



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

RFB NO: 201913

TITLE: Cutting Blades

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 I 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 Cutting Blades to the requesting departments, which meet or exceed the specifications contained in this document.
2. Unit prices for cutting blades shall include all costs associated with loading and hauling. The unloading areas shall be the East District Shop at 1360 Riverview Drive, Union, MO 63084.
3. Steel Blades -When sampled and tested in accordance with the designated methods set forth in ASTM E 30, the following chemical requirements shall apply.

<u>Motor Grader and Snow Plow Blades</u>	<u>Min</u>	<u>Max</u>
Carbon (C), Percent, (Direct Combustion Method)	0.75	0.98
Manganese (Mn), Percent, (Bismuthate Method)	0.60	0.90
Phosphorus (P), Percent, (Alkalimetric Method)	---	0.04
Sulfur (S), Percent, (Evolution Method)	---	0.05
Silicon (Si), Percent, (Sulfuric Acid Method)	---	0.30

The Brinell Hardness, (ASTM E10) shall be a minimum of 250 and a maximum of 325.

4. Carbide tip blades -constructed from flat steel ¾" x 6" material meeting A-36, M1020 Specifications, and these specifications.
  - a. One-inch (nominal) tungsten carbide inserts shall be brazed into a milled slot in the center of the blade edge. Inserts shall be continuous the full length of the blade. All inserts shall be manufactured from virgin material.
  - b. Brazing shall be on all sides of insert, without voids and shall have a shear strength of not less than 30,000 p.m.
  - c. The tungsten carbide inserts shall have the following properties:
 

*Cobalt content	10 to 12.5%
*Density	14.1 to 14.6
*Hardness (Rockwell "A")	87.5 to 89.0
*Transverse Rupture Strength	350,000 p.s.i. (minimum)
5. 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.
6. Moldboards are punched with holes 1/8 inch larger than the blade bolts. Accordingly, cutting blade punching will be of such accuracy, both for the spacing between the holes and for the spacing between the end hole and the end of the cutting blade, that the cutting blade will fit the moldboards, thus making the cutting blade sections interchangeable.
7. Motor Grader Cutting Blades are to be flat, top edge beveled to fit the moldboard, lower and both ends square. Snow Plow Cutting Blades do not require beveling on the top end and should be square. The following dimensions and tolerances shall apply.
 

Width	As specified on the bid sheet +/- 1/8 inch
Length	As specified on the bid sheet +/- 1/8 inch
Thickness	As specified on the bid sheet +/- 1/16 inch
8. Contractor must adhere to hole spacing and dimensions outlined in Special Provision, Attachment 2.
9. Required Certification information is outlined in Attachment 3.
10. Required Certification form is located in Attachment 4.

*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.)*

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
commissioned as a notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_  
\_\_\_\_\_ and my commission expires on Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Date

**AFFIDAVIT OF WORK AUTHORIZATION**

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

---

Authorized Business Entity  
Representative's Name  
(Please Print)

Authorized Business Entity  
Representative's Signature

---

Business Entity Name

Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: [e-verify@dhs.gov](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.**

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ 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) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *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.

Social security number												
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### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

Signature of U.S. person ▶

Date ▶

### 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:
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

# AFFIDAVIT OF PAID PROPERTY TAXES

I certify that \_\_\_\_\_ (Business name) does not owe any unpaid personal or real estate taxes to Franklin County for either the current tax year or prior years.

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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

---

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

## 201913 Cutting Blades

### REQUIRED PRICING

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

All invoices must reflect discounts applied to final order.

Item	Unit	Unit Price
Motor Grader Steel Cutting Blades 6' x 6" x 5/8"	Each	
Snow Plow Steel Cutting Blades 8'6 x 6" x 1/2"	Each	
Snow Plow Steel Cutting Blades 9' x 8" x 1/2"	Each	
Snow Plow Steel Cutting Blades 10' x 8" x 1/2"	Each	
Carbide Tip Blades 4' x 6" x 3/4"	Each	
Carbide Tip 3' x 8" x 3/4"	Each	
Carbide Tip Blades 4' x 8" x 3/4"	Each	
Carbide Tip Blades 3' x 6" x 3/4"		

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 # 2019-13      DATE: 11/16/2018**

**DESCRIPTION: Cutting Blades**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

# ATTACHMENT 2

## SPECIAL PROVISIONS

The cutting blades are to have hole spacings and dimensions in accordance with the standard cutting blade punchings as shown on Table A.

Table A

<b>Cutting Blade Size</b>	<b>Hole Punched From Top Edge (In)</b>	<b>Bolt Holes Center Measured From End (In)</b>	<b>Bolt Size (In)</b>
6' x 6" x 5/8"	1	3, 6, 18, 30, 42, 54, 66, 69	5/8
8'6" x 6" x 1/2"	1	2-1/2", 18-1/2", 31-1/2", 44-1/2", 57-1/2", 70-1/2", 83-1/2", 99-1/2"	1/2
9' x 8" x 1/2"	4	1-3/4", 4-3/4", 11-3/4", 23-3/4", 39, 54, 69, 84, 96, 103, 106	3/4
10' x 8" x 1/2"	1	3, 6, 18, 30, 42, 54, 66, 78, 90, 102, 114, 117	5/8

The finished cutting blades shall not be twisted and shall be free from flaws and injurious defects and shall have good workmanlike finish. Longitudinal warp is allowed but shall not deviate more than 1/8 inch per foot of the cutting blade length and shall be uniformly distributed over the length of the cutting blade. For a 6 foot long cutting blade a 3/4-inch warp would be allowed. The cutting blade that rests upon the pavement shall be straight and true. The longitudinal warp and the alignment of the cutting blade shall be measured by extending a straight edge from one end of the cutting blade to the other measuring from the straight edge to the cutting blade at the midpoint of length.

Any paint used to coat the cutting blades shall be dry prior to shipment and shall not smear or track during handling.

# **ATTACHMENT 3**

## **Certification Information**

Prior to approval and use of any material delivered, the manufacturer shall submit to  
Franklin County Highway Department  
400 East Locust Street, Room 003A,  
Union, MO 63084

a certification that the cutting blades supplied conform to all requirements of these specifications.

The "Certification Statement" form enclosed is to be used when certifying and bidding. The certification shall include or have attached specific results of tests performed on the cutting blades for chemical composition and hardness.

This form is to be completed, signed, and submitted in triplicate for each shipment, at the same time as blades are shipped. A shipment is defined as all blades represented on one certification and shipped on one date, regardless of various destinations.

Franklin County, at its own expense, reserves the right to sample any material, for the purpose of having an independent laboratory test of the material for conformance to specifications. Product that does not meet specifications will cause all of the shipments to be returned at the bidder's expense.

Acceptance of the cutting blades shall be based on the manufacturer's certification and upon results of such tests as may be performed on samples of the material.

# ATTACHMENT 4

## FRANKLIN COUNTY HIGHWAY DEPARTMENT CUTTING BLADE CERTIFICATION

Dear Sir or Madam:

We hereby certify that the cutting blades described below comply with all requirements of Franklin County Cutting Blades Specifications.

The following blades manufactured by \_\_\_\_\_  
are covered by this certification.

Destination: \_\_\_\_\_ Shipping Date: \_\_\_\_\_

Quantity of Material Represented: \_\_\_\_\_

### Steel Chemical Composition

Percent C \_\_\_\_\_

Percent Mn \_\_\_\_\_

Percent P \_\_\_\_\_

Percent S \_\_\_\_\_

Percent Si \_\_\_\_\_

Brindell Hardness \_\_\_\_\_

### Carbide Chemical Composition

Cobalt Content \_\_\_\_\_

Density \_\_\_\_\_

Hardness (Rockwell "A") \_\_\_\_\_

Transverse Rupture Strength \_\_\_\_\_

Certified By: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_