

**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
For the period of April 1, 2019 through March 31, 2020**



**MACOMB COUNTY PURCHASING DEPARTMENT  
REQUEST FOR PROPOSAL**

**PROPOSAL ITEM NO. : RFP 19-16**

**PROPOSAL TITLE: One (1) Year's Requirements of Calcium Chloride and  
Brine for the period of April 1, 2019 - March 31, 2020**

**REQUEST FOR PROPOSAL**

**The Macomb County Purchasing Department will be receiving sealed proposals for one (1) year's requirements of calcium chloride and brine for the period of April 1, 2019 through March 31, 2020.**

**The proposal consists of all necessary work to provide calcium chloride and brine as specified in the bid document.**

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**OBJECTIVE**

The purpose of this Request for Proposal (RFP) is to select a vendor to supply one year's requirements of calcium chloride and brine for the period of April 1, 2019 through March 31, 2020. 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: February 28, 2019 at 10:00 AM (local time)**

Proposals will be publicly opened and read.

**DELIVER via FEDEX, UPS, or hand-deliver DIRECTLY TO 34592 Nova Dr., Clinton Twp., MI 48035 - PURCHASING DEPT./SHIPPING & 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 PROPOSALS ACCEPTED.**

**Mail 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 Proposal.**  
Clearly mark on the envelope **SEALED PROPOSAL ITEM 19-16 Calcium Chloride and Brine**  
Label all submission envelopes with the company name on the outside.

**Complete and return all pages requiring vendor response.**

All Proposals 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 Proposer 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 Proposer.

**Macomb County vendors should be registered on the Michigan Inter-governmental Trade Network (MITN) website [www.mitn.info](http://www.mitn.info).**

**QUESTIONS**

**Due: February 22, 2019 at 1:00 PM (local time)**

**Submit to:** Email: [jstrizic@rcmcweb.org](mailto:jstrizic@rcmcweb.org)  
Fax: 586-791-5860

Questions regarding proposal 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 Proposals 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](http://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 Proposer to check the website and verify that he/she has received all Addenda prior to submitting a Proposal.

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

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

**DEFINITIONS**

- A. Proposing Documents include this Request for Proposal, (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 Proposing Documents.
- C. The Base Proposal is the sum state in the Proposal for which the Proposer offers to perform the Work described in the Proposing 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 Proposal as a price per unit of measurement for materials, equipment, or services, or a portion of the Work as described in the Proposing Documents.
- E. A Proposer is a person or entity who submits a Proposal to Macomb County, and who meets the requirements set forth in the Proposing Documents.
- F. Default is the failure of the Proposer 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.

**PROPOSING DOCUMENTS**

All Proposing Documents are available on the Michigan Inter-governmental Trade Network (MITN) website [www.mitn.info](http://www.mitn.info). Proposers shall use complete sets of Proposing Documents in preparing Proposals. Macomb County assumes no responsibility for errors or misinterpretations resulting from the use of incomplete sets of Proposing Documents.

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All Proposing Documents are the property of the Architect.

**EXAMINATION OF PROPOSING DOCUMENTS AND SITE**

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

**PROPOSER'S QUALIFICATIONS**

Proposers must be properly licensed under the state laws governing their respective trades. Proposers shall meet qualifications indicated in the Proposing Documents. Macomb County may make such investigations as necessary to determine the ability of the Proposer to perform the Work, and the Proposer 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 Proposal if the evidence submitted by, or investigation of, such Proposer fails to satisfy Macomb County that such Proposer is not properly qualified to carry out the obligations of the Contract.

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

**COMPONENT/PRODUCT RESPONSIBILITY**

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

**STATUS OF PROPOSERS**

*Proprietors submitting Proposals* shall indicate their status as proprietors.

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

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

Proposers shall provide, upon request of Macomb County, within 24 hours following receipt of Proposals, the following:

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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**

Proposer shall not be allowed to take advantage of errors, omissions, and/or discrepancies found in the Proposing Documents. In the event a conflict or omission is discovered in the Proposing Documents after the issuing of the last addendum such that an interpretation cannot be issued by Macomb County prior to proposing, the Proposer 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, Proposers shall submit written requests at least ten (10) days before the proposal 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 Proposer in or accompanying his/her Proposal 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 Proposal.

**TERMINATION**

Macomb County reserves the right to terminate any award to the Proposer 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. 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.

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**RIGHT TO REJECT**

Macomb County reserves the right to reject any or all Proposals in whole or in part and to waive any informalities therein, or accept any Proposal 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 PROPOSALS**

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

**OFFER PERIOD**

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

**EXECUTION OF CONTRACT**

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

**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 for 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.

**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 Proposal response will include all Federal, State, County and Municipal taxes, including Michigan State Sales and Use Taxes, or contributions required by Proposer's business.

**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.

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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 Proposer with Sub-Contractors shall be covered by the terms and conditions of the Contract. The Proposer shall inform all Sub-Contractors of these terms and conditions. Macomb County reserves the right to require of the Proposers 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 Proposer 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 Attn: Department of Risk Management and Macomb County Dept. of Roads, 34592 Nova Dr., Clinton Twp., MI 48035 Attn: Purchasing Dept.

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**SPECIFICATIONS/SCOPE OF WORK**

**CALCIUM CHLORIDE/BRINE - SPECIFICATIONS**

**DELIVERY DATES:**

Calcium chloride and brine applications will begin in mid-May. Additional applications will be made at various times throughout the season as required to meet the dust control needs of the Department of Roads and the Townships of Macomb County.

**CALCIUM CHLORIDE/BRINE - DELIVERED:**

Bidders must have the capacity and capability to deliver calcium chloride or brine to Department of Roads storage facilities at a minimum daily rate of 16,000 gallons to each of the three (3) Service Centers with storage tanks (48,000 gallons per day).

Calcium chloride and brine delivered to Department of Roads storage facilities must be delivered between the hours of 7:30 a.m. and 2:30 p.m. Monday through Friday unless special arrangements are made with the Service Center Foreman.

**Tickets must be signed by a Department of Roads employee to process payment.**

**CALCIUM CHLORIDE/BRINE - APPLIED:**

Bidders must have the capacity and the capability to apply the calcium chloride or brine to the designated roads at a minimum daily rate of 32,000 gallons in each of our two (2) northern service areas, or 64,000 gallons per day county-wide as directed. **The bidder must make one (1) pass up, one (1) pass down and one (1) pass down the center of the road, each pass consisting of 1,000 gallons.** Tankers must be 7,000 gallon capacity or larger. In order to avoid applying chloride or brine to roads which have not been graded, the Service Center Foreman will direct the application of the chloride or brine to conform to the preparation schedule. Application must be made between the hours of 7:00 a.m. and 3:00 p.m. Monday through Friday. Distributor drivers will be required to comply with the Foreman's directions. Each distributor truck must be equipped with a CELLULAR TELEPHONE that will be available for coordination between the grading and the chloride/brine application. Non-uniform or otherwise unsatisfactory applications shall be re-applied at no additional charge for the application (chloride/brine will be paid for).

A blow down with air of the spray bar is required before crossing any pavement. Spraying of chloride/brine on pavements will not be permitted, and the supplier will be billed for the cost of the clean-up of any such spray.

The Department of Roads reserves the right to review low bidder's ability to meet the required delivery volume and delivery schedule. Upon request, the low bidder shall provide the Maintenance Engineer with a customer list for the past two (2) summers. Past performance will be a consideration in awarding the bid. The Department of Roads reserves the right to make the award in a manner which appears to be in the best interest of the Macomb County Department of Roads.

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**MATERIAL SPECIFICATIONS:**

Calcium chloride solutions applied to roads under the jurisdiction of the Macomb County Department of Roads shall meet the following requirements.

Minimum Concentration Calcium Chloride	38% plus/minus 0.5%
Minimum Concentration Calcium Chloride	30% plus/minus 0.5%
Maximum allowable Magnesium Chloride	0.5%
Maximum allowable Alkali Chloride	3.4%

Brine solutions applied to roads under the jurisdiction of the Macomb County Department of Roads shall meet the following requirements.

Calcium-Magnesium Chloride	20 - 25%
Alkali Chlorides	5 – 6%
Specific Gravity @ 68°F	1.230 – 1.285

All calcium chloride and brine solutions shall be subject to random sampling at the point of delivery and quality control testing at the discretion of the Maintenance Engineer/Superintendent.

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**PROPOSAL**

**38% LIQUID CHLORIDE**

<u>Service Area</u>	<u>Delivered to Storage</u>	<u>Applied</u>
Washington Twp.	N/A	\$_____ per gallon
New Haven	N/A	\$_____ per gallon
Clinton Twp.	\$_____ per gallon	N/A
Shelby Twp.	\$_____ per gallon	N/A

**30% LIQUID CHLORIDE**

<u>Service Area</u>	<u>Delivered to Storage</u>	<u>Applied</u>
Washington Twp.	N/A	\$_____ per gallon
New Haven	N/A	\$_____ per gallon
Clinton Twp.	\$_____ per gallon	N/A
Shelby Twp.	\$_____ per gallon	N/A

**BRINE**

<u>Service Area</u>	<u>Delivered to Storage</u>	<u>Applied</u>
Washington Twp.	N/A	\$_____ per gallon
New Haven	N/A	\$_____ per gallon
Clinton Twp.	\$_____ per gallon	N/A
Shelby Twp.	\$_____ per gallon	N/A

ALL UNITS MUST HAVE PUMPS FOR UNLOADING

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**Gallons Used for Each Township  
Putting Down 3,000 Gallons per Mile  
Per Application**

Armada Township	134,280 gallons per application
Bruce Township	123,000 gallons per application
Chesterfield Township	69,000 gallons per application
Clinton Township	24,030 gallons per application
Harrison Township	36,000 gallons per application
Lenox Township	158,610 gallons per application
Macomb Township	38,040 gallons per application
Ray Township	112,500 gallons per application
Richmond Township	185,000 gallons per application
Shelby Township	3,450 gallons per application
Washington Township	106,920 gallons per application
<b>TOTAL</b>	<b>990,830 Gallons</b>

**No quantities guaranteed. Estimates for bidding purposes only.**

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**FORMS**

**INSTRUCTIONS**

All Proposals 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 Proposer 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 Proposer.

**LIST**

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

County Vendor Disclosure Form . . .	Page 15
Non-Collusion Affidavit . . . . .	Page 17
Macomb County Preference . . . .	Page 18
General Information . . . . .	Page 19
Work References . . . . .	Page 20
Federal E-Verify Program . . . . .	Page 21
Iran Economic Sanction Act . . .	Page 22
Debarment Form . . . . .	Page 23
Proposal Form . . . . .	Page 24
Proposal Form Supplement . . . .	Page 27
List of Sub-Contractors . . . . .	Page 29

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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:

- 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:

- 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:

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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*



**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
For the period of April 1, 2019 through March 31, 2020**



**NON-COLLUSION AFFIDAVIT**

STATE OF                    )  
                                      ) ss  
COUNTY OF                )

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

- 1) Such proposals are genuine and not collusive or a sham.
- 2) This Proposer has not colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer or person to submit a proposal which is a sham.
- 3) This Proposer 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 Proposer has not attempted to secure any advantage against any other Proposers through collusion with any other Proposer 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 Proposer 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 Proposer 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: \_\_\_\_\_

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

**PROPOSAL ITEM RFP 19-16  
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**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 Proposal of the County-based Enterprise. In comparing Proposals, the Proposal of the County –based Enterprise after subtraction of the credit shall be considered the official Proposal. However, if the County-based Enterprise is awarded the Contract, the Proposal without the equalization percentage credit shall be the Contract price.

<b><u>Contract Amount</u></b>	<b><u>Local Preference Percentage</u></b>
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 Proposer 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 Proposal 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 \_\_\_\_\_**

**PROPOSAL ITEM RFP 19-16**  
**One (1) Year's Requirements of Calcium Chloride and Brine**  
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**GENERAL INFORMATION**

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

\_\_\_\_\_

Proposing 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:

**PROPOSAL ITEM RFP 19-16**  
**One (1) Year's Requirements of Calcium Chloride and Brine**  
**For the period of April 1, 2019 through March 31, 2020**



**WORK REFERENCES**

PROPOSER'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 Proposals 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. \_\_\_\_\_

**PROPOSAL ITEM RFP 19-16  
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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](http://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

**PROPOSAL ITEM RFP 19-16  
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For the period of April 1, 2019 through March 31, 2020**



**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 Proposer \_\_\_\_\_, hereby certifies, represents and warrants that the Proposer, 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 Proposer is awarded a contract, the Proposer will not become an “Iran linked business” at any time during the course of performing any services under the contract.

PROPOSER: \_\_\_\_\_  
Name of Proposer

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
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**MACOMB COUNTY DEPARTMENT OF ROADS**

**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 Macomb County Department of Roads.

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: \_\_\_\_\_

**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
For the period of April 1, 2019 through March 31, 2020**



**PROPOSAL FORM**

**Proposal Item 19-16  
One Year's Requirements of  
Calcium Chloride and Brine**

Proposer: \_\_\_\_\_  
*(print or type company name)*

County of Macomb  
Mount Clemens, Michigan

OWNER

\_\_\_\_\_  
*(Telephone Number)*

MACOMB COUNTY  
MT. CLEMENS, MICHIGAN 48043

**GENERAL AGREEMENTS**

- A. The Proposer 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 Proposer deemed necessary to prepare the Proposal. Further, Proposer hereby states that the Base Proposal set forth in this Proposal Response is true and correct.
- B. The Proposer agrees that this Proposal shall not be withdrawn for a period of 120 calendar days after the scheduled closing time for receiving Proposals.
- C. The Proposer declares that in preparing this Proposal, Proposer is assured of the availability of all labor, materials and products to meet the substantial completion date.
- D. The Proposer acknowledges that the price stated below includes all taxes of whatever character or description.
- E. The Proposer agrees to execute a Contract for work covered by this Proposal, provided that he/she be notified of its acceptance within one hundred twenty (120) days after the opening of Proposals.

**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 completion date*. The proposed Proposal is in full consideration of this.

**ACKNOWLEDGEMENT OF ADDENDA**

The Proposer acknowledges receipt of and use of the following Addenda in the preparation of this Proposal:

Addendum No. 1, dated \_\_\_\_\_, Addendum No. 3, dated \_\_\_\_\_

Addendum No. 2, dated \_\_\_\_\_, Addendum No. 4, dated \_\_\_\_\_



**PROPOSAL ITEM RFP 19-16  
 One (1) Year's Requirements of Calcium Chloride and Brine  
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PROPOSAL FORM SUPPLEMENTS

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

Base Proposal Form Supplement – Unit Prices/Supplemental Fees

BASE PROPOSAL

The undersigned Proposer, having carefully examined the Proposing 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 Proposal Documents for the following projects in the amounts listed on the Proposal Sheet:

VOLUNTARY ALTERNATES

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

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

**PROPOSAL ITEM RFP 19-16**  
**One (1) Year's Requirements of Calcium Chloride and Brine**  
**For the period of April 1, 2019 through March 31, 2020**



Respectfully submitted this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_

(Name of Proposing firm or corporation)

Witness:

By: \_\_\_\_\_

(Signature)

Attest: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Type or print name)

By: \_\_\_\_\_

(Type or print name)

Title: \_\_\_\_\_

(Owner/Partner/President/Vice Pres.)

Title: \_\_\_\_\_

(Corporate Secretary or Assistant Secretary Only)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License: \_\_\_\_\_

Federal ID No.: \_\_\_\_\_

*(Affix Corporate Seal Here)*

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
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**PROPOSAL FORM SUPPLEMENT - UNIT PRICES/SUPPLEMENTAL FEES**

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

**Proposal Item 19-16  
One (1) Year's Requirements of  
Calcium Chloride and Brine**

Proposer: \_\_\_\_\_  
(print or type company name)

County of Macomb  
Mount Clemens, Michigan

**UNIT PRICES**

For changing quantities of work item from those indicated in the drawings and specifications upon written instructions from the Owner's Representative, the following Unit Prices shall prevail.

Such Unit Prices shall be understood to include all labor, materials, shoring, hauling removal, overhead, profit, insurance, etc., to cover the finished work of the several kinds called for. Reimbursement of the Contractor will be made strictly on the basis of a quantitative survey of extended material placed for the unit prices shown.

**SUPPLEMENTAL FEES**

For additional work performed upon instruction of Macomb County, by Sub-Contractors of the Undersigned, add to the Sub-Contractor's prices for such work a fee of \_\_\_\_\_%, which includes all the charges of the undersigned for overhead and profit.

Any additional work performed upon instruction of Macomb County by persons other than the Sub-Contractors of the undersigned, the charges will be actual cost of the labor, and materials, (less all discounts) plus the fee of \_\_\_\_\_%, which includes all the charges of the undersigned for overhead and profit, and to which shall be added the actual cost of insurance & taxes.

Each Proposal covering extra work, shall be accompanied with complete itemized material & labor breakdowns.

For all revisions involving the deletion of contract work, it is agreed that the full credit shall be given Macomb County for such work deleted, including overhead and profit as quoted hereinbefore.

**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.

**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
For the period of April 1, 2019 through March 31, 2020**



Submitted this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_  
(Name of Proposing firm or corporation)

By: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name)

Title: \_\_\_\_\_  
(Owner/Partner/President/Vice Pres.)

**PROPOSAL ITEM RFP 19-16  
One (1) Year's Requirements of Calcium Chloride and Brine  
For the period of April 1, 2019 through March 31, 2020**



**PROPOSAL FORM SUPPLEMENT - LIST OF SUB-CONTRACTORS**

All sealed Proposals 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 PROPOSER:** \_\_\_\_\_

**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) \_\_\_\_\_