



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

RFB NO: 201914

TITLE: Liquid Calcium Chloride

Solicitation Schedule & Deadlines:

October 24, 2018	Solicitation Release Date
October 24, 31, November 7, 2018	Advertising Period
November 8, 2018, 2:00 pm	Deadline for Submitting Questions
November 9, 2018, 4:30 pm	Deadline to post Addendum
November 16, 2018 at 9:00 AM	Deadline to Submit Response
November 16, 2018 at 10:00 AM	Opening Date   Time

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

November 16, 2018 at 9 am

*\*Awarding is good for one year, January 1, 2019 through December 31, 2019. \**

Kathy Hardeman, Purchasing Agent

Ann Struttman, Assistant Purchasing Agent

Phone: 636-584-6274 Email: [purchasing@franklinmo.net](mailto: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.

## 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](http://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 (page 4)

\_\_\_\_\_ Affidavit for Work Authorization is completed and Notarized (page 5&6)

*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 7)

*If you have already submitted E-Verify 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 8)

\_\_\_\_\_ Completed Vendor Information Form (page 9)

\_\_\_\_\_ Pricing Form completed and signed (page 10)

\_\_\_\_\_ I have one original and two copies that are labeled accordingly

\_\_\_\_\_ Envelope is sealed and label attached (page 11)

## 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° 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.

*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.

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Vendor/Contractor Signature

Date

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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.)*

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Authorized Representative's Signature

Printed Name

---

Title

Date

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ . I am  
Day Month, Year

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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.

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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](mailto: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).



# Request for Taxpayer Identification Number and Certification

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

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

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**2** Business name/disregarded entity name, if different from above

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**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.)

**6** City, state, and ZIP code

**7** List account number(s) here (optional)

Requester's name and address (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.

<b>Social security number</b>								
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<b>OR</b>								
<b>Employer identification number</b>								
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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.

<b>Sign Here</b>	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](http://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.

# 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 INFORMATION

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name Title \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred method to place order

\_\_\_\_\_  
\_\_\_\_\_

# BID PRICING FORM

## 201914 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 solicitation.

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 RESPONSE LABEL**

PLEASE ATTACH LABEL TO OUTSIDE OF PACKAGE

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**SEALED BID RESPONSE ENCLOSED**

DELIVER TO:

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

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SOLICITATION # 2019-14      DATE: 11/16/2018

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.