



FRANKLIN COUNTY
PURCHASING DEPARTMENT
REQUEST FOR PROPOSAL (RFP) COVER PAGE

RFP NO: 201825

TITLE: VHF Public Service Radio System Services

Schedule & Deadlines:

November 14, 2018	Release Date
November 14, 21, and 28, 2018	Advertising Period
November 28, 2018, 8:00 AM	Deadline for Submitting Questions
November 30, 2018 9:00 AM	Deadline to post Addendum
December 7, 2018 at 10:00 AM	Deadline to Submit Proposal

RFP responses must be received no later than "Deadline to Submit Proposal"
December 7, 2018 at 10:00 AM

Kathy Hardeman, Purchasing Agent
Phone: 636-584-6274

Ann Struttman, Assistant Purchasing Agent
Email: purchasing@franklinmo.net

Vendors are encouraged to register their business with Franklin County and may do so by selecting the "Vendor Registry" link on the County Web Site home page www.franklinmo.org.

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

PROPOSAL SUBMISSION CHECKLIST

_____ I have reviewed the solicitation schedule and deadlines, located on the RFP cover page

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

Located at <https://www.franklinmo.org>

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

USE THESE FORMS ONLY

_____ Solicitation Cover page

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

_____ Contractual Terms and Conditions Acknowledgement (page 5)

_____ Affidavit for Work Authorization is completed and Notarized (page 6 & 7)

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 8)

If you have already submitted W-9 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 9)

_____ Completed Vendor Information Form (page 10)

_____ Envelope is sealed and label attached (page 11)

RFP 2018-25 VHF PUBLIC SERVICE RADIO SYSTEM SERVICES

Franklin County, Missouri invites interested and well qualified companies to submit written proposals to provide services for the County VHF Public Service Radio System.

The intent of this RFP is to evaluate responses for the overall as needed/if needed maintenance, technical, and coordination support for the multi-site and multi-channel Franklin County VHF Public Service Radio System. The primary components of the system are currently made up of multiple Airmux microwave links and other IP components, multiple GE (Harris) Mastr III stations and components, and Zetron radio consoles and components. All portions of this proposal are intended to provide for any technology, infrastructure, services and equipment associated with the sending and receiving of RF signals for public safety.

Scope of Service:

As needed, if and when needed:

1. On-call/emergency service with emergency availability on site within 2 hours
2. Preventative maintenance and technical services including enhancement, install and/or uninstall (of any equipment existing or future), moving, troubleshooting, repair, and replacement of the System or components of it
3. FCC Licensing application and maintenance
4. Tower service
5. Grounding and other electrical/RF elements of a radio system
6. RF and Technology consultation for future construction
7. Integration assistance
8. Provide equipment, parts, and supplies related to the System as required

Deliverables and evaluation:

1. Number of technicians with summary and areas of expertise covered
2. List affiliations with brands or corporations such as authorized dealership and certification:
3. Cooperative procurement awards or contracts that your organization is affiliated with:
4. List other public safety maintenance contracts within the last 10 years with contract information and/or recent completed implementations with like radio systems:
5. Describe your inventory relevant to the Franklin County VHF Public Service Radio System or alternative relationships or methods that would assist in optimal outage resolution.
6. Parts and labor cost or pricing model

Franklin County has the option to procure other equipment and/or services related to the radio system through other agreements or methods. Future and other equipment **may** be included in the scope of this contract at the option of the awarded bidder.

County reserves the right to consult with other vendors.

New Equipment is limited to components of repair, replacement and enhancements to existing system.

New Systems will be procured separately.

Contract period for one year with three, one- year optional renewals.

Awarded vendor performance will be reviewed semi-annually in the following areas:

Response Effectiveness, Effectiveness of resolution, Scheduling efficiency, and Invoicing and Documentation.

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:

<https://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

(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, sub grantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, sub grantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, sub grantee'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.

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/ir9.

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 _____.

Day Month, Year

I am commissioned as a notary public within the County of _____, State of

_____, and my commission expires on _____

Signature of Notary

Date

VENDOR "POC" Point of Contact

Following award of contract

Company Name _____

Mailing Address _____

Phone number _____

Contact Name _____

Contact Name Title _____

Email Address _____

ATTACHMENT 1

SEALED RFP LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFP PACKAGE

SEALED RFP RESPONSE ENCLOSED

DELIVER TO:

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

RFP # 201825 DATE: 12/07/2018

DESCRIPTION: VHF Public Service Radio Systems Services

Vendor Name: _____

Vendor Address: _____