



Use Separate Envelope For Each Bid
Bids will not be considered unless returned on this original form.

Invitation To Bid

JOHNSON COUNTY PURCHASING AGENT
211 N. CHURCH STREET
MOUNTAIN CITY, TN 37683
Phone: (423) 727-7861

Requisition # 34090

Bid Name Guardrails 19-2

Sealed bids will be received by the Johnson County Purchasing Agent until the date shown below for articles specified below, and under the following conditions, unless otherwise specified by the Johnson County Purchasing Agent:

Prices quoted must include all transportation charges, packing, and drayage. Bids must be free from alteration, or erasures, and all pages must be signed in ink by individual or firm making bid. Carefully review all sections before submission. Incomplete documents may be rejected. You may include other documentation for review inside sealed bid envelope. The Purchasing Agent/Committee and/or the Johnson County Commission, reserve the right to reject any or all bids, to request additional information from all proposers, to use any ideas presented in proposals, and to negotiate with one or more of the finalists regarding terms of the engagement. Johnson County, TN intends to select the company that, in its opinion, best meets the County's needs. All proposals become the property of Johnson County, TN when submitted, and will not be returned.

Address the outside of the envelope & return to:

Johnson County Purchasing Agent
Dustin Shearin
211 N. Church Street
Mountain City, TN 37683

***Note:** Plainly mark the Return Name and Address of the Proposer, the above Requisition Number, & Bid Name on the outside of the sealed envelope. The Purchasing Agent reserves the right to include any potential bid packages even if not plainly marked as such. Any potential bid packages that are not plainly marked are considered VOID if mistakenly opened prior to the scheduled bid opening meeting.

Awarding will be made to the bidder who meets the requirements of the solicitation and has submitted the lowest and best responsive bid. Awarding of this bid proposal to the successful bidder is contingent upon approval by all necessary involved parties. ***Bid results will be made available upon request. ***

* All bidders must show proof of Liability Insurance and the amount of coverage, and provide a complete Drug Free Workplace Affidavit. Failure to meet any of the above requirements will be grounds to reject bids.

Please feel free to call Johnson County Purchasing Agent, Dustin Shearin with any questions you may have. (423) 727-7861

Bid On: Guardrails, Post, & End Terminals (State Aid & County Projects)

(Description on Page 2)

For: Johnson County Government

Sealed Bids will be accepted until: May 9, 2019; 2:00 PM

Date/Time of Bid Opening Meeting: May 9, 2019; 2:00 PM (Bid Opening Meeting is subject to Date & Time Changes, when deemed necessary by the Purchasing Agent. An attempt will be made to notify all known involved parties, and a "Notice of Meeting Change" will be posted at the county courthouse reflecting new meeting date/time.)



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Phone: (423) 727-7861

Requisition # 34090

Bid Name Guardrails 19-2

DESCRIPTION OF GOODS/SERVICES WANTED

Guardrails, Post, & End Terminals (State Aid & County Projects)

***Specifications:** Request for bid pricing, beginning July 1, 2019 thru June 30, 2020, to furnish the following items to Johnson County as needed and requested per the following information.

PRICING TO REMAIN VAILD FOR THE ENTIRE 2019-2020 FISCAL YEAR

1. Guardrails – New – Per Foot (Installed) ----- \$ _____

 New – Per Foot (Delivered Non-Installed) ----- \$ _____

2. Guardrails – Used – Per Foot (Installed) ----- \$ _____

 Used – Per Foot (Delivered Non-Installed) ----- \$ _____

3. Posts – New – Each (Installed) ----- \$ _____

 New – Each (Delivered Non-Installed) ----- \$ _____

4. Posts – Used – Each (Installed) ----- \$ _____

 Used – Each (Delivered Non-Installed) ----- \$ _____

5. End Terminals – New – Each (Installed) ----- \$ _____

 New – Each (Delivered Non-Installed) ----- \$ _____

6. Will your business be available for Emergency Repairs after normal business hours: (Yes/No) _____? If yes, would there be any additional charge above the normal installation charge rate: (Yes/No) _____, \$ _____?

7. List any special services you may offer, if any: _____

A separate sheet may be used to list all other services or products offered and their associated costs, if applicable.

9. Will you allow for other government agencies to piggyback off of this proposal? (Yes/No) _____



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Phone: (423) 727-7861

Requisition # 34090

Bid Name Guardrails 19-2

Vendor Contact Information

Company Name: _____

Company Mailing Address: _____

Primary Contact Information:

Name _____

Phone # _____

Secondary Contact (If Applicable):

Name _____

Phone # _____

CONFLICT OF INTEREST (ACCORDING TO: T.C.A. 5-14-114) - No member of County of Johnson Legislative body, and no other officer, employee, or agent of the County of Johnson who exercises any functions or responsibilities in connection with the carrying out of the Project to which this Contract pertains, shall have any personal interest in, and/or receive any monies or anything of value directly or indirectly from this Contract.

IRAN DIVESTMENT ACT – By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to T.C.A. 12-12-106.

NON-COLLUSION AFFIDAVIT – The agent of the bidding firm hereby certifies to the best of his/her knowledge and belief that this bid proposal to Johnson County, TN has not been prepared in collusion with any other seller of similar products. The agent also certifies that the prices, terms and conditions of said bid proposal have not be communicated by the undersigned, nor by any employee or agent of the bidding firm, to any other seller of similar products and will not be communicated to any such seller prior to the official opening of said bid.

The undersigned firm or individual(s), proposes to follow all conditions set forth in this document, to furnish and deliver to the place designated, the named supplies/services at the prices quoted, same to be charged to Johnson County. We guarantee all the above-named goods to be in accordance with specifications or equal.

_____ Date: _____

_____ Date: _____

(AFFIX NOTARY SEAL)

My Commission Expires _____

Signature _____

DRUG FREE WORKPLACE AFFIDAVIT

STATE OF _____

COUNTY OF _____

The undersigned, principal officer of _____, an employer of five (5) or more employees contracting with _____ County government to provide construction services, hereby states under oath as follows:

1. The undersigned is a principal officer of _____ (hereinafter referred to as the "Company"), and is duly authorized to execute this Affidavit on behalf of the Company.
2. The Company submits this Affidavit pursuant to T.C.A. § 50-9-113, which requires each employer with no less than five (5) employees receiving pay who contracts with the state or any local government to provide construction services to submit an affidavit stating that such employer has a drug-free workplace program that complies with Title 50, Chapter 9, of the *Tennessee Code Annotated*.
3. The Company is in compliance with T.C.A. §§ 50-9-113 and 50-9-114.

Further affiant saith not.

Principal Officer

STATE OF _____
COUNTY OF _____

Before me personally appeared _____, with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person executed the foregoing affidavit for the purposes therein contained.

Witness my hand and seal at office this _____ day of _____, 20____.

Notary Public

My commission expires: _____



JOHNSON COUNTY PURCHASING DEPT.

211 North Church Street
Mountain City, Tenn. 37683
423-727-7861

DUSTIN SHEARIN
PURCHASING AGENT

CONTRACT MONITORING

Johnson County requires that sub-recipients maintain records of those ethnic and gender groups who are awarded bids on projects.

FOR TITLE VI COMPLIANCE, WE ASK VOLUNTARY DISCLOSURE OF THE FOLLOWING INFORMATION:

GENDER: MALE _____ FEMALE _____

RACE: CAUCASIAN _____

AFRICAN AMERICAN _____

HISPANIC _____

OTHER (PLEASE SPECIFY) _____

Johnson County in accordance with Title VI of the Civil Rights Act of 1964, Stat. 252, 41 U.S.C. 2000d to 2000d-4 and Title 49 Code of Federal Regulations, hereby notifies all proposer's that it will affirmatively insure that in any contract entered into pursuant to this bid proposal, Disadvantaged Business Enterprises (DEB's) will be afforded full opportunity to submit proposals in response to bid invitations and will not be discriminated against on the grounds of race, creed, color, sex, national origin, or handicap in consideration for an award.

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	Johnson County Government 211 North Church Street Mountain City, TN 37683
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 the "Name" line to avoid backup withholding. For individuals, this is 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 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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.