| SA&i 1-4040 (2012) GR/ |   | GRA      | GRANT County, Oklahoma       |   |                     |            |                 |         |           |       |  |  |  |
|------------------------|---|----------|------------------------------|---|---------------------|------------|-----------------|---------|-----------|-------|--|--|--|
| cou                    |   |          | UNTY PURCHASING OFFICE       |   |                     |            |                 |         |           |       |  |  |  |
|                        |   | GRA      | .NT                          |   |                     | urt House  |                 |         |           |       |  |  |  |
|                        |   | MED      | DFORD                        |   |                     |            |                 |         |           |       |  |  |  |
|                        |   | Pho      | one Number +1 (580) 395-2274 |   | <del></del>         |            |                 |         |           |       |  |  |  |
|                        |   |          |                              | Invitati  | on to Bid           |            |                 |         |           |       |  |  |  |
|                        | E REVIEW TERMS .                              |          |                              | E SIDE  |                     | Date Issue | ed Mar 12, 2024 |         |           |       |  |  |  |
|                        | ING TO SUBMISSI<br>ed Affidavit comple        |          |                              | reverse side. Pa  |                     | ge         | 1               | of 1    |           |       |  |  |  |
|                        | BID NUMBER BID CLOSING DATE AND HOUR REQUIRED |          |                              |   |                     | D DE       | LIVER           | RY DATE |           |       |  |  |  |
| 2024-02                |   |          |                              | Friday- 3-22-24 @ 3:30 p.m.                                   |                     |            |                 |         |           |       |  |  |  |
| TERMS                  |   |          |                              | (Days after award of Purchase Order)  Date of Delivery        |                     |            |                 |         |           |       |  |  |  |
| Bid will be            | pened during                                  | the BOCC | open meetin                  | g on Monday, March  | 25, 2024 @ 9:30 a.m |            |                 |         |           |       |  |  |  |
| ITEM                   | QUANTITY                                      | UNIT OF  |                              | DESC  | RIPTION             |            |                 | U       | NIT PRICE | TOTAL |  |  |  |
|                        |   |          |                              |   |                     |            |                 |         |           |       |  |  |  |
|                        |   |          |                              | GRANT COUNTY EXPO CENTER POND CREEK OKLAHOMA DRAINAGE PROJECT |                     |            |                 |         |           |       |  |  |  |
|                        |   |          |                              | SEE SPECIFICATION SHEET FOR DETAILS                           |                     |            |                 |         |           |       |  |  |  |

| ITEM | QUANTITY | ISSUE | DESCRIPTION   |         | TOTAL  |  |  |
|------|----------|-------|---|---------|--------|--|--|
|      |          |       | GRANT COUNTY EXPO CENTER POND CREEK OKLAHOMA DRAINAGE PROJECT  SEE SPECIFICATION SHEET FOR DETAILS  Bid Amount #13,950  Thiteen thousand aine hundred filly a | nd Z110 | Cr-03. |  |  |

(Revised 2/12) Page 1 of 2

## **TERMS and CONDITIONS**

| 1.   | Sealed bids will be   | opened in the Commissione   | r's Conference Room,  | Grant  |  |  |  |  |  |  |
|--|---|---|---|--|--|--|--|--|--|--|
|  | County Courthouse   | Medford   | _   | , Oklahoma, at the time and date shown on the  |  |  |  |  |  |  |
|  | invitation to bid for   | m.  |   | _  |  |  |  |  |  |  |
| 2.   |   | e considered. Bids must be i<br>n on the outside of the envel   |   | es (one to an envelope) with bid number and  |  |  |  |  |  |  |
| 3.   | Unit prices will be guaranteed correct by the bidder.   |   |   |  |  |  |  |  |  |  |
| 4.   | Firm prices will be f   | F.O.B. destination.   |   |  |  |  |  |  |  |  |
| 5.   | Purchases by  | Grant   | County, Okia  | homa, are not subject to state or federal taxes.   |  |  |  |  |  |  |
| 6.   | This bid is submitte  | ed as a legal offer and any bio   | d when accepted by the Co   | ounty constitutes a firm contract.   |  |  |  |  |  |  |
| 7.   | Oklahoma laws require each bidder submitting a bid to a county for goods or services to furnish a notarized sworn statement of non-collusion. A form is supplied below. |   |   |  |  |  |  |  |  |  |
| 8.   | Bids will be firm unt   | til <u>5-24-2024</u> (Date)   |   |  |  |  |  |  |  |  |
| to sub<br>freedo<br>to qua<br>betwee<br>letting<br>emplo | omit the above bid. A<br>om of competition be<br>antity; quality or price<br>en bidders and any<br>g of a contract; that to<br>byee of the State of G                   | Affiant further states that the<br>y agreement to bid at a fixed<br>e in the prospective contract<br>state official concerning except<br>the bidder/contractor has no | e bidder has not been a pa<br>d price or to refrain from b<br>t or any other terms of said<br>hange of money or other to<br>t paid, given or donated on<br>y money or other thing o | the he (she) is the agent authorized by the bidder rity to any collusion among bidders in restraint of idding; or with any state official or employee as diprospective contract; or in any discussions thing of value for special consideration in the paragreed to pay, give or donate to any officer or if value, either directly or indirectly in the |  |  |  |  |  |  |
| Subscri  | bed and sworn before thi  | is <u>219</u> day<br>, 20 <u>24</u> (SEAL)  | Notary Public, State of Commission # 236<br>My Commission Expires   | f Oklahoma<br>004363   |  |  |  |  |  |  |
| My con   | nmission expires <u>03</u>  | Firm: 9-39-303 gned by: Address:  | Sleter Mech<br>Manual Signature of Undersigned)<br>P.O. Box 172   | Phone: 580-747-3330  |  |  |  |  |  |  |
|  | •   |   |   | Zip: <u>73702</u>  |  |  |  |  |  |  |

In accordance with 62 O.S. § 310.9

NOTE: Other terms and conditions can be added at the discretion of the county officers.

### AFFIDAVIT FOR CONTRACTS AND PAYMENTS

| STATE OF OKLAHOMA | )    |
|-------------------|------|
|                   | ) ss |
| COUNTY OF Great   | )    |

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) WILL BE (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.

Shora A. Ruhn b.

Slater Mechanic |

(CONTRACTOR, ARCHITECT, SUPPLIER, OR ENGINEER)

By March |

SHONA L. RUNNELS

Notary Public, State of Oklahoma

Commission # 23004363

My Commission Expires 03-29-2027

NOTARY PUBLIC (OR CLERK OR JUDGE)

NOTE: 62 O.S. § 310.9 (B), authorizes counties executing a contract with any architect, contractor, supplier or engineer for construction work, services or materials which are needed on a continual basis from such architect, contractor, supplier or engineer under the terms of such contract, or executing more than one contract during the fiscal year with such architect, contractor, supplier or engineer, may require that the architect, contractor, supplier or engineer complete a signed affidavit as provided for in subsection A of this section which shall apply to all work, services or materials completed or supplied under the terms of the contract or contracts.

#### Bid 2024-02

S.A.&I. 425 (2000)

AFFIDAVIT FOR FILING WITH COMPETITIVE BID

| STATE OF OKLAHOMA |       |           |  |  |  |
|-------------------|-------|-----------|--|--|--|
| COUNTY OF _       | Great | ) SS<br>) |  |  |  |

ZeeL Sleft, of lawful age, being first duly sworn, on oath says, that (s)he is the agent authorized by the bidder to submit the attached bid. Affiant further states that the bidder has not been a party to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any county official or employee as to quantity, quality or price in the prospective contract, or any other terms of said prospective contract; or in any discussions between bidders and any county official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

SHONA L. RUNNELS Notary Public, State of Oklahoma Commission # 23004363 My Commission Expires 03-29-2027

Subscribed and sworn to before me this 21st day of Marc

My commission expires: 03-39-3037

Note:

Each competitive bid submitted to a county, school district or municipality must be accompanied with the above Affidavit as required by 61 Okl.St.Ann.§ 138

# Form W-9

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

|   | Name (as snown on your income tax return). Name is required on this line; do not leave this line blank.  Slater Mechanical LLC   |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|---|--|--|--|------------------------------------|-------|--------|---|---------------------|--|------|--|--|--|--|--|
|   | 2 Business name/disregarded entity name, if different from above   |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   |  |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| page 3.   | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.   |  |  |                                    |       |        |   |                     | 4 Exemptions (codes apply only to certain entities, not individuals; see |      |  |  |  |  |  |
| 8   | Individual/sole proprietor or C Corporation S Corporation single-member LLC  | state  | instructions on page 3):  Exempt payee code (if any) |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| tion y  | Limited liability company. Enter the tax classification (C=C corporation, S=   | S cornoration D-Dartnershi   | n) <b>&gt;</b> \$                                    | 3                                  | LAGI  | npt po | iyee '  | i) <del>9</del> 00c | ci iy)   |      |  |  |  |  |  |
| Print or type.<br>Specific Instructions   | Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax puris disregarded from the owner should check the appropriate box for the tax. | er. Do not<br>ner of the L   | Do not check   Exemption from FATCA report           |                                    |       |        |   | orting              | •<br>—   |      |  |  |  |  |  |
| OC.   | Other (see instructions) ▶   |  |  |                                    |       |        | (Applies to accounts maintained outside the U.S.) |                     |  |      |  |  |  |  |  |
| S,  | 5 Address (number, street, and apt. or suite no.) See instructions.  | Re   | equester's   | ster's name and address (optional) |       |        |   |                     |  |      |  |  |  |  |  |
| See   | Po Box 1722  |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | 6 City, state, and ZIP code  |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | Enid ok 73702  |  |  |                                    |       |        |   |                     | ****   |      |  |  |  |  |  |
|   | List account number(s) here (optional)   |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| Par   | Taxpayer Identification Number (TIN)   |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | our TIN in the appropriate box. The TIN provided must match the name   |  |  | cial se                            | urity | numb   | er  |                     |  |      |  |  |  |  |  |
|   | withholding. For individuals, this is generally your social security num<br>t allen, sole proprietor, or disregarded entity, see the instructions for F  |  | a 🗍  |                                    | ٦.    | П      |   |                     |  |      |  |  |  |  |  |
| entitie   | , it is your employer identification number (EIN). If you do not have a n  |  |  | Ш                                  | ╛     | Ш      |   |                     |  | L    |  |  |  |  |  |
| T7N, la   |  |  | or   |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | the account is in more than one name, see the instructions for line 1.  To Give the Requester for guidelines on whose number to enter.   | Also see What Name and   |  | Employer identification number     |       |        |   |                     |  |      |  |  |  |  |  |
|   | To dita the requester for galdenines on whose number to enter.   |  | 4  | 5                                  | - 4   | 5      | 3   | 6 6                 | 8   6  | 4    |  |  |  |  |  |
| Part  |  |  |  | ш                                  |       |        |   |                     |  |      |  |  |  |  |  |
| Under   | penalties of perjury, I certify that:  | · · · · · · · · · · · · · · · · · · ·  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| <ol> <li>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</li> <li>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</li> </ol>   |  |  |  |                                    |       |        |   | e<br>am             |  |      |  |  |  |  |  |
| 3. I am   | a U.S. citizen or other U.S. person (defined below); and   |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | FATCA code(s) entered on this form (if any) indicating that I am exemp   | ot from FATCA reporting is   | s 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 for Part II, later. |  |  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| Sign<br>Here  | Signature of U.S. person ► Shanda Slater Muli & W.L.   | Dat  | <sub>e</sub> ▶ 1                                     | /4/2                               | 024   |        |   |                     |  |      |  |  |  |  |  |
| Ger   | eral Instructions  | Form 1099-DIV (divide funds)   | ends, inc  | luding                             | those | fron   | n sto   | cks c               | r mu   | tual |  |  |  |  |  |
| Section noted.  | references are to the Internal Revenue Code unless otherwise   | Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| related   | developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9.   | Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)   |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | ose of Form  | Form 1099-S (proceeds from real estate transactions)     Form 1000-K (mesobant cord and third party natural, transactions)             |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| •   |  | Form 1099-K (merchant card and third party network transactions)   |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| inform  | ridual or entity (Form W-9 requester) who is required to file an<br>tion return with the IRS must obtain your correct taxpayer<br>ation number (TIN) which may be your social security number  | Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)     Form 1099 C (capacidad debt)                  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| (SSN),  | ndividual taxpayer identification number (ITIN), adoption  | <ul> <li>Form 1099-C (canceled debt)</li> <li>Form 1099-A (acquisition or abandonment of secured property)</li> </ul>                  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
| (EIN), t  | r identification number (ATIN), or employer identification number report on an information return the amount paid to you, or other reportable on an information return. Examples of information  | Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.                                  |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |
|   | include, but are not limited to, the following.<br>1099-INT (interest earned or paid)  | 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. |  |                                    |       |        |   |                     |  |      |  |  |  |  |  |

later.

BID RECEIVED

CC.CC. S TAND

MANNA PS: 8 ANIT

20-4208 R'E P21-35

Slater Medinter 1

The Meline

So-Hard Wash-od