



**LEGAL AD**

**Invitation to Bid**  
**Bid No. 2018-11**

For the purchase of 1 new Motor Grader

The Baker County Board of Commissioners will be accepting bids until June 21, 2018 at 3:30pm. Specifications may be obtained at the Baker County Administration Office at 55 North 3<sup>rd</sup> Street, Macclenny FL 32063. All bids submitted shall be on forms provided and returned in a sealed envelope with "Motor Grader Bid" clearly marked on the envelope. The Baker County Board of Commissioners reserves the right to reject any and/or all bids.

Bid documents available to download at: [www.bakercountyfl.org/purchasing](http://www.bakercountyfl.org/purchasing)

## New Motor Grader Bid Bid #2018-11

The Baker County Board of Commissioners will be accepting written sealed bids for a new tandem drive motor grader. County is seeking a price for five year lease with buyback program. Companies bidding must have a complete parts and service facility located within a 50 mile radius of Sanderson, FL 32087. It is the bidder's responsibility to become familiar with all conditions and specifications for this bid.

All bids shall be mailed or delivered before **3:30pm on June 21, 2018** to the Baker County Administration Building located at 55 North 3<sup>rd</sup> Street, Macclenny FL 32063. Bids will not be accepted after this time. Bids must be submitted on the forms provided, along with any additional information requested, in a sealed envelope, clearly marked with "Motor Grader Bid".

The bidders shall list on a separate sheet of paper any variations from or exceptions to the conditions and specifications of this bid and submit it along with the bid.

Questions about the Bid shall be directed to Kennie Downing, County manager. At [kennie.downing@bakercountyfl.org](mailto:kennie.downing@bakercountyfl.org) or sara.little@bakercountyfl.org. Communication with any other party besides the County Manager during the bid process shall disqualify the bidder. Answers to questions will be printed as an addendum and posted on the County's website. It shall be the responsibility of the bidder to check the website for addendums prior to submitting their bid.

Website: [www.bakercountyfl.org/purchasing](http://www.bakercountyfl.org/purchasing)

**Modification and Withdrawal of Bid:** Prior to the time of bid opening, a Bidder may withdraw his Bid at any time, but may not resubmit it. Bids may not be modified after submittal. After the bid opening, no Bid may be withdrawn, canceled, canceled or modified for a period of ninety (90) days after the time and date designated as the Bid Date.

**Opening of Bids:** Bids submitted by the Bid Date will be opened publicly and read aloud at the Baker County Administrative Building located at 55 North 3<sup>rd</sup> St, Macclenny, FL 32063 on June 21, 2018 at 3:35 pm.

**Warranty:** Bidders must offer a 5 year or 7500 hour full machine warranty in the bid item for total cost. Warranty shall not have any deductible or travel time cost and cover any required oil sampling cost. Bidder shall include a copy of the warranty being offered along with a copy of the manufacturer's standard warranty. All the information shall be included in the sealed bid.

**Equipment Demonstration:** Bidders shall be prepared to give a complete demonstration of the machine being offered and allow Baker County to use this machine for a minimum of 30 hours at no cost.

**Delivery:** Delivery shall be made between August 15, 2018 and August 30, 2018. If the motor grader is not delivered by August 30, 2018, the successful bidder shall provide Baker County a like-sized motor grader at no charge, until delivery is made.

**Award:** Award will be made on the best value offered. Clauses requiring specific guarantees to cover repairs, parts, and re-sale value may be included. The quality of the machines to be supplied, their conformity with the specifications, their suitability requirements, delivery terms, and guarantee clauses shall be taken into consideration. Until final award of Contract, Baker County reserves the right to reject any or all bids, to waive any informality in bids, to accept in whole or part, such bids, as may be deemed in the best interest of Baker County.



## **Baker County**

Bid No 2018-11

### **New Motor Grader Bid - Minimum Specifications**

135 Minimum HP  
AM/FM Radio  
Air Suspension Seat  
Headlights and Turn Signals  
Outside Mounted Mirrors (2)  
Cab air conditioning  
Minimum 75 AMP alternator  
14' Moldboard  
Front mounted scarifier-straight  
17.5 R25 Radial Tires  
LED Warning Strobe Light  
Rear Hitch and Pin  
24V-12V Converter  
Rear Window wiper/washer  
Hydraulic joystick controls  
Back up alarm  
SMV Emblem  
Rearview Camera



**Baker County, Florida Bid No. 2018-11**  
**Bid Form**  
**New Motor Grader**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail \_\_\_\_\_

REPRESENTATIVE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Total cash price, F.O.B. Baker County Road Department, Sanderson, Florida for one grader:

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

Cash purchase price \_\_\_\_\_ (A)

Guaranteed Repurchase Price at the end of 5  
Years or 7,500 Service Hours (whichever comes  
First) From date of Delivery \_\_\_\_\_ (B)

Guaranteed maximum total cost to the County  
for repairs for Five Years or 7,500 services hours  
Whichever comes first: \_\_\_\_\_ (C)  
Any amount in excess of this cost will be reimbursed. \_\_\_\_\_

Additional five year extended warranty costs  
Required for buyback (other than maintenance costs)  
(D) \_\_\_\_\_

**Total Cost** = **A - B + C + D** \_\_\_\_\_

Interest Rate for financing option for 5 years? \_\_\_\_\_

Annual payments? \_\_\_\_\_

When is first payment due? \_\_\_\_\_

Bid due June 21, 2018 by 3:30pm, at the Baker County Administration Office located at 55 North 3<sup>rd</sup> Street, Macclenny, FL 32063.

## Bid Check List

The Bidder is to provide one (1) original and one (1) copy of the following documents in order to satisfy bid submittal requirements.

Document	Form Provided in Bid Manual	Check Below for Items Included
Bid Form	Yes	<input type="checkbox"/>
Sworn Statement on Public Entity Crimes	Yes	<input type="checkbox"/>
E-Verify Form	Yes	<input type="checkbox"/>
Conflict of Interest Form	Yes	<input type="checkbox"/>
Drug Free Workplace Form	Yes	<input type="checkbox"/>
Non-Collusion Affidavit	Yes	<input type="checkbox"/>
Any other documents in accordance with specifications	By Bidder	<input type="checkbox"/> <hr/> <hr/>

**SWORN STATEMENT**  
**UNDER SECTION 287.133(3)(a), FLORIDA STATUTES,**  
**ON PUBLIC ENTITY CRIMES**

TO BE RETURNED WITH BID

THIS 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 or Contract for

\_\_\_\_\_.

2. This sworn statement is submitted by (entity submitting sworn statement), whose

business address is \_\_\_\_\_

and its Federal Employee Identification Number (FEIN) is \_\_\_\_\_. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement).

3. My name is \_\_\_\_\_ (print name),

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, any leases for real property, or any contract for the construction or repair of a public building or public work, 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 misrepresentation.

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 or 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:

**Sworn Statement on Public Entity Crimes (page 2 of 3)**

- a) A predecessor or successor of a person convicted of a public entity crime; or
- b) 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 to fair market value under an arm’s length agreement, shall be 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 thirty-six (36) months shall be considered an affiliate.

7. I understand that a “person” as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into binding contract and which bids or applies to bid on contracts 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 of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_ The entity submitting this sworn statement, or one of 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



**Sworn Statement on Public Entity Crimes (page 3 of 3)**

by the Hearing Officer did not place the person or affiliate on the convicted bidder list. (Please attach a copy of the final order.)

\_\_\_\_\_ The person or affiliate was placed on the convicted bidder 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 bidder list. (Please attach a copy of the final order.)

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Written Name

\_\_\_\_\_  
Date

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

PERSONALLY APPREAEED 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\_\_\_\_\_.

Personally Known \_\_\_\_\_ Or produced identification\_.

Identification type: \_\_\_\_\_ Notary Public-State  
of \_\_\_\_\_ Printed, typed, or  
stamped commissioned name of notary public.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## E-Verify

Company/Entity: \_\_\_\_\_

Bid Number: \_\_\_\_\_

Project Description: \_\_\_\_\_

The Company acknowledges and agrees to utilize the U.S. Department of Homeland Security's E-verify system in accordance with the terms governing use of the system for the purpose of confirming the employment eligibility of all employees, subcontractors or persons utilized by the Company while undertaking work within Baker County.

Company Representative: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Written Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## CONFLICT OF INTEREST STATEMENT

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared

\_\_\_\_\_

(Affiant's written name)

who was duly sworn, deposes and states:

I am the \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_

(title)

(entity)

with a local office in \_\_\_\_\_

County & State

and a principal office \_\_\_\_\_.

County & State

The above named entity is submitting a Bid for the Baker County Board of County Commissioners for Baker County project number **2018-11**.

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

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.

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-referenced Baker County project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Contract for this project.

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.

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.

**Conflict of Interest Statement (page 2 of 2)**

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 the Baker County Board of County Commissioners.

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

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 the Baker County Board of County Commissioners.

DATED: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Written Name and Title

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared

\_\_\_\_\_  
\_\_\_\_\_

(Affiant's written name)

who, after first being sworn by me, affixed his/her signature in the space provided above on 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 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

## DRUG-FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that,

---

(print or type name of company)

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 that specifies actions that will be taken against violations of such prohibitions.

Further, that the published written statement includes the following.

- Informs employees about the dangers of drug abuse in the work place; the firm's policy of maintaining a drug-free working environment; 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 contendere 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.

**Drug-Free Workplace Certificate (page 2 of 2)**

“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”

DATED: this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Print or Type Company Name

\_\_\_\_\_  
Affiant’s Signature

\_\_\_\_\_  
Affiant’s Written Name and Title

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Before me personally appeared

\_\_\_\_\_

(Affiant’s written name)

who, after first being sworn by me, affixed his/her signature in the space provided above on 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 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

# NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA, COUNTY OF \_\_\_\_\_

Personally appeared before me,

\_\_\_\_\_

(Affiant's written name)

who was duly sworn, deposes and states:

1. Bidder is \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_ (title) (company)

that has submitted the attached Bid"

2. Bidder is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
3. Such Bid is genuine and is not a collusive or a sham Bid;
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 Bid 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 Bid or any other Bidder, or to fix any overhead, profit or cost element of the bid price or the bid price of any other Bidder, or to secure through any collusion, connivance, or unlawful agreement any advantage against the Baker County Board of County Commissioners, Florida or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Bid 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.

**Non-Collusion Affidavit (page 2 of 2)**

\_\_\_\_\_

Print or Type Company Name

\_\_\_\_\_

Affiant's Signature

\_\_\_\_\_

Affiant's Written Name and Title

On 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 \_\_\_\_\_.

\_\_\_\_\_

Notary Public