

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

RFB NO: 202029

TITLE: Sheriff's Department Air Purification

<u>Schedule & Deadlines:</u>

September 16, 2020 Solicitation Release

September 16, 2020 Advertising Date

September 22, 2020 10:00 AM Site Visit

September 23, 2020, 2:00 PM Deadline for Submitting Questions

September 25, 2020 4:30 PM Deadline to post Addendum

October 2, 2020 at 2:00 PM Deadline to Submit Response

October 2, 2020 at 2:30 PM Opening Date / Time

RFB responses must be received no later than "Deadline to Submit Response"

October 2, 2020 at 2:00 PM

Ann Struttmann, Purchasing Agent

Shakara Bray, 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.

Compan	y Name:		

BID SUBMISSION CHECKLIST

I have reviewed the solicitation schedule and deadlines, located on the solicitation 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 RESPONSE <u>USE THESE FORMS ONLY</u>
Solicitation Cover page
Contractual Terms and Conditions Acknowledgement
Pricing Form completed and signed
Affidavit for Work Authorization is completed and Notarized
(Additional required verification is included)
Certificate of Insurance
Current, signed W-9 is included in solicitation packet
I have one original and two copies that are labeled accordingly
I have included contact information
Envelope is sealed and label attached
Affidavit of Compliance with Anti-Israel Discrimination Act

BACKGROUND INFORMATION

Due to the recent SARS-CoV-2 (COVID-19) global pandemic and the risks that it poses to those confined within close quarters, Franklin County, Missouri is requesting bids for the installation of air purification systems at the new Jail addition, 911 Dispatch addition, and the existing Sheriff's Department located at 1 Bruns Drive, Union, MO, 63084.

Architectural, Electrical, and Mechanical drawings for the facility have been included for your use.

Site Visit is not mandatory, however, strongly recommended.

SPECIFIC REQUIREMENTS

General

County is seeking bids to install air purification systems on all recently installed and existing Air Handling Units and Roof Top Units supply air ducts. This includes seven (7) existing roof top units, seven (7) new roof top units and two (2) new air handling units. At the time of this air purification installation all "existing" and "new" AHUs and RTUs will be installed and operational.

The Goal of the Requests for Bids (RFB) is to obtain a cost-effective system to effectively reduce/eliminate the potential for SARAS-COV-2 (COVID-19) and a wide range of airborne and surface contaminants within the Jail/Dispatch Center/ Sheriff's Department, including infections agents such as bacteria, fungi, and other viruses, as well as the reduction in allergens and other particulates. Bidder shall submit all product information and testing information relative to its effectiveness in reducing such airborne contaminants, specifically around SARS-CoV-2 (COVID-19) and other viruses.

Basis of Design is:

- Global Plasma Solutions Auto-Cleaning Needlepoint Bipolar Ionization Air Purification with NPBI Technology
- Nu-Calgon iWave-C
- PlasmaAir 7000

Other Approved Manufacturers:

- ComAir Commercial Indoor Air Purification System
- -As equal

Installation should meet the following parameters:

- -Odor Reduction
- -Pathogen Reduction; reduce airborne microbes
- -Whole building air treatment
- -Provide as many units per HVAC unit as needed to treat the amount of air being supplied to the spaces.

Schedule

The anticipated schedule for the scope of work is immediately upon award of this RFB. Anticipated Notice to proceed is October 6, 2020. All scope of work to be completed before December 15, 2020.

Perform the following scope:

- Supply all materials, equipment, and labor necessary to install air purifications within the ductwork at the facility. Includes all necessary electrical connections, pre-construction field inspection, submittals, shop drawings, testing, and permitting for a turnkey installation of the system.
- An all-inclusive not-to exceed bid amount with itemized cost estimates for each aspect of the project, both for provide/install, and provide with project management assistance for installation.
- Coordinate with the County and or their consultants regarding construction limitations.
- Includes design of air purification systems as needed.
- Contractor is responsible for all electric connections to feed air purification systems and conduit/wiring to nearest available electric panel. Electrical plans included for reference.
- Contractor to break pricing out by 3 areas on bid form:
 - New Jail Addition
 - New 911 Dispatch Addition
 - Existing Sheriff's Department
- Contractor to include for each area a separate price for both a 1-year maintenance agreement and a 3-year maintenance agreement options. Maintenance agreement to include replacement bulbs, troubleshooting, and labor to repair/correct maintenance and operation issues.
- Contractor to coordinate installation with Sheriff Department staff and EMA/911 staff. Focus should be given to installation of system in the New Jail addition first, then new 911 addition, then existing Sheriff's Department units.
- Contractor to include a 3-year warranty on all equipment and labor.
- Provide all testing and commissioning

This contractor is highly encouraged to visit the site to review transport path, accessibility, etc. Awarded contractor will develop a site logistics plan to install systems and coordinate/review said logistics plan with the Owner.

Annual Wage Disclosure

If total cost of the contract is expected to exceed \$75,000, the project will be subject to Missouri Prevailing Wage Laws. At the time of this bid, the Annual Wage Order in effect for Franklin County, Missouri is AWO#27. It is attached for reference. As such, Certified Payroll Report will apply if Prevailing Wage is triggered.

Missouri Division of Labor Standards

WAGE AND HOUR SECTION



MICHAEL L. PARSON, Governor

Annual Wage Order No. 27

Section 036
FRANKLIN COUNTY

In accordance with Section 290.262 RSMo 2000, within thirty (30) days after a certified copy of this Annual Wage Order has been filed with the Secretary of State as indicated below, any person who may be affected by this Annual Wage Order may object by filing an objection in triplicate with the Labor and Industrial Relations Commission, P.O. Box 599, Jefferson City, MO 65102-0599. Such objections must set forth in writing the specific grounds of objection. Each objection shall certify that a copy has been furnished to the Division of Labor Standards, P.O. Box 449, Jefferson City, MO 65102-0449 pursuant to 8 CSR 20-5.010(1). A certified copy of the Annual Wage Order has been filed with the Secretary of State of Missouri.

Original Signed by
Taylor Burks, Director
Division of Labor Standards

Filed With Secretary of State: March 10, 2020

Last Date Objections May Be Filed: April 9, 2020

Prepared by Missouri Department of Labor and Industrial Relations

OCCUPATIONAL TITLE	**Prevailing			
OCCUPATIONAL TITLE	Hourly Rate			
A - h 4 \ \(\lambda \)	\$34.67			
Asbestos Worker				
Boilermaker	\$69.25			
Bricklayer	\$57.93			
Carpenter	\$57.11			
Lather				
Linoleum Layer				
Millwright				
Pile Driver				
Cement Mason	\$53.39			
Plasterer				
Communications Technician	*\$24.61			
Electrician (Inside Wireman)	\$65.71			
Electrician Outside Lineman	*\$24.61			
Lineman Operator				
Lineman - Tree Trimmer				
Groundman				
Groundman - Tree Trimmer				
Elevator Constructor	*\$24.61			
Glazier	\$61.92			
Ironworker	\$62.11			
Laborer	\$46.60			
General Laborer				
First Semi-Skilled				
Second Semi-Skilled				
Mason	*\$24.61			
Marble Mason				
Marble Finisher				
Terrazzo Worker				
Terrazzo Finisher				
Tile Setter				
Tile Finisher				
Operating Engineer	\$62.93			
Group I				
Group II				
Group III				
Group III-A				
Group IV				
Group V				
Painter	\$48.71			
Plumber	\$69.32			
Pipe Fitter				
Roofer	\$51.99			
Sheet Metal Worker	\$67.64			
Sprinkler Fitter	\$61.55			
Truck Driver	*\$24.61			
Truck Control Service Driver				
Group I				
Group II				
Group III				
Group IV				
V. V. P. I. T.				

^{*}The Division of Labor Standards received less than 1,000 reportable hours for this occupational title. Public works contracting minimum wage is established for this occupational title using data provided by Missouri Economic Research and Information Center.

^{**}The Prevailing Hourly Rate includes any applicable fringe benefit amounts for each occupational title.

MANNEIN County	
OCCUPATIONAL TITLE	**Prevailing Hourly Rate
Carpenter	\$55.33
Millwright	
Pile Driver	
Electrician (Outside Lineman)	*\$24.61
Lineman Operator	
Lineman - Tree Trimmer	
Groundman	
Groundman - Tree Trimmer	
Laborer	\$46.67
General Laborer	
Skilled Laborer	
Operating Engineer	\$63.02
Group I	
Group II	
Group III	
Group IV	
Truck Driver	\$41.47
Truck Control Service Driver	***************************************
Group I	
Group II	
Group III	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Group IV	

Use Heavy Construction Rates on Highway and Heavy construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(3).

Use Building Construction Rates on Building construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(2).

If a worker is performing work on a heavy construction project within an occupational title that is not listed on the Heavy Construction Rate Sheet, use the rate for that occupational title as shown on the Building Construction Rate Sheet.

*The Division of Labor Standards received less than 1,000 reportable hours for this occupational title. Public works contracting minimum wage is established for this occupational title using data provided by Missouri Economic Research and Information Center.

^{**}The Prevailing Hourly Rate includes any applicable fringe benefit amounts for each occupational title.

OVERTIME and HOLIDAYS

OVERTIME

For all work performed on a Sunday or a holiday, not less than twice (2x) the prevailing hourly rate of wages for work of a similar character in the locality in which the work is performed or the public works contracting minimum wage, whichever is applicable, shall be paid to all workers employed by or on behalf of any public body engaged in the construction of public works, exclusive of maintenance work.

For all overtime work performed, not less than one and one-half (1½) the prevailing hourly rate of wages for work of a similar character in the locality in which the work is performed or the public works contracting minimum wage, whichever is applicable, shall be paid to all workers employed by or on behalf of any public body engaged in the construction of public works, exclusive of maintenance work or contractual obligation. For purposes of this subdivision, "overtime work" shall include work that exceeds ten hours in one day and work in excess of forty hours in one calendar week; and

A thirty-minute lunch period on each calendar day shall be allowed for each worker on a public works project, provided that such time shall not be considered as time worked.

HOLIDAYS

January First;
The last Monday in May;
July Fourth;
The first Monday in September;
November Eleventh;
The fourth Thursday in November; and December Twenty-Fifth;

If any holiday falls on a Sunday, the following Monday shall be considered a holiday.

OTHER REQUIREMENTS

Insurance Requirements

- 1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:
 - A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the Sate and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.
 - B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.
 - 1. Premises Operations
 - 2. Products and Completed Operations
 - 3. Broad Form Property Damage
 - 4. Contractual
 - 5. Personal Injury
 - C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:
 - 1. Owned Automobiles
 - 2. Hired Automobiles
 - 3. Non-Owned Automobiles
 - D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."
 - E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".

2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

OTHER REQUIREMENTS - CONTINUED

Anti-Discrimination Against Israel Act Requirement

A public entity shall not enter into a contract with a company to acquire to dispose of services, supplies, information technology, or construction unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel. This section shall not ably to contracts with a total potential value of less than one hundred thousand dollars or to contractors with fewer than ten employees.

Affidavit of Compliance with Section 34.600 RSMo for Contracts over \$100,000 or for Contractors with Ten (10) or more employees I, [Contractor Agent], being duly sworn, attest and state, under penalty of perjury, as follows: I am employed by _____ 1. [Contractor] and serve as the [Position with Contractor]. I hereby affirm that _____ [Contractor]: 2. is not currently engaged in and shall not, for the duration of the contract, engage a) in a boycott of goods or services from the State of Israel; or b) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or c) is not currenly engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from persons or entities doing business in the State of Israel. Further Affiant Sayeth Not. [Contractor Agent] STATE OF MISSOURI) ss. COUNTY Subscribed and sworn to me, a notary public, this _____ day of ______, 202_. Notary Public

My commission expires:

RFB PRICING FORM

202029 Air Purification System

REQUIRED PRICING BID BREAKDOWN

The contractor shall complete the following pricing table and provide firm, fixed pricing necessary to meet the mandatory requirements of the RFB.

1. New Jail Addition	
a. Total Price (Labor, Materials, Equipment, etc.)	\$
b. 1 Year Maintenance Agreement	
c. 3 Year Maintenance Agreement	\$
2. New 911 Dispatch Addition	
a. Total Price (Labor, Materials, Equipment, etc.)	\$
b. 1 Year Maintenance Agreement	
c. 3 Year Maintenance Agreement	\$
3. Existing Sheriff's Department	
a. Total Price (Labor, Materials, Equipment, etc.)	\$
b. 1 Year Maintenance Agreement	
c. 3 Year Maintenance Agreement	\$
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.

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 of contract. Vendor/Contractor enters into this agreement 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	on/Title)				
first being duly sworn on my oath, affirm enrolled and will continue to participate employees hired after enrollment in the related to	in the E-Verify program who a Bid/Grant/Sub gr	Federal Work Aut are proposed to wa ant/Contract/Subcont	ork in connection with the services tract) for the duration of the grant,		
I also affirm that					
does not and will not knowingly employ a contracted services related to			(Bid/Grant/Sub		
In Affirmation thereof, the facts stated all statements made in this filing are subject		•			
Authorized Representative's Signature	Prir	ted Name			
Title	Dat	e			
Subscribed and sworn to before me this		Month, Year	I am		
Commissioned as a notary public within t	_		, State of		
Signature of Notary	Dat	e			

AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that defined in section	(Business Entity Name) <u>MEETS</u> the definition of a business entity as 85.525, 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
, ,	e, sub grantee, contractor, or subcontractor must perform/provide the ntee, contractor, or subcontractor shall check each to verify

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, contractors. 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).

Form (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

	Revenue Service									
	1 Name (as shown on your income tax return). Name is required on this line; of	do not leave this line blank.								
ge 2.	2 Business name/disregarded entity name, if different from above									
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ T single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ►			Trust/estate 4 Exemptions (cod certain entities, no instructions on page Exempt payee code)			individu e 3):	only tals; se	to ee	
single-member LLC 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 at the tax classification of the single-member owner. Other (see instructions) ►						ne above for code (if any)				
e P	☐ Other (see instructions) ►							ained outsid	ie the U.S	S.)
Specifi	5 Address (number, street, and apt. or suite no.)	R	equester's	name	and ac	Idress (a	ptiona	11)		
See	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Par	t I Taxpayer Identification Number (TIN)									
	your TIN in the appropriate box. The TIN provided must match the nat		•	ial se	curity	number				_
reside entitie	p withholding. For individuals, this is generally your social security nuntralien, sole proprietor, or disregarded entity, see the Part I instructions, it is your employer identification number (EIN). If you do not have a	ons on page 3. For other								
	n page 3.		or Em	olovo	r ident	ification	numi	aer .		
	If the account is in more than one name, see the instructions for line ines on whose number to enter.	1 and the chart on page 4	for Ein	Picye	- Ideni				$\overline{\Box}$	
					_ _					
Par										
	penalties of perjury, I certify that:									
	e number shown on this form is my correct taxpayer identification nun	// E								
Se	n not subject to backup withholding because: (a) I am exempt from b rvice (IRS) that I am subject to backup withholding as a result of a failt longer subject to backup withholding; and	ackup withholding, or (b) I ure to report all interest or	have not l dividends	been , or (notifie c) the	ed by th IRS has	e Inte notif	ernal Re ied me	venue that I	e am
3. lau	m 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 exem	npt from FATCA reporting i	is correct.							
becau interes gener	ication instructions. You must cross out item 2 above if you have be use you have failed to report all interest and dividends on your tax retu st paid, acquisition or abandonment of secured property, cancellation ally, payments other than interest and dividends, you are not required ctions on page 3.	irn. For real estate transact of debt, contributions to a	tions, item an individu	n 2 do ual re	oes no tireme	t apply. nt arrar	For r	nortgaç ent (IRA	je), and	i
Sign Here		Date	•							
Ger	neral Instructions	 Form 1098 (home mortg (tuition) 	age interes	t), 109	98-E (st	tudent la	an inte	erest), 10	98-⊤	
	n references are to the Internal Revenue Code unless otherwise noted.	• Form 1099-C (canceled debt)								
	edevelopments. Information about developments affecting Form W-9 (such slation enacted after we release it) is at www.irs.gov/fw9.	• Form 1099-A (acquisitio							to	
Purp	ose of Form	Use Form W-9 only if ye provide your correct TIN.								
return which numbe identifi	ividual or entity (Form W-9 requester) who is required to file an information with the IRS must obtain your correct taxpayer identification number (TIN) may be your social security number (SSN), individual taxpayer identification or (TIN), adoption taxpayer identification number (ATIN), or employer cation number (EIN), to report on an information return the amount paid to	If you do not return Fon to backup withholding. Se By signing the filled-out 1. Certify that the TIN yo to be issued),	e What is b t form, you:	ackup	o withh	olding? (on pag	je 2.		
	r other amount reportable on an information return. Examples of information sinclude, but are not limited to, the following:	Certify that you are n	ot subject t	to bac	kup wi	thholding	g, or			
	1 1099-INT (interest earned or paid)	3. Claim exemption from								
	1099-DIV (dividends, including those from stocks or mutual funds)	applicable, you are also c any partnership income fr	om a U.S. t	rade (or busir	ness is n	ot sub	ject to th	ne	
	1099-MISC (various types of income, prizes, awards, or gross proceeds)	withholding tax on foreign partners' share of effectively connected income, and								
 Form broker 	n 1099-B (stock or mutual fund sales and certain other transactions by s)	Certify that FATCA control of the FATCA research from the FATCA research.	eporting, is							
	orm 1099-S (proceeds from real estate transactions) page 2 for further information. page 2 for further information.									

Form **W-9** (Rev. 12-2014)

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 RFB LABEL

PLEASE ATTACH LABEL TO OUTSIDE OF RFB PACKAGE	

SEALED RFB RESPONSE ENCLOSED

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

RFP # 202029 DATE: 10/02/2020

DESCRIPTION: Sheriff's Department Air Purification

Vendor Name:		 	
Vendor Address: _	 	 	

ATTACHMENT 2 Floor Plans See attachment



