

## **INVITATION TO BID**

**NOTICE IS HEREBY GIVEN** that the Board of County Commissioners of Custer County, Oklahoma will, on the **22<sup>nd</sup> day of June, 2015** up until the hour of **9:15 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, <http://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)**

Custer County Clerk  
P. O. Box 300  
Arapaho, OK 73620-0300

**(Physical)**

Custer County Clerk  
675 West 'B' Street  
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 for Filing, Affidavit for Contracts and W-9) 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 **9:15 o'clock a.m. on June 22nd, 2015**. Bids received after this time will be rejected and unopened. All bids will be opened at **9:15 o'clock a.m., June 22nd, 2015** 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. **The entire bid packet must be returned.**
6. The address of the Custer County Clerk is as follows:

<i>(MAILING)</i> CUSTER COUNTY CLERK P.O. BOX 300 ARAPAHO, OK 73620-0300	<i>(PHYSICAL)</i> CUSTER COUNTY CLERK 675 WEST 'B' STREET ARAPAHO, OK 73620
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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", WILL BE INVALID AND REJECTED.**

**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, 2015](#) through and including [June 30, 2016](#).

**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.
3. Vacuum all upholstered furniture.
4. Damp wipe telephones using a disinfectant.

**Total Price per Month**

**\$** \_\_\_\_\_

\_\_\_\_\_  
**Vendor Name**

\_\_\_\_\_  
**Vendor Address**

\_\_\_\_\_  
**Vendor Phone Number**



## 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

By \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 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.

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**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)  
**Custer County**  
**PO Box 300**  
**Arapaho, OK 73620**

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.

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

Social security number	

or

Employer identification number	

**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/fw9](http://www.irs.gov/fw9).

**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-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 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?* 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.