



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

RFB NO: 202029

TITLE: Sheriff's Department Air Purification

Schedule & Deadlines:

| | |
|-----------------------------|-----------------------------------|
| September 16, 2020 | Solicitation Release |
| September 16, 2020 | Advertising Date |
| September 22, 2020 10:00 AM | Site Visit |
| September 23, 2020, 2:00 PM | Deadline for Submitting Questions |
| September 25, 2020 4:30 PM | Deadline to post Addendum |
| October 2, 2020 at 2:00 PM | Deadline to Submit Response |
| October 2, 2020 at 2:30 PM | Opening Date / Time |

RFB responses must be received no later than "Deadline to Submit Response"

October 2, 2020 at 2:00 PM

Ann Struttmann, Purchasing Agent

Shakara Bray, 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: _____

BID SUBMISSION CHECKLIST

_____ I have reviewed the solicitation schedule and deadlines, located on the solicitation cover page

_____ I have read ALL Terms and Conditions and Proposal documents closely

(Located at <https://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 completed and signed

_____ Affidavit for Work Authorization is completed and Notarized

(Additional required verification is included)

_____ Certificate of Insurance

_____ Current, signed W-9 is included in solicitation packet

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

_____ I have included contact information

_____ Envelope is sealed and label attached

_____ Affidavit of Compliance with Anti-Israel Discrimination Act

BACKGROUND INFORMATION

Due to the recent SARS-CoV-2 (COVID-19) global pandemic and the risks that it poses to those confined within close quarters, Franklin County, Missouri is requesting bids for the installation of air purification systems at the new Jail addition, 911 Dispatch addition, and the existing Sheriff's Department located at 1 Bruns Drive, Union, MO, 63084.

Architectural, Electrical, and Mechanical drawings for the facility have been included for your use.

Site Visit is not mandatory, however, strongly recommended.

SPECIFIC REQUIREMENTS

General

County is seeking bids to install air purification systems on all recently installed and existing Air Handling Units and Roof Top Units supply air ducts. This includes seven (8) existing roof top units, seven (7) new roof top units and two (2) new air handling units. At the time of this air purification installation all "existing" and "new" AHUs and RTUs will be installed and operational.

8 existing roof top units:

AAON RTU #1 thru RTU #8

Model # RN-025-3-0-AA02-14A (4) units

Model # RN-025-3-0-AA02-16A (1) unit

Model # RN-025-3-0-AA02-18A (1) unit

Model # RN-025-3-0-AA02-19A (1) unit

Model # RN-025-3-0-AA02-000A (1) unit

The Goal of the Requests for Bids (RFB) is to obtain a cost-effective system to effectively reduce/eliminate the potential for SARAS-COV-2 (COVID-19) and a wide range of airborne and surface contaminants within the Jail/Dispatch Center/ Sheriff's Department, including infections agents such as bacteria, fungi, and other viruses, as well as the reduction in allergens and other particulates. Bidder shall submit all product information and testing information relative to its effectiveness in reducing such airborne contaminants, specifically around SARS-CoV-2 (COVID-19) and other viruses.

Basis of Design is:

- Global Plasma Solutions – Auto-Cleaning Needlepoint Bipolar Ionization Air Purification with NPBI Technology
- Nu-Calgon iWave-C
- PlasmaAir 7000

Other Approved Manufacturers:

- ComAir Commercial Indoor Air Purification System
- As equal

Installation should meet the following parameters:

- Odor Reduction
- Pathogen Reduction; reduce airborne microbes
- Whole building air treatment

-Provide as many units per HVAC unit as needed to treat the amount of air being supplied to the spaces.

-Subject to air quality sampling; before installation of the air purification system, after installation of the air purification system, and continuing at the County's discretion with a 3rd party vendor selected by Franklin County.

Schedule

The anticipated schedule for the scope of work is immediately upon award of this RFB. Anticipated Notice to proceed is October 6, 2020. All scope of work to be completed before December 15, 2020.

Perform the following scope:

- Supply all materials, equipment, and labor necessary to install air purifications within the ductwork at the facility. Includes all necessary electrical connections, pre-construction field inspection, submittals, shop drawings, testing, and permitting for a turnkey installation of the system.
- An all-inclusive not-to exceed bid amount with itemized cost estimates for each aspect of the project, both for provide/install, and provide with project management assistance for installation.
- Coordinate with the County and or their consultants regarding construction limitations.
- Includes design of air purification systems as needed.
- Contractor is responsible for all electric connections to feed air purification systems and conduit/wiring to nearest available electric panel. Electrical plans included for reference.
- Contractor to break pricing out by 3 areas on bid form:
 - New Jail Addition
 - New 911 Dispatch Addition
 - Existing Sheriff's Department
- Contractor to include for each area a separate price for both a 1-year maintenance agreement and a 3-year maintenance agreement options. Maintenance agreement to include replacement bulbs, troubleshooting, and labor to repair/correct maintenance and operation issues.
- Contractor to coordinate installation with Sheriff Department staff and EMA/911 staff. Focus should be given to installation of system in the New Jail addition first, then new 911 addition, then existing Sheriff's Department units.
- Contractor to include a 3-year warranty on all equipment and labor.
- Contractor to obtain all licensing and permits required to complete the job.
- Provide all commissioning

This contractor is highly encouraged to visit the site to review transport path, accessibility, etc. Awarded contractor will develop a site logistics plan to install systems and coordinate/review said logistics plan with the Owner.

Other Requirements:

- 3 References-COVID-19 related
- Documentation of COVID-19 reduction
- Recent Detention Experience

Annual Wage Disclosure

If total cost of the contract is expected to exceed \$75,000, the project will be subject to Missouri Prevailing Wage Laws. At the time of this bid, the Annual Wage Order in effect for Franklin County, Missouri is AWO#27. It is attached for reference. As such, Certified Payroll Report will apply if Prevailing Wage is triggered.

Missouri

Division of Labor Standards

WAGE AND HOUR SECTION



MICHAEL L. PARSON, Governor

Annual Wage Order No. 27

Section 036
FRANKLIN COUNTY

In accordance with Section 290.262 RSMo 2000, within thirty (30) days after a certified copy of this Annual Wage Order has been filed with the Secretary of State as indicated below, any person who may be affected by this Annual Wage Order may object by filing an objection in triplicate with the Labor and Industrial Relations Commission, P.O. Box 599, Jefferson City, MO 65102-0599. Such objections must set forth in writing the specific grounds of objection. Each objection shall certify that a copy has been furnished to the Division of Labor Standards, P.O. Box 449, Jefferson City, MO 65102-0449 pursuant to 8 CSR 20-5.010(1). A certified copy of the Annual Wage Order has been filed with the Secretary of State of Missouri.

Original Signed by

Taylor Burks, Director
Division of Labor Standards

Filed With Secretary of State: _____ **March 10, 2020**

Last Date Objections May Be Filed: **April 9, 2020**

Prepared by Missouri Department of Labor and Industrial Relations

| OCCUPATIONAL TITLE | **Prevailing Hourly Rate |
|------------------------------|--------------------------|
| Asbestos Worker | \$34.67 |
| Boilermaker | \$69.25 |
| Bricklayer | \$57.93 |
| Carpenter | \$57.11 |
| Lather | |
| Linoleum Layer | |
| Millwright | |
| Pile Driver | |
| Cement Mason | \$53.39 |
| Plasterer | |
| Communications Technician | *\$24.61 |
| Electrician (Inside Wireman) | \$65.71 |
| Electrician Outside Lineman | *\$24.61 |
| Lineman Operator | |
| Lineman - Tree Trimmer | |
| Groundman | |
| Groundman - Tree Trimmer | |
| Elevator Constructor | *\$24.61 |
| Glazier | \$61.92 |
| Ironworker | \$62.11 |
| Laborer | \$46.60 |
| General Laborer | |
| First Semi-Skilled | |
| Second Semi-Skilled | |
| Mason | *\$24.61 |
| Marble Mason | |
| Marble Finisher | |
| Terrazzo Worker | |
| Terrazzo Finisher | |
| Tile Setter | |
| Tile Finisher | |
| Operating Engineer | \$62.93 |
| Group I | |
| Group II | |
| Group III | |
| Group III-A | |
| Group IV | |
| Group V | |
| Painter | \$48.71 |
| Plumber | \$69.32 |
| Pipe Fitter | |
| Roofer | \$51.99 |
| Sheet Metal Worker | \$67.64 |
| Sprinkler Fitter | \$61.55 |
| Truck Driver | *\$24.61 |
| Truck Control Service Driver | |
| Group I | |
| Group II | |
| Group III | |
| Group IV | |

*The Division of Labor Standards received less than 1,000 reportable hours for this occupational title. Public works contracting minimum wage is established for this occupational title using data provided by Missouri Economic Research and Information Center.

**The Prevailing Hourly Rate includes any applicable fringe benefit amounts for each occupational title.

| OCCUPATIONAL TITLE | **Prevailing Hourly Rate |
|-------------------------------|--------------------------|
| Carpenter | \$55.33 |
| Millwright | |
| Pile Driver | |
| Electrician (Outside Lineman) | *\$24.61 |
| Lineman Operator | |
| Lineman - Tree Trimmer | |
| Groundman | |
| Groundman - Tree Trimmer | |
| Laborer | \$46.67 |
| General Laborer | |
| Skilled Laborer | |
| Operating Engineer | \$63.02 |
| Group I | |
| Group II | |
| Group III | |
| Group IV | |
| Truck Driver | \$41.47 |
| Truck Control Service Driver | |
| Group I | |
| Group II | |
| Group III | |
| Group IV | |

Use Heavy Construction Rates on Highway and Heavy construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(3).

Use Building Construction Rates on Building construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(2).

If a worker is performing work on a heavy construction project within an occupational title that is not listed on the Heavy Construction Rate Sheet, use the rate for that occupational title as shown on the Building Construction Rate Sheet.

*The Division of Labor Standards received less than 1,000 reportable hours for this occupational title. Public works contracting minimum wage is established for this occupational title using data provided by Missouri Economic Research and Information Center.

**The Prevailing Hourly Rate includes any applicable fringe benefit amounts for each occupational title.

OVERTIME and HOLIDAYS

OVERTIME

For all work performed on a Sunday or a holiday, not less than twice (2x) the prevailing hourly rate of wages for work of a similar character in the locality in which the work is performed or the public works contracting minimum wage, whichever is applicable, shall be paid to all workers employed by or on behalf of any public body engaged in the construction of public works, exclusive of maintenance work.

For all overtime work performed, not less than one and one-half (1½) the prevailing hourly rate of wages for work of a similar character in the locality in which the work is performed or the public works contracting minimum wage, whichever is applicable, shall be paid to all workers employed by or on behalf of any public body engaged in the construction of public works, exclusive of maintenance work or contractual obligation. For purposes of this subdivision, "**overtime work**" shall include work that exceeds ten hours in one day and work in excess of forty hours in one calendar week; and

A thirty-minute lunch period on each calendar day shall be allowed for each worker on a public works project, provided that such time shall not be considered as time worked.

HOLIDAYS

January First;
The last Monday in May;
July Fourth;
The first Monday in September;
November Eleventh;
The fourth Thursday in November; and
December Twenty-Fifth;

If any holiday falls on a Sunday, the following Monday shall be considered a holiday.

OTHER REQUIREMENTS

Insurance Requirements

1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:

A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the Sate and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.

B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.

1. Premises – Operations
2. Products and Completed Operations
3. Broad Form Property Damage
4. Contractual
5. Personal Injury

C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:

1. Owned Automobiles
2. Hired Automobiles
3. Non-Owned Automobiles

D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."

E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".

2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

OTHER REQUIREMENTS - CONTINUED

Anti-Discrimination Against Israel Act Requirement

A public entity shall not enter into a contract with a company to acquire to dispose of services, supplies, information technology, or construction unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel. This section shall not apply to contracts with a total potential value of less than one hundred thousand dollars or to contractors with fewer than ten employees.

Affidavit of Compliance with Section 34.600 RSMo for Contracts over \$100,000 or for
Contractors with Ten (10) or more employees

I, _____ [Contractor Agent], being duly sworn, attest and
state, under penalty of perjury, as follows:

1. I am employed by _____ [Contractor] and serve as the
_____ [Position with Contractor].
2. I hereby affirm that _____ [Contractor]:
 - a) is not currently engaged in and shall not, for the duration of the contract, engage
in a boycott of goods or services from the State of Israel; or
 - b) is not currently engaged in and shall not, for the duration of the contract, engage
in a boycott of goods or services from companies doing business in or with Israel
or authorized by, licensed by, or organized under the laws of the State of Israel; or
 - c) is not currently engaged in and shall not, for the duration of the contract, engage
in a boycott of goods or services from persons or entities doing business in the
State of Israel.

Further Affiant Sayeth Not.

[Contractor Agent]

STATE OF MISSOURI)
) ss.
_____ COUNTY)

Subscribed and sworn to me, a notary public, this ____ day of _____, 202_.

Notary Public

My commission expires: _____

RFB PRICING FORM

202029 Air Purification System

REQUIRED PRICING BID BREAKDOWN

The contractor shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the RFB.

1. New Jail Addition

- a. Total Price (Labor, Materials, Equipment, etc.) \$ _____
- b. 1 Year Maintenance Agreement _____
- c. 3 Year Maintenance Agreement \$ _____

2. New 911 Dispatch Addition

- a. Total Price (Labor, Materials, Equipment, etc.) \$ _____
- b. 1 Year Maintenance Agreement _____
- c. 3 Year Maintenance Agreement \$ _____

3. Existing Sheriff's Department

- a. Total Price (Labor, Materials, Equipment, etc.) \$ _____
- b. 1 Year Maintenance Agreement _____
- c. 3 Year Maintenance Agreement \$ _____

4. Alternate: Existing Duct Cleaning

- a. Total Price \$ _____

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.

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

(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, contractors. 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"/> 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) ▶ _____ 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) ▶ _____ | 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.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Social security number | Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.

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 RFB LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFB PACKAGE

SEALED RFB RESPONSE ENCLOSED

DELIVER TO:

Purchasing Department
400 East Locust St, Rm 004
Union, MO 63084

RFP # 202029 DATE: 10/02/2020

DESCRIPTION: Sheriff's Department Air Purification

Vendor Name: _____

Vendor Address: _____

ATTACHMENT 2

Floor Plans

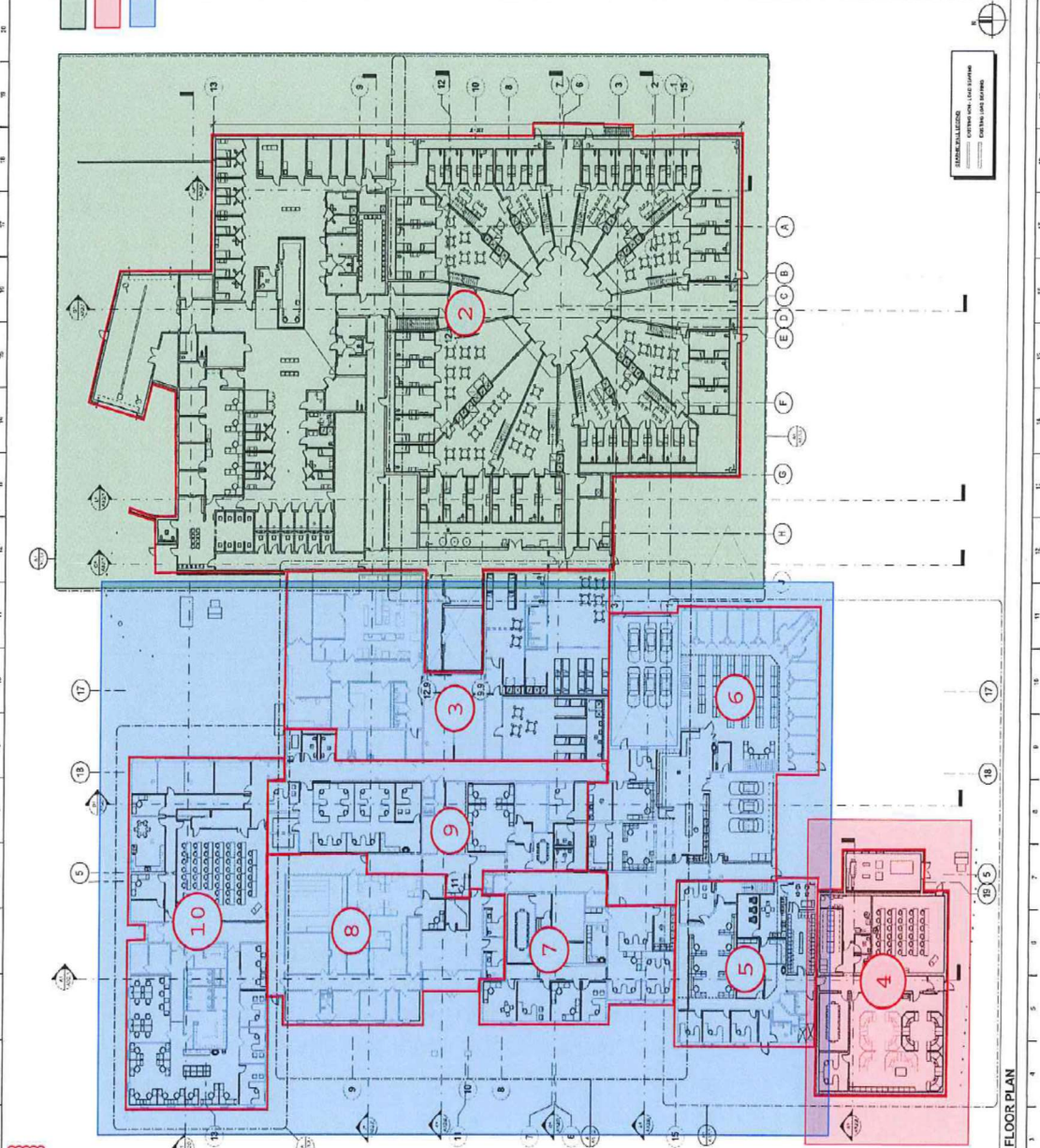
See attachment

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|
| FRANKLIN COUNTY PUBLIC SAFETY FACILITY FRANKLIN COUNTY PROJECT NO. 2018-0001 DATE: 08/14/2018 DRAWN BY: J. B. BROWN CHECKED BY: J. B. BROWN APPROVED BY: J. B. BROWN | | OVERALL FIRST FLOOR PLAN SHEET NO. 01 SCALE: 1/8" = 1'-0" PROJECT NO. 2018-0001 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|

INFORMATION ON THIS DOCUMENT IS PRELIMINARY OR INCOMPLETE, NOT FOR CONSTRUCTION, RECORDING OR IMPLEMENTATION.

KEY PLAN
 A1.1.0
 SHEET NO. 01

LEGEND
 Green: New Jail Addition
 Red: New 911 Dispatch Addition
 Blue: Existing Sheriff's Department

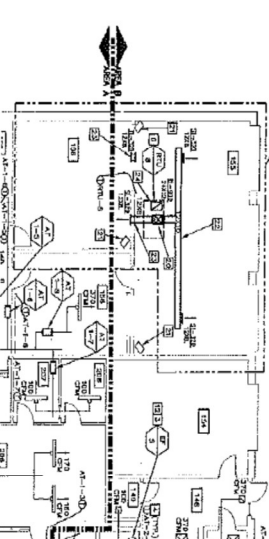


NOTATIONS
 L21

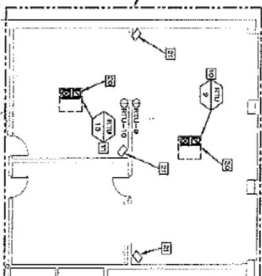
| SHEET NUMBER | DESCRIPTION |
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| | |

Area 1 = Site

- REVISIONS:**
1. REVISIONS TO THE CONTRACT DOCUMENTS SHALL BE MADE BY THE ARCHITECT AND SHALL BE INDICATED BY A CIRCLED NUMBER AND A LETTER. REVISIONS SHALL BE COMPLETED THROUGH THE REVISION SHEET.
 2. REVISIONS TO THE CONTRACT DOCUMENTS SHALL BE MADE BY THE ARCHITECT AND SHALL BE INDICATED BY A CIRCLED NUMBER AND A LETTER. REVISIONS SHALL BE COMPLETED THROUGH THE REVISION SHEET.
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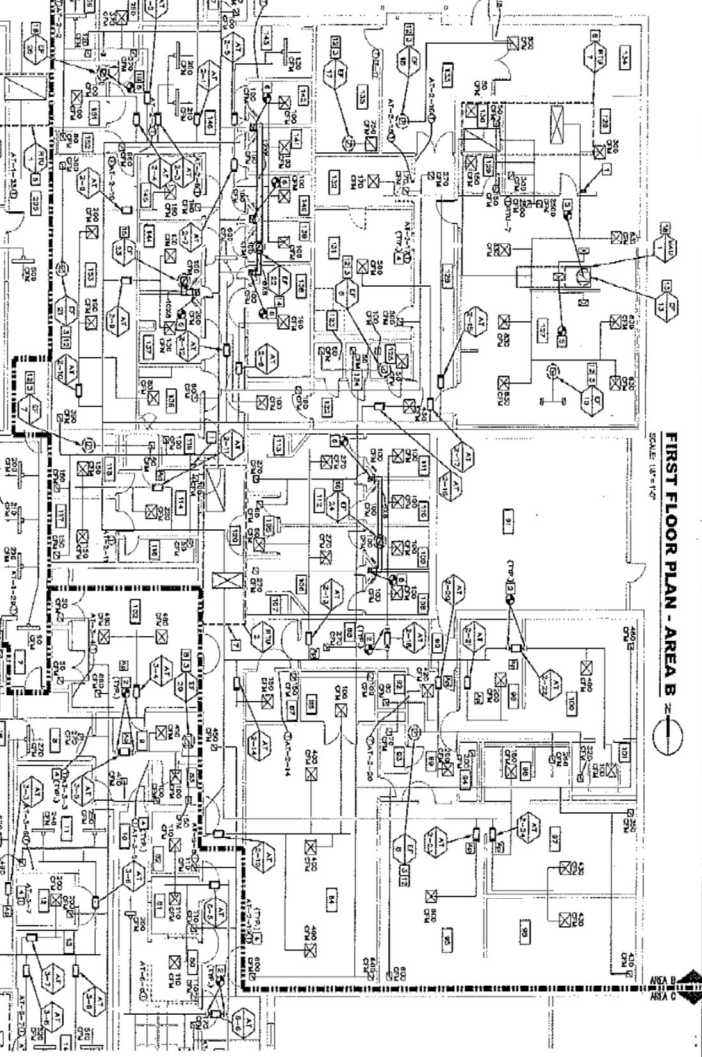


PARTIAL FIRST FLOOR PLAN ALTERNATE BID #2- AREA B
 SCALE: 1/8" = 1'-0"

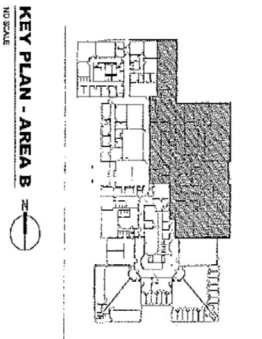


KEY PLAN - AREA B
 NO SCALE

| NO. | DESCRIPTION | QUANTITY | UNIT | PRICE | TOTAL |
|-----|----------------------------|----------|------|----------|----------|
| 1 | REPLACE ROOFTOP HVAC UNITS | 1 | EA | 10000.00 | 10000.00 |
| 2 | ... | ... | ... | ... | ... |
| 3 | ... | ... | ... | ... | ... |
| 4 | ... | ... | ... | ... | ... |
| 5 | ... | ... | ... | ... | ... |
| 6 | ... | ... | ... | ... | ... |
| 7 | ... | ... | ... | ... | ... |
| 8 | ... | ... | ... | ... | ... |
| 9 | ... | ... | ... | ... | ... |
| 10 | ... | ... | ... | ... | ... |
| 11 | ... | ... | ... | ... | ... |
| 12 | ... | ... | ... | ... | ... |
| 13 | ... | ... | ... | ... | ... |
| 14 | ... | ... | ... | ... | ... |
| 15 | ... | ... | ... | ... | ... |
| 16 | ... | ... | ... | ... | ... |
| 17 | ... | ... | ... | ... | ... |
| 18 | ... | ... | ... | ... | ... |
| 19 | ... | ... | ... | ... | ... |
| 20 | ... | ... | ... | ... | ... |



FIRST FLOOR PLAN - AREA B
 SCALE: 1/8" = 1'-0"



KEY PLAN - AREA B
 NO SCALE

BRiC
 PARTNERSHIP, LLC
 CONSULTING ENGINEERS

REPLACE ROOFTOP HVAC UNITS
 ADULT DETENTION CENTER
 FRANKLIN COUNTY
 UNION, MISSOURI

APPROVED BY:

REVISIONS:

| NO. | DESCRIPTION | DATE |
|-----|-------------|------|
| 1 | ... | ... |

MECHANICAL PLANS
 NEW WORK

DATE: 05/07/09
 DRAWING NO: M1.1