeves for new electrical paths and future electrical paths
- Furnish and install complete grounding systems for structure. Grounding to be connected by others to existing tower ground field grounding must meet Motorola R56-2016 specifications.
- Demo/remove/haul-off existing tower structure (REMOVED FROM SOLICITATION)
- Coordination of all turn-over from existing structure to new structure (REMOVED FROM SOLICITATION)
- Furnish and install all power and low voltage and misc. electrical connections between the new structure, the existing tower, and the existing Jail electric room in order to provide a fully functioning system. Breaker panel in existing building to be provided by others (use existing). (REMOVED FROM SOLICITATION)
- Provide all testing and commissioning (REMOVED FROM SOLICITATION)

Potential contractors may attend a site visit scheduled for November 8, 2018 at 10:00 AM at site location #1 Bruns Ln. Union Missouri, to review transport path, accessibility, etc. Awarded contractor will develop a site logistics plan to install structure and coordinate/review said logistics plan with the Owner's Construction Manager.

Shelter Requirements:

- Desired nominal size is 12' in width (short walls) and 20' in length (long walls).
- Nominal 8' to 9' interior height is desired
- Contractor may offer alternate with similar sized shelters that may be suitable for the County.
- The connection for the cable entry panels is preferred to be on the short end of the structure (or provision for panels to be relocated or installed) should be to a 'high mount' position.
- The location of the HVAC units are preferred to be the opposite short end of the structure.
- Shelter should be of cement-based rigid panel or cast assembly style. Metal or wood frame construction shelters are unacceptable. The shelter should have the following provisions:
 - Full height nominal 3'-0" wide metal entry door that can be tightly secured, with locking mechanism and key provided.
 - Factory provided and reinforced openings for air conditioners, cable entry panels, electrical service entry, generator service entry
 - Factory provided tie-down attachment/anchor points
 - Contractor to furnish shelter lifting eyes for lifting off truck onto foundation.
 - Contractor to furnish tie-down attachment plates/brackets for connection between shelter anchor points and foundation.
 - Two wall-mount Air Conditioner units, typ. Bard/Marv Air 3-5 Ton each, tested and determined to be operational before shipment
 - Nominal 120/240 VAC single phase 200 amp electrical service panel
 - Typical complement of interior overhead lighting and outlet receptacles
 - Typical complement of overhead raceway components and hardware
 - Typical complement of electrical circuit wiring and HVAC control wiring

Additional Services

Expectation of the County is that all components integral to the structure are fully functioning and operational upon arrival to the site. Contractor to provide an unconditional guarantee against defect of all workmanship, **all equipment**, and material for a period of one year from date of acceptance by the County.

County also may choose to have this Contractor provide a generator with transfer switch to permanently supply power to this structure and equipment. (REMOVED from solicitation)

It is anticipated that start-up testing will occur at some point after the completion of this scope. This contractor must be present at that start-up time to be scheduled by the County.

SPECIFIC REQUIREMENTS:

1. A Company profile which should indicate the number of years in business, number of employees, certifications and licenses held, resumes of key personnel, and experience performing installation of cellular tower structures (including contact information).

2. Contractor shall include:
 - A. Copy of their current Certificate of Insurance (COI) indicating at least \$3,000,000 professional liability aggregate \$1,000,000 per occurrence.
 - B. Employers Liability and Workers Compensation \$500,00
 - C. Commercial General Liability \$3,000,000 aggregate, \$1,000,000 per occurrence
 - D. Business Auto Liability \$3,000,000 aggregate, \$1,000,000 per occurrence
3. List of Contractor's proposed subcontractors, i.e.: crane service, hauling contractor, electrician, etc.
4. Contractor to provide approximate time line from awarding of contract to completion of project.
5. Prevailing Wage Requirements may be required for this project.

PREVAILING WAGE PROJECT REQUIREMENTS

1. Not less than the prevailing hourly rate of wages, as set out in the wage order attached to and made part of the specification for work under the contract, shall be paid to all workers performing work under the contract. (Section 290.250, RSMo)
2. The contractor will forfeit a penalty to the contracting public body of \$100 per day (or portion of a day) for each worker that is paid less than the prevailing rate for any work done under the contract by the contractor or by any subcontractor. (Section 290.250, RSMo)
3. The contractor and all subcontractor to the contract must require all on-site employees to complete the ten-hour construction safety training program required under Section 292.675, RSMo, unless they have previously completed the program and have documentation of having done so.
4. The contractor will forfeit a penalty to the contracting public body of \$2500 plus an additional \$100 for each employee employed by the contractor or subcontractor, for each calendar day, or portion thereof, such employee is employed without the required training. (Section 292.675 RSMo)

The contents of this section include mandatory requirements that will be required of the successful bidder and subsequent contractor. The offeror is requested to provide responses to the requirements/desired attributes in this section pursuant to the directions identified herein. The offeror'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 offeror must provide all costs necessary to meet the mandatory requirements and the fulfillment of any desirable attributes in the appropriate section titled Pricing.

RFP 2018-24 Cellular Building Structure

PRICING

Concrete Foundation (to include all costs)

12' X 20' Pad Construction Price \$ _____

Alt Pad Size/Price _____ \$ _____

Building

12' X 20' Shelter Good Condition \$ _____

Alt Shelter size and/or Condition _____ \$ _____

Demolition and removal of current tower (REMOVED)

Permit cost \$ _____

Structural Drawing (if available) \$ _____

Transportation and Set up \$ _____

Total \$ _____

Unit price per cubic yard of rock removal if encountered \$ _____

Optional Generator w/ transfer switch sized appropriate to building (REMOVED)

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:

<https://www.franklinmo.org>

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/Sub grant/Contract/Subcontract) for the duration of the grant, sub grant, 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/Sub grant/Contract/Subcontract) for the duration of the grant, sub grant, 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, sub grantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, sub grantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, sub grantee'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) ▶ _____ <small>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.</small> <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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 <i>How to get a TIN</i> 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.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Social security number</td> </tr> <tr> <td style="text-align: center;">[] [] [] - [] [] - [] [] [] []</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">or</td> </tr> <tr> <td colspan="2" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="text-align: center;">[] [] [] [] - [] [] [] [] [] [] [] []</td> <td></td> </tr> </table>	Social security number		[] [] [] - [] [] - [] [] [] []		or		Employer identification number		[] [] [] [] - [] [] [] [] [] [] [] []	
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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 ▶
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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 _____.
Day Month, Year

I am commissioned as a notary public within the County of _____, State of _____, and my commission expires on _____

Signature of Notary

Date

VENDOR "POC" Point of Contact

Following award of contract

Company Name _____

Mailing Address _____

Phone number _____

Contact Name _____

Contact Name Title _____

Email Address _____

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 # 201824 DATE: 11/8/2018

DESCRIPTION: Cellular Building Structure

Vendor Name: _____

Vendor Address: _____