NOTICE TO BIDDER

NOTICE IS HEREBY GIVEN that the Board of County Commissioners of Custer County, Oklahoma will, on the 23rd day of June, 2014 up until the hour of 10:00 o'clock a.m. on said day, in their office in the Courthouse in Arapaho, Oklahoma, receive sealed bids for the following:

Minimum Specifications For Cleaning Service for Custer County, Oklahoma Health Department

Specifications and information are on file in the Custer County Commissioner's office, Room 104 in Arapaho, Oklahoma, and can also be found on Custer County's website, www.custer.okcounties.org.

All bids must be in a sealed envelope, clearly marked **BID**, with the **BID OPENING DATE**.

All bids must be mailed or delivered to:

(Mail) (Physical)

Custer County Clerk
P. O. Box 300
675 West 'B' Street
Arapaho, OK 73620-0300
Arapaho, OK 73620

Please follow all instructions for submitting bid proposals completely.

/s/Karen Fry, Custer County Clerk

(SEAL)

INSTRUCTIONS FOR SUBMITTING BID PROPOSALS

- 1. This entire packet (Notice, Instructions, Minimum Specifications and Affidavit) shall be known as the "Invitation to Bid" form. Fill out the "Invitation to Bid" form *completely*.
- 2. Identify the outside of the sealed envelope as follows:

SEALED BID CLOSING (Bid Date) BID (Opening Time)

- 3. Place your company name and return address on the outside of the envelope.
- 4. File the bid proposal with the Custer County Clerk, either by mail or in person, before 10:00 o'clock a.m. on June 23, 2014. Bids received after this time will be rejected and unopened. All bids will be opened at 10:00 o'clock a.m., June 23, 2014 during the County Commissioner's meeting held in the Custer County Courthouse, Arapaho, Oklahoma, Room 104, at 675 West "B" Street, Arapaho, Oklahoma.
- 5. All forms must be filled out completely. Any incomplete forms could result in rejection if the Board of County Commissioners considers such action to be in the best interest of Custer County.
- 6. The address of the Custer County Clerk is as follows:

(MAILING) (PHYSICAL)
CUSTER COUNTY CLERK
P.O. BOX 300 C73620-0300 C75 WEST 'B' STREET
ARAPAHO, OK 73620-0300 ARAPAHO, OK 73620

- 7. All bid information shall be typewritten, or legibly written in ink. All corrections shall be initialed by the person signing the form(s).
- 8. On all bids requiring services or contract labor, proof of liability insurance may be required. Read the bid specifications carefully.
- 9. FOR PROMPT PAYMENT OF ALL INVOICES, PLEASE NOTE:
 - * Payment for maintenance & operational expenses for Custer County is made once a month. Approval of said claims is made on the second Monday of each month. For your claim to be considered for payment, the product(s) or service(s) must be delivered, and the appropriate paperwork on file with the County Clerk's office no later than five working days prior to the second Monday of the month.
 - * If the proper invoices and supporting documentation are not received by the monthly cut-off date, payment will be rendered during the following month's business.
 - * Please contact Karen Fry, Custer County Clerk, for a schedule for invoice submission in order to expedite payment processing.
- 10. If you have any questions regarding the bid specifications, or the bid deadlines, etc., please contact Karen Fry, Custer County Clerk or Debbie Bright, Purchasing Agent at (580) 323-4420.

NOTE: ALL BID PROPOSALS WHICH DO NOT CONTAIN THE "INVITATION TO BID" AND THE SIGNED/NOTARIZED "AFFIDAVIT FOR FILING WITH COMPETITIVE BID", <u>WILL BE INVALID AND REJECTED</u>.

MINIMUM SPECIFICATIONS FOR Cleaning Service for Custer County, Oklahoma Health Department

Cleaning will include Clinton and Weatherford Offices

Cleaning Type	Daily Recurring
Clinton Cleaning Days	3 Days/week
Weatherford Cleaning Days	3 Days/week
Cleaning Times	After 5:00 p.m. and weekends

Cleaning contract will be from July 1, 2014 through and including June 30, 2015.

DAILY CLEANING

- A. Waiting Room/Lobby, All Offices, Chart Room, Hall Floors, Entry Doors, TB Isolation Room, Lab, Lounge, Weight Room
 - 1. Empty all trash receptacles, replace liners, as needed, and remove trash to a collection point.
 - 2. Vacuum carpeting.
 - 3. Clean and polish drinking fountain(s).
 - 4. Thoroughly dust all horizontal surfaces, including desk tops, files, window sills, chairs, tables, pictures and all manner of furnishings.
 - 5. Damp wipe all horizontal surfaces to remove coffee rings and spillage, as needed.
 - 6. Dust telephones.
 - 7. Dust mop hard surface floors with a treated dust mop.
 - 8. Damp mop hard surface floors to remove any spillage from soiled areas.
 - 9. Damp wipe entryway metal and clean fingerprints from entrance glass.
 - 10. Spot clean partition glass.
 - 11. Inspect and pick up, as needed, building entrance area.
 - 12. Clean toys.
 - 13. Clean and sanitize sinks.

B. Restrooms

- 1. Stock towels, tissue, and hand soap.
- 2. Empty sanitary napkin receptacles and wipe with a disinfectant.
- 3. Empty trash receptacles and wipe if needed.
- 4. Clean and polish mirrors.
- 5. Wipe towel cabinet covers.
- 6. Toilets and urinals to be cleaned and sanitized inside and outside. Polish bright work.
- 7. Toilet seats to be cleaned on both sides using a disinfectant.
- 8. Scour and sanitize all basins. Polish bright work.
- 9. Dust partitions, top of mirrors, and frames.
- 10. Remove splash marks from walls around basins.
- 11. Mop and rinse restroom floors with a disinfectant.

WEEKLY CLEANING

- A. Chart Room, Conference Room, Garage Storage, All Offices
 - 1. Dust all vertical surfaces of desks, file cabinets, chairs, tables and other office furniture.
 - 2. Thoroughly vacuum all carpeting, taking care to get into corners, along edges and beneath furniture
 - 3. Damp mop hard surface floors, taking care to get into corners, along edges and beneath furniture.
 - 4. Empty shredders.

MONTHLY CLEANING

- A. Storage Rooms, Basement File Room, All Offices
 - 1. Complete all high dusting not reached in the above mentioned cleaning.
 - 2. Remove fingerprints and marks from around light switches and door frames.

 - Vacuum all upholstered furniture.
 Damp wipe telephones using a disinfectant.

Total Price per Month	\$
Vendor Name	
Vendor Address	
Vendor Phone Number	

AFFIDAVIT FOR FILING WITH COMPETITIVE BID

STATE OF OKLA	HOMA)	
COUNTY OF) SS)	
		, of	f lawful age, being first duly sworn,
on oath says, that (s	s)he is the ag	gent authorized	d by the bidder to submit the attached
bid. Affiant further	states that t	the bidder has n	not been a party to any collusion
among bidders in re	estraint of fr	eedom of comp	petition by agreement to bid at a
fixed price or to ref	rain from bi	dding; or with a	any county official or employee as to
quantity, quality or	price in the	prospective con	ontract, or any other terms of said
prospective contrac	t; or in any o	discussions bety	tween bidders and any county official
concerning exchange	ge of money	or other thing of	g of value for special consideration in
the letting of a cont	ract.		
VENDOR:			
SIGNATURE:			
TITLE:			
ADDRESS:			
CITY/STATE/ZIP			
PHONE			
FAX			
EMAIL			
Subscribed and	sworn to before	ore me this	, 20
		Notary Po	Public (Clerk or Judge)
My Commission Expir	res:		
(SEAL)			

Note: Each competitive bid submitted to a county, school district or municipality must be accompanied with the above Affidavit as required by 61 Okla.St.Ann.\$138

AFFIDAVIT FOR CONTRACTS AND PAYMENTS

STATE OF OKLAHOMA)
) ss
COUNTY OF)

THE UNDERSIGNED (ARCHITECT, CONTRACTOR, SUPPLIER OR ENGINEER), OF LAWFUL AGE, BEING FIRST DULY SWORN, ON OATH SAYS THAT THIS INVOICE OR CLAIM IS TRUE AND CORRECT. AFFIANT FURTHER STATES THAT THE (WORK, SERVICES OR MATERIALS) AS SHOWN BY THIS INVOICE OR CLAIM HAVE BEEN (COMPLETED OR SUPPLIED) IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE AFFIANT. AFFIANT FURTHER STATES THAT (S)HE HAS MADE NO PAYMENT DIRECTLY OR INDIRECTLY TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THE STATE OF OKLAHOMA, ANY COUNTY OR LOCAL SUBDIVISION OF THE STATE, OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT OF THE INVOICE OR PROCURE THE CONTRACT OR PURCHASE ORDER PURSUANT TO WHICH AN INVOICE IS REQUIRED.

BUSINESS NAME	-
ву	_
SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF	. 20
	, 20
NOTARY PUBLIC (OR CLERK OR JUDGE)	

NOTE: 62 OKL.ST.ANN. § 310.9 (B), AUTHORIZES COUNTIES EXECUTING MORE THAN ONE CONTRACT, EXCEEDING \$ 25,000.00 DURING THE FISCAL YEAR, WITH AN ARCHITECT, CONTRACTOR, ENGINEER OR SUPPLIER OF CONSTRUCTION MATERIALS TO ACCEPT ONE AFFIDAVIT APPLYING TO ALL WORK, SERVICES OR MATERIALS COMPLETED OR SUPPLIED UNDER THE TERMS OF AWARDED CONTRACTS, OR WHICH ARE NEEDED ON A CONTINUAL BASIS; SUCH AFFIDAVIT TO BE IN LIEU OF ALL INDIVIDUAL AFFIDAVITS FOR EACH INVOICE SUBMITTED IN RELATION TO SUCH CONTRACT.

W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service

Request for Taxpayer **Identification Number and Certification**

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

	Name (as snown on your income tax return)								
ge 2.	Business name/disregarded entity name, if different from above								
on pa	Check appropriate box for federal tax classification:				Exemptions (see instructions):				
pe	_ Individual/sole proprietor			Exempt payee code (if any)					
Check appropriate box for federal tax classification: Individual/sole proprietor C Corporation S Corporation Partnership Trust/esta Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) Other (see instructions) Address (number, street, and apt. or suite no.) City, state, and ZIP code Check appropriate box for federal tax classification: C Corporation S Corporation, P=partnership) Requester Custer C P. O. Bo Arapaho				Exemption from FATCA rep				orting	
불등	☐ Other (see instructions) ►								
ij	Address (number, street, and apt. or suite no.)	Request	er's name	and add	ress (opt	ional)			
be		Custer	County						
See S	City, state, and ZIP code P. O. Box Arapaho,			ox 300 io, OK 73620					
	List account number(s) here (optional)								
Pa	rt I Taxpayer Identification Number (TIN)								_
	your TIN in the appropriate box. The TIN provided must match the name given on the "Name	" line	Social se	curity n	umber				
to avoid backup withholding. For individuals, this is 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 <i>How to get a</i>]-[-				
TIN on page 3.			. 1 -1 4141						
	. If the account is in more than one name, see the chart on page 4 for guidelines on whose	ļ	Employer identification number						
number to enter.				-					
	t II Certification								
	er penalties of perjury, I certify that:								
1. Th	ne number shown on this form is my correct taxpayer identification number (or I am waiting for	a numb	er to be is	sued to	o me), a	nd			
Se	am not subject to backup withholding because: (a) I am exempt from backup withholding, or (bervice (IRS) that I am subject to backup withholding as a result of a failure to report all interest blonger subject to backup withholding, and								
3. I a	am a U.S. citizen or other U.S. person (defined below), and								
4. Th	e FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	ıg is corr	ect.						
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				•					

Sign Here Signature of U.S. person ▶ **General Instructions**

instructions on page 3.

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), provide your correct TIN to the person requesting it (the requester) and, what applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- 2. Certify that you are not subject to backup withholding, or
- 3. 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.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S.

· An individual who is a U.S. citizen or U.S. resident alien,

Date ▶

- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- . A domestic trust (as defined in Regulations section 301.7701-7).

• A domestic trust (as defined in Regulations section 301.7701-7).
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Furtner, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.