



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

RFB NO: 201901

TITLE: Road Salt

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

## 1.0 DESCRIPTION.

1.1 The work shall consist of supplying, hauling and dumping into stockpiles the road salt (sodium chloride), with anti-caking additive.

1.2 This specification covers sodium chloride, obtained from natural deposits (rock salt) or produced by man (evaporated, solar, other) for use as a de-icer for maintenance purposes.

## 2.0 MATERIAL.

2.1 **Chemical Composition.** The minimum percent sodium chloride (NaCl) shall be as follows for the material ordered, when tested in accordance with MoDOT [Test Method T32](#).

<u>Name</u>	<u>Minimum % NaCl</u>
95% Sodium Chloride	95

2.2 **Gradation.** The gradation shall conform to the following requirements:

<u>Sieve Size</u>	<u>Percent Passing (by weight)</u>
1/2 inch	100
3/8 inch	95 - 100
No. 4	15 - 95
No. 8	5 - 65
No. 30	0 - 15

2.3 **Condition.** The sodium chloride shall arrive at the delivery point in a free-flowing and usable condition.

2.4 **Moisture.** The moisture content at the delivery point shall not exceed 2.0 percent based on dry weight.

2.5 **Foreign Material.** Sodium chloride shall be relatively free from any foreign material at the delivery point. Residue from truck beds such as coke, grain, or other materials not germane to sodium chloride will be cause for rejection. Any oversize foreign material will result in immediate rejection.

3.0 **PACKAGING.** See special provision in Attachment 2

4.0 **ACCEPTANCE.** See special provision in Attachment 2

5.0 **PAYMENT** See special provision in 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.)*

\_\_\_\_\_  
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.

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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.**

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													
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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.

<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:

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

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# PRICING FORM

## 201901 ROAD SALT

### REQUIRED PRICING

The offeror shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation. Quantities are estimates, orders are placed on an as needed basis. No guarantee of minimum on orders placed.

Delivery Locations:

Entity:	Location:	Est. Quantity	Price per Ton
Franklin County	1360 Riverview Drive, Union MO 63084	900 tons	_____
Franklin County	4987 Highway ZZ, Gerald MO 63037	900 tons	_____
Franklin County	7431 Elmont Rd., Sullivan MO 63080	900 tons	_____
Franklin County	K and Old K, St. Clair MO 63037	900 tons	_____
Gerald	103 Beck Street, Gerald MO 63037	25 tons	_____
New Haven	205 Industrial Dr., New Haven MO 63068	200 tons	_____
Pacific	77 Cedar Field Rd, Pacific MO 63069	200 tons	_____
Sullivan	Maddox Drive, Sullivan MO 63080	600 tons	_____
Union	202 West Brown St., Union MO 63084	100 tons	_____
Washington	4 Chamber Dr., Washington MO 63090	1,000 tons	_____
Sullivan S.R.D.	1056 North & South Rd., Sullivan MO 63080	60 tons	_____
Union S.R.D.	703 Old County Farm Rd., Union MO 63084	20 tons	_____
Washington S.R.D.	1081 Clay St., Washington MO 63090	200 tons	_____
St Clair	530 Park Dr., St Clair MO 63077	100 tons	_____

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 offeror's expertise and experience in order to award a contract. 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 # 2019-01      DATE: 11/16/2018

DESCRIPTION: ROAD SALT

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

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

# ATTACHMENT 2

## SPECIAL PROVISIONS

3.1 The sodium chloride shall be delivered in bulk lots.

3.2 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 (including the percent Sodium Chloride).
- (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.

**3.2.1** The certification statement shall be signed by an authorized representative of the Supplier and substantially as follows: "This certifies that the Sodium Chloride in this shipment complies with Franklin County Highway Department specifications and the weights shown hereon were obtained on scales approved by and/or certified by the State of Missouri and are correct within the specified scale requirements."

**3.2.2** Scales 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 scale. A scale 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 scale meets the requirements of these specifications. The Supplier shall furnish the certification of calibration to the Franklin County Highway Department's representative.

**3.3** 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.

**3.3.1** 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. State and County Holidays will be provided upon request.

**3.3.2** All deliveries shall be coordinated with the Highway Administrator or City Administrator who shall be given 1 week notice prior to the beginning of delivery. **The successful bidder is hereby notified that each entity may not have sufficient space to accept their full order at one delivery, and each reserve the right to call for delivery as space is available.**

**3.4** The successful bidder will not be required to provide dozers, loaders, motor graders, or other equipment for shaping of stockpiles or for constructing ramps or runways for dumping.

**4.1** 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.

**4.2** 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.

**4.3** 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 bidder's expense.

**4.4** 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.

**4.5** In addition to other requirements, 95% Sodium Chloride material shall be specifically delivered to a location designated by receiving personnel, and any contamination with existing lower percentage sodium chloride salt as a result of delivery will be cause for rejection or payment at the lower sodium chloride content salt rate, at the department's option.

**5.1** No federal or state tax shall be included.

**5.2** Payment will be made at the price per ton herein of road salt (sodium chloride) delivered to the stockpile. The contractor shall invoice the receiving entity with the invoice showing the date of delivery, the ticket number, the net weight of the load and the delivery site. Billing address of each entity is as follows:

**Franklin County Highway Department**, Ron Williams, Highway Administrator, 400 East Locust Street, Room 003A, Union, MO 63084, telephone 636-583-6361

**City of Gerald**, June Hungler, City Clerk, PO Box 59, Gerald, MO 63037, telephone 573-764-3340

**City of New Haven**, Kathleen Trentmann, City Administrator, P.O. Box 236, New Haven, MO 63068, telephone 573-237-2349

**City of Pacific**, Steve Roth, City Administrator, 300 Hoven Drive, Pacific, MO 63069, telephone 636-271-0500

**City of Sullivan**, J.T. Hardy, City Administrator, 210 West Washington Street, Sullivan, MO 63080 telephone 573-468-4612

**City of Union**, Russell Rost, City Administrator, 500 East Locust Street, Union, MO 63084 telephone 636-583-3600

**City of Washington**, Tony Bonastia, Street Superintendent, 405 Jefferson Street, Washington, MO 63090 telephone, 636-390-1037

**Sullivan Special Road District**, Charlie Clonts, Secretary, 1056 North and South Road, Sullivan, MO 63080, telephone 314-640-4393

**Union Special Road District**, Dave Bailey, Commissioner, 904 Clearview Rd., Union, MO 63084, telephone 636-583-2405

**Washington Special Road District**, Ed Fischer, Commissioner, 3874 Mealer Lane, Washington, MO 63090, telephone 636-239-2981

**City of St. Clair**, Jason Ivie, Public Works Director, 1 Paul Parks Drive, St. Clair, MO 63077 telephone 636-629-0333