



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

IFB NO: 201822

TITLE: Phase II Environmental Site Assessment

Schedule & Deadlines:

October 17, 2018	Release Date
October 17, 20, 24, 2018	Advertising Period
October 26, 2018, 8:00 AM	Deadline for Submitting Questions
October 30, 2018 9:00 AM	Deadline to post Addendum
November 6, 2018 at 2:00 PM	Deadline to Submit Bid

RFB responses must be received no later than "Deadline to Submit Bid"
November 6, 2018 at 2:00 PM

Kathy Hardeman, Purchasing Agent
Phone: 636-584-6274

Ann Struttman, Assistant Purchasing Agent
Email: purchasing@franklinmo.net

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

BID SUBMISSION CHECKLIST

_____ I have reviewed the solicitation schedule and deadlines, located on the RFB 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 BID

USE THESE FORMS ONLY

_____ Solicitation Cover page

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

_____ Pricing Form completed and signed (page 7)

_____ Contractual Terms and Conditions Acknowledgement (page 8)

_____ Affidavit for Work Authorization is completed and Notarized (page 9&10)

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 11)

If you have already submitted W-9 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 12)

_____ Completed Vendor Information Form (page 13)

_____ Envelope is sealed and label attached (page 14)

Phase II Environmental Site Assessment

The Franklin County Government is requesting bids from Firms to provide a Phase II Environmental Site Assessment (ESA) of the existing Sheriff's Department facility, located at 1 Bruns Lane, Union, Missouri 63084.

Proposers shall submit the following:

1. A Company profile which should indicate the number of years in business, number of employees, certifications and licenses held, resumes of key personnel, and experience performing Phase II ESAs (including contact information).
2. Contractor shall include a copy of their current Certificate of Insurance (COI) indicating at least \$5,000,000 professional liability coverage.

SCOPE OF WORK

Schedule

The anticipated schedule for the Phase II investigation is immediately upon award of this RFB. The anticipated dates for the remediation/abatement scope will occur in Summer 2020, Fall 2020, Spring 2021.

Perform a pre-renovation Asbestos inspection of the existing 54,500 square foot building

- The Contractor is to perform a HazMat-Asbestos survey to identify Asbestos Containing Materials (ACM) prior to demolition activities as required by National Emissions Standard for Hazardous Air Pollutants (NESHAP) and OSHA.
- Inspection to be performed by EPA Accredited and Missouri Licensed Asbestos Building Inspectors
- Laboratory analysis to be performed by NVLAP accredited laboratory
- Specify the number of samples anticipated in your proposal
- Specify the anticipated schedule to complete the Asbestos Inspection

This contractor will perform a visual evaluation focusing on identification of suspect ACM. Suspect ACM shall be grouped into homogeneous areas on the basis of color, texture, use and apparent construction era. Each homogeneous area shall be given a unique identifying description to assist the user in identifying the ACM within the building, structure or area. The locations and conditions of each homogeneous area of suspect ACM, as well as an assessment of friability for each suspect ACM shall be recorded on a room by room or (area by area) basis where possible. Each material will be touched, where practical, to determine friability.

This contractor shall select representative areas to perform an intrusive evaluation of void spaces within the building or structure if deemed necessary. Such evaluations shall be made by creating an opening of sufficient size to determine the presence and condition of suspect ACM within. Void spaces which may be evaluated include locations of suspected pipe or heating, ventilating and air conditioning (HVAC) chases, wall cavities where fireproofing or other ACM is suspected, above finished ceiling systems where ACM is likely to exist, within pipe trenches or within other concealed locations.

This contractor shall collect representative samples of each homogeneous area of suspect ACM by coring through the material to the base substrate. Contractor shall collect samples as required by applicable regulations for the determination of asbestos content. Sample locations shall be randomly chosen to the extent possible; however, Contractor shall preferentially collect samples from hidden or obscure locations.

Additionally, Contractor shall attempt to collect samples from areas of pre-existing damage. Sample core locations shall be encapsulated following sample extraction with a liquid spray encapsulant or by covering with duct tape. Patching and/or restoring of sample locations is not within the scope of work.

Homogeneous areas which shall not be sampled, due to limitations in the scope of services, shall be identified as assumed ACM and listed as assumed ACM in the report.

Perform a pre-renovation Lead-Based Paint inspection of the existing 54,500 SF building

- This survey is intended to provide information relative to location, condition and quantity of LBPs at the project building.
- Inspection to be performed by Accredited and Missouri Licensed Lead Inspectors/Risk Assessors
- Inspection to be performed utilizing an XRF Spectrum Analyzer
- If confirmatory samples are required, they must be performed by NVLAP accredited laboratory
- Specify the anticipated schedule to complete the Lead-Based Paint Inspection

Contractor will perform a visual evaluation focusing on screening of suspected LBP. Suspect LBP shall be grouped on the basis of component, substrate and apparent construction era. Each testing group shall be given a unique identifying description to assist the user in identifying the LBP within the building, structure or area. Damaged LBP will also be recorded. This is not intended to be a surface by surface inspection, so the groups shall be made as large as possible.

The project will include testing of selected accessible interior and exterior building components, such as walls, ceilings, doors, door jambs, windows, window sills, floors, stairs, railings, etc.

Mold and other Hazardous Materials

Conduct a walking survey of accessible areas within the subject building to identify visual evidence of mold contamination. Conduct air sampling in approximately seven (7) discrete areas of the building as well as one outdoor area for the following parameters:

- Mold spores
- Pollen grains
- Miscellaneous particles
- Carbon monoxide
- Carbon dioxide
- Temperature
- Relative humidity

Collect a single surface sample for microscopic analysis of mold type if suspect visible mold growth is observed on building materials. Conduct a moisture survey of accessible impacted surfaces to evaluate the extent and magnitude of remaining moisture or water infiltration (if present).

Perform a hazardous materials survey of the building by a qualified environmental scientist(s). Note systems, equipment, and fixtures which may contain PCBs in addition to light ballasts and transformers; hazardous materials and substances; petroleum products; Freon-containing equipment; drums; cylinders; unidentified substance containers; fluorescent light tubes; sodium and mercury vapor bulbs; smoke detectors; door closures; mercury thermostats; mercury switches; batteries; paints; chemicals; cleaners, etc.

Report

Following completion of the surveys, two (2) hardcopies and one (1) electronic (.pdf format) copy of the report shall be delivered to Franklin County. Report is to include remedial action plan for each type of hazardous material within the scope of work along with cost estimates for the removal of confirmed hazardous and universal waste materials. This report will become part of the building abatement and remodeling RFP packages.

3rd Party Abatement Monitoring and Air Monitoring

In the event abatement is required, the Contractor will provide an air sampling technician/professional to monitor the performance of the abatement work by the selected demolition contractor. The Contractor's monitoring shall include the abatement contractors' preparation of asbestos-containing materials for removal. The Contractor shall prepare a daily field report detailing the day's activities. Please provide a breakout of this cost in the proposal.

Visual Inspections

The contractor shall conduct visual inspections following abatement activities, using the ASTM Standard Practice for Visual Inspection of Asbestos Abatement Projects, to verify the completeness of abatement work.

Area Sampling

The Contractor shall conduct area samples during the asbestos removal activities at various locations to assist in evaluating the abatement contractors' engineering controls and work practices and to detect potential exposure outside the containment or controlled areas. Area monitoring will conform to applicable local, Federal and State regulations.

Clearance Sampling

The Contractor shall conduct clearance monitoring after the area has been inspected in accordance with ASTM Standard Practice for Visual Inspection of Asbestos Abatement Projects. Clearance monitoring will conform to applicable local, Federal and State regulations.

Laboratory Analysis

Clearance air samples will be analyzed by an American Industrial Hygiene Association, Asbestos Analyst Registry (AIHA-AAR) approved analyst. The samples must be analyzed in accordance with NIOSH 7400 method.

Air Monitoring Close-out Documentation

The contractor shall prepare an Abatement Report (Close-out Documentation), which will provide documentation of abatement activities and air monitoring results. The report will contain the daily logs of observed abatement, report of air monitoring samples collected during the abatement phase of the project, and supporting documentation; in addition to any abatement contractor supplied documentation, including but not limited to worker certifications.

Additional Services

Contractor shall provide as part of this scope of work, an estimate of remediation to be expected based on findings.

In addition, contractor will prepare a project design and bid specifications for the removal of any identified asbestos-containing materials (ACM) and lead containing materials and other hazardous materials as found.

The bid specifications can be used by the Owner to solicit abatement proposals from licensed abatement contractors. The specifications will detail the scope of the project and provide information regarding how the project is to be completed. Included in the bid specifications may be the requirement to have bid, performance and payment bonds, as well as detailing insurance requirements and a request for contractor safety records. Unless specified otherwise, the bid specifications will also include a copy of the contract for the project (AIA 201 and Special Conditions). The bid specifications will be prepared by this contractor on behalf of the Owner, for issuance in their name.

In addition to the bid specifications, the project design will be used by the awarded abatement contractor to provide guidance for the abatement process, including but not limited to, recommended containment types, negative air specifications and abatement methods.

This fee includes preparation of bid specifications and the project design as well as responding to contractor or design-related questions related to those documents both during bid and during abatement. Include costs to attend a pre-bid abatement meeting and preconstruction abatement meeting.

The contractor shall provide a breakout cost in this proposal to assist in the review of future abatement contractor proposals.

RFB PRICING FORM – A

201822 Phase II Environmental Site Assessment

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. Asbestos Survey & Report

- a. Total Price \$ _____
- b. Quantity of Samples Included _____
- c. Unit Price per Additional sample \$ _____

2. Lead Survey & Report

- a. Total Price \$ _____
- b. Maximum PLM Samples included _____
- c. Unit Price per additional sample \$ _____

3. 3rd Party Air Monitoring during Abatement Period

- a. Include costs for anticipated
3 mobilizations (3 abatement phases) \$ _____
- b. Cost per phase \$ _____

4. Mold & Additional Hazardous Materials Survey & Report \$ _____

5. Project Design/Bid Specifications for Abatement RFB \$ _____

6. Availability to begin investigation (Date) _____

7. Anticipated duration of investigation (# of days) _____

8. Lead time to produce report after investigation (# of days) _____

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

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/Sub grant/Contract/Subcontract) for the duration of the grant, sub grant, 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/Sub grant/Contract/Subcontract) for the duration of the grant, sub grant, 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) 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, contractor's, 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) ▶ _____ <i>Note.</i> 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.

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 ▶ _____
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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.

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 the 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 _____.

Day Month, Year

I am commissioned as a notary public within the County of _____, State of

_____, and my commission expires on _____

Signature of Notary

Date

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

RFB # 201822 DATE: 11/6/2018

DESCRIPTION: Phase II Environmental Site Assessment

Vendor Name: _____

Vendor Address: _____