

**BID SPECIFICATION SHEET FOR FB18-119**

Termite Treatment for Potter Hall

**Scope:**

Inspection of Potter Hall for Termite locations and activity. Treat such areas where activity is present to assure no further activity will occur for the period of one (1) year. Treat remaining exterior of building so as no further activity occurs for a period of one (1) year. All chemicals and applications must meet federal, state and local code.

**Timeline of Project:**

* Bid opening May 17, 2018 2:00pm Purchasing Department, Popplewell 221
* Project to be completed by May 31, 2018
* If you would like to schedule a site visit please contact Physical Plant Director, Bryan Adkins 816-271-4417

**Bid Specification:**

* Provide all labor, materials and tools for the complete application.
* Work must be coordinated with MWSU to minimize interference with university functions
* A one (1) year material and labor warranty shall be included

**Bid Submission Requirements:**

**Sealed bids must be submitted to the Purchasing Office by 2:00 p.m. Central Time on May 17, 2018 in Popplewell Hall, Room 221, 4525 Downs Drive, St. Joseph, MO 64507. Electronic or faxed bids will not be accepted.** Missouri Western reserves the right to accept or reject any or all items of this bid.



**BID SPECIFICATION SHEET FOR FB18-119**

Termite Treatment for Potter Hall

Base 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

Include with your bid:

* Signed & Notarized Affidavit of Work Authorization (see attached).
* E-verify [Department of Homeland Security Federal Work Authorization Program E-Verify link](http://www.dhs.gov/files/programs/gc_1185221678150.shtm)
* W-9
* Bid Pricing Sheet
* Invitation to Bid

**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 |