



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

RFB NO: 201912

TITLE: Lubricants

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

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)

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)

_____ Vendor Hold Harmless Agreement (page 12)

_____ 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 Lubricants to the requesting departments, which meet or exceed the specifications contained in this document.
2. The County of Franklin will accept bids from vendors to supply the County with bulk lubricants; hydraulic oil, gear lubricant, motor oil, and automatic transmission fluid.
3. Motor Oil should be: 12,000-mile oil change with 40% idle time, comparable to Conoco 15W40EC.
4. Delivery and setup shall be in two locations of the Franklin County Highway Department:
1360 Riverview Drive, Union, MO 63084 4987 Highway ZZ, Gerald, MO 63037
5. The Contractor shall furnish all labor, equipment, materials, tools and all incidentals necessary to deliver such goods/services as requested by the County. All acts must be performed in accordance with all applicable State of Missouri Statutes and any other applicable regulating authority. All goods/services shall be delivered under the direction of the County and shall be completed according to the standards of the industry by personnel skilled in their respective lines of work, and to the complete satisfaction of the County.
6. No portion of this project may be subcontracted unless authorized by the Franklin County prior to the award of the contract.
7. All possible safety hazards to workers or the public shall be corrected immediately. Premises shall be left in a safe condition. The County does not assume responsibility, at any time, for the protection of or for loss of materials and/or personnel. At no time, shall the Contractor or any of the Contractor's personnel, be considered an agent or employee of the County.
8. Site inspections must be prearranged. For an appointment contact Mike Davis, Equipment Supervisor, 636-583-2444.
9. Price adjustments must be given in writing 30 days prior to change. Price adjustments must have approval of the County.
10. Vendor shall submit a Hold Harmless Agreement with bid sheet, Attachment 2.
11. The Contractor shall provide a Certificate of Liability Insurance to be submitted within 10 days of the bid award. Insurance shall cover injuries to persons and/or property damage that may arise from or in conjunction with the goods/services performed on behalf of Franklin County by Vendor. In case of policy cancellation, written notification is required within thirty days. Cancellation of such policy may render the bid award void. Comprehensive Liability – One Million Dollars (\$1,000,000) single limit per occurrence, Property Damage - One Million Dollars (\$1,000,000) per occurrence. Automobile liability / Bodily Injury- One Million Dollars (1,000,000) per accident Property Damage – One Million Dollars (\$1,000,000) per occurrence Worker's Compensation – shall be equal to or in excess of limits of Worker's Compensation laws in the State of Missouri. The cost of compliance with this provision shall be considered incidental to the cost of the project, and no additional compensation will be allowed.
12. 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.

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.

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																
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - 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
 - 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 INFORMATION

Company Name _____

Mailing Address _____

Phone number _____

Contact Name _____

Contact Name Title _____

Email Address _____

Preferred method to place order

BID PRICING FORM

201912 LUBRICANTS

REQUIRED PRICING

The bidder 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.

Lubricants	Gallon	5 Gallon	55 Gallon Container	Bulk	Per Case
15W40 API CJ-4					
5W30 API Sm					
5W20					
Universal Tractor Fluid (equal to J20C)					
Allison Transynd TES-295					
ATF D/M3					
Diesel Exhaust Fluid					
Hydraulic Oils-AW68					
Grease NLGI #2					
Gear Oil 80W90					

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

SEALED BID RESPONSE ENCLOSED

DELIVER TO:

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

SOLICITATION # 2019-12 DATE: 11/16/2018

DESCRIPTION: Lubricants

Vendor Name: _____

Vendor Address: _____

ATTACHMENT 2

VENDOR HOLD HARMLESS AGREEMENT

In consideration of your permitting us, our servants, our agents, employees and representative from time to time to enter upon or to place or maintain equipment upon premises owned or controlled by the County for the purposes of servicing our account, we agree to indemnify and hold harmless the County and its' agents and employees from and against all claims for personal injury or property damage, including claims against the County, its' agents or servants, and all losses or expenses, including attorney's fees that may be incurred by the County in defending such claims arising out of or resulting from the performance of the work and caused in whole or in part by any negligent act or omission of the Contractor, or anyone directly or indirectly employed by the Contractor or anyone for whose acts any of them may be liable, the indemnification obligation under this paragraph shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Contractor, under Workers' Compensations Acts, Disability Acts, or other Employee Benefit Acts.

Company

Authorized Agent Signature

Printed Name and Title

Date