

**BID ITEM 18-46
One (1) Year's Requirements of Gravel, Slag & Crushed Concrete
Release and Delivery as Required, August 1, 2018 – July 31, 2019**



**MACOMB COUNTY PURCHASING DEPARTMENT
REQUEST FOR BID**

BID ITEM NO. : 18-46

BID TITLE: One (1) Year's Requirements of Gravel, Slag & Crushed Concrete

REQUEST FOR BID

The Macomb County Purchasing Department will be receiving sealed bids for one (1) year's requirements of Gravel, Slag & Crushed Concrete, Release and Delivery as Required FOB: Various Locations for the period of August 1, 2018 through July 31, 2019.

This project consists of work at:

Delivery FOB to the following Dept. of Roads locations:

34592 Nova Dr., Clinton Twp., MI 48035

58270 William St., New Haven, MI 48048

51235 Napi Dr., Shelby Twp., MI 48315

12990 31 Mile Rd., Washington Twp., MI 48095

The project consists of all necessary work to provide gravel, slag and crushed concrete as needed.

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OBJECTIVE

The purpose of this Request for Bid (RFB) is to select a vendor to provide one (1) year's requirements of Gravel, Slag & Crushed Concrete. The goal is to select the most capable vendor offering the most competitive price. This proposal is in accordance with the Macomb County Procurement Policy.

SUBMISSION PROCEDURES

Date Due: June 28, 2018 at 10:00 AM (local time)

Bids will be publicly opened and read.

DELIVER via FEDEX, UPS, or hand deliver DIRECTLY TO 34592 Nova Dr., Clinton Twp., MI 48035 PURCHASING DEPARTMENT/SHIPPING AND RECEIVING BY DUE DATE & TIME.

If USPS is utilized for submissions, there is no guarantee of a timely delivery as the Post Office does not deliver to individual County Buildings

NO LATE BIDS ACCEPTED.

Deliver to: Macomb County Purchasing
JoAnna Strizic, Asst. Purchasing Manager
ATTN: Sara Lozen
34592 Nova Dr.
Clinton Twp., MI 48035

Return: One (1) hard copy original
One (1) copy of the Bid.
Clearly mark on the envelope **SEALED BID ITEM 18-46 One (1) Year's Requirements of Gravel, Slag & Crushed Concrete**
Label all submission envelopes with the company name on the outside.

Complete and return all pages requiring vendor response.

All Bids must be submitted on the forms provided, properly executed and with all items filled out in ink or typed. Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the Bid. Any Bidder information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Bidder.

Macomb County vendors should be registered on the Michigan Inter-governmental Trade Network (MITN) website www.mitn.info.

QUESTIONS

Due: June 22, 2018 at 1:00 PM (local time)

Submit to: Email: jstrizic@rcmcweb.org
Fax: 586-791-5860

Questions regarding bid specifications may be directed in writing only, by email or fax. All questions or clarifications must be directed to the Purchasing Department. Any attempt to contact a County department, other than Purchasing, regarding current bids may be grounds for disqualification as a vendor. Answers will be posted to MITN.

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MODIFICATIONS

Macomb County vendors should be registered on the Michigan Inter-governmental Trade Network (MITN) website www.mitn.info. Clarifications, modifications, or amendments may be made to this document at the discretion of the Macomb County Purchasing Department prior to the opening of the solicitations. Should any such changes be made, an addendum will be issued and posted on the MITN website. It is the responsibility of each Bidder to check the website and verify that he/she has received all Addenda prior to submitting a Bid.

It is also the responsibility of each Bidder to verify that all sub-Bidders and material suppliers whose prices are incorporated in the Bidder's Bid are familiar with the Bidding Documents in their entirety, including all Addenda issued up to the time of the Bid opening. (See also *ERRORS, OMISSIONS, AND/OR DISCREPANCIES, below.*)

All addenda issued to Bidders prior to date of receipt of Bids shall become a part of these specifications, and all Bids are to include the Work therein described.

DEFINITIONS

- A. Bidding Documents include this Request for Bid, (including drawings, specifications and all Addenda issued prior to execution of the Contract) and the proposed Contract Documents.
- B. Addenda are written or graphic instruments issued by Macomb County prior to the execution of the Contract that modify or interpret the Bidding Documents.
- C. The Base Bid is the sum state in the Bid for which the Bidder offers to perform the Work described in the Bidding Documents as the base, to which Work may be added or from which Work may be deleted.
- D. A Unit Price is an amount stated in the Bid as a price per unit of measurement for materials, equipment, or services, or a portion of the Work as described in the Bidding Documents.
- E. A Bidder is a person or entity who submits a Bid to Macomb County, and who meets the requirements set forth in the Bidding Documents.
- F. Default is the failure of the Bidder to fulfill the obligations of the contract, including but not limited to, failure to deliver on time or the unauthorized substitution of articles other than those quoted and specified on the contract; or failure to deliver specified quantities (repetitive shortages).
- G. Owner is the County of Macomb.
- H. Contractor is a person or business which provides goods or services to the County of Macomb under terms specified in a contract.

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BIDDING DOCUMENTS

All Bidding Documents are available on the Michigan Inter-governmental Trade Network (MITN) website www.mitn.info. Bidders shall use complete sets of Bidding Documents in preparing Bids. Macomb County assumes no responsibility for errors or misinterpretations resulting from the use of incomplete sets of Bidding Documents.

All Bidding Documents are the property of the Architect.

EXAMINATION OF BIDDING DOCUMENTS AND SITE

Before submitting a Bid, the Bidder shall carefully examine the drawings, read the specifications and all other Bidding Documents; and visit the site of the Work. Each Bidder shall inspect the site of the proposed Work to arrive at a clear understanding of the conditions under which the Work is to be performed. The Bidder shall fully inform himself/herself prior to bidding as to all existing conditions and limitations under which the Work is to be performed and he/she shall include in the Bid a sum to cover the cost of all items necessary to perform the Work as set forth in the Bidding Documents. No allowance will be made to the Bidder because of lack of such examination or knowledge. The submission of a Bid shall be construed as conclusive evidence that the Bidder has made such examination. Claims for extra payments based on lack of knowledge of existing circumstances will not be allowed.

BIDDER'S QUALIFICATIONS

Bidders must be properly licensed under the state laws governing their respective trades. Bidders shall meet qualifications indicated in the Bidding Documents. Macomb County may make such investigations as necessary to determine the ability of the Bidder to perform the Work, and the Bidder shall furnish to Macomb County all such information and data for this purpose as Macomb County may request. Macomb County reserves the right to reject any Bid if the evidence submitted by, or investigation of, such Bidder fails to satisfy Macomb County that such Bidder is not properly qualified to carry out the obligations of the Contract.

Submission of a Bid shall serve as evidence that the Bidder has confirmed that the Bidder is properly qualified to perform the work and is capable of obtaining the required bonds and insurance.

COMPONENT/PRODUCT RESPONSIBILITY

The successful Bidder will provide field instructions for Macomb County's operators, mechanics and/or supervisors. The successful Bidder shall be responsible to insure that all components delivered operate properly and with the intent and details of these specifications.

STATUS OF BIDDERS

Proprietors submitting Bids shall indicate their status as proprietors.

Bidders submitting Bids for partnerships shall indicate their status as partners and shall submit, upon request of Macomb County within 24 hours following receipts of Bids, a certified copy of the power of attorney authorizing the executor of the Bid to bind the partnership.

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Bidders submitting Bids for corporations shall indicate their status as corporations and shall submit, upon request of the Owner within 24 hours following receipt of Bids, a certified copy of the board of directors' authorization for the Bidder to bind the corporation and shall affix the corporate seal on the Bid.

Bidders shall provide, upon request of Macomb County, within 24 hours following receipt of Bids, the following:

1. Names and addresses of proprietors, of all members of a partnership, or of the corporation's officers.
2. Name of county or state where the partnership is registered or where the corporation is incorporated. Corporations must be licensed to do business in the project state at the time of executing the contract.

ERRORS, OMISSIONS, AND/OR DISCREPANCIES

Bidder shall not be allowed to take advantage of errors, omissions, and/or discrepancies found in the Bidding Documents. In the event a conflict or omission is discovered in the Bidding Documents after the issuing of the last addendum such that an interpretation cannot be issued by Macomb County prior to bidding, the Bidder is directed to estimate on and provide the quantity and quality of material and labor consistent with the overall represented work so as to provide all materials, equipment, labor, and services necessary for the completion of the Work.

SUBSTITUTION OF MATERIALS AND EQUIPMENT

Whenever a material, article or piece of equipment is identified on the Drawings or in the Specifications by reference to manufacturers' or vendors' names, trade names, catalog numbers, or the like, it is so identified for the purpose of establishing a standard, and any material, article, or piece of equipment of other manufacturers or vendors which will perform adequately the duties imposed by the general design will be considered equally acceptable provided that the material, article, or piece of equipment so proposed is, in the opinion of the Architect, of equal substance appearance and function.

To obtain approval to use unspecified products, Bidders shall submit written requests at least ten (10) days before the bid date. Requests received after this time will not be considered. Requests shall clearly describe the product for which approval is asked, including all data necessary to demonstrate acceptability.

If the product is acceptable, the Architect will approve it in an Addendum which will be posted on the MITN website. The product shall not be purchased or installed by the Contractor without the Architect's written approval.

Voluntary alternates or qualifications contrary to the Contract requirements made by the Bidder in or accompanying his/her Bid as a condition for the acceptance of the Contract will not be considered in the award of the Contract and will cause the rejection of the entire Bid.

TERMINATION

Macomb County reserves the right to terminate any award to the Bidder without any liability, upon a 30 day notice from Macomb County.

DEFAULT (refer to Section: Definitions, Item F)

If continued abuse of any/or all of the default conditions persist, Macomb County will notify the Contractor in writing. The Contractor will be given thirty (30) days to correct this default condition.

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Failure to correct within the specified period will result in Macomb County canceling the Contract and procuring the articles or services from other sources. The Contractor will be responsible for any excess costs occasioned thereby.

RIGHT TO REJECT

Macomb County reserves the right to reject any or all Bids in whole or in part and to waive any informalities therein, or accept any Bid it may deem in the best interest of the County.

Note: Past experience and performance may be a factor in making an award.

MODIFICATION AND WITHDRAWAL OF BIDS

A Bid may be withdrawn on personal requests received from Bidder prior to submission time. A Bid being withdrawn may be re-submitted up to submission time. Negligence or error on the part of the Bidder in preparing his/her Bid confers no right for withdrawal of the Bid after it has been opened.

OFFER PERIOD

Bids will remain firm for a period of 120 days after official opening of Bids.

EXECUTION OF CONTRACT

Macomb County reserves the right to accept any and all Bids, or to negotiate contract terms with the various Bidders when such is deemed by Macomb County to be Macomb County's best interest.

UNIT PRICES

Unit prices shall include all charges applicable to the items including, but not limited to, materials, shoring, hauling removal, fee, layout, supervision and overhead (field and home office), labor, general expenses, transportation, taxes, insurance and profit. Single unit prices shall apply to additions to, or deductions from the Work.

SCHEDULE - TIME OF COMPLETION

Work is to commence on a date specified in a written "Notice to Proceed", and the Work shall be fully complete within the required time allowed. Macomb County requires the Work to be substantially complete no later than the agreed upon delivery date.

TERM OF CONTRACT

The Contract will be for a minimum of **one (1) year**.

RENEWAL

The proposed agreement may be renewed **for two (2) one-year extensions with a total of three possible years for the bid**, provided that by at least 45 days prior to end of the contract both parties agree to an extension under the same terms and conditions as exist in the current contract.

BASIS OF BID

A single lump sum Bid is being entertained for the Work of the Bid.

SALES AND EXCISE TAXES

The County of Macomb, being a governmental unit, is exempt from sales and federal excise taxes. The price is to be net, exclusive of any taxes. All prices stated in the Bid response will include all Federal, State, County and Municipal taxes, including Michigan State Sales and Use Taxes, or contributions required by Bidder's business.

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PERMITS

Any needed city permits and bonds will be required prior to award of Contract and commencement of Work.

INDEMNIFICATION

Macomb County will not be responsible for injury to Contractor's employees, Sub-Contractors, or to third parties caused by the Contractor's agents, servants or employees. Therefore, the Contractor agrees to incorporate the below hold harmless agreement into the required insurance and to be evidenced by being contained in the certificate of insurance. Further, the below listed indemnification is incorporated and is part of the subject contract.

The Contractor agrees to protect, defend, indemnify and hold the County of Macomb and its commissioners, officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, legal fees, liens, demands, court costs, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, death, damage to property, defects in materials or workmanship, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

The Contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his sole expense and agrees to bear all other costs and expenses related hereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which this indemnification would violate legal prohibition, the foregoing provision concerning indemnification shall not be construed to identify the County for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the County, its commissioners, officers, employees or agents.

CONTRACTS WITH SUB-CONTRACTORS

All contracts made by the Bidder with Sub-Contractors shall be covered by the terms and conditions of the Contract. The Bidder shall inform all Sub-Contractors of these terms and conditions. Macomb County reserves the right to require of the Bidders tentatively selected for consideration in the awarding of the Contract, a list of the Sub-Contractors whom the Contractor intends to employ.

Macomb County reserves the right to disapprove the use of any proposed Sub-Contractor, and in such event, the Bidder submitting such Sub-Contractor shall submit another such Sub-Contractor in like manner within the time specified by Macomb County. Macomb County reserves the right to reject any proposal if such information required by Macomb County is not submitted as above indicated.

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INSURANCE

COMMERCIAL GENERAL LIABILITY INSURANCE

Shall be written on an occurrence basis with limits of Liability of not less than \$1,000,000 (one million dollars) as combined single limit for each occurrence of bodily injury and personal injury with an annual aggregate of not less than \$2,000,000 (two million dollars). The policy shall include;

- a. Contractual Liability
- b. Products and Completed Operations
- c. Independent Contractors Coverage
- d. Broad Form General Liability Extensions or equivalent

WORKERS' COMPENSATION

Workers' Compensation Insurance meeting Michigan statutory requirements. Employer's Liability Insurance with minimum limits of \$500,000 each accident, \$500,000 bodily injury by disease policy limit, \$500,000 bodily injury by disease each employee.

AUTOMOBILE LIABILITY INSURANCE

Motor Vehicle Liability Insurance including Michigan NO-FAULT Coverage for all vehicles, owned and non-owned, leased and hired used in the performance of this contract with limits of \$1,000,000 (one million dollars) as the combined single limit for each occurrence for bodily injury and property damage.

PROFESSIONAL LIABILITY/ERRORS & OMISSIONS

Professional Liability Insurance with minimum limits of \$1,000,000 (one million dollars) each occurrence and \$2,000,000 (two million dollars) aggregate.

INSURANCE INSTRUCTIONS

All certificates of insurance and duplicate policies shall contain the following:

The County of Macomb shall be named additional insured on all policies (excluding Worker's Compensation) and the underwriters will have no right of recovery or subrogation against the County of Macomb including its agents, employees, elected and appointed officials and agencies. It being the intention of the parties that the insurance policy so effected will protect both parties in primary coverage for any and all losses covered by the subject policy. The insurance carrier(s) must have an A.M. Best rating of no less than an A-, VII.

The insurance company(s) issuing the policy or policies will have no recourse against the County of Macomb for payment of any premiums or for assessments under any form of policy.

The Contractor will assume any and all deductibles in the above any and all deductibles in the above-described insurance policies.

The term "INSURED" is used severally, not collectively, but the inclusion in this policy of more than one insured will not operate to increase the limit of the Owner's liability.

All certificates are to provide a thirty (30) day notice of material change or cancellation. Certificates of insurance must be provided no less than ten (10) working days before commencement of work to the County of Macomb, 120 North Main Street, Mt. Clemens, Michigan 48043 Attention: Department of Risk Management and Macomb County Dept. of Roads, 34592 Nova Dr., Clinton Twp., MI 48035 Attention: Purchasing Department.

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**Macomb County Department of Roads
 Specifications/Price Sheet**

23A Road Gravel

23A Road Gravel: 500 Tons, APPROXIMATELY - **No Quantities Guaranteed**

In accordance with Michigan Department of Transportation
 Standard Specifications for Construction, 2012, Section 902

23A State Spec.

Wash. Twp. Service Center	12990 31 Mile, Washington	\$_____ per ton
New Haven Service Center	58270 William, New Haven	\$_____ per ton
Clinton Twp. Service Center	34592 Nova, Clinton Twp.	\$_____ per ton
Shelby Twp. Service Center	51235 Napi, Shelby Twp.	\$_____ per ton

Crushed Concrete

In accordance with Michigan Department of Transportation 2012 Standard Specifications for Construction, Section 902.

Crusher must contain magnet, any loads containing excessive amounts of debris will be rejected.

Delivery Sites:	12290 31 Mile Wash. Twp.	58270 William New Haven	34592 Nova Clinton Twp.	51235 Napi Shelby Twp.
21AA Crushed Concrete	\$_____/Ton	\$_____/Ton	\$_____/Ton	\$_____/Ton
Blended 321	\$_____/Ton	\$_____/Ton	\$_____/Ton	\$_____/Ton

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MACOMB COUNTY DEPARTMENT OF ROADS

Specifications for:

Slag

Material

The slag shall meet the requirements of Michigan Department of Transportation, 2012 Standard Specifications for Construction, Section 902, except as follows:

Grading requirements shall be modified to:

3X1 Blast Furnace Slag

<u>Sieve Size</u>	<u>Total Percent Passing</u>
75.0 mm	100%
50.0 mm	95-100%
25.0 mm	15-40%
12.5 mm	0-5%

22X Steel Furnace Slag

<u>Sieve Size</u>	<u>Total Percent Passing</u>
25.0 mm	100%
19.0 mm	90-100%
9.5 mm	60-90%
2.36 mm	20-50%
Loss by Washing	3-13%

Certification: The contractor shall provide copies of gradation tests, performed by the material producer, for all material delivered to the project site.

Excessive free water flowing out of the delivery truck at the project site will not be acceptable. Slag delivery trucks that exhibit free water flow will have the material rejected at the project site. Moisture in excess of 6% will be deducted from the scale weight of slag in accordance with Section 109 of the 2012 Standard Specifications for Construction.

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MACOMB COUNTY DEPARTMENT OF ROADS

Delivery Sites:	Wash. Twp.	New Haven	Clinton Twp.	Shelby Twp.
	12990 31 Mile	58270 William	34592 Nova	51235 Napi

BLAST FURNACE

3X1 (BF)/Ton \$ _____/Ton \$ _____/Ton \$ _____/Ton \$ _____/Ton

22X Steel Furnace/Ton \$ _____/Ton \$ _____/Ton \$ _____/Ton \$ _____/Ton

The gross, tare and net weight and Purchase Order Number **MUST BE COMPUTER PRINTED AND WEIGHED ON CERTIFIED SCALE** and be included on the trucking ticket and a copy of the pit ticket attached to the trucking ticket, **signed and time stamped by MCDR employee to process payment** . For material that is State Specification the pit ticket must be stamped certified and the ticket material must read MDOT Spec. No payment will be made for trucking tickets that are not signed and time stamped and/or tickets without computer printed weight requirements or tickets that read commercial material. Delivery hours are 7:30 a.m. – 2:30 p.m. No after hour deliveries accepted.

All deliveries must be completed within 10 business days after receipt of Purchase Order. The delivered quantity may **not exceed** the Purchase Order quantity by more than **10 tons** without prior approval of the MCDR Purchasing Department.

The Macomb County Department of Roads **will not pay fuel surcharges.**

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FORMS

INSTRUCTIONS

All Bids must be submitted on the forms provided, properly executed and with all items filled out in ink or typed. Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the proposal. Any Bidder information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Bidder.

LIST

The following is a list of forms that are to be completed and returned:

Specifications/Price Sheet.....	Page 10
County Vendor Disclosure Form.	Page 14
Non-Collusion Affidavit	Page 16
Macomb County Preference	Page 17
General Information	Page 18
Work References	Page 19
Federal E-Verify Program	Page 20
Iran Economic Sanction Act . . .	Page 21
Bid Form	Page 22
Bid Form Supplement	Page 25
List of Sub-Contractors	Page 26
Vendor Certification Debarment ..	Page 27

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**County of Macomb, Michigan
VENDOR DISCLOSURE FORM**

The Macomb County ethics ordinance requires vendors of the County to complete and file a disclosure statement, the purpose of which is to disclose any financial relationships or other conflicts of interest that may exist between vendors and employees or elected officials (or their appointees) of the County. Once filed, the disclosure form does not need to be updated unless there is a change in circumstance that would cause the answer to any of the questions to change, at which time an amended disclosure form must be filed. Filing of the disclosure form is considered a condition of payment.

PLEASE RETURN THE COMPLETED FORM TO:
Macomb County Purchasing Department
ATTN: Vendor Disclosure
34592 Nova Dr.
Clinton Twp., MI 48035

VENDOR NAME: _____

1. Does the vendor currently employ a relative of any employee, elected official or appointee of an elected official of Macomb County? Relative is defined as husband or wife, father or mother, son or daughter, brother or sister, uncle or aunt, first cousin, nephew or niece, great uncle or great aunt, grandfather or grandmother, grandson or granddaughter, father-in-law or mother-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, stepfather or stepmother, stepson or stepdaughter, stepbrother or stepsister, half-brother or half-sister, the parents or grandparents of the individual's fiancée.

YES **NO**

If yes, please answer the following:

- A. Name of County employee or elected official (or appointee): _____
- B. County Position/Title: _____
County Department or _____
- C. Agency: _____

2. Does any employee or elected official of Macomb County have an interest in the vendor organization in any of the following capacities, either compensated or non-compensated: director, officer, partner, beneficiary, trustee, member, employee or contractor.

YES **NO**

If yes, please answer the following:

- A. Name of County employee or elected official (or appointee): _____
- B. County Position/Title: _____
- C. County Department or Agency: _____
- D. Position/Title with Vendor: _____

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3. Does any current employee or elected official of Macomb County have legal or beneficial ownership of 10% or more of the outstanding stock of the vendor organization?

YES **NO**

If yes, please answer the following:

- A. Name of County employee or elected official (or appointee): _____
- B. County Position/Title: _____
- C. County Department or Agency: _____
 % of Ownership of Vendor
- D. Organization: _____

4. In the last five calendar years, has the vendor failed to perform or otherwise deliver on the terms of a contract or agreement with Macomb County, or any other public entity, including suspensions or debarments?

YES **NO**

If yes, please provide further explanation:

I hereby certify that the information included on this form is complete, true and accurate to the best of my knowledge and belief. I understand that either myself or the organization to which this form applies may be subject to sanctions and/or penalties as set forth in the ethics ordinance if any information has been falsified or omitted.

Name (Please Print)

Title

Signature

Date

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NON-COLLUSION AFFIDAVIT

STATE OF)
) ss
 COUNTY OF)

_____, being first duly sworn, deposes and says that he/she is authorized on behalf of _____ (Bidder Name) who is making the foregoing proposal(s) that:

- 1) Such proposals are genuine and not collusive or a sham.
- 2) This Bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder or person to submit a proposal which is a sham.
- 3) This Bidder has not in any manner agreed with any other persons or businesses to fix the proposed price, overhead, profit, or any cost element of the submitted proposal.
- 4) This Bidder has not attempted to secure any advantage against any other Bidders through collusion with any other Bidder or employees or representative of the County.
- 5) That the proposals submitted are true and accurate to the best of my knowledge and belief and are made in good faith.
- 6) This Bidder has not directly or indirectly submitted or disclosed its proposal or its contents or divulged information or data relative thereto to any association or to any member or agent of any other Bidder to this proposal.

Further, Affiant sayeth not.

Subscribed and sworn to before me
 this ___ day of _____, 20___.

 Notary Public
 County of _____,
 State of _____,
 My Commission Expires:

BIDDER: THIS AFFIDAVIT MUST BE COMPLETED, SIGNED, NOTARIZED AND INCLUDED IN YOUR PROPOSAL SUBMISSION.

**BID ITEM 18-46
One (1) Year's Requirements of Gravel, Slag & Crushed Concrete
Release and Delivery as Required, August 1, 2018 – July 31, 2019**



MACOMB COUNTY BASED PREFERENCE

A local preference percentage credit from the following allowance table will be applied to the bid of any County-based Enterprise. This credit will be subtracted from the bid of the County-based Enterprise. In comparing bids, the bid of the County –based Enterprise after subtraction of the credit shall be considered the official bid. However, if the County-based Enterprise is awarded the Contract, the bid without the equalization percentage credit shall be the Contract price.

<u>Contract Amount</u>	<u>Local Preference Percentage</u>
Up to \$50,000.00	5
\$50,000.00 to \$200,000.00	3
\$200,000.00 and over	1

1. No business shall receive these credits unless it has been certified by the Purchasing Manager.
2. Any business who claims entitlement to any local preference credit shall disclose the records necessary to establish eligibility to the County.
3. After applying any local preference credits as provided above, the Contract shall be awarded to the lowest Responsible Bidder thus evaluated.

IN ORDER TO DETERMINE IF YOUR BUSINESS IS ENTITLED TO RECEIVE A LOCAL PREFERENCE PERCENTAGE CREDIT PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is your business headquarters physically located within Macomb County, or has it been conducting business at a location with a permanent street address in the County of Macomb on an ongoing basis for not less than one taxable year prior to your bid or response to this Request for Proposal? **YES _____ NO _____**
2. Has your business paid property taxes on real or personal property within the past year on property which is ordinarily needed to perform the proposed contract? **YES _____ NO _____**
3. Are at least 50 percent of your regular full-time employees based at the County location to perform the proposed contract? **YES _____ NO _____**
4. Has your business been dealing for at least one year on a regular commercial basis in the kind of goods or services which are the subject of this bid or proposal? **YES _____ NO _____**

Drug Screening

To the extent not prohibited by law, all contracts for construction, repair, alteration, or rebuilding of a County building or other property shall include a provision requiring the contractor and any subcontractor providing services under the contract to conduct pre-hire screening for illegal drug use by their employees who provide services under the contract.

If applicable, is your business compliant with this requirement? **YES _____ No _____**

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GENERAL INFORMATION

In further description of this Bid, we desire to submit sheets marked as follows:

Bidding under the name of: _____

DUNS Number: _____

Federal Employer Identification Number: _____

which is (check one of the following):

() Corporation, incorporated under the laws of the State of:

() Partnership, consisting of (list partners):

() Assumed Name (Register No.) _____

() Individual

AUTHORIZED SIGNATURE: _____

Printed or typed signature: _____

Title: _____

Address: _____

City, State: _____

Date: _____

Telephone Number: _____

Fax Number: _____

Email: _____

When payment on such order or contract is to be directed to the same company at an address different from above, please list the address to be used below:

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WORK REFERENCES

BIDDER'S COMPANY NAME _____
Please list at least three (3) companies or public agencies for which you have done similar work.

Macomb County reserves the right to reject low Bids for poor past performance or inadequate references.

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

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FEDERAL E-VERIFY PROGRAM

The Macomb County Board of Commissioners has established a policy regarding the Federal E-Verify Program. This policy states that future contracts (including both new and reviewing contracts) between Macomb County and contractors and vendors who provide services in excess of twenty-thousand dollars (\$20,000) shall require the contractors and vendors to register with, participate in, and utilize the E-Verify Program (or any successor program implemented by the federal Department of Homeland Security and Social Security Administration) when hiring their employees and require the County's Human Resources Department to utilize the E-Verify Program (or any successor program implemented by the federal Department of Homeland Security and Social Security Administration) when hiring new employees.

For more information about E-Verify, go to www.uscis.gov. Click on the E-Verify icon on the bottom left-hand corner of page.

**ACKNOWLEDGMENT OF MACOMB COUNTY'S POLICY
REQUIRING PARTICIPATION IN THE FEDERAL E-VERIFY PROGRAM
AND CERTIFICATION OF COMPLIANCE**

The undersigned hereby acknowledges receipt of a copy of the policy of the Macomb County Board of Commissioners requiring contractors, including those providing professional services, who provide services **in excess of \$20,000 a year** to the County to register and participate in the Federal E-Verify Program.

The undersigned hereby certifies that (he/she/it) will comply with this policy and will register with, participate in and utilize the E-Verify Program or any successor program implemented by the Federal Department of Homeland Security and Social Security Administration when hiring employees.

DATED: _____

Authorized Signature

Printed or Typed Signature

Name of Company



CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT

Michigan Public Act No. 517 of 2012

The undersigned, the owner or authorized officer of the below-named Bidder _____, hereby certifies, represents and warrants that the Bidder, including its officers, directors and employees, is not an “Iran linked business” within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the “Act”), and that in the event Bidder is awarded a contract, the Bidder will not become an “Iran linked business” at any time during the course of performing any services under the contract.

BIDDER: _____
Name of Bidder

By: _____

Its: _____

Date: _____

**BID ITEM 18-46
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BID FORM

**Bid Item 18-46
One (1) Year's Requirements
Of Gravel, Slag & Crushed Concrete**

Bidder: _____
(print or type company name)

County of Macomb
Mount Clemens, Michigan

OWNER

(Telephone Number)

MACOMB COUNTY
MT. CLEMENS, MICHIGAN 48043

GENERAL AGREEMENTS

- A. The Bidder acknowledges that he/she has had the opportunity to examine the site and locality where the Work is to be performed and has become familiar with the legal requirements, laws, rules, regulations and conditions affecting the cost, progress and performance of the Work; and has made such independent investigations as Bidder deemed necessary to prepare the Bid. Further, Bidder hereby states that the Base Bid set forth in this Bid Response is true and correct.
- B. The Bidder agrees that this Bid shall not be withdrawn for a period of 120 calendar days after the scheduled closing time for receiving Bids.
- C. The Bidder declares that in preparing this Bid, Bidder is assured of the availability of all labor, materials and products to meet the substantial completion date.
- D. The Bidder acknowledges that the price stated below includes all taxes of whatever character or description.
- E. The Bidder agrees to execute a Contract for work covered by this Bid, provided that he/she be notified of its acceptance within one hundred twenty (120) days after the opening of Bids.

SCHEDULE - TIME OF COMPLETION

The undersigned agrees to commence the Work of the Contract Documents on a date specified in a written "Notice to Proceed", and shall fully complete the Work within the required time allowed. Owner requires work to be substantially complete no later than the agreed upon delivery date. The proposed Bid is in full consideration of this.

ACKNOWLEDGEMENT OF ADDENDA

The Bidder acknowledges receipt of and use of the following Addenda in the preparation of this Bid:

Addendum No. 1, dated _____, Addendum No. 3, dated _____

Addendum No. 2, dated _____, Addendum No. 4, dated _____

**BID ITEM 18-46
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BID FORM SUPPLEMENTS

Attached to this Bid Form and incorporated herein are the following documents, completed in full by the undersigned:

Base Bid Form Supplement – Unit Prices/Supplemental Fees

BASE BID

The undersigned Bidder, having carefully examined the Bidding and Contract Requirements, Conditions of the Contract, Drawings, Specifications, and all subsequent Addenda, all as issued by the Owner, and being familiar with all conditions and requirements of the Work, hereby proposes and agrees to furnish all material, labor, equipment, tools and supervision; and to furnish all services necessary to complete the Work required in accordance with the Bidding Documents for the following projects, in the amounts listed on the price sheets:

VOLUNTARY ALTERNATES

The following voluntary alternates are offered by the Bidder. The undersigned agrees that the amounts indicated below shall be added to or deducted from the Base Bid, as the case may be for each alternate which is accepted.

Description of Voluntary Alternates	Add	Deduct
1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____

Respectfully submitted this ____ day of _____, 20____.

By: _____
 (Name of bidding firm or corporation)

Witness: _____
 By: _____
 (Signature)

Attest: _____
 (Signature) _____
 (Type or print name)

By: _____
 (Type or print name) _____
 Title: _____
 (Owner/Partner/President/Vice Pres.)

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Title: _____ Address: _____
(Corporate Secretary or Assistant Secretary Only) Phone: _____
License: _____
Federal ID No.: _____

(Affix Corporate Seal Here)

Company Name

Company Representative

Title

Date

BID ITEM 18-46
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BID FORM SUPPLEMENT - UNIT PRICES/SUPPLEMENTAL FEES

This form is required to be attached to the Base Bid Form.

Bid Item 18-46 Bidder: _____
One (1) Year's Requirements (print or type company name)
Of Gravel, Slag & Crushed Concrete

County of Macomb
Mount Clemens, Michigan

NEGOTIATION

The undersigned agrees that, should the overall cost exceed the funds available, he/she will be willing to negotiate with Macomb County and Architect; for the purpose of making further reductions in the Contract work, and shall agree to give full credit for all such reductions in the work requested by Macomb County, including full value of labor, materials, and Sub-Contract work and reasonable proportionate reductions in overhead and profit, thereby arriving at an agreed upon Contract price.

Submitted this ____ day of _____, 20____.

By: _____
(Name of bidding firm or corporation)

By: _____
(Signature)

(Type or print name)

Title: _____
(Owner/Partner/President/Vice Pres.)

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BID FORM SUPPLEMENT - LIST OF SUB-CONTRACTORS

All sealed bids for construction contracts shall provide a list of preferred sub-contractors and identify, with documentation, whether each subcontractor is a County-based Enterprise.

NAME OF BIDDER: _____

NAME OF SUB-CONTRACTOR

CONTACT PERSON

ADDRESS

TELEPHONE NO.

MACOMB COUNTY BASED ENTERPRISE (Y/N)

NAME OF SUB-CONTRACTOR

CONTACT PERSON

ADDRESS

TELEPHONE NO.

MACOMB COUNTY BASED ENTERPRISE (Y/N)

NAME OF SUB-CONTRACTOR

CONTACT PERSON

ADDRESS

TELEPHONE NO.

MACOMB COUNTY BASED ENTERPRISE (Y/N)

NAME OF SUB-CONTRACTOR

CONTACT PERSON

ADDRESS

TELEPHONE NO.

MACOMB COUNTY BASED ENTERPRISE (Y/N)

**BID ITEM 18-46
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COUNTY OF MACOMB

VENDOR CERTIFICATION DEBARMENT

All information requested in this section must be completed and the document notarized. Any information omitted, or erroneously reported, may result in disqualification for current or future bidding and supply on behalf of the County of Macomb.

The undersigned warrants and presents that they have full complete authority to make representations for and on behalf of the undersigned company and that their representations are fully binding upon the undersigned company.

1. The undersigned are not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from transactions by any federal department or agency, or any state, county or local municipality, department or agency.
2. The undersigned has not within a three (3) year period preceding this bid been convicted of, or had a civil judgment rendered against them for the commission of fraud, a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction, or a contract a public transaction, violation of federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
3. The undersigned are not presently indicted for or otherwise criminally or civilly charged by any governmental entity (federal, state or local) with commission of any of the offenses set forth in paragraph 2.
4. The undersigned have not within a three (3) year period preceding this bid, had one or more public transactions (federal, state or local) terminated or attempted to be terminated for cause or default.

IF THE APPLICANT IS UNABLE TO CERTIFY TO ANY OF THE STATEMENTS IN THIS CERTIFICATION, CERTIFICATION AND EXPLANATION SHALL BE ATTACHED AND PRESENTED WITH THIS CERTIFICATION.

THE UNDERSIGNED CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED MADE ON BEHALF OF THE UNDERSIGNED BIDDER.

Bidder: _____

Bidder Address: _____

Applicant/Bidder Representative: _____

Signature: _____
(Print full name)

Subscribed and sworn to before me this
____ day of _____, 20____.

Notary Public
County of _____,
State of _____
My Commission expires: _____