BAKER COUNTY BOARD OF COUNTY COMMISSIONERS

Annual Contract for Limerock

BID 2019-11

BAKER COUNTY BOARD OF COUNTY COMMISSIONERS
ADMINISTRATION OFFICE
55 N THIRD STREET
MACCLENNY, FL 32063
PHONE: 904-259-3613
EMAIL: Sara.little@bakercountyfl.org
INVITATION TO BID # 2019-11
ANNUAL CONTRACT FOR LIMEROCK

The Baker County Board of County Commissioners, Florida (County) will receive sealed bids until 3:30 PM local time, on July 25, 2019 at the County Administration Office located at 55 N. Third Street, Macclenny, Florida 32063. Bids delivered to any other location will not be considered received by the Administration Office. Any bids received after the above time will not be accepted under any circumstances. Any uncertainty regarding the time will be resolved against the Bidder. Bids will not be accepted via fax. Shortly after the bid due time has expired, the bids will be publically opened and announced.

A clearly marked original and two (2) copies must be sealed in an envelope and clearly marked “BID 2019-11 ANNUAL CONTRACT FOR LIMEROCK” on the exterior of the package submitted to the address below.

Request for additional information or clarifications must be made in writing to the Administration Office. Facsimile or e-mail questions are acceptable. The Administration Office will issue replies to inquiries and additional information or amendments deemed necessary in written addenda, which will be issued prior to the deadline for responding to this Invitation To Bid. Questions must be received no later than July 22, 2019.

Baker County Board of County Commissioners
Administration Office
55 N. Third Street
Macclenny, Florida 32063
sara.little@bakercountyfl.org
904-259-3613

It will be the sole responsibility of the Bidder to check the County’s website prior to submitting a response to determine if any addenda have been issued and to acknowledge addenda with their bid. The County’s website: http://www.bakercountyfl.org/purchasing.php

Respondents to this solicitation or persons acting on their behalf may not contact any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and County holidays. Contact shall be made in writing to the Administration Office above or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

The Baker County Board of County Commissioners reserves the right to reject any or all bids, to waive any informalities or irregularities in any bids received, to re-advertise for bids, or take any similar actions that may be deemed to be in the best interest of the County.

BAKER COUNTY BOARD OF COUNTY COMMISSIONERS, FLORIDA

_________________________________________________________
Kennie Downing
County Manager
INTRODUCTION
The Baker County Board of Commissioners (hereafter referred as “County”) is requesting bids from qualified companies for an annual contract for limerock for use by the Road Department. The County desires to award a one (1) year contract with two (2) annual renewal options, not to exceed three contract years.

SCOPE OF WORK

A. LICENSE:

All Bidders must be qualified under the laws, rules and regulations of the State of Florida and Baker County to perform the work required by these documents.

B. INSURANCE:

1. Without limiting Bidders indemnification, it is agreed that the successful Bidder will purchase at their expense and maintain in force at all times during the performance of services under this agreement the following insurance. Where specific limits are shown, it is understood that they must be the minimum acceptable limits. If successful Bidders policy contains higher limits, Baker County will be entitled to coverage to the extent of such higher limits. Certificates of Insurance must be furnished to the County naming Baker County as additional insured. Baker County must be exempt from, and in no way liable for, any sums of money which may represent a deductible in any insurance policy. The payment of such deductible must be the sole responsibility of the Vendor/Contractor and/or subcontractor providing such insurance. These certificates must provide a ten (10) calendar day notice to the County in the event of cancellation, non-renewal or a material change in the policy.

   a. Statutory Workers Compensation insurance as required by the State of Florida.

   b. Commercial General Liability insurance to provide coverage of not less than $1,000,000.00 combined single limit per occurrence and annual aggregates where generally applicable and must include premises-operations, independent contractors, products/completed operations, broad form property damage, blanket contractual and personal injury endorsements.
c. Comprehensive Automobile Liability insurance covering all owned, hired and non-owned vehicles with coverage limits not less than $100,000.00 per person, $300,000.00 per occurrence and $100,000.00 property damage.

C. QUANTITY AND DESCRIPTION OF LIMEROCK:

Approximately 4,000 Tons of #1 limerock will be used during the contract year. Additional limerock may be ordered throughout the contract period at the prices bid. Limerock material being bid must have an average LBR value of not less than 100 and 97% (by weight) of material shall pass a 3 ½ inch sieve.

D. DELIVERY:

Delivery will be F.O.B. job site or storage yard as requested at time orders are placed, which in most cases will be 8156 Cypress St, Sanderson Fl. 32087 or within in a 15 mile radius of this location.

E. PAYMENT:

Payment will be made on a per unit basis, net 30 days upon acceptance by the County.

F. EXPERIENCE/REFERENCES:

Bidders must provide with their proposal, material for evaluating the ability of the potential Bidder to execute a project of this type. Therefore, the Bidder is required to provide a minimum of (3) three references for similar projects, which will be verified. The list of references must be attached with the bid proposal on the form provided within these specifications. All reference materials provided become the property of Baker County and also become public record.

G. ADDITIONAL INFORMATION:

Baker County reserves the right to request additional information needed for clarification from any Bidder for evaluation purposes.

H. ADDENDUM:

It will be the sole responsibility of the Bidder to check the County’s website prior to submitting a bid to determine if any addenda have been issued, to obtain such addenda, and to acknowledge addenda with their bid. Addendums will be posted on the County’s website http://www.bakercountyfl.org/purchasing.php

I. REQUIRED DOCUMENTS:

The enclosed documents must be executed and returned with bid proposal or the proposal
may be considered non-responsive.

J. PUBLIC ENTITY CRIME:

Public Entity Crimes – Section 287.133 (3) (n) of the Florida Statutes requires that a vendor/contractor submit a sworn statement concerning Public Entity crimes. Bidders are required to submit the enclosed form with their bid, failure to do so may be reason for rejection of bid.

K. EMPLOYMENT ELigIBILITY VERIFICATION (E-VERIFY)

In accordance with State of Florida, Office of the Governor, Executive Order 11-116 (superseding Executive Order 11-02: Verification of Employment Status), in the event performance of this Agreement is or will be funded using state or federal funds, the CONTRACTOR must comply with the Employment Eligibility Verification Program (“E-Verify Program”) developed by the federal government to verify the eligibility of individuals to work in the United States and 48 CFR 52.222-54 (as amended) is incorporated herein by reference. If applicable, in accordance with Subpart 22.18 of the Federal Acquisition Register, the CONTRACTOR must (1) enroll in the E-Verify Program, (2) use E-Verify to verify the employment eligibility of all new hires working in the United States, except if the CONTRACTOR is a state or local government, the CONTRACTOR may choose to verify only new hires assigned to the Agreement; (3) use E-Verify to verify the employment eligibility of all employees assigned to the Agreement; and (4) include these requirements in certain subcontracts, such as construction. Information on registration for and use of the E-Verify Program can be obtained via the internet at the Department of Homeland Security Web site: http://www.dhs.gov/E-Verify.

L. PUBLIC RECORD:

1. The County is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida’s public records law. Specifically, the Contractor shall:
   a. Keep and maintain public records that ordinarily and necessarily would be required by the County in order to perform the service;

   b. To Provide the public with access to such public records on the same terms and conditions that the County would provide the records and at a cost that does not exceed that provided in Chapter 119, Florida Statutes, or as otherwise provided by law;

   c. Ensure that public records that are exempt or that are confidential and exempt from public record requirements are not disclosed, except as authorized by law;
d. Meet all requirements for retaining public records and transfer to the County, at no cost, all public records in possession of the Contractor upon termination of the contract and destroy any duplicate public records that are exempt or confidential and exempt. All records stored electronically must be provided to the County in a format that is comparable with the information technology systems of the County.
BID PRICE SHEET
Baker County, Florida
Annual Contract for Limerock, Bid # 2019-11

COMPANY NAME _____________________________________________________________

ADDRESS ________________________________________________________________

CITY, STATE, ZIP __________________________________________________________

CONTACT NAME ___________________________________________________________

TELEPHONE _____________________________

FAX # __________________________________________

E-MAIL _________________________________

1. Bid Price: Approximately 4,000 Tons Limerock $____________________per Ton.

Additional quantities of limerock may be ordered by Baker County at the price listed above for the contract period, including extensions.

SIGNATURE ______________________________________________________________

DATE ________________________________________________________________
REFERENCES

List three (3) client/customer references including company name, address, contact person, telephone number and length of time services provided. (Note: only list those client/customers in which a similar type of equipment/product of scope of work/service was provided.)

1. Company Name: _____________________________
   Address: ______________________________________
   Business Phone #: _______________________________
   Contact Person: _________________________________
   Email: _________________________________________
   Length of time services provided: __________________

2. Company Name: _____________________________
   Address: ______________________________________
   Business Phone #: _______________________________
   Contact Person: _________________________________
   Email: _________________________________________
   Length of time services provided: __________________

3. Company Name: _____________________________
   Address: ______________________________________
   Business Phone #: _______________________________
   Contact Person: _________________________________
   Email: _________________________________________
   Length of time services provided: __________________

**THIS FORM MUST BE INCLUDED WITH PROPOSAL.**
SWORN STATEMENT UNDER SECTION
287.133(3)(n), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with Bid No.______________________________.

2. This sworn statement is submitted by ________________________________ whose business address is ________________________________ and (if applicable) its Federal Identification No.(FEIN) is ________________________________. If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement ________________________________.

3. My name is ________________________________ and my relationship to the entity named above is ________________________________.

4. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to, and directly related to, the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentations.

5. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

6. I understand that an “affiliate” as defined in Paragraph 287.133(1)(a), Florida Statutes means:
   b. A predecessor or successor of a person convicted of a public entity crime; or
   c. an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term
“affiliate” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The Ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm’s length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

7. I understand that a “person” as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term “person” includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

_____ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in neither management of the entity, nor any affiliate of the entity have been charged with or convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, or an affiliate of the entity has been charged with, and convicted of a public entity crime subsequent to July 1, 1989, and (Please indicate which additional statement applies)

_____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)
The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)

The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

Signature:_________________________________________ Date________________

STATE OF________________________________________
COUNTY OF_______________________________________

Personally appeared before me, the undersigned authority,________________________ who after first being sworn by me, affixed his/her signature in the space provided above on this______________________ day of______________________ 20______

________________________________________
Notary Public, State at large
My Commission Expires:

THIS FORM MUST BE INCLUDED WITH PROPOSAL.
CONFLICT OF INTEREST STATEMENT

STATE OF FLORIDA, CITY OF

Before me, the undersigned authority, personally appeared___________________, who was duly sworn deposes and states:

1. I am the __________________ of ______________________________ with a local office in____________ and principal office in____________ and principal office in____________.

   City & State   City & State

2. The above named entity is submitting a Proposal for the Baker County bid #2019-11 described as Limerock – Annual Contract.

3. The Affiant has made diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.

4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.

5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity’s submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.

6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.

7. Neither the entity nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.

8. I certify that no member of the entity’s ownership or management is presently applying for an employee position or actively seeking an elected position with Baker County.

9. I certify that no member of the entity’s ownership or management, or staff has a vested interest in any aspect of Baker County.

10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify Baker County.

DATED this_________day of_________20_____.

__________________________________________
(Affiant)

Typed Name and Title

Sworn to and subscribed before me this_________day of_________20_____.

Personally Known________ Or produced identification__________

Identification type:_____________________

Notary Public-State of __________________________

Printed, typed, or stamped commissioned name of notary public.

My commission expires______________.

THIS FORM MUST BE INCLUDED WITH PROPOSAL.
DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, _____________________________________________(print or type name of firm) publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the work place, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contender to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires the satisfactory participation in, a drug abuse assistance or rehabilitation program, if such is available in the employee’s community, by any employee who is so convicted.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”

____________________________
Authorized Signature

____________________________
Date Signed

State of Florida
County of _____________________
Sworn to and subscribed before me this _____ day of _________________ 20__.
Personally known _____ or Produced Identification __________________________
(Specify type of identification)

____________________________
Signature of Notary
My Commission Expires:

THIS FORM MUST BE INCLUDED WITH PROPOSAL
NON-COLLUSION AFFIDAVIT

STATE OF _______________________

COUNTY OF ______________________

__________________________, being duly sworn, deposes and says that:

1. He/She is ______________________ of ________________________________, the Bidder,
   Title ___________________________ Company Name ___________________________, that has submitted the attached proposal;

2. He/She is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;

3. Such Proposal is genuine and is not a collusive or sham proposal;

4. Neither the said Bidder nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other Bidder, firm or person to submit a collusive or sham Proposal in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Bidder, firm, or person to fix the price or prices in the attached proposal or any other Bidder, or to fix any overhead, profit or cost element of the proposal price or the proposal price of any other Bidder, or to secure through any collusion, connivance, or unlawful agreement any advantage against Baker County, Florida or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED ___________________________

TITLE ___________________________

Sworn to and subscribed before me this ___ day of ________________ 20 ___.
Personally known _____ or Produced Identification __________________________
(Specify type of identification)

______________________________
Signature of Notary
My Commission Expires: ____________________

THIS FORM MUST BE INCLUDED WITH PROPOSAL
E-VERIFY AFFIRMATION STATEMENT

RFP/Bid/Contract No: ________________________________

Project Description: ________________________________

Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of,

(a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,

(b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security’s E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name: ________________________________

Authorized Company Person’s Signature: ________________________________

Authorized Company Person’s Title: ________________________________

Date: ________________________________

THIS FORM MUST BE INCLUDED WITH PROPOSAL.