#### NATASHA GOODMAN County Auditor

E-mail: natasha.goodman@co.limestone.tx.us



200 W. State Street, Suite 301 Groesbeck, TX 76642 (254) 729-3817 Fax: (254) 729-5626

STATE OF TEXAS

## Limestone County GROESBECK TEXAS

LIMESTONE COUNTY
AUDITOR'S OFFICE
200 W. STATE ST., STE 301
GROESBECK, TX 76642

#### **REQUEST FOR BID**

## "Disaster and/or Storm Debris Removal and Disposal Services"

Limestone County is soliciting bids for Disaster and/or Storm Debris Removal and Disposal Services for various Limestone County Roads.

All bids must be received in the office of:

COUNTY AUDITOR
LIMESTONE COUNTY COURTHOUSE
200 W. STATE ST., STE. 301
GROESBECK, TX 76642

On or before:

10:00 A.M. MONDAY JULY 22, 2024

BIDS RECEIVED LATER THAN THE TIME AND DATE SET FORTH ABOVE WILL NOT BE CONSIDEREED FOR AWARD; BUT INSTEAD, WILL REMAIN UNOPENED AND WILL BE RETURNED TO VENDORS WHEN POSSIBLE.

BIDS SHOULD BE IN A SEALED ENVELOPE AND CLEARLY MARKED "BID NO. 240701-01 — OPENING DATE — MONDAY, JULY 22, 2024."

#### **Award of Contract:**

Bid will be awarded during the Limestone County Commissioners Court Special meeting on **Tuesday**, **July 23**, **2024**, at **9:00am**.

It is understood that the Limestone County Commissioner's Court reserves the right to REJECT IN WHOLE OR IN PART ANY OR ALL BIDS, waive minor technicalities, and award the bid which best serves the interest of the County.

# REQUEST FOR BID Disaster and/or Storm Debris Removal and Disposal Services

#### **PURPOSE:**

Limestone County is requesting bids from qualified service providers, hereinafter referred to as the "Contractor," for tree cutting and removal services for Limestone County's roads due to the storm damage the county has received. The bid is on 24 Limestone County roads and anywhere from .5 to 7.5 miles of road. Please see the attached county roads with the approximate location of the debris. Onsite visits and inspections are highly recommended to give an accurate bid.

#### **GENERAL REQUIREMENTS:**

- 1. All work shall be performed in the safest means possible, from experienced personnel to the maintenance of all equipment used to perform this task at hand.
- 2. Tasks to be completed include but are not limited to tree removal, stump grinding, and debris removal.
- 3. Project completion due 60 days from Bid award date.
- 4. The Contractor shall furnish all labor, tools, safety equipment, supervision, transportation, insurance, and all other ancillary items/services necessary to complete the project(s). The work shall be performed at the locations specified in the work order. The Contractor shall coordinate their performance of the services with the County Road and Bridge Administrator.
- **5.** All work must be coordinated with Road & Bridge Administrator, James Trantham prior to commencement. He may be contacted at 254-729-5513 or 254-747-0166.
- **6.** The contractor shall perform work in a manner that prevents damage to any county road infrastructure or surrounding public or private property, including utilities.
- 7. Limestone County representatives reserve the right to inspect the site and review operations at any time without notice.
- **8.** Limestone County may terminate the contract if the contractor fails to comply with any of the regulations stated above.
- 9. The contractor shall carry a minimum of \$500,000 General Liability Insurance, with Limestone County listed as additional insured, and the Certificate of Insurance must be received by the County prior to commencing with the project.
- **10.** The contractor must complete and sign Affidavit (attached)
- 11. The contractor must complete Form CIQ "Conflict of Interest Questionnaire" (attached)
- **12.** The **awarded** contractor must complete Vendor Information sheet and Form W-9 (attached)
- **13.** The **awarded** contractor shall complete Form 1295 with the Texas Ethics Commission before contracting with Limestone County. The Identification Number for this contract is **24071-01**.

# REQUEST FOR BID Disaster and/or Storm Debris Removal and Disposal Services

### Debris is located on County Roads listed below:

Roads	Length of Road in miles
LCR 648	2.1
LCR 650	1.5
	4.2
LCR 654	
LCR 658	2.7
LCR 707	7.5
LCR 707A	1.3
LCR 700	2.9
LCR 703	1.9
LCR 721	1.9
LCR 723	6.7
LCR 660	1.2
LCR 662	5.4
LCR 664	1.4
LCR 663	3.2
LCR 661	1.2
LCR 710	2.1
LCR 712	1.1
LCR 716	2.1
LCR 713	0.6
LCR 719	0.5
LCR 420	2.6
LCR 433	5.4
LCR 439	3.3
LCR 454	6.6

# REQUEST FOR BID Disaster and/or Storm Debris Removal and Disposal Services

BID FORM						
Price bid for work to be completed on the specified county roads	\$					
Date vendor can begin work:						
Vendor Name: Date:						
Vendor Signature:						

#### **AFFIDAVIT**

The undersigned certifies that the bid prices contained in this proposal have been carefully checked and are submitted as correct and final and if bid is accepted, agrees to furnish any and/or all items upon which prices are offered, at the price(s) and upon the conditions contained in the specifications. The period of acceptance in this bid proposal will be \_\_\_\_ calendar days (30 calendar days unless a different period is inserted by bidder) after the bid opening date.

#### STATE OF TEXAS

#### **COUNTY OF**

Before me, the undersigned authority, a Notary Public in a personally appearedupon oath did depose and say:	nd for the State of Texas, on this day who, having first been duly sworn,
That the foregoing proposal submitted by "Bidder" is the duly authorized agent of said company and has been duly authorized to execute the same; that this comor individual has not prepared this bid in collusion with any person engaged in this type of business prior to the official the Manager, Secretary, or Officer signing this bid is not an directly or indirectly concerned in any pool or agreement of Supplies, Services, or Equipment bid on, or to influence and	that the person signing said proposal apany, corporation, firm, partnership of other bidder or to any person or opening of this bid. And further, that and has not been for the past six months r combination to control the price of
Name and Address of Bidder:	Signature:
	Title:
	Telephone:
Sworn to and subscribed before me this day of	, 20
Notar	ry Public in and for the State of Texas
Awarded in Open Court this day of, 20	·
Richard Duncan, Limestone County Judge	

### **CONFLICT OF INTEREST QUESTIONNAIRE**

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.	OFFICE USE ONLY
This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).	Date Received
By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.	
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.	
Name of vendor who has a business relationship with local governmental entity.	
Check this box if you are filing an update to a previously filed questionnaire. (The law re completed questionnaire with the appropriate filing authority not later than the 7th busines you became aware that the originally filed questionnaire was incomplete or inaccurate.)	quires that you file an updated s day after the date on which
Name of local government officer about whom the information is being disclosed.	
Name of Officer	
Describe each employment or other business relationship with the local government offic officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with Complete subparts A and B for each employment or business relationship described. Attack CIQ as necessary.  A. Is the local government officer or a family member of the officer receiving or limited other than investment income, from the vendor?  Yes No  B. Is the vendor receiving or likely to receive taxable income, other than investment of the local government officer or a family member of the officer AND the taxable income governmental entity?	h the local government officer. h additional pages to this Form  kely to receive taxable income, income, from or at the direction
Yes No	
Describe each employment or business relationship that the vendor named in Section 1 m other business entity with respect to which the local government officer serves as an ownership interest of one percent or more.	aintains with a corporation or fficer or director, or holds an
Check this box if the vendor has given the local government officer or a family member of as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a)(a)(a)(b) as described in Section 176.003(a)(a)(b), excluding gifts described in Section 176.003(a)(a)(a)(a)(a)(b), excluding gifts described in Section 176.003(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(	of the officer one or more gifts 03(a-1).
7	
Signature of vendor doing business with the governmental entity D	ate

#### CONFLICT OF INTEREST QUESTIONNAIRE

#### For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm. For easy reference, below are some of the sections cited on this form.

<u>Local Government Code § 176.001(1-a)</u>: "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

#### Local Government Code § 176.003(a)(2)(A) and (B):

- (a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:
  - (2) the vendor:
    - (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that
      - (i) a contract between the local governmental entity and vendor has been executed; or
      - (ii) the local governmental entity is considering entering into a contract with the vendor:
    - (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
      - (i) a contract between the local governmental entity and vendor has been executed; or
      - (ii) the local governmental entity is considering entering into a contract with the vendor.

#### Local Government Code § 176.006(a) and (a-1)

- (a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:
  - (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
  - (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
  - (3) has a family relationship with a local government officer of that local governmental entity.
- (a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:
  - (1) the date that the vendor:
    - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
    - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
  - (2) the date the vendor becomes aware:
    - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
    - (B) that the vendor has given one or more gifts described by Subsection (a); or
    - (C) of a family relationship with a local government officer.



**NATASHA GOODMAN County Auditor** E-mail: natasha.goodman@co.limestone.tx.us

**Limestone County** 

Groesbeck, TX 76642 (254) 729-3817 STATE OF TEXAS

Fax: (254) 729-5626

200 W. State Street, Suite 301

#### Limestone County GROESBECK, TEXAS

Dear Vendor: We are currently reviewing our files to ensure compliance with Internal Revenue Service (IRS) guidelines. Therefore, we are requesting our vendors complete the contact information below and a Form W-9. Please return forms to the Limestone County Auditor's Office within ten (10) business days of receipt of this letter. We will not have to file an Annual Information Return, Form 1099 Misc. for you if you are a corporation, government agency or exempt payee. However, the law requires that you provide your TIN in addition to identifying your payee status (corporation, sole proprietor or partnership). If you are a Limited Liability Company (LLC), please enter the tax classification: Corporation, Partnership or Disregarded Entity. The IRS requires a withholding of 24% from payments if an entity fails to furnish its TIN or SSN and signature to us. Your prompt attention to this request is appreciated and will prevent unnecessary delays in processing of our payments to you. Thank you for your cooperation. Should you have any questions, please contact Ann Nelson at (254)729-3817. Please return this form and your signed W-9 to the address listed below or via email to ann.nelson@co.limestone.tx.us Please mail to: Limestone County Auditor's Office 200 W State St., Ste. 301 Company Name/Individual Name Groesbeck, TX 76642 Remittance Address (if different than W-9) Sincerely, City, State, Zip Ann Nelson **Assistant Auditor** E-mail

Phone

Fax

(Rev. October 2018) Department of the Treasury

#### **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

We for instructions and the latest information.

Internal I	Revenue Service	Go to www.irs.gov/ronniy/3 for mate		01 111101111				_			
	1 Name (as shown	on your income tax return). Name is required on this line; do	not leave this line blank.								
	2 Business name/o	disregarded entity name, if different from above									
Print or type. See Specific Instructions on page	following seven I Individual/solsingle-membrisingle-membr	e proprietor or C Corporation S Corporation or LLC  y company. Enter the tax classification (C=C corporation, S=S the appropriate box in the line above for the tax classification is classified as a single-member LLC that is disregarded from that is not disregarded from the owner for U.S. federal tax puritification the owner should check the appropriate box for the tax tructions)   tructions)	Partnership  S corporation, P=Partners of the single-member ow m the owner unless the or poses. Otherwise, a single	Trus	ot chec e LLC is	Ex Ex Ex S nat	Exempt entain en struction en struction en empt pa semptior ode (if ar explies to acc address	ntitles, ins on payee conforming)	not ind page 3 pode (if a FATC)	fividua ): any) A repo	ls; see
Part	Taxpa	er Identification Number (TIN)									
Enter v	our TIN in the an	propriate box. The TIM provided must match the name	given on line 1 to avo	JIU	Social	securi	ty numb	er			
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other					_	li	_				
resider	nt alien, sole prop	rietor, or disregarded entity, see the instructions for Fa yer identification number (EIN). If you do not have a nu	art I, later. For other imber, see <i>How to get</i>	ta					L		
		yer identification number (Liny). If you do not have a na	iniboli coo i icii ta ga	0	r						
Inv. later.			er ide	dentification number							
<b>Note:</b> I Numbe	er To Give the Red	quester for guidelines on whose number to enter.									
14477100	. , , , , , , , , , , , , , , , , , , ,	,		1		-					
Part	T Certifi	cation									
Inder	penalties of periu	ry, I certify that:									
1. The 2. I am Serv no Id	number shown of not subject to ba vice (IRS) that I an onger subject to b	n this form is my correct taxpayer identification numbe ickup withholding because: (a) I am exempt from back n subject to backup withholding as a result of a failure nackup withholding; and	un withholding or (b).	I nave no	or Deer	i noui	ied by	me III	iternai	l Reve me th	enue at I am
3. I am	a U.S. citizen or	other U.S. person (defined below); and									
4. The	FATCA code(s) e	ntered on this form (if any) indicating that I am exempt	from FATCA reporting	g is corre	ct.						
you ha	ve failed to report	s. You must cross out item 2 above if you have been not all interest and dividends on your tax return. For real esta ent of secured property, cancellation of debt, contribution vidends, you are not required to sign the certification, bur	ite transactions, item z ne to an individual retire	aces not ement am	appiy.	ent (IF	iortgagi (A), and	d aene	rally, i	payme	ents
Sign Here	Signature of U.S. person		Date▶								
Ger	neral Instr	uctions	• Form 1099-DIV (div	vidends, i	ncludi	ng the	se fror	n sto	cks or	r mutu	ral
Section references are to the Internal Revenue Code unless otherwise  • Form 1099-MISC (various types of income, prizes, awards, or greeneds)					ross						

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

#### CERTIFICATE OF INTERESTED PARTIES

#### **FORM 1295**

OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Name of governmental entity or state agency that is a party to the contract for which the form is being filed. 3 Provide the identification number used by the governmental entity or state agency to track of and provide a description of the services, goods, or other property to be provided up 4 Nature of Interest (check applicable) City, State, Country Name of Interested Party (place of business) Controlling Intermediary St www.ex 5 Check only if there O Interested Party. \_\_\_\_, and my date of birth is\_ (city) (country) (state) (zip code) (street) nder penalty of perjury that the foregoing is true and correct. County, State of \_\_\_\_\_\_, on the \_\_\_\_\_ day of (year) Signature of authorized agent of contracting business entity (Declarant) ADD ADDITIONAL PAGES AS NECESSARY