



FRANKLIN COUNTY PURCHASING DEPARTMENT INVITATION FOR BID (IFB)

IFB NO: 201821

TITLE: Printing and Mailing of Personal Property Declaration Forms

Bid Schedule & Deadlines:

September 12, 2018	Bid Release Date
September 12, 15, 19, 2018	Advertising Period
September 21, 2018, 8:00 A.M.	Deadline for Submitting Questions
September 21, 2018 4:30 pm	Deadline to post Addendum
September 28, 2018 at 9:00 AM	Deadline to Submit Response
September 28, 2018 at 10:00 AM	Opening

RFP responses must be received no later than "Deadline to BID"

September 28, 2018 at 9 am

**Awarding is good for one year from awarding date, subject to annual appropriation. **

Kathy Hardeman, Purchasing Agent

Ann Struttmann, Assistant Purchasing Agent

Phone: 636-584-6274 Email: purchasing@franklinmo.net

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

BID SUBMISSION CHECKLIST

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

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

(Located at www.franklinmo.org/current)

THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A BID

USE THESE FORMS ONLY

_____ Cover page

_____ Bid Pricing Form completed and signed (page 5)

_____ Contractual Terms and Conditions Acknowledgement (page 6)

_____ Affidavit for Work Authorization is completed and Notarized (page 7&8)

_____ Current, signed W-9 is included in Bid (page 9)

_____ Completed Affidavit of Paid Property Taxes and Notarized (page 10)

_____ Completed Vendor Information Request (page 11)

_____ Certificate of Mail Design Professional included

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

_____ Envelope is sealed and label attached (page 12)

SPECIFIC REQUIREMENTS

Vendor to print and mail personal property declaration forms according to the information outlined below.

1. Printing Requirements

- a.) 2018 Assessment List – “Exhibit A”
- b.) 2018 Business Assessment List – “Exhibit B”
- c.) 2018 Assessment List, March mailing – “Exhibit C”
- d.) 2018 Business Assessment List, March mailing – “Exhibit D”
- e.) Reply Envelopes – “Exhibit E”
- f.) Mailing Envelopes – “Exhibit F”

2. Specifications for printed items

- a.) “Exhibit A” is 8 ½ x 14, 24lb, 3 color on white, printed on both sides
- b.) “Exhibit B” is 8 ½ x 14, 24lb, 2 color on color, printed on both sides
- c.) “Exhibit C” is 8 ½ x 14, 24lb, 3 color on white, printed on both sides
- d.) “Exhibit D” is 8 ½ x 14, 24lb, 2 color on color, printed on both sides
- e.) “Exhibit E” is #9 window envelope white wove inside with security tint, no print
- f.) “Exhibit F” is #10 window envelope white wove inside with security tint, no print

3. Mailing schedule and deadlines

- a.) Franklin County Assessor’s office will provide specific mailing dates and approve all mailing schedules for production of statements and receipts prior to start of project. Electronic proofs must be provided and approved prior to mailing. Data files may be sent electronically and will be provided approximately ten (10) business days prior to vendor’s start of print production.

First mailing (*approximate dates and quantities, subject to change*)

October – first week – files received by vendor

October – third week – proofs are due to County within two weeks of receiving files

January - mail drop date (Exhibits A, B, E, F)

Second mailing (*approximate dates and quantities, subject to change*)

April – first week – files received by vendor

April – second week – proofs are due to County

April – mail drop date (Exhibits C, D, E, F)

SPECIFIC REQUIREMENTS - CONT

1. Declaration forms are to be ordered in November of current year and then April of preceding year. Quantities are estimates from prior year numbers.
2. November mailing will be "Exhibits A and B" in the quantities described below:
 - 50,000 with bar code printed and mailed "Exhibits A, E, and F"
 - 15,000 without bar code for in-house use "Exhibit A"
 - 3,300 with bar code printed and mailed "Exhibit B, E, and F"
 - 800 without bar code for in-house use "Exhibit B"
3. March printing (second mailing) will be both forms "Exhibit C and D" in the quantities described below:
 - 8,548 with bar code printed and mailed "Exhibit C, E, and F"
 - 493 with bar code printed and mailed "Exhibit D, E, and F"
4. Additional copies of forms may be ordered "as needed."
4. Forms will include each account holder's name, address, codes and property owned.
5. Forms will incorporate bar coded account number.
6. Date will be provided to the vendor from Vanguard as a CSV file.
7. Contractor to provide a proof, by email, to the Assessor's office for review with all variable data from this file. The proof must be provided to the Assessor's office within two (2) weeks from receipt of the data.
8. All data processing, personalization of forms, folding, inserting, and mail preparations to be provided by awarded contractor only, no outsourcing is permitted under this contract.
9. It is required that contractor have a Mail Design Professional on staff to ensure maximum discounts are utilized. This is to include address validation, use of USPS approved IMB postal barcode and preparing mailings per full service standards.
10. Franklin County to be billed for actual items used, and reporting per item printed required to be submitted with invoice.
11. Vendor to utilize all current USPS requirements to obtain best pricing on postage possible: NCOA, CASS, IMb barcode, USPS Full Service Requirements
12. All postage discounts must be passed along to the County as a straight pass through without any markup.
13. Vendor to have a USPS mailing permit. All mail to be delivered by vendor to a designated Post Office.
14. Payment for postage to be provided based on itemized report of postage by classification invoices.
15. Vendor to include a proposed printing and mailing schedule with response.
16. Payment to be made, other than postage, upon project completion. Invoice should include reporting with required breakdowns.

PRICING FORM

201821 Printing and Mailing of Personal Property Declaration Forms

REQUIRED PRICING

The vendor 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.

Printing to reflect cost per 1,000/total

2018 Assessment List – “Exhibit A” (est. 65,000) _____

2018 Business Assessment List – “Exhibit B” (est. 4,000) _____

2018 Assessment List – “Exhibit C” (est. 9,000) _____

2018 Business Assessment List – “Exhibit D” (est. 1,000) _____

Reply Envelopes – “Exhibit E” (est. 75,000) _____

Mailing Envelopes – “Exhibit F” (est. 75,000) _____

Inserting, Processing _____

Additional fees/explain _____

Total Proposed Pricing _____

Postage Estimate _____

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:

<http://www.franklinmo.org/bidopps>

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/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) 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) ▶ _____	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				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;"> </td> </tr> </table>				

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 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 REQUEST FOR INFORMATION

Company Name _____

Mailing Address _____

Phone number _____

Contact Name _____

Contact Name Title _____

Email Address _____

May we send Bid Packet and Bid Information via email? _____

ATTACHMENT 1

SEALED BID LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF BID PACKAGE

SEALED BID RESPONSE ENCLOSED

DELIVER TO:

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

BID # 201821 DATE: 09/28/2018

DESCRIPTION: Printing and Mailing of Personal Property
Declaration Forms

Vendor Name: _____

Vendor Address: _____