

RFP LIB 2022 – Fluid Applied Roofing



**Mayor Martin Hicks
City Manager: Donald Jaramillo**

City of Grants Council Members

District 1 – Erik Garcia
District 2 – Rick Lucero
District 3 – Fred E. Rodarte
District 4 – Fred I. Padilla

CITY OF GRANTS

REQUEST FOR PROPOSAL

RFP LIB 2022

Fluid Applied Roofing

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REQUEST FOR PROPOSAL

NOTICE IS HEREBY GIVEN TO PROSPECTIVE PROPOSERS that on February 21, 2022 at 1:00 PM the Council Chambers of The City of Grants, the procurement Officer will open sealed proposals for the following:

**RFP LIB 2022
Fluid Applied Roofing**

Specifications and proposal documents may be requested from Frances R Medina by calling 1-505-287-7927 or by going to the website www.cityofgrants.net. The public record documents are available on the City web site at cityofgrants.net or by contacting the Purchasing Department, 600 W. Santa Fe Avenue, Grants, N.M. 87020

Questions regarding the proposal should be directed by e-mail to Frances Medina – CPO, fmedina@grantsnm.gov.

All proposals must be received by the Purchasing Department on or before February 14 at 1:00 PM MST. No waivers shall be allowed for proposals which have not been submitted to the Purchasing Department by the deadline date. One (1) signed original. – it can be emailed. Originals of the proposal package are to be submitted to:

**City of Grants
600 W. Santa Fe Avenue
Grants, NM 87020
Attention: Frances R Medina**

The City of Grants reserves the right, at its sole discretion, to accept or reject any and all proposals and to waive informalities when it is in the best interest of the City to do so.

All proposals must remain valid for a period of ninety (90) days or until the Governing Body approves the contract. Recommendation to the City of Grants City Council will be based upon a proposal(s) that represent the best interest of the City and award of the contract will be deemed by the council to be in the best interest of the City of Grants.

**Frances R Medina
Supervisor, Purchasing/Contracts**

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City of Grants Purchasing Department

PROPOSAL FORM

BID DUE /BID OPENING DATE/TIME: February 21, 2022 2:00pm

**RETURN ONE (1) SIGNED ORIGINAL,
OF THE PROPOSAL. NO OTHER PROPOSAL
FORM WILL BE ACCEPTED**

NAME OF COMPANY

**PLEASE BE SURE THAT THE NAME OF
YOUR COMPANY APPEARS ON EACH
PAGE OF THIS PROPOSAL FORM.**

ADDRESS OF COMPANY

SIGNED BY AN AGENT OF NAMED COMPANY

PRINT NAME OF AUTHORIZED SIGNATURE

EMAIL ADDRESS

TELEPHONE No.

FAX

Proposal Certification

I hereby certify that: I am submitting the following information as my firm's (proposer) proposal and am authorized by proposer to do so; proposer agrees to complete and unconditional acceptance of the contents inclusive of this Request for Proposal, and all appendices and the contents of any Addenda released hereto; proposer agrees to be bound to any and all specifications, terms and conditions contained in the Request for Proposal, and any released Addenda and understand that the following are requirements of this RFP and failure to comply will result in disqualification of proposal submitted; proposer has not divulged, discussed, or compared the proposal with other proposers and has not colluded with any other proposer or party to any other proposal; proposer acknowledges that all information contained herein is part of the public domain as defined by the State of Florida Sunshine and Public Records Laws; all responses, data and information contained in this proposal are true and accurate.

Signature of
Proposer's Authorized Representative (blue ink preferred on original) _____ Date _____

Name of Proposer's Authorized Representative _____ Title of Proposer's Authorized Representative _____

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Scope of Work

- 1) General – This contract is for fluid applied roofing systems and is to include all labor and materials to perform the work described in these project documents. The contractor is to provide for roof cleaning and preparation, provide and apply the roof system, and warranty the work as described in this document.
- a) Initial work at City of Grants Public Library located at 1101 N. 1st Street, and must be completed prior to March 30, 2022.
- b) This contract is to include all labor, and materials to clean and recoat/or roof the building identified in this document.
 - 2) Insurance Requirements – Contractor will be required to provide the insurance documentation listed in this specification before a purchase order can be made or work can begin.
 - 3) Standards - All work shall meet the requirements of the roof system manufacturer's written instructions, New Mexico Building Code, and State Requirements.
- 4) SUBMITTALS
 - a) Product Data: For each type of product. Include preparation requirements and application instructions.
 - b) Samples of finished product for comparison.
- 5) CLOSEOUT SUBMITTALS

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- a) Provide letter from roofing system manufacturer indicating that the roof was applied in a manner that meets their standards for quality.
- b) Provide warranty documents from supplier and contractor as described in the warranty section.

6) MAINTENANCE MATERIAL SUBMITTALS

- a) Furnish extra materials that match products installed and that are packaged with protective covering for storage and identified with labels describing contents.
- b) Not less than five gallons of topcoat recoating material per site.

7) **QUALITY ASSURANCE:** all work to be performed and approved by the roofing system manufacturer. Provide documentation at project completion to correspond with the project warranty.

8) DELIVERY, STORAGE, AND HANDLING

- a) Deliver products to Project site in an undamaged condition in manufacturer's original sealed containers, complete with labels and instructions for handling, storing, unpacking, protecting, and installing. Packaging shall bear the manufacture's label with the following information:

- i) Product name and type.
- ii) Batch date.
- iii) Environmental handling requirements.
- iv) Surface preparation requirements.
- v) Application instructions.

- b) Store materials not in use in tightly covered containers.

- i) Maintain containers in clean condition, free of foreign materials and residue.
- ii) Remove rags and waste from storage areas daily.

9) FIELD CONDITIONS

- a) Apply roofing only when temperature of surfaces to be painted and ambient air temperatures are as listed by the roofing system manufacturer.
- b) Do not apply roofing products in rain, fog, or mist; when relative humidity exceeds 95 percent; at temperatures less than 5 degrees F above the dew point; or to damp or wet surfaces.

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- c) Hazardous Materials: It is not expected that hazardous materials will be encountered in the Work. If suspected hazardous materials are encountered, do not disturb; immediately notify Owner.

10) PRODUCTS

- a) MANUFACTURERS: Roofing System shall be equal to SEBS (styrene, ethylene butadiene styrene)
- b) Source Limitations: Obtain roofing materials from single source from single manufacturer.
- c) Roofing System composition
 - i) The system is to be a flexible waterproofing system.
 - ii) The system must be highly resistive to oxidation or other damage due to UV rays.
 - iii) The system shall have reflectivity averaging over 90%.
 - iv) Must have products that allow system to be used over coated concrete or masonry, metal roofing, and asphalt roofing.
- d) Material Compatibility:
 - i) Provide materials for use within each roofing system that are compatible with one another and substrates indicated, under conditions of service and application as demonstrated by manufacturer, based on testing and field experience.
- e) Color: Final top coat shall be white.

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11) EXECUTION

a) General:

- i) All new work shall be done in a neat workmanship like manner. Work considered substandard per, this specification or the manufacturer's written instruction, by the City of Grants or Director of Maintenance, shall be corrected by the contractor at no additional cost to the owner.

b) Examination:

- i) Examine roofs and conditions, with Applicator present, for compliance with requirements for maximum moisture content and other conditions affecting performance of the Work. Verify suitability of existing roof, including surface conditions and compatibility with existing finishes and primers. Where acceptability of substrate conditions is in question, apply samples and perform in-situ testing to verify compatibility, adhesion, and film integrity of new paint application.

- (1) Repair or mitigate all conditions that may affect application, appearance, or performance of roofing system.

- (2) Identify mechanical or physical problems on the existing roof that must be remediated prior to the roof coating process.

- ii) Substrate Conditions:

- (1) Must meet the manufacturers written directions for preparation.

- (2) Surfaces must be clean and free of loose debris.

- (3) Surfaces must be free of all dust that could inhibit bonding.

- c) Proceed with coating application only after unsatisfactory conditions have been corrected; application of coating indicates acceptance of surfaces and conditions.

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12) PREPARATION

- a) Correct all mechanical or physical issues identified in the examination phase. Repairs shall be performed using industry recognized repair methods in a manner compatible with the roofing system's products.
- b) The area to be roofed shall be cleaned to a workable surface meeting the manufacturers written criteria for preparation.
 - i) After completing roofing operations, use workers skilled in the trades involved to reinstall items that were removed.
 - ii) Remove surface-applied protection.
- c) Clean substrates of substances that could impair bond of the roof system, including dust, dirt, oil, grease, and incompatible paints and encapsulants. Remove incompatible primers and reprime substrate with compatible primers or apply tie coat as required to allow roofing systems to correctly bond.

13) APPLICATION

- a) Apply roofing system according to manufacturer's written instructions and recommendations.
- b) Use applicators and techniques suited for product and substrate indicated.
- c) Roofing system must continue up vertical transitions seamlessly. Reinforcing membrane cloth shall be used at all vertical transitions. Roofing system shall turn up at all vertical intersects a minimum of 6" above the level of the existing roof. Examples include but are not limited to the following:
 - i) Vertical wall/roof intersections
 - ii) Plumbing vent stacks and mechanical equipment stands
 - iii) Mechanical equipment housekeeping pads
 - iv) Fans and other HVAC equipment curbs
 - v) Smoke relieve or roof access hatches

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- d) If test results show that dry thickness of applied roofing does not comply with roofing system manufacturer's written recommendations, Contractor shall apply additional coats as needed to provide dry film thickness that complies with paint manufacturer's written recommendations.

14) CLEANING AND PROTECTION

- a) Any damage or required demolition that occurs during the execution of this contract shall be repaired by the contractor with no additional costs to the owner.
- b) At end of each workday, remove rubbish, empty cans, rags, and other discarded materials from Project site.
- c) After completing roofing application, clean spattered surfaces. Remove spattered products by washing, scraping, or other methods. Do not scratch or damage adjacent finished surfaces.

15) WARRANTY

- a) The warranty year begins on the date the contractor submits for final payment and letters of warranty, and they are accepted by the City.
- b) Contractor's warranty: Furnish a Letter of Warranty for a period of 10 years to warrant the project against failure due to peeling, chipping, flaking, and other failures attributed to workmanship. This warranty shall be provided by the applying contractor. Warranty shall provide for prompt repair or replacement of the failed areas including all labor and material. Warranty shall include repairs of lack of bonding, gapping, cracking, pin holes, peeling, blistering, and crazing or other deficiencies attributable to poor workmanship,
- c) an annual (1 x per year) inspection identifying workmanship defects and any repairs need to correct problem.
- d) Manufacturer's warranty: Furnish 20-year minimum non-prorated warranty executed by the roofing system supplier. Warranty shall provide for prompt repair or replacement of the failed areas including all labor and material, during the warranty period. Warranty shall include peeling, cracking, lack of bonding, or other issues causing roofing system to not perform that are attributable to the product.
- e) If additional costs or steps are required to get the 15-year warranty, please list and include these costs. Examples are periodic recoating or special materials.
- f) Compliance Requirements
 - i) All signature pages from this bid document, signed and notarized (if required).
 - ii) Copy of insurance and contractor's license.

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- g) A project proposal on company letterhead indicating scope of work and completion date. Include a brief description of the proposed work.
 - i) Points are given for prompt completion dates.
 - ii) Specifically list any portion of this specification that you cannot meet.
 - h) Price Sheet (Appendix B)
 - i) Past work history south Florida with proposed system on similar projects (Include Appendix C)
- 16) Proposals will be reviewed by a review committee on the criteria listed below:
- a) Price - 30 points
 - b) Product System and warranty - 30 points
 - c) Scope and guaranteed delivery date - 30 points
 - d) Residency/veterans preference - 10 points

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REFERENCE FORM - APPENDIX C

Provide three references from agencies you have provided similar goods or services to in the past three (3) years.

Reference # 1

Organization Name: _____ Telephone # _____

Contact Name: _____ Email Address: _____

Scope of Work Provided: _____

Project Dollar Value: _____ Present Contract Status: _____ Contract Dates: _____

Reference # 2

Organization Name: _____ Telephone # _____

Contact Name: _____ Email Address: _____

Scope of Work Provided: _____

Project Dollar Value: _____ Present Contract Status: _____ Contract Dates: _____

Reference # 3

Organization Name: _____ Telephone # _____

Contact Name: _____ Email Address: _____

Scope of Work Provided: _____

Project Dollar Value: _____ Present Contract Status: _____ Contract Dates: _____

Authorized Representative's Signature _____ Date: _____

Name (Printed) and Title: _____

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GENERAL INFORMATION

A. INTRODUCTION

The City of Grants NM, hereinafter referred to as the "City" will accept sealed proposals from any responsive and responsible proposer as specified herein. Following is a tentative calendar:

B.

CALENDAR OF EVENTS RFP 2017721		
DATE:	TIME (ET):	ACTION:
January 31, 2022	8:00 AM	Release Solicitation
February 2, 2022	Publication	Notice of Solicitation /Bid Opening
February 14, 2022	2:00PM	Proposal Closing
February 21, 2022	2:00 PM	Proposal Due/Bid Opening (Open to Public – City of Grants Council Chambers. 600 W Santa Fe Avenue, Grants NM 87020
February 24, 2022	6:00 PM	Recommendation to Award
February 24, 2022	6:00 PM	Board Meeting (Open to Public –)

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C. CONDITIONS AND LIMITATIONS

- a) The City of Grants reserves the right to reject any and all proposals, to waive any irregularities or informality, and to accept or reject any items or combination of items.
- b) The City of Grants may consider all proposals and reserves the right to award the contract(s) in the best interest of the City of Grants.
- c) A proposal may not be withdrawn before the expiration of ninety (90) days after the proposal due date.
- d) The City of Grants will not reimburse proposers for any costs associated with the preparation and submittal of any proposal, or for any travel and per diem costs incurred.
- e) Proposer acknowledges that all information contained within their proposal is part of the public domain as defined by the State of New Mexico Public Records Law.
- f) Proposers, their agents and/or associates shall refrain from contacting or soliciting any official of the City of Grants or Grants City Council member regarding this proposal during the selection process. Failure to comply with this provision may result in disqualification of the proposer.
- g) The proposal and the related responses of the selected proposer will by reference become part of the formal agreement between the selected proposer and the City of Grants.
- h) The City of Grants and the selected proposer(s) will negotiate a contract or contracts as to terms and conditions. In the event an agreement cannot be reached with the selected proposer in a timely manner, the City reserves the right to select an alternative proposer.
- i) Cancellation: In the event the proposer violates any of the provisions of this proposal, the City Manager shall give written notice to the proposer stating the deficiencies and unless deficiencies are corrected within five (5) days, recommendations will be made to the City Council for immediate cancellation. The City of Grants Governing Body reserves the right to terminate any contract resulting from this proposal at any time for any reasons, upon giving thirty (30) days prior written notice to the other party.
- j) Non-Discrimination: There shall be no discrimination as to race, sex, color creed, or national origin in operations conducted under this contract.

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k) Selling, Transferring or Assigning Contract: No contract awarded under these terms, conditions and specification shall be sold, transferred or assigned. In the event that the Proposer to which the contract is awarded merges with another entity, the City of Grants has the option to remain with the new institution or cancel the contract by giving 120 days advance written notice to the institution.

D. INSURANCE REQUIREMENTS

Comprehensive General Liability - with minimum occurrence limits of \$1,000,000 and General Aggregate of \$2,000,000 (Should limits of \$1,000,000 be prohibitive due to exposure or availability, \$500,000/\$1,000,000 may be sufficient). The liability policy will need to include an Additional Insured endorsement naming the City of Grants.

Commercial Auto Coverage - with minimum combined single limit of \$1,000,000 (Should \$1,000,000 be prohibitive due to exposure of availability, \$500,000 may be sufficient).

Workers Compensation - Statutory limits and Employers Liability \$100,000 /500,000/100,000. Note, if the contract is with a sole proprietor with no employees, he/she may not have Workers Compensation and may not be required by the state of Florida to carry this coverage. If this is the case and you decide to waive the WC requirement, we recommend that the District specifically include a disclaimer in the contract describing the status as an Independent Contractor and a sole proprietor with no employees and con firming that the District would not be responsible for providing Workers Compensation coverage for any work-related injury or illness.

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ACKNOWLEDGMENT OF ADDENDUM

As the person authorized to sign the statement, I certify that this firm acknowledges any and all addendum that may have been issued as part of this bid. All addendum will be issued via www.cityofgrants.net

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

Date: _____

Applicant's Signature

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STATEMENT OF NO BID

NOTE: If you do not intend to bid on this requirement/project, please return this form immediately. Thank you.

City of Grants, Grants NM

We, the undersigned have declined to submit a proposal due to the following reason(s):

- ┆ Specifications too "tight", i.e. geared toward one brand/manufacturer/service only (explain below)
- ┆ Unable to meet time period for responding to proposal.
- ┆ We do not offer this product or service.
- ┆ Our schedule would not permit us to perform.
- ┆ Unable to meet specifications.
- ┆ Unable to meet Bond/Insurance requirement(s).
- ┆ Specifications unclear (explain below).
- ┆ Unable to Meet Insurance Requirements.
- ┆ Please Remove Us from Your "Bidder's List".
- ┆ Other (specify below).

REMARKS: _____

We understand that if the "No Bid" letter is not executed and returned our name may be deleted from the Bidder's List of the City of Grants.

Company Name: _____

Email: _____

Proposal Number: _____

Date: _____

Signature: _____

Fax: _____

Telephone: _____

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DEBARMENT CERTIFICATION

“The bidder certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

(b) Has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; 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;

(c) Is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local Governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) Has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency.

Dated this _____ day of _____, 20 ____.

By _____
Authorized Signature/Contractor

Typed Name/Title

Contractor's Firm Name

Street Address

City/State/Zip Code

Area Code/Telephone Number

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IDENTICAL TIE PROPOSALS

Preference shall be given to businesses with drug-free workplace programs. Whenever two or more of a proposal, which are equal with respect to price, quality, and service, are received by the State or by any political subdivision for the procurement of commodities or contractual services, an proposal received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tie vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violation of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employees will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements

Vendor's Signature

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NON-COLLUSION AFFIDAVIT

I, _____ of the City of _____
according to law on my oath, and under penalty of perjury, depose and say that;

1) I am _____, the bidder making the proposal for
the project described as follows:

2) The prices in this proposal have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder with any competitor;

3) Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to proposal opening, directly or indirectly, to any other bidder to any competitor; and

4) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit, or not to submit, a proposal for the purpose of restricting competition;

5) The statements contained in this affidavit are true and correct, and made with full knowledge that THE City of Grants relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

Signature of Authorized Representative

Date

STATE OF _____

COUNTY OF _____

PERSONALLY, APPEARED BEFORE ME, the undersigned authority, _____
who, ___ being personally known, ___ or having produced _____
as identification, and after first being sworn by me, affixed his/her signature in the space provided above on
this _____ day of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires:

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RELATIONSHIP DISCLOSURE AFFIDAVIT (CONTRACT FORM 'RDA')
(REV. 1/17)

The City of Grants

BUSINESS/PERSONAL RELATIONSHIP DISCLOSURE AFFIDAVIT

I, _____, of the City/Township/Parrish of _____, State of _____, and according to law on my oath, and under penalty of perjury, depose and say that;

1) I am the authorized representative of the company or entity making a proposal for a project described as follows: Name of company/vendor: _____ and Nature of services presently being offered to School District: _____

2) I have ___ have not ___, at any time, and excluding the instant proposal, had a business or personal relationship with any member of the City Council Grants NM, and/or with any employee of the City of Grants, Grants NM.

- a.) The details of my or my company's present and/or former relationship, excluding the instant proposal, are listed below, including any current or previous work done for City of Grants.
- b.) Include particular Board member or employee's name(s), position held by such member or employee and relevant date(s); use reverse for space if needed.

3) The statements contained in this affidavit are true and correct, and made with full knowledge that The City of Grants relies upon the truth of the statements contained in this affidavit in awarding contracts for the subject project.

Date

(Signature of Authorized Representative)

STATE OF _____
COUNTY OF _____

PERSONALLY, APPEARED BEFORE ME, the undersigned authority, _____ who, _____ being personally known, _____ or having produced _____ as identification, and after first being sworn by me, affixed his/her signature in the space provided above on this _____ day of _____ 20____.

NOTARY PUBLIC

My commission expires:

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DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with NEW MEXICO STATUTES hereby certifies that:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in section (1).
4. In the statement specified in section (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Applicant's Signature

Date

**Request for Taxpayer
 Identification Number and Certification**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) **▶** _____
Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) **▶** _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) _____
 Requester's name and address (optional) _____

6 City, state, and ZIP code _____

7 List account number(s) here (optional) _____

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

--	--	--	--	--	--	--	--	--	--

OR

Employer identification number

--	--	--	--	--	--	--	--	--	--

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidance on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person **▶** _____ Date **▶** _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

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 on paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- 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 1098-C (canceled debt)
 - Form 1098-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? on page 2.

- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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CITY OF GRANTS

Vendor Information Sheet

Vendor Name:

Federal EIN/SSN:

Primary Address:

Payment Address:

Contact Name:

Phone:

ext.

Fax:

E-Mail:
