



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

RFB NO: 201907

TITLE: Aggregate/Cinder Materials

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 Struttmann, 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 12)

## SPECIFIC REQUIREMENTS

1. Contractor must be able to provide Bituminous Materials to the requesting departments, which meet or exceed the specifications contained in this document.
2. Franklin County Highway Department will purchase aggregate materials as needed from a particular supplier based on price per ton and distance to the jobsite. Actual orders will be needed in varying quantities and type by project location.
3. Delivery charge shall include material cost and all costs associated with loading, hauling and unloading. Delivery charge will start at the plant address and end at the closest point to the worksite. Delivery charge will be for a one-way trip. Mapquest.com will be used to determine delivery distance. Delivery charge shall be included in the bid per ton of material delivered.
4. Typical materials requested are listed in the Price Sheet. This bid is included but not limited to the listed items.
5. Aggregate shall meet specifications for the specific type of aggregate as noted in Sections 1001, 1006, 1007 and 1009 in the ~~2017~~ <sup>latest</sup> edition of the Missouri Standard for Specifications for Highway Construction.
6. Type 1 Rock Blanket and Type 2 Rock Blanket shall conform to Section 611.30.2 from the 2017 Missouri Standard Specification for Highway Construction. Each item must conform to these standards for acceptance and payment. By placing this bid, the bidder certifies that the material complies with these specifications.
7. Traction Material may include aggregate or bottom ash cinders or other similar products. All material shall pass a 3/8" sieve. The traction material shall consist of supplying clean cinder materials. This specification covers cinders for winter maintenance purposes. Screened/washed wet bottom boiler slag. Black/brown in color (black preferred). Cinders should be equal to cinders from Charah (Eco-Sand) as visually approved by Highway Department personnel.
8. Before the first load of 1" Minus (Wet Base) aggregate is picked up or delivered, the results of a standard proctor test shall be on file at the Franklin County Highway Office. The test shall be signed and sealed by a professional engineer and include a maximum density and optimum moisture. One (1)" Minus (Wet Base) aggregate shall be stockpiled containing the optimum moisture. The standard proctor test may be attached to the bid sheet.
9. Trap Rock: The aggregate shall be 3/8" washed and screened trap rock of precambrian rhyolite porphyry origin from the Iron County area or granite porphyry trap rock.  
The graduation shall be:        1/2" sieve – 100% passing  
   3/8" sieve – 92-100% passing  
   #4 sieve – 0-10% passing

10. Pea Gravel: The aggregate shall be washed

*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

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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).

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> 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) ▶ _____ 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) ▶ _____	
	<b>4</b> 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) _____ (Applies to accounts maintained outside the U.S.)	
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> 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.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
<b>OR</b>								
<b>Employer identification number</b>								
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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.

<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:
- 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.

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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



## VENDOR INFORMATION

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

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

\_\_\_\_\_

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

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

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

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

Preferred method to place order

\_\_\_\_\_

\_\_\_\_\_

# PRICING FORM

## 201907 Aggregate/Cinder Materials

### 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.

<u>Item:</u>	<u>Price per Ton-picked up</u>	<u>Price per Ton/per Mile-delivered</u>
½" Clean	_____	_____
1" Minus	_____	_____
1" Minus (Wet Base)	_____	_____
1" Clean or 1" Base	_____	_____
2" Minus	_____	_____
2" Clean or 2" Base	_____	_____
3" Clean or 3" Base	_____	_____
3"-5" Clean (Gabion)	_____	_____
4" Minus	_____	_____
Gabion/Rip Rap	_____	_____
8" Clean	_____	_____
Type 1 Rock Blanket	_____	_____
Type 2 Rock Blanket	_____	_____
Type 5 Base/Blanket	_____	_____
Quarry Rock/Shot Rock	_____	_____
Trap Rock	_____	_____
Pea Gravel	_____	_____
Fill Dirt	_____	_____
Eco Sand	_____	_____
Sand	_____	_____
Cinders	_____	_____
Screenings	_____	_____
3/8" clean	_____	_____
Top Soil	_____	_____

Company Name \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Printed name and title \_\_\_\_\_

## **PRICING FORM**

### **201907 Aggregate/Cinder Materials**

Vendor may provide pricing sheet with additional items not listed on the solicitation Pricing Form with response to this bid.

*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

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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 # 2019-07      DATE: 11/16/2018

DESCRIPTION: Aggregate/Cinder Materials

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

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