

**CITY OF LEE'S SUMMIT
PROCUREMENT AND CONTRACT SERVICES DIVISION**

220 S.E. GREEN STREET
LEE'S SUMMIT, MO 64063
Phone: 816-969-1087 Fax: 816-969-1081
DeeDee Tschirhart, CPPB
deedee.tschirhart@cityofls.net

INVITATION FOR INFORMAL BID NUMBER 2019-042

The City of Lee's Summit will accept bids via e-mail, fax or U.S. Mail from qualified persons or firms interested in providing the following:

**DEMOLITION SERVICES
IN ACCORDANCE WITH THE ATTACHED SPECIFICATIONS**

**BIDS MUST BE SUBMITTED PRIOR TO THE OPENING DATE OF
JANUARY 11, 2019 AT 3:00 PM LOCAL TIME**


This informal solicitation does not require; advertisement, a formal sealed submittal or public opening.

The cutoff date for any questions for this bid is January 7, 2019 at Noon, Local Time.

The undersigned certifies that he/she has the authority to bind this company in an agreement to supply the service or commodity in accordance with all terms and conditions specified herein. Please type or print the information below.

Respondent is REQUIRED to complete, sign and return this form with their submittal.

NOTE: All businesses doing business in the State of MO should be registered with the Missouri Secretary Of State. Upon MO registration, a charter number is issued and should be identified below. If your business is exempt, the exemption number should be referenced below, in lieu of a charter number.

Industrial Salvage & Wrecking Co, Inc.	Chuck Cacioppo Jr.
Company Name	Authorized Person (Print)
3570 Gardner Ave	
Address	Signature
Kansas City, Mo 64120	President
City/State/Zip	Title
816-241-5900	01/08/2019
Telephone #	816-241-5903
Fax #	43-1396958
chuckjr@indwreck.com	Date
E-mail	Tax ID #
	LLC
	Entity Type
	00264785
	Missouri Charter Number or Exemption Number

If submitting a "no bid" please provide a brief explanation below for the reason why and return this page:

covered transactions by any government agency, nor is Bidder an agent of any person or entity that is currently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transaction by any government agency.

- 2.5.2 Bidder has not within a three year period preceding this Invitation been convicted of or had a civil suit judgment rendered against Bidder for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statement, or receiving stolen property.
- 2.5.3 Bidder is not presently indicted for or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses enumerated above.
- 2.5.4 Bidder has not, within a three year period preceding this Invitation, had any government (federal, state, or local) transactions terminated for cause or default.

2.6 Basis for Award: Award consideration will be based on:

- 2.6.1 Price: Lowest and best price deemed to be most advantageous and the best value to the City.
- 2.6.2 References and Experience: Consideration will be given to the length of time the company has been in operation, providing similar goods and/or services; past performance history, and references. To be considered for award, bidder shall have been in business for a minimum of five (5) years. See enclosed List of References and Experience Form.
- 2.6.3 Complete Bid Submittal: All bid submittals shall be completed in full on the documents provided.

2.7 Award: A Contract shall be awarded to that responsible and responsive bidder whose bid, conforming to the Invitation for Bids, deemed to be most advantageous (lowest price and best value) to the City.

2.8 All businesses doing business in the State of MO should be registered with the Missouri Secretary Of State. Upon MO registration, a charter number is issued and should be identified on the front cover page of this solicitation. If your business is exempt, the exemption number should be referenced in lieu of a charter number. This information should be completed at the time of bid submittal and shall be required prior to award. To register with the Missouri Secretary of State, please consult: <https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>

3.0 SPECIFICATIONS:

- Provide all labor, materials and equipment to demolish buildings.
- Demolition-to include removal of footings, foundation and driveway
- Obtain all permits required by the governing authority for the demolition
- Complete removal of all debris to a legal landfill
- Abandon water and sewer according to the city specifications (See attached Exhibit "A" for specifications)
- Lot leveled, seeded and strawed
- Removal of all trees on all 3 properties except the for 4 trees located along the road on 1600 SW 3rd Street
- Price is based off of Wage order #25 Incremental Increase #1 Effective June 8, 2018
- Leave fence in place where attached to adjacent property owners fence on all properties. Leave the white vinyl fence in place on the west side of 216 SW Yost.
- Leave sidewalk in place at 3rd and Murray

4.0 PRICING: Pricing shall include all labor, materials and equipment to demolish the locations below.

LOCATION	
1600 SW 3 rd Street	\$ 15,800.00
216 SW Yost	\$ 14,800.00
108 SW 3 rd Street	\$ 17,800.00
GRAND TOTAL	\$ 48,400.00
City standard payment terms are Net 30 after receipt of invoice. State any discounts offered.	None
Is the pricing provided above tax exempt per the City of Lee's Summit's State of Missouri tax exempt status as stated under section 1.0 Instructions to Bidders, paragraph 1.12?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If you answered "No" to the question posed in paragraph 4.1, does the pricing provided above include any and all applicable taxes as stated under section 1.0 Instructions to Bidders, paragraph 1.12?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

5.0 WORK AUTHORIZATION AFFIDAVIT AND E-VERIFY: Any contract for services in excess of five thousand dollars (\$5,000), the bidder or business entity, as defined in § 285.530, RSMo, shall, 1. Provide; by sworn affidavit affirming that it does not knowingly employ any person who is an unauthorized alien and 2. Provide documentation affirming its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this contract. The required documentation must be from the federal work authorization program provider. e.g. the electronic signature page from the E-Verify program's Memorandum of Understanding. Letter from Consultants reciting compliance is not sufficient.

The Department of Homeland Security, U.S. Citizenship and Immigration Services, (USCIS) in partnership with the Social Security Administration (SSA) operate an FREE internet-based program called E-Verify, <http://www.dhs.gov/everify> that allows employers to verify the employment eligibility of their employees, regardless of citizenship. Based on information provided by employees on their Form I-9, E-Verify checks the information electronically against records contained in DHS and Social Security Administration databases. There are penalties for employing an unauthorized alien, including suspension of the Consultant's business license, termination of the contract, debarment from city and State work for a period of three years or permanently, and withholding 25% of the total amount due the Consultant.

All submittals should include the signed and notarized Work Authorization Affidavit AND the electronic signature page from the E-Verify program.

CITY OF LEE'S SUMMIT, MISSOURI
WORK AUTHORIZATION AFFIDAVIT PURSUANT TO SECTION 285.530, RSMo
(FOR ALL BIDS FOR SERVICES IN EXCESS OF \$5,000.00)
Effective 1/1/2009

County of Jackson)
 State of Missouri) ss.

My name is Charles Cacioppo Jr. I am an authorized agent of Industrial Salvage & Wrecking Co, Inc. ("Bidder"). Bidder is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the City of Lee's Summit, Missouri. Bidder does not knowingly employ any person who is an unauthorized alien in connection with the services being provided. Bidder shall not knowingly employ or contract with an illegal alien to perform work for the City of Lee's Summit, Missouri or enter into a contract with a sub bidder that knowingly employs or contracts with an illegal alien.

Charles Cacioppo Jr
 Affiant

Charles Cacioppo Jr
 Printed Name

Subscribed and sworn to before me this 8 day of January, 2019.

Nicole J Loring
 Notary Public

NOTARY SEAL
 NOTARY PUBLIC
 Commission # 14631161
 JACKSON COUNTY, STATE OF MISSOURI

SEAL

6.0 LIST OF REFERENCES AND EXPERIENCE: please complete the information listed below in full: If additional space is required, make additional copies of form. To be considered for award, bidder shall have been in business for a minimum of five (5) years.

How many years has your firm been in business?	Years: <u>58</u>
List references and prior experience; preferably with other municipalities, in the last 3-5 year period; work or services of the same type and size to the project being proposed. (List municipality/company names, addresses, contact person(s), telephone numbers, date of project completion and contract amount.)	
<u>Prior Work/Services Performed for:</u>	
Municipality/Company Name: <u>City of Kansas City, Mo - Dangerous Buildings Sections</u>	
Address: <u>4900 Swope Parkway, 1st Floor</u> <u>Kansas City, Mo 64130</u>	
Contact Person: <u>Shockey Francucis</u> Title: <u>Demolition Manager</u> Telephone No: <u>816-513-8436</u>	
<u>Description of Work/Services Performed:</u>	
Contract Amount: \$ <u>762,000.00</u> Completion Date: <u>11/29/2018</u>	
<u>Prior Work/Services Performed for:</u>	
Municipality/Company Name: <u>Kansas City University of Medicine & Biosciences</u>	
Address: <u>1750 Independence Ave</u> <u>Kansas City, Mo 64106</u>	
Contact Person: <u>Tim Saxe</u> Title: <u>Director of Capital Projects</u> Telephone No: <u>816-654-7124</u>	
<u>Description of Services Performed:</u>	
Contract Amount: \$ <u>134,000.00</u> Completion Date: <u>8/24/18</u>	

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. Industrial Salvage & Wrecking Co., Inc.	
	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 checked="" 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.) 3570 Gardner Ave	Requester's name and address (optional)
	6 City, state, and ZIP code Kansas City, Mo 64120	
	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	
4 3 - 1 3 9 6 9 5 8	

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 ▶ <i>Chuck P... J</i>	Date ▶ <i>1/8/19</i>
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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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2019

1/8/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Allied World Surplus Lines Insurance Company		24319
INSURER B : American Automobile Insurance Company		21849
INSURER C : Midwest Builders Casualty Mutual Company		13126
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
1444576 INDUSTRIAL SALVAGE & WRECKING CO. INC.
3570 GARDNER AVE.
KANSAS CITY MO 64120

COVERAGES **CERTIFICATE NUMBER:** 15817141 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR	Y	N	5054-0705	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	N	MZA80336889	12/9/2018	12/9/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	Y	N	5056-0186	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
	DED RETENTION \$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC100-0001272-2019A	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
CITY OF LEE'S SUMMIT IS ADDITIONAL INSURED ON GENERAL, AUTO AND UMBRELLA LIABILITY COVERAGE, AS REQUIRED BY WRITTEN CONTRACT AND SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY.

CERTIFICATE HOLDER

15817141
CITY OF LEE'S SUMMIT
220 SE GREEN
LEE'S SUMMIT MO 64063

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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MISSOURI ONLINE BUSINESS FILING

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*Required Field

Exact Match searches should include corporate designations (inc., llc, etc.) and punctuation. We recommend you do not include these for other searches.

Search

Search for a Business Entity

Business Name Includes names Starting With Only Active Corporations

SEARCH

Search Results as of 1/8/2019 10:55 AM

Business Name	Charter No.	Type	Status	Created	Registered Agent Name
INDUSTRIAL SALVAGE & WRECKING CO., INC.	00264785	Gen. Business - For Profit (Domestic)	Good Standing	5/25/1984	Cacioppo, Charles Anthony Jr.
INDUSTRIAL SALVAGE AND WRECKING, INC.	00116386	Gen. Business - For Profit (Domestic)	Voluntarily Dissolved		