

**BID SPECIFICATION SHEET FOR FB16-024**

CRONKITE DESK AND CABINET

**Scope:**

Build and install desk and teletype cabinet for Cronkite Studio per specifications. Contact Brian Harrah at the Physical Plant Department 816-244-0343 to view project site, obtain engineered drawings and specifics of installation. Direct all other questions to Purchasing Manager, Kelly Sloan (816) 271-4465, [purchase@missouriwestern.edu](mailto:purchase@missouriwestern.edu)

**Timeline of Project:**

* Mandatory pre-bid meeting at Spratt 207 August 4th at 10:00am
* Bid opening August 11, 2015 2:00pm Purchasing Department, Popplewell 221
* Project to be completed by October 1, 2015

**Bid Specification:**

* Build and install desk and teletype cabinet for Cronkite Studio per attached drawing and specs.
* Build desk per attached drawing covering all surfaces using Nevamar Almond S2037T laminate.
* Build Teletype cabinet per attached drawing using Wilsonart 7929-38 Huntington Maple.
* All pieces to be built to fit through a 3’0 doorway for installation.
* Deliver, assemble, and anchor all pieces as needed to be secured.
* Flip-up tops on Teletype cabinet to have soft close hardware.
* Doors below on Teletype cabinet to have concealed hinges and no handles.
* Clean up and haul away all debris.
* Work to be inspected by MWSU Physical Plant upon completion.

**This will be a prevailing wage project.**

* + **Bidders must submit a notarized Affidavit of Work Authorization and completed MOU signature pages, per attached memorandum dated January 2014, with their bids.**
  + **Annual Wage Order Number 22 is currently in effect. A copy of this order will be attached separately once bid is awarded.**
  + **A Certificate of Liability Insurance will also be required with MWSU listed as an additional insured.**
  + **Missouri Revised Statute Chapter 292.675 went into effect on August 28, 2008, all on-site employees are required to complete the ten-hour safety training program.**



Bid Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Authorized Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this pricing sheet with your bid. Include any addendum(s) with your initials.

Pricing must be FOB Missouri Western State University.

All questions should be directed to Purchasing Manager, Kelly Sloan, (816) 271-4465, [purchase@missouriwestern.edu](mailto:purchase@missouriwestern.edu)

Missouri Western reserves the right to accept or reject any or all items of this bid.

Include with your bid:

* Notarized Affidavit of Work Authorization (see attached) and completed MOU signature pages.

**PREVAILING WAGE PROJECT INFORMATION**

TO: ALL BIDDERS

FROM: MISSOURI WESTERN STATE UNIVERSITY

DATE: January 2014

RE: ADDITIONAL BID SUBMISSION REQUIREMENTS

Please review Missouri statute, 285.530 RSMo, regarding employment of unauthorized aliens. Pursuant to RSMo 285.530 (1), No business entity or employer shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri, and (2), the bidder must affirm its enrollment and participation in a federal work authorization program with respect to the employees proposed to work in connection with the services requested herein by:

Submitting a completed, notarized copy of AFFIDAVIT OF WORK AUTHORIZATION (attached) and,

Providing documentation affirming the bidder’s enrollment and participation in a federal work authorization program (see below) with respect to the employees proposed to work in connection with the services requested herein.

A copy of RSMo 285.530 can be viewed in its entirety at:

<http://www.moga.mo.gov/statutes/C200-299/2850000530.HTM>

E-Verify is an example of a federal work authorization program. Acceptable enrollment and participation documentation consists of completed copy of the E-Verify Memorandum of Understanding (MOU). A sample of the MOU is included. For vendors that are not already enrolled and participating in a federal work authorization program, E-Verify is available at:

<http://www.dhs.gov/files/programs/gc_1185221678150.shtm>

*The successful bidder will be required to submit a notarized Affidavit of Work Authorization and the completed MOU signature pages (the last three pages) with their bid. A bid that does not include these items will be deemed Non-responsive.*

**WORK AUTHORIZATION AFFIDAVIT**

**PURSUANT TO R.S.Mo. §285.530**

**(For all bids in excess of $5,000.00)**

**Effective 1/1/09**

State of Missouri )

)ss

County of Buchanan )

Comes now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Business Entity Name)does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

***In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)***

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|  |  |  |
| Authorized Representative’s Signature |  | Printed Name |
|  |  |  |
|  |  |  |
| Title |  | Date |
| E-Mail Address |  | E-Verify Company ID Number |

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am

(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of

(NAME OF COUNTY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(NAME OF STATE) (DATE)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Notary |  | Date |