

SAN ANGELO INDEPENDENT SCHOOL DISTRICT
Child Nutrition Department
Kim Carter, Director
305 Baker, San Angelo, Texas 76903-7030
Phone (325) 659-3615 Fax (325) 658-4353

REMOVAL OF MATERIAL FROM GREASE TRAPS
Competitive Sealed Proposal #18-15

October 24, 2017

The San Angelo Independent School District will receive sealed proposals on Removal of Material from Grease Traps for the 2017-18 school year.

All awards may be renewed for up to two additional twelve (12) month periods by written agreement between the District and the bidder.

All proposals will be received until **11:00 AM, Wednesday, November 8, 2017**. Any proposal received after that time and date will be returned unopened and not considered. The District invites bidders to be present at the bid opening. Please mail or deliver all bids to:

Child Nutrition Department
Attn: Kim Carter, Child Nutrition Director
San Angelo Independent School District
305 Baker
San Angelo, Texas 76903-7030

Please mark your envelope as follows: **SEALED PROPOSALS - GREASE TRAPS, Proposal #18-15, OPEN 11:00 AM**, November 8, 2017. All bids must be submitted on the "Bid Sheet" provided.

The District reserves the right to reject any bid and/or all bids. To make awards as they may appear to be advantageous to the District and to waive all formalities in bidding.

The District will not accept bids without proper signature.

Your proposal will be appreciated.

Sincerely,



Kim Carter
Child Nutrition Director

Signature Page

The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other Bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

Company _____

Address _____

City _____ State _____ Zip Code _____

Telephone _ (_____) _____ 1-800- _____

Fax _ (_____) _____

Bidder (Signature) _____ Date _____

Bidder (Print Name) _____

Position with Company _____

E-mail Address of Bidder _____

Signature of Company

Official Authorizing this Bid _____

Company Official (Print Name) _____

Official Position _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND
RETURNED IN SEALED PROPOSAL PACKAGE**

SAN ANGELO INDEPENDENT SCHOOL DISTRICT
Child Nutrition Department
Kim Carter, Director
305 Baker, San Angelo, Texas 76903-7030
Phone (325) 659-3615 Fax (325) 658-4353

REMOVAL OF MATERIAL FROM GREASE TRAPS
Bid #18-15

Forms Checklist

- Page 2 - Signature Sheet
- Page 3 – Check List
- Page 7 & 8 – Vendor Acknowledgment Forms
- Page 10 – Disclosure of Lobbying Activities – Signature box
- Page 11 – Conflict of Interest Questionnaire
- Page 12 – W-9
- Page 13 – **Notarized** Statement
- Page 14 & 15 - Bid Forms

Company

Signature

Printed Name

Date

Mandatory Forms For Bid Acceptance
Failure To Complete, Sign & Return Will
Result In Rejection Of Bid

General Conditions for Pumping Grease Traps

1. **APPLICABILITY** - These conditions are applicable and form a part of the contract documents for each purchase order and a part of the terms of each purchase order for items included in the specifications and bid forms issued herein.
2. **BID PERIOD** - The contract period for this proposal will be from December 1, 2017, to November 30, 2018.

All awards may be renewed for up to two additional twelve (12) month periods by written agreement between the District and the bidder.

Proposals received after the time and date specified will not be considered and will be returned to the bidder unopened. PLEASE complete all blanks for each item number.

Proposals must be submitted in a sealed envelope, plainly marked with bidder's name, bid number, opening date and time. Proposals received without proper signature will not be accepted.

The District reserves the right to waive formalities and irregularities and to accept or reject each item separate or as a whole.

3. **PROPOSALS SHALL BE SUBMITTED ON THESE FORMS.** Failure to supply all required forms in this packet will prevent the bid from being considered for award. Deviations to the General Conditions and/or Specifications shall be conspicuously noted in writing by the bidder and shall be included with the bid.
4. **EVALUATION OF PROPOSALS** - It is not the policy of the San Angelo Independent School District to purchase on the basis of low bids alone.

In evaluating bids submitted, the following considerations will be taken into account: price, vendor's service, and proposed completion date.

This price will be calculated by taking the Tank Size Listed for each site, times the price for the Disposal Fee, plus the Base Fee. This will determine the cost per each trip to the site. All sites will be totaled to arrive at the Overall Lowest Bidder.

This bid will be awarded on an "All or None" basis.

5. **WITHDRAWAL OF BIDS** will not be allowed for a period of 90 days following the bid opening.
6. **ALTERNATE BID** - If necessary, shall be written on a separate sheet and attached to the bid form provided.
7. **SPECIFICATIONS** have been developed by the District to show minimal standards.
8. **CLEANING** includes the complete removal of grease and cleaning of grease traps. All traps will require services at a minimum of 3 times during the bid period. SAISD will notify the awarding company of schedule requirements.
9. **ACTUAL AMOUNT REMOVED** – ***San Angelo Independent School District will only pay for the base price plus the disposal fee per gallon of actual product removed.***
10. **BASE PRICE** – The Base Price quoted shall be the amount charged for one trip to the campus.

Example: The price quoted for the Base Price is \$1.00.
 It takes two trips to pump Lake View High School.
 SAISD will pay a total of \$2.00 for the Base Fee plus the disposal fee per gallon of actual product removed.

11. **EQUIPMENT** – All equipment used to pump traps must have meters that register the gallons removed from the traps.

12. ACTUAL AMOUNT REMOVED – **Invoice prices must reflect actual gallons removed.**
13. REQUIRED BEGINNING/COMPLETION DATE: The Child Nutrition Department will call to make arrangements before each cleaning. **Child Nutrition personnel may be present during cleaning. All sites shall be cleaned during the dates stated. Any deviation of these dates must be approved by the Child Nutrition Office.**
1. The first cleaning:
 - a. Beginning Date: December 18, 2017
 - b. Completion Date: December 29, 2017
 2. The second cleaning:
 - a. Beginning Date: March 13, 2018
 - b. Completion Date: March 28, 2018
 3. The third cleaning:
 - a. Beginning Date: July 9, 2018
 - b. Completion Date: July 13, 2018
14. THE COMPANY must provide SAISD with a Septic Hauler Chain of Custody affidavit within 3 days of service. A Child Nutrition representative will inspect traps prior to signing invoices and state documentation.
15. WARRANTY CONDITIONS for all cleaning specified in this bid shall be fully guaranteed, parts and labor.
16. CONTRACTS FOR PURCHASE will be put into effect by a purchase order(s) executed by the Child Nutrition Director after bids have been awarded. This bid will be submitted to the School Board on November 21, 2017.
- A summary of this bid may be found after the School Board approval on the SAISD website.
[San Angelo ISD - Child Nutrition Bid Information](#)
17. INVOICES shall have all systems listed by school, number of gallons removed and the price for each system. Invoices will be verified and signed by the Child Nutrition Department.
18. STATEMENTS are to be mailed to:
- San Angelo Independent School District
Child Nutrition Department
305 Baker
San Angelo, TX 76903-7030
19. NONPERFORMANCE OF CONTRACT - The District reserves the right to cancel the entire contract with a ten (10) day notice in the event:
- A. any service is not performed according to the specifications and/or bid price
 - B. service is not made within the specified time period.
 - C. Service quality is not acceptable.
20. **RIGHT TO REMEDY** Failure to notify SAISD Child Nutrition Office of deviations in schedules will allow SAISD the option to secure services from another source. If a company defaults on this bid, this bid will be awarded to the next lowest bidder meeting specifications. Any increases in prices that are incurred by SAISD to secure these services may be charged to the defaulting company that received the original bid award.
21. TAX EXEMPT - No charge will be allowed for Federal, State, or City taxes for which the Board of Education is exempt. The price bid shall be net and shall not include the amount of any such tax. Exemption certificate, if required, will be furnished on forms provided by the vendor.
22. FAX BIDS will not be accepted.
23. FELONY CONVICTION NOTICE must be completed and returned with this bid.

24. EQUAL EMPLOYMENT OPPORTUNITY:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

25. QUESTIONS concerning this bid shall be addressed to Kim Carter, Child Nutrition Director, San Angelo I.S.D. Child Nutrition Department.

VENDOR ACKNOWLEDGMENT FORM

BIDDER PREFERENCE CERTIFICATION

Please answer the following questions and return them with this Bid:

Is your principal place of business in Texas? (Circle One) Yes No

If no, in which state is your principal place of business?

If your principal place of business is not Texas, does your state favor resident Bidders in your state by some dollar increment or percentage? (Circle one) Yes No

If yes, what is that dollar increment or percentage?
For information regarding this series of questions, see Article 601g of the Texas Civil Statutes.

FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No.1, Section 44.034, Notification of criminal History, Subsection (a), states, "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notices as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

This Notice Is Not Required of a Publicly-Held Corporation

Check One:

- My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable.
- My firm is not owned nor operated by anyone who has been convicted of a felony.
- My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

CERTIFICATION REGARDING TEXAS FAMILY CODE

As per Section 14.52 of the Texas Family Code, added by S.B. 84, Acts, 73rd Legislature, R.S. (1993), all bidders must complete and submit with the bid the following required affidavit:

I, the undersigned authorized bidder, do hereby acknowledge that *NO* sole proprietor, partner, majority shareholder of a corporation, or an owner of 10% or more of an other business entity is 30 days or more delinquent in paying child support under a court order or a written repayment agreement. I understand that under this code, a sole proprietorship, partnership, corporation, or other entity in which a sole proprietor, partner, majority shareholder of a corporation, or an owner of 10% or more of another entity is 30 days or more delinquent in paying child support under a court order or a written repayment agreement is *NOT* eligible to bid or receive a state contract.

I, the undersigned agent for the firm named below, certify that the information concerning notifications and certifications listed above has been reviewed by me and the information furnished is true to the best of my knowledge.

Organization Name

Printed Name of Authorized Representative

Address

Title of Authorized Representative

Signature

Date

VENDOR ACKNOWLEDGMENT FORM

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated. (Before completing certification, read attached instructions)

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.

APPLICABLE TO GRANTS, SUBGRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS EXCEEDING \$100,000 IN FEDERAL FUNDS

Submissions of the certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more the \$100,000 for each such failure.

The undersigned certifies, to the best of his/her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ""disclosure Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

COMPLIANCE CERTIFICATION TO EPA REGULATIONS APPLICABLE TO GRANTS, SUBGRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS EXCEEDING \$100,000 IN FEDERAL FUNDS

I, the vendor, am in compliance with all applicable standards, orders or regulation issued pursuant to the Clean Air Act of 1970, as amended (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15 as required under OMB Circular A-102, Attachment O, Paragraph 12 (1) regarding reporting violations to the grantor agency and to the United States Environmental Protection Agency Assistant Administrator for the Enforcement.

Name/Address of Organization

Name/Title of Submitting Official

Signature

Date

Procurement

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether sub awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and / or has been secured to influence the outcome of a covered Federal Action.
2. Identify the status of the covered Federal Action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal Action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub award recipient. Identify the tier of the sub awardee, e.g., the first sub awardee of the prime is the 1st tier. Sub awards include but are not limited to subcontracts, sub grants, and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub awardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal Agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Proposal (IFB) number; grant announcement number; the contract, grant, or loan award number; the application Proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award / loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

Approved by OMB
0348-0046

| | | |
|---|---|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For material change only: Year _____ quarter _____ Date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if Known: Congressional District, if known: | 5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ _____ | |
| 10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): | |
| <small>(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</small> | | |
| 11. Amount of payment (check all that apply): \$ _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned | 13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. Other, specify: _____ | |
| 12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____ | | |
| 14. Brief Description of Services Performed or to be Performs and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: <small>(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</small> | | |
| 15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____ | |
| Federal Use Only: | Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97) | |

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).
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 person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.
A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3 Name of local government officer with whom filer has employment or business relationship.

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government officer named in this section.

4

Signature of person doing business with the governmental entity

Date

Form **W-9**
 (Rev. December 2014)
 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.

| | | |
|---|--|--|
| Print or type See Specific Instructions on page 2. | 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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <small>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.</small> <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small> | |
| | 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 <i>How to get a TIN</i> on page 3. | | | | | | | | | | | |
| | Social security number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> </tr> </table> | | | | | | | | | | |
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| | OR Employer identification number <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> <td style="border: 1px solid black; width: 35px; height: 25px;"></td> </tr> </table> | | | | | | | | | | |
| | | | | | | | | | | | |
| 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. | | | | | | | | | | | |

| |
|---|
| Part II Certification |
| Under 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 number to be issued to me); and |
| 2. 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 |
| 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. |
| 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.

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:
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
 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.

**NOTARIZED STATEMENT VALIDATING PROPOSAL CONTENTS
NON COLLUSION STATEMENT**

Vendor shall not prepare this Proposal in collusion with any other *Vendors* and the contents of this Proposal as to prices, terms or conditions may not be communicated by this organization nor by an employee or agent of this organization to any other *Vendor* or to any other persons engaged in this type of business activity prior to the official Proposal due date. However, the authorized agent or officer signing this Proposal is not and has not been, for six months, directly or indirectly concerned in any agreement to control the conditions and/ or a price of services proposed, or has not influenced any person to propose or not purpose thereon.

I have read the complete **Competitive Sealed Proposal #18-15** and verify the accuracy of all information contained in the Proposal.

Authorized Vendor Officer

Signature

Typed name

Date

NOTARY PUBLIC

Name

Date

My commission expires on the _____ day of _____, _____.

COMPANY _____

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND
RETURNED IN SEALED PROPOSAL PACKAGE**

SAN ANGELO INDEPENDENT SCHOOL DISTRICT
Child Nutrition Department
Kim Carter, Director
305 Baker, San Angelo, Texas 76903-7030
Phone (325) 659-3615 Fax (325) 658-4353

REMOVAL OF MATERIAL FROM
 GREASE TRAPS
 Proposal # 18-15

| School | Location | Tank Size | Disposal Fee (Includes Price per gallon actually removed, pump and dump fee) | Base Fee (Charge per each trip to the campus) | Total |
|-------------------------|------------------------|------------------|---|--|--------------|
| Central | 655 Caddo | 2000 | | | |
| Lake View | 900 E 43 rd | 7500 | | | |
| Central Freshman Campus | 218 N Oakes | 350 | | | |
| Glenn | 2201 University | 55 | | | |
| Lee | 2500 Sherwood Way | 250 | | | |
| Lincoln | 4100 Bowie | 5000 | | | |
| Alta Loma | 1700 N Garfield | 1000 | | | |
| Austin | 700 N Van Buren | 500 | | | |
| Belaire | 700 Stephens | 1000 | | | |
| Bonham | 4630 Southland | 1000 | | | |
| Bowie | 3700 Forest Trail | 750 | | | |
| Bradford | 1202 E 22nd | 2 x 250 | | | |
| Carver | 815 N Randolph | 1000 | | | |
| Crockett | 2104 Johnson | 1000 | | | |
| Fannin | 1702 Wilson | 500 | | | |

| School | Location | Tank Size | Disposal Fee (Includes Price per gallon actually removed, pump and dump fee) | Base Fee (Charge per each trip to the campus) | Total |
|-------------------------------------|----------------------|-----------|---|--|-------|
| Fort Concho | 205 E Ave C | 5000 | | | |
| Glenmore | 323 Penrose | 1000 | | | |
| Goliad | 3902 Goliad | 1000 | | | |
| Holiman | 1201 Montague | 1000 | | | |
| Lamar | 3444 School House Rd | 1500 | | | |
| McGill | 201 Millspaugh | 1000 | | | |
| Reagan | 1600 Volney | 1000 | | | |
| San Jacinto | 800 Spaulding | 750 | | | |
| Santa Rita | 615 S Madison | 1000 | | | |
| Rio Vista Head start | 510 W Ave Z | 750 | | | |
| Blackshear Head start | 2223 Brown | 1000 | | | |
| Day Head Start | 4100 Bowie St | 1000 | | | |
| Total Price for ONE Cleaning | | | | | |

PLEASE NOTE:

- This bid will be calculated by taking the Tank Size Listed for each site, times the price bid for the Disposal Fee, plus the price bid for the Base Fee. This will determine the cost per each site. All sites will be totaled to arrive at the Overall Lowest Bidder.
- Bids received without proper signature will not be accepted.