

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

RFB NO: 201918

TITLE: Fuel

Solicitation Schedule & Deadlines:

November 21, 2018

Solicitation Release Date

November 21, 28, December 5, 2018

Advertising Period

December 6, 2018, 2:00 pm

Deadline for Submitting Questions

December 7, 2018, 4:30 pm

Deadline to post Addendum

December 17, 2018 at 9:00 AM

Deadline to Submit Response

December 17, 2018 at 10:00 AM

Opening Date I Time

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

December 17, 2018 at 9 am

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

Kathy Hardeman, Purchasing Agent

Ann Struttmann, 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.

Business	Name
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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 (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 Fuel to the requesting departments, which meet or exceed the specifications contained in this document.
- 2. Fuel should be priced per gallon.
- 3. Fuel requested will be in varying quantities.
- 4. The types of requesting fuel are 87 octane gasoline, #2 low sulfur diesel, and #2 low sulfur diesel with winter additive.
- 5. Diesel with winter additive shall contain winter additive at the rate specified by the manufacturer.
- 6. Franklin County has two locations with above ground fuel storage tanks utilizing a quick coupler system.

Franklin County Highway Department, 1360 Riverview Drive, Union, MO 63084 Franklin County Highway Department, 4987 Highway ZZ, Gerald MO 63037

- 7. Each location has a 1,000 gallons unleaded fuel tank and a 3,000 gallons diesel tank.
- 8. Franklin County additional needs may include an onsite tank and/or fuel tanker on stand-by at various locations within the County.
- 9. County Department will contact Awarded Vendor before 2:00 p.m. Central Standard Time with request for fuel pricing. The quoted price shall apply to the following day's purchase. Friday's quote will apply to Monday's purchase. Deliveries on normal business days within 24 hours of order, excluding holidays and weekends. Sales tax is not to be included in quoted price.
- 10.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.
- 11. Franklin County, at its own expense, reserves the right to sample any material for the purpose of having an independent laboratory rest of the material for conformance to specifications as listed above. Product that does not meet the above listed specifications will cause all of the shipment to be returned at the Contractor's expense.

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 of contract. Vendor/Contractor enters into this agreements its effect.	
Vendor/Contractor Signature	Date
Vendor/Contractor Name a	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 enrolled and will continue to participate employees hired after enrollment in the related to subgrant, contractor, or subcontractor, it also affirm that	in the E-Verify program who (Bid/Grant/Subgra f awarded in ac	Federal Work Auth are proposed to wo ant/Contract/Subcontract accordance with sub	norization program with respect to ork in connection with the services act) for the duration of the grant, section 2 of section 285.530, RSMo. I				
does not and will not knowingly employ contracted services related to							
In Affirmation thereof, the facts stated at statements made in this filing are subject							
Authorized Representative's Signature	Prir	ited Name					
Title	Dat	e					
Subscribed and sworn to before me this		Month, Year	I am				
commissioned as a notary public within t			, State of				
Signature of Notary	Dat	e					

AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that (Business Entity Name) MEETS the definition of a business entity defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.							
Authorized Business Entity Representative's Name (Please Print)	Authorized Business Entity Representative's Signature						
Business Entity Name	Date						
As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:							

Enroll and participate in the E-Verify Federal Work Authorization Program
 (Website: http://www.dhs.gov/e-verify; Phone: 888-464-4218
 Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractor's. or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

Form W-9 (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

	nent of the Treasury Revenue Service				""				
	1 Name (as shown on your income tax return). Name is required on this line:	do not leave this line blank.			•				
	2 Business name/diaregarded entity name, if different from above								
3e 2.	• • • • • • • • • • • • • • • • • • •								
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate instructions of the following seven boxes: See The Country of the followin						Exemptions (codes apply only to sertain entities, not individuals; see natructions on page 3): Exempt payee code (if any)		
Ş.Ş	Limited liability company. Enter the tex classification (C=C corporation,				Exemption from FATCA reporting			tino	
ŏ	Note. For a single-member LLC that is disregarded, do not check LLC; the tax classification of the single-member owner.	check the appropriate box in t	the line above for	code (if a			11000	9	
Print or type c Instructions	Other (see Instructions)			(Applies to ec		naintained	outside t	he U.S.)	
e	5 Address (number, street, and apt. or suite no.)	1	Requester's name (and address	ss (optional)				
bec									
See S	8 City, elate, and ZIP code								
Ì	7 List account number(s) here (optional)								
Par	Taxpayer Identification Number (TIN)								
Enter v	our TIN in the appropriate box. The TIN provided must match the na	ame given on line 1 to avoi	·~	curity numi	oer				
reside	o withholding. For individuals, this is generally your social security not allen, sole proprietor, or disregarded entity, see the Part I instructi	ons on page 3. For other	1 1 1	-		-			
	s, it is your employer identification number (ÉIN). If you do not have a page 3.	a number, see How to get a	a LLLL or						
	page 3. If the account is in more than one name, see the instructions for line	1 and the chart on page 4		identificat	ion nı	mber			
guideli	nes on whose number to enter.	· · · · · · · · · · · · · · · · · · ·		_[T			
					<u>. </u>	—	1		
Part									
	penalties of perjury, I certify that: number shown on this form is my correct taxpayer identification nu	mber (or Lam waiting for e	number to be is	sued to m	e): ar	ıd			
	not subject to backup withholding because: (a) I am exempt from t						l Reve	nua	
Ser	inot subject to backup withholding because, (a) I am exempt from a vice (IRS) that I am subject to backup withholding as a result of a fall onger subject to backup withholding; and	lure to report all interest or	r dividends, or (c	the IRS	nas no	ified (me th	at I am	
3. Lan	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 exer	mpt from FATCA reporting	is correct.						
Certification because interest general instructions.	cation instructions. You must cross out item 2 above if you have be se you have failed to report all interest and dividends on your tax rete t paid, acquisition or abandonment of secured property, cancellation lly, payments other than interest and dividends, you are not required tions on page 3.	een notified by the IRS that urn. For real estate transact n of debt. contributions to	it you are current ctions, Item 2 doc an Individual reti	es not app rement an	range	ment (igage (IRA), a	and	
Sign Here	Signature of U.S. person ►	Date	e ►						
Gen	eral Instructions	• Form 1098 (home mortg (tuition)	gage interest), 1098	3-E (student	loan	interest)), 1098	:-T	
			• Form 1099-C (canceled debt)						
Future	Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/tw9.								
_	ose of Form	Use Form W-9 only if y provide your correct TIN.							
An indiv	idual or entity (Form W-9 requester) who is required to file an information ith the IRS must obtain your correct taxpayer identification number (TIN)	If you do not return For to backup withholding. So	m W-9 to the reque es What is backup	ester with a withholding	TIN, y ? on p	ou migi age 2.	hi be s	ubject	
which n	nay be your social security number (SSN), individual texpayer identification (ITIN), adoption texpayer identification number (ATIN), or employer	By signing the filled-ou				unitine 4	lar a r	mhar	
identific	(1111), adoption taxpayer transitional future (3111), is employed attended the attended to attended the attended to other amount reportable on an information return. Examples of information	 Certify that the TIN y to be issued), 					ur a nu	a (ILICH	
returns	nclude, but are not limited to, the following:	2. Certify that you are n						D.C	
	1099-INT (interest earned or paid)	 Claim exemption from applicable, you are also or 	ertifying that as a l	J.S. person	, your	allocab	de shar	yee. If 'e of	
	1099-DIV (dividends, including those from stocks or mutual funds) 1099-MISC (various types of income, prizes, awards, or gross proceeds)	applicable, you are also centifying 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							

Form W-9 (Rev. 12-2014)

 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.

Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

• Form 1099-K (merchant card and third party network transactions)

• Form 1099-8 (proceeds from real estate transactions)

AFFIDAVIT OF PAID PROPERTY TAXES

I certify that any unpaid personal or real estate prior years.			_(Business name) does not owe either the current tax year or
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 t and my commi			, State of
Signature of Notary		Date	

VENDOR INFORMATION

Mailing Address	_
Phone number	
Contact Name	_
Contact Name Title	 _
Email Address	 -
Preferred method to place order	

BID PRICING FORM

201918 FUEL

REQUIRED PRICING

The bidder shall provide the margin/mark up on top of the wholesaler/refinery "laid in price" plus delivery fees to specified destinations below. Do not include taxes. "Laid in price" to be defined as the wholesaler or refinery cost of fuel and transportation. Product pricing changes on a daily basis, but mark-up/margin and transport fees remain firm for the contract period. Customer will request current price at the time of delivery and vendor will provide customer with that price, in addition to a copy of the bill of lading to serve as proof of pricing.

	Margi	in/mark up	Delivery
Location: 1360 Riverview Drive, Union, MO			
87 Octane Gasoline:	\$	/per gal	\$/per gal
#2 Low Sulfur Diesel/per gallon:	\$	/per gal	\$/per gal
#2 Low Sulfur Diesel w/winter additive/per g	allon: \$	/per gal	\$/per gal
Location: 4987 Highway ZZ, Gerald MO 6303	37		
87 Octane Gasoline/per gallon:	\$	/per gal	\$/per gal
#2 Low Sulfur Diesel/per gallon:	\$	/per gal	\$/per gal
#2 Low Sulfur Diesel w/winter additive/per g	allon: \$	/per gal	\$/per gal
Additional Service may be requested:			
On site tank charge:			
Stand-by Truck charge:			
Company Name			<u> </u>
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

DΙ	EASE	ATTACH	IARFI	TO	OUTSI	DF	OF	PACK	AGE
۲L	LEASE .	АПАСП	LADEL	10	OUIDI	υL	\mathbf{O}	LWCI	MUL

SEALED BID RESPONSE ENCLOSED

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

SOLICITATION # 2019-18 DATE: 12/17/2018

DESCRIPTION: FUEL

Vendor Name:	 	
Vendor Address:		