**BID SPECIFICATION SHEET FOR FB17-008**

CEILING FANS IN BAKER FITNESS

Missouri Western State University is accepting bids for the following:

**Remove old and install new ceiling fans in the Multi- Purpose room, Cardio room and Exercise Room in Baker Fitness Center per following specs:**

* Furnish and install (2) wall mount fans in the multipurpose room. This will include extending 120 volt power from the nearest available source. Fans to be Dayton 24 inch fan model #7DD02 or equivalent.
* Provide labor to remove (16) ceiling fans from the aerobic and weight rooms.
* Furnish and install (10) 42” 27,500 CFM aluminum or white colored ceiling fans in the weight room. These will utilize the existing power source.
* Furnish and install (6) 60” 46,000 CFM aluminum or white colored ceiling fans in the multipurpose room. These will utilize the existing power source.
* If a lift is required use an individual personnel lift. No scissor lift or lift with tires that turn left/right will be allowed on the rubber floor.
* Scheduling of project will be done through MWSU Physical Plant and the Baker Family Fitness Center Director. Project will be able to be done during regular business hours.
* Work to begin after July 1, 2016
* Any equipment needing moved will be done by MWSU staff.
* Work area to be contained as there will still be people using surrounding equipment during this project.
* Remove and properly dispose of all trash and debris from project.
* Work to be inspected by MWSU Physical Plant upon completion.
* To schedule a time to look at the project contact:

Brian Harrah

MWSU Physical Plant

816-244-0343

harrah@missouriwestern.edu

**Alternate bid:**

Furnish and install (2) wall mount fans in the free weight room. This will include extending 120 volt power from the nearest available source. Fans to be Dayton 24 inch fan model #7DD02 or equivalent.

Base Bid Amount:

Alternate Bid Amount:

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

Authorized Vendor Signature:

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

**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 23 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.**

**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 |