



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

RFB NO: 202418

TITLE: 2024-18 Vehicle for Franklin County Health Department

Solicitation Schedule & Deadlines:

January 10, 2024	Solicitation Release/Advertising Date
January 17, 2024 10:00AM	Deadline for Submitting Questions
January 19, 2024 4:30PM	Deadline to post Addendum
January 30, 2024 2:00PM	Deadline to Submit Response
January 30, 2024 2:30 PM	Opening Date I Time

Responses must be received no later than "Deadline to Submit Response"

January 30, 2024 2:00 PM

Shakara Bray, Purchasing Agent

Meagan Johnson, Assistant Purchasing Agent

Phone: 636-584-6274    Email: [purchasing@franklinmo.gov](mailto:purchasing@franklinmo.gov)

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.

Company Name: \_\_\_\_\_

# 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

\_\_\_\_\_ Pricing Form (all pages) completed and signed

\_\_\_\_\_ I have one original and two copies that are labeled accordingly

\_\_\_\_\_ I have included contact information

\_\_\_\_\_ COI (Certificate of Insurance)

\_\_\_\_\_ Envelope is sealed and label attached

\_\_\_\_\_ Affidavit for Work Authorization is completed and Notarized

\_\_\_\_\_ Current, signed W-9 is included in solicitation packet

*If you have already submitted W-9 information through Vendor Registry, you do not have to resubmit with response. Just reference Vendor Registry.*

## PURPOSE

Franklin County, MO (Health Dept.) is seeking bids from qualified vendors to provide a vehicle for the Franklin County Health Dept. that meets or exceeds the specific requirements listed below.

## SPECIFIC REQUIREMENTS

1. The vendor shall provide a vehicle with manufacturers' standard equipment.
2. All items of standard equipment which are normally provided with each vehicle by the manufacturer shall be furnished unless such items are specifically omitted by the request for bid specifications.
3. All options and/or accessories must be manufacturers' original equipment. No aftermarket options and/or accessories shall be acceptable.
4. All options must be factory installed.
5. The manufacturers' standard warranty shall apply to this vehicle.
6. All warranty service must be performed within a 70-mile radius from the Franklin County Health Dept. Physical location: 414 E Main St. Union, MO. 63084
7. Vehicle shall come with owner's manual.
8. Vehicle shall come with proper form to apply for Missouri title and license including the Manufacturer's Statement of Origin and invoice.
9. Vehicle shall be delivered and/or picked up within one week from award date of this bid.
10. Delivery and/or pick up specifications of the vehicle will be one of the following:
  - a) Vehicle delivered to the Franklin County Health Dept. at 414 E Main St. Union, MO. 63084
  - b) Vehicle picked up at awarded vendor's location no more than 70 miles from the Franklin County Health Dept. at 414 E Main St. Union, MO. 63084
11. In the event that the awarded vendor cannot deliver and/or accommodate pick up for the Franklin County Health Dept. within one week of the award date, The Franklin County Health Dept. reserves the right to find the same or similar vehicle from another source.
12. Payment will be a check from Franklin County, MO which will be processed and sent after vehicle is in hands of Franklin County Health Dept. and after invoice is received by Franklin County Health Dept. Invoice can be mailed or emailed to the following:

Franklin County Health Dept.  
Attn: Tony Buel  
414 E Main St. Union, MO. 63084

[Tony.Buel@lpha.mo.gov](mailto:Tony.Buel@lpha.mo.gov)

13. Invoice will have the awarded vendor's remittance address, Legal Business name, Franklin County's Purchase order number, and pricing broke down by specifications.

14. The awarded vendor shall be responsible for repairing any item or components received in damaged condition at no cost to Franklin County, MO.
15. All prices shall be firm, fixed as indicated in the pricing pages within this bid.
16. Color of vehicle shall not be red or black. Red vehicles are associated with the fire departments in the area. Black vehicles are costly to repair. (Black absorbs all visible parts of the light spectrum, turning that light energy into heat, the more energy it absorbs, the more heat it omits. And the extra amount of heat causing interior plastic to buckle or crack, because they are not good conductors of heat.) White color is preferable.
17. A bigger trunk capacity is necessary. The Health Dept. travels with equipment and will need room in the vehicle to haul it.
18. Vehicle can be brand new and/or up to 3 years old. Any vehicle older than 3 years will not be accepted.

*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.)*

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Authorized Representative's Signature

Printed Name

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Title

Date

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

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

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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).

## Vehicle Check-List

### LIGHTS:

- |   |   |
|---|---|
| <input type="checkbox"/> Low Beam       | <input type="checkbox"/> Left Turn Signal   |
| <input type="checkbox"/> High Beam      | <input type="checkbox"/> Right Turn Signal  |
| <input type="checkbox"/> Brake Lights   | <input type="checkbox"/> Tail Lights        |
| <input type="checkbox"/> Back Up Lights | <input type="checkbox"/> Emergency Flashers |

### INTERIOR:

- |   |  |
|---|--|
| <input type="checkbox"/> Wiper Operation  | <input type="checkbox"/> Door Locks Operable       |
| <input type="checkbox"/> Washer Operation | <input type="checkbox"/> Window Condition/Operable |
| <input type="checkbox"/> Heater/Defroster | <input type="checkbox"/> Horn                      |
| <input type="checkbox"/> Seats            | <input type="checkbox"/> Seat Belts                |
| <input type="checkbox"/> Rear View Mirror | <input type="checkbox"/> Brakes                    |
| <input type="checkbox"/> Parking Brake    |  |

### GAUGES:

- |                                       |                                      |
|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fuel         | <input type="checkbox"/> Volt/Amps   |
| <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Temperature |

### EXTERIOR:

- |   |  |
|---|--|
| <input type="checkbox"/> Tire Tread (1/16")   | <input type="checkbox"/> Body Damage/Loose Parts |
| <input type="checkbox"/> Tire Air Pressure    | <input type="checkbox"/> Mirrors                 |
| <input type="checkbox"/> Windshield Condition | <input type="checkbox"/> Wiper Blades            |

### FLUID LEVELS:

- |   |   |
|---|---|
| <input type="checkbox"/> Oil            | <input type="checkbox"/> Belts not frayed/cracked/loose |
| <input type="checkbox"/> Coolant        | <input type="checkbox"/> Battery Connection clean/tight |
| <input type="checkbox"/> Brake          | <input type="checkbox"/> Hoses (no cracks or leaks)     |
| <input type="checkbox"/> Power Steering | <input type="checkbox"/> Steering                       |
| <input type="checkbox"/> No Leaks       | <input type="checkbox"/> Shock Absorbers/Struts         |

***Vehicle must have a large capacity trunk and/or hatchback. Vehicle can be brand new or no older than 3 years.***

As the owner/operator of the above-listed vehicle, I certify that I have completed this Vehicle Safety Inspection Checklist and that all items checked are in good working order, and/or that I will make any needed repairs within 30 days.

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Signature

Date



# PRICING FORM

## 202418 Vehicle for Franklin County Health Department

### REQUIRED PRICING

The bidder shall complete the following pricing form and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation. Vendor must complete the Vehicle Check-List on the previous page.

**Make, Model & Year:** \_\_\_\_\_

**Firm, Fixed Base Price Equipped as Specified within the "Check List" Per Vehicle**

**\$** \_\_\_\_\_

**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.*

**VENDOR INFORMATION**

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
Phone number \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Name Title \_\_\_\_\_

Email Address \_\_\_\_\_

# 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 # 202418      DATE: January 30, 2024 2:00PM

DESCRIPTION: Vehicle for Franklin County Health  
Department

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

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