INVITATION TO BID

NOTICE IS HEREBY GIVEN that the Board of County Commissioners of Custer County, Oklahoma will, on the 20th day of June, 2016 up until the hour of 9:30 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://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 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 – Health Department Cleaning 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 9:30 o'clock a.m. on June 20th, 2016. Bids received after this time will be rejected and unopened. All bids will be opened at 9:30 o'clock a.m., June 20th, 2016 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:

(MAILING) (PHYSICAL)

CUSTER COUNTY CLERK
P.O. BOX 300
CTSTER COUNTY CLERK
P.O. BOX 300
CTSTER COUNTY CLERK
CUSTER COUNTY CLERK
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", 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, 2016 through and including June 30, 2017.

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 OKLAHOMA)) SS				
COUNTY OF)				
	, of l	lawful age, being first duly sworn,			
on oath says, that (s)he is the ag	gent authorized l	by the bidder to submit the attached			
bid. Affiant further states that t	the bidder has no	ot been a party to any collusion			
among bidders in restraint of fre	eedom of compo	etition by agreement to bid at a			
fixed price or to refrain from bio	dding; or with a	any county official or employee as to			
quantity, quality or price in the	prospective con	stract, or any other terms of said			
prospective contract; or in any o	discussions betv	veen bidders and any county official			
concerning exchange of money	or other thing o	of value for special consideration in			
the letting of a contract.					
VENDOR:					
SIGNATURE:					
TITLE:					
ADDRESS:					
CITY/STATE/ZIP					
PHONE					
FAX					
EMAIL					
Subscribed and sworn to before	ore me this	, 20			
	Notary Public (Clerk or Judge)				
My Commission Expires:					
(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
	, 23
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.

Form W=9 (Rev. December 2014) Department of the Treasur

Request for Taxpayer Identification Number and Certification

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

	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									
96	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate single-member LLC				4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)					
ξ	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	<u> </u>								
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or			e for	Exemption from FATCA reporting code (if any)						
F.	☐ Other (see instructions) ►			(Applie	s to accou	nts mainta	ained outs	ide the L	J.S.)	
	5 Address (number, street, and apt. or suite no.)	quester's	name	and ad	dress (d	optiona	ıl)			
	Çu Çu	ster Co	ounty	,						
	6 City, state, and ZIP code	Box 3								
	Ara	paho,	OK	73620)					
	7 List account number(s) here (optional)									
P	art I Taxpayer Identification Number (TIN)									
	ter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid	So	cial se	curity	numbe	r				
	ckup withholding. For individuals, this is generally your social security number (SSN). However, for a sident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other									
	sident allen, sole proprietor, or disregarded entity, see the Part Finstructions on page 3. For other titles, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>			-		-				
	Von page 3.	or							-	
No	ote. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 fo	r Em	Employer identification number							
guidelines on whose number to enter.						\top			Ī	
				-						
	art II Certification			'						
Un	der penalties of perjury, I certify that:									
1.	The number shown on this form is my correct taxpayer identification number (or I am waiting for a new part of the number shown on this form is my correct taxpayer identification number (or I am waiting for a new part of the number shown on this form is my correct taxpayer identification number (or I am waiting for a new part of the number shown on this form is my correct taxpayer identification number (or I am waiting for a new part of the number shown on this form is my correct taxpayer identification number (or I am waiting for a new part of the number shown on this form is my correct taxpayer identification number (or I am waiting for a new part of the number shown on the nu	umber to	be i	ssued	to me)	; and				
	I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I h Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or d no longer subject to backup withholding; and									
3.	I am a U.S. citizen or other U.S. person (defined below); and									
4.	The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is	correct.								
bed inte	ertification instructions. You must cross out item 2 above if you have been notified by the IRS that y cause you have failed to report all interest and dividends on your tax return. For real estate transaction erest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to are nerally, payments other than interest and dividends, you are not required to sign the certification, but tructions on page 3.	ns, iten individ	n 2 do ual ref	oes not tiremer	apply at arrar	. For n	nortga ent (IR/	ge A), an	d	

General Instructions

Signature of U.S. person ▶

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.

Purpose of Form

Sign Here

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)

Date ▶

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),
- 2. 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
- 4. 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.