



COMMISSION ORDER

STATE OF MISSOURI }
County of Franklin } ss.

Tuesday, May 24, 2022
Bid Award

IN THE MATTER OF AWARDING THE BID FOR ONE FOUR DOOR VEHICLE TO MODERN AUTO CO.

WHEREAS, a Public Notice to Bidders asking for sealed bids for a four door vehicle was published in the Washington Missourian April 29, 2022 edition for receipt by May 18, 2022; and

WHEREAS, one (1) bid was received from Modern Auto Co. for the total amount not to exceed \$31,500.00; and

WHEREAS, after due deliberation and consideration, it is the recommendation of the Franklin County Purchasing Department that the contract for one four door vehicle be awarded to Modern Auto Co.; and

WHEREAS, the Franklin County Commission hereby finds and determines it is in the best interest of Franklin County to award the bid for one four door vehicle to Modern Auto Co.

IT IS THEREFORE ORDERED by the Franklin County Commission that the contract for one four door vehicle is hereby awarded to Modern Auto Co. and that Tony Buel, Franklin County Health Department Director, is authorized to execute any and all documents as may be necessary or desirable to carry out and comply with the intent of this Order for and on behalf of the County of Franklin, Missouri.

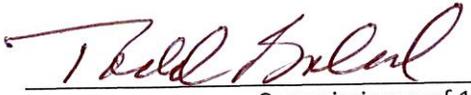
IT IS FURTHER ORDERED that a copy of this Order be provided to Modern Auto Co.; Tony Buel, Health Department Director; Shakara Bray, Purchasing Director; Lynne Maloney, Accounts Payable; and to Angela Gibson, Auditor.

I hereby certify that there is a balance otherwise unencumbered to the credit of the appropriation to which this order is chargeable and a cash balance otherwise unencumbered in the treasury to the credit of the fund which payment is to be made, each sufficient to meet this obligation.

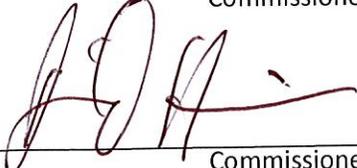


Presiding Commissioner

Auditor Angela Gibson 5/27/22
Act No. 665-065-685.100



Commissioner of 1st District



Commissioner of 2nd District

FRANKLIN COUNTY

PURCHASING DEPARTMENT

400 EAST LOCUST STREET, RM 004
UNION, MO 63084
636-584-6274



May 19, 2022

Tim Brinker, Presiding Commissioner
Todd Boland, 1st District Commissioner
Dave Hinson, 2nd District Commissioner

RE: 202222 RFB 4 Door Vehicle Health Dept.

Dear Commissioners,

On May 18, 2022 the Purchasing Department received and opened one bid. The publication date of the solicitation was April 29, 2022. The response was from Modern Auto Co. Following review, the Purchasing Department hereby submits recommendation for awarding to Modern Auto Co as they are the lowest and most responsive.

Respectfully,

A handwritten signature in black ink that reads "Shakara Bray". The signature is written in a cursive style with a long, sweeping underline.

Shakara Bray,
Purchasing Agent, Franklin County Missouri



**FRANKLIN COUNTY
PURCHASING DEPARTMENT
REQUEST FOR BID (RFB) COVER PAGE**

RFB NO: 2022-22

TITLE: 2022-22 Four Door Vehicle

Solicitation Schedule & Deadlines:

April 29, 2022	Solicitation Release/Advertising Date
May 4, 2022 10:00AM	Deadline for Submitting Questions
May 6, 2022 4:30PM	Deadline to post Addendum
May 18, 2022 2:00PM	Deadline to Submit Response
May 18, 2022 2:30 PM	Opening Date I Time

Responses must be received no later than "Deadline to Submit Response"

May 18, 2022 2:00 PM

Shakara Bray, Purchasing Agent

Meagan Cowsert, Assistant Purchasing Agent

Phone: 636-584-6274 Email: purchasing@franklinmo.net

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

Company Name: Modern Auto Co.

SUBMISSION CHECKLIST

- I have reviewed the bid schedule and deadlines, located on the solicitation cover page
- I have read ALL Terms and Conditions and Bid documents closely
(Located at www.franklinmo.org)

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

USE THESE FORMS ONLY

- Solicitation Cover page
- Contractual Terms and Conditions Acknowledgement
- Pricing Form (all pages) completed and signed
- I have one original and two copies that are labeled accordingly
- I have included contact information
- COI (Certificate of Insurance)
- Envelope is sealed and label attached
- Affidavit for Work Authorization is completed and Notarized
- Current, signed W-9 is included in solicitation packet

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

PURPOSE

Franklin County, MO (Health Dept.) is seeking bids from qualified vendors to provide a four door vehicle for the Franklin County Health Dept. that meets or exceeds the specific requirements listed below.

SPECIFIC REQUIREMENTS

1. The vendor shall provide a four door vehicle with manufacturers' standard equipment.
2. All items of standard equipment which are normally provided with each vehicle by the manufacturer shall be furnished unless such items are specifically omitted by the request for bid specifications.
3. All options and/or accessories must be manufacturers' original equipment. No aftermarket options and/or accessories shall be acceptable.
4. All options must be factory installed.
5. The manufacturers' standard warranty shall apply to this vehicle.
6. All warranty service must be performed within a 70-mile radius from the Franklin County Health Dept. Physical location: 414 E Main St. Union, MO. 63084
7. Vehicle shall come with owner's manual.
8. Vehicle shall come with proper form to apply for Missouri title and license including the Manufacturer's Statement of Origin and invoice.
9. Vehicle shall be delivered and/or picked up within one week from award date of this bid.
10. Delivery and/or pick up specifications of the vehicle will be one of the following:
 - a) Vehicle delivered to the Franklin County Health Dept. at 414 E Main St. Union, MO. 63084
 - b) Vehicle picked up at awarded vendor's location no more than 70 miles from the Franklin County Health Dept. at 414 E Main St. Union, MO. 63084
11. In the event that the awarded vendor cannot deliver and/or accommodate pick up for the Franklin County Health Dept. within one week of the award date, The Franklin County Health Dept. reserves the right to find the same or similar vehicle from another source.
12. Payment will be a check from Franklin County, MO which will be processed and sent after vehicle is in hands of Franklin County Health Dept. and after invoice is received by Franklin County Health Dept. Invoice can be mailed or emailed to the following:

Franklin County Health Dept.
Attn: Tony Buel
414 E Main St. Union, MO. 63084

Tony.Buel@lpha.mo.gov

13. Invoice will have the awarded vendor's remittance address, Legal Business name, Franklin County's Purchase order number, and pricing broke down by specifications.

14. The awarded vendor shall be responsible for repairing any item or components received in damaged condition at no cost to Franklin County, MO.
15. All prices shall be firm, fixed as indicated in the pricing pages within this bid.
16. Color of vehicle shall not be red or black. Red vehicles are associated with the fire departments in the area. Black vehicles are costly to repair. (Black absorbs all visible parts of the light spectrum, turning that light energy into heat, the more energy it absorbs, the more heat it omits. And the extra amount of heat causing interior plastic to buckle or crack, because they are not good conductors of heat.) White color is preferable.
17. A bigger trunk capacity is necessary. The Health Dept. travels with equipment and will need room in the vehicle to haul it.
18. Vehicle can be brand new and/or up to 3 years old. Any vehicle older than 3 years will not be accepted.

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.

CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published on the Franklin County Official Website located at:

<http://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

5/18/2022

Date

Brian Feltmann - Modern Auto Co. - Owner

Vendor/Contractor Name and Title

Vehicle Check-List

LIGHTS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Low Beam | <input checked="" type="checkbox"/> Left Turn Signal |
| <input checked="" type="checkbox"/> High Beam | <input checked="" type="checkbox"/> Right Turn Signal |
| <input checked="" type="checkbox"/> Brake Lights | <input checked="" type="checkbox"/> Tail Lights |
| <input checked="" type="checkbox"/> Back Up Lights | <input checked="" type="checkbox"/> Emergency Flashers |

INTERIOR:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Wiper Operation | <input checked="" type="checkbox"/> Door Locks Operable |
| <input checked="" type="checkbox"/> Washer Operation | <input checked="" type="checkbox"/> Window Condition/Operable |
| <input checked="" type="checkbox"/> Heater/Defroster | <input checked="" type="checkbox"/> Horn |
| <input checked="" type="checkbox"/> Seats | <input checked="" type="checkbox"/> Seat Belts |
| <input checked="" type="checkbox"/> Rear View Mirror | <input checked="" type="checkbox"/> Brakes |
| <input checked="" type="checkbox"/> Parking Brake | |

GAUGES:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Fuel | <input checked="" type="checkbox"/> Volt/Amps |
| <input checked="" type="checkbox"/> Oil Pressure | <input checked="" type="checkbox"/> Temperature |

EXTERIOR:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Tire Tread (1/16") | <input checked="" type="checkbox"/> Body Damage/Loose Parts |
| <input checked="" type="checkbox"/> Tire Air Pressure | <input checked="" type="checkbox"/> Mirrors |
| <input checked="" type="checkbox"/> Windshield Condition | <input checked="" type="checkbox"/> Wiper Blades |

FLUID LEVELS:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Oil | <input checked="" type="checkbox"/> Belts not frayed/cracked/loose |
| <input checked="" type="checkbox"/> Coolant | <input checked="" type="checkbox"/> Battery Connection clean/tight |
| <input checked="" type="checkbox"/> Brake | <input checked="" type="checkbox"/> Hoses (no cracks or leaks) |
| <input checked="" type="checkbox"/> Power Steering | <input checked="" type="checkbox"/> Steering |
| <input checked="" type="checkbox"/> No Leaks | <input checked="" type="checkbox"/> Shock Absorbers/Struts |

Vehicle must have a large capacity trunk & 4 doors. 4 Door Vehicle can be brand new or no older than 3 years.

As the owner/operator of the above-listed vehicle, I certify that I have completed this Vehicle Safety Inspection Checklist and that all items checked are in good working order, and/or that I will make any needed repairs within 30 days.


Signature

5/18/2022
Date

PRICING FORM

2022-22 Four Door Vehicle

REQUIRED PRICING

The bidder shall complete the following pricing form and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation. Vendor must complete the Vehicle Check-List on the previous page.

VIN: 3G1KALMEVXL320706

Make, Model & Year: 2021 GMC Terrain - GM Certified
pre-owned

Firm, Fixed Base Price Equipped as Specified within the "Check List" Per Vehicle

\$ 31,500

Company Name Modern Auto Co.

Authorized Signature B. S. Feltmann

Printed name and title Brian Feltmann - OWNER

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.



MODEAUT-01

KROGERS

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/12/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Charles L. Crane Agency Co.
100 N Broadway, Ste 900
Saint Louis, MO 63102

CONTACT NAME:
PHONE (A/C, No, Ext): (314) 241-8700 **FAX (A/C, No):** (314) 444-4970

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE
INSURER A: Owners Insurance Company **NAIC #** 32700

INSURED
MODERN AUTO COMPANY
6224 Highway 100
Washington, MO 63090

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Garage Liability GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			5169583100	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPI/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5169583100	4/1/2022	4/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			5169583101	4/1/2022	4/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Reference Copy	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Joel Karsten</i> Joel Karsten

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 Brian Feltmann (Name of Business Entity Authorized Representative)
as owner (Position/Title)

first being duly sworn on my oath, affirm Modern Auto Co. (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 Franklin County (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 Modern Auto Co. (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 Franklin County (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.)

[Signature]
Authorized Representative's Signature

Brian Feltmann
Printed Name

owner
Title

5/18/2022
Date

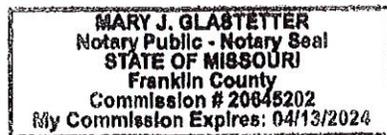
Subscribed and sworn to before me this 18th of May 2022. I am
Day Month, Year

commissioned as a notary public within the County of Franklin, State of Missouri
and my commission expires on Date 4/13/2024

Mary J. Glabstetter
Signature of Notary

5/18/2022
Date

AFFIDAVIT OF WORK AUTHORIZATION



(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that Modern Auto Co. (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.

Brian Feltmann

Authorized Business Entity
Representative's Name
(Please Print)

B. Feltmann

Authorized Business Entity
Representative's Signature

Modern Auto Co.

Business Entity Name

5/18/2012

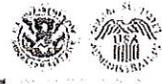
Date

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:

- o 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

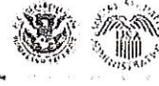
- o Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's, or subcontractor's 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).



Company ID Number: 1835557

Approved by:

Employer Modern Auto Company Inc		
Name (Please Type or Print) Sara Phillips	Title	
Signature Electronically Signed	Date 05/18/2022	
Department of Homeland Security – Verification Division		
Name (Please Type or Print) USCIS Verification Division	Title	
Signature Electronically Signed	Date 05/18/2022	



Company ID Number: 1835557

Information Required for the E-Verify Program

Information relating to your Company:

Company Name	Modern Auto Company Inc
Company Facility Address	6224 Highway 100 Washington, MO 63090
Company Alternate Address	
County or Parish	FRANKLIN
Employer Identification Number	430666255
North American Industry Classification Systems Code	423
Parent Company	
Number of Employees	20 to 99
Number of Sites Verified for	1 site(s)



Company ID Number: 1835557

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MO

1



Company ID Number: 1835557

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name Brian Feltmann
Phone Number 63623967771149
Fax
Email brianfeltmann@modernautoco.com

Name Matthew Feltmann
Phone Number 63623967771138
Fax
Email matthewf@modernautoco.com

Name Sara Phillips
Phone Number 63623967771141
Fax
Email sara@modernautoco.com

VENDOR INFORMATION

Company Name Modern Auto Co

Mailing Address 6224 Hwy 100

Washington, MO 63090

Phone number 636-239-6777

Contact Name Brian Feltmann

Contact Name Title Owner

Email Address brian@ModernAutoCo.com

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Modern Auto Co Inc	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions. 6224 Highway 100	Requester's name and address (optional)
6 City, state, and ZIP code Washington, MO 63090	
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	3	-	0	6	6	6	2	5	5

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶	5/18/2022
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

2022-22 Four Door Vehicle Tab Sheet

Bidder:	Price Each:
Modern Auto Co. 6224 HWY 100 Washington MO. 63090	\$31,500.00

COMMISSION ORDER PRECERTIFICATION FORM

Please return this completed form to the Purchasing Department to make a request for solicitation, contract, or contract renewal for the expenditure of funds.

Date: 5/19/22

Official/Appointed Requestor: Meagan Cowser

Name of item/service requesting: Awarding 2022-22 4 Door Vehicle to Modern Auto Co. for Health Dept.
(Proposed specifications/contract documents/quotes should be attached to form)

Budget Information: List the account(s) and estimated amount(s) used to make the purchase.

Account	Estimated Amount
<u>665-065-685.100</u>	<u>\$ 31,500.00</u>
_____	_____
_____	_____

Auditor approval of funds: Angela Gibson Date: 5/19/2022

Purchasing Director approval: Shakaa Bay Date: 5/19/2022

Circle One: Solicitation New Contract Renew Existing Signature

Attached solicitation information and no: 2022-22

Previous Commission Order number if applicable: _____

Cooperative Agreement Number/Information: _____

Notes: _____

Date of Agenda for Commission approval: _____

(Attached is all corresponding information; signed contract, awarding vendor, required documents.)