



**THE SCHOOL DISTRICT OF SPRINGFIELD R-12  
PURCHASING DEPARTMENT  
1458 E. CHESTNUT EXPRESSWAY  
SPRINGFIELD, MO 65802**

Interoffice Use Only	

Invitation For Bid No.: <b>S19B-0063</b>	Issue Date: April 16, 2019	Title: <b>Moving Services</b>
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Bids Must Be Received By The Purchasing Department At The Above Address No Later Than:

**May 2, 2019 2:00 P.M.**

All inquiries for information should be emailed to the following individual:

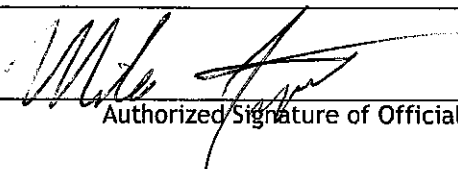
Kara Daniel  
[kmdaniel@spsmail.org](mailto:kmdaniel@spsmail.org)

Sealed bids should be submitted to the Purchasing Department at the above address.

Bids and Amendment(s), if any, are to be returned to the address listed above and are to be enclosed in a sealed envelope plainly labeled with the above title name and number, along with the due date, on the lower left hand corner of the envelope or package. Faxed bids will not be accepted. **No Exceptions!**

In compliance with this Invitation for Bid (IFB), the bidder declares understanding and agrees to provide the items and/or services, in accordance with the terms and conditions, specifications, and requirements as stated herein and as modified by any issued amendments. The bidder also agrees that upon receipt of an official Purchase Order issued by District's Purchasing Department and signed by the Director of Purchasing, a binding contract shall exist between the bidder and the District. Payment will occur no sooner than 30 days after receipt and acceptance of items and/or services or receipt of correct invoice whichever is later.

Company Name: Smooth Moves Moving Services, LLC	
Mailing Address: PO Box 1336	
City, State, Zip: Springfield, MO 65801	
Phone Number: 417-886-2315	Fax Number: 417-866-1930
Contact Person: Michael E. Freyer	Title: President/Owner
Web Address:	Email Address: <a href="mailto:smoothmoves417@att.net">smoothmoves417@att.net</a>

  
\_\_\_\_\_  
Authorized Signature of Official

\_\_\_\_\_  
May 2, 2019  
Date

Michael E. Freyer  
Printed Name of Official

\_\_\_\_\_  
President/Owner  
Title

**6. Pricing Page:**

**The Following Items will be Awarded on an 'All or None' Basis**

**Labor:**

Cost per hour Supervisor/Team Leader	\$ <u>28.00</u> /per person
Cost per man hour helpers/laborers/movers (including dollies)	\$ <u>21.00</u> /per person
Cost per driver per hour	\$ <u>25.00</u> /per person

**Equipment:**

Cost per hour for truck	\$ <u>24.00</u> /each
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In the space below list any additional fees associated with these services including additional equipment costs. The District will not accept or allow any additional fees not included on this pricing page.

Additional Fees:

**Questions:**

Bidders must email questions and comments regarding this bid to Kara M. Daniel at [kmdaniel@spsmail.org](mailto:kmdaniel@spsmail.org).

**Business Information:**

<b>Manpower</b>	<b>Quantity</b>
Number of full time employees	11
Number of uniformed crew	9
Number of Supervisors/Team Leaders	4
Available workforce of subcontracted Supervisors	1
<b>Equipment</b>	<b>Quantity</b>
Number of tractor trailer trucks	0
Number of straight trucks	4
Number of trucks with lift gates	1
Number of panel carts	1
Number of two wheel dollies	12
Number of four wheel dollies	4

Supervisor/Team Leader Point of Contact Information (include email address and phone number):

Provide information regarding the experience of the movers and supervisor/team leaders who are full time employees.

Kelly            7 years  
Aaron            8 years  
Travis           6 years  
Gary             10 years

Demonstration of a complete understanding of the District's requirements, and the approach to planning, implementing, and performing the Scope of Work.

Our company Leadership has over 31 years combined experience.

The capability of the bidder to provide the necessary resources to accomplish the Scope of Work.

We have all the necessary equipment and experience needed to complete this project. We are a local owned company located at 2945 W. Chestnut Expressway, Springfield, MO Owner is always available.

The bidder should provide reference information as follows for at least three (3) current customers who utilize services from the bidder which are similar to the requirements contained in the Scope of Work of this IFB.

Company name Lakeside Cabinets  
Contact name and title Jane Dyn, Owner  
City and state 2744 S. Campbell, Springfield, MO  
Email address and telephone number including area code 417-429-7880  
Description of the services provided Move custom made cabinets  
Availability status if contact is requested by the District

Company name  
Contact name and title  
City and state  
Email address and telephone number including area code  
Description of the services provided  
Availability status if contact is requested by the District

Company name  
Contact name and title  
City and state  
Email address and telephone number including area code  
Description of the services provided  
Availability status if contact is requested by the District

**BUSINESS HOURS**

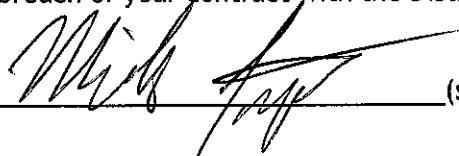
State your normal business hours: 7:30a to 5:00p.

**FEDERAL WORK AUTHORIZATION PROGRAM ("E-VERIFY") ADDENDUM FORM**

Pursuant to Missouri Revised Statute 285.530, all business entities awarded any contract in excess of five thousand dollars (\$5,000) with a Missouri public school district must, as a condition to the award of any such contract, be enrolled and participate in a federal work authorization program with respect to the employees working in connection with the contracted services being provided, or to be provided, to the District (to the extent allowed by E-Verify). In addition, the business entity must affirm the same through sworn affidavit and provision of documentation. In addition, the business entity must sign an affidavit that it does not knowingly employ any person who is an unauthorized alien in connection with the services being provided, or to be provided, to the District.

Accordingly, your company:

- a) agrees to have an authorized person execute the attached "Federal Work Authorization Program Affidavit" attached hereto as Exhibit A and deliver the same to the District prior to or contemporaneously with the execution of its contract with the District;
- b) affirms it is enrolled in the "E-Verify" (formerly known as "Basic Pilot") work authorization program of the United States, and are participating in E-Verify with respect to your employees working in connection with the services being provided (to the extent allowed by E-Verify), or to be provided, by your company to the District;
- c) affirms that it is not knowingly employing any person who is an unauthorized alien in connection with the services being provided, or to be provided, by your company to the District;
- d) affirms you will notify the District if you cease participation in E-Verify, or if there is any action, claim or complaint made against you alleging any violation of Missouri Revised Statute 285.530, or any regulations issued thereto;
- e) agrees to provide documentation of your participation in E-Verify to the District prior to or contemporaneously with the execution of its contract with the District (or at any time thereafter upon request by the District), by providing to the District an E-Verify screen print-out (or equivalent documentation) confirming your participation in E-Verify;
- f) agrees to comply with any state or federal regulations or rules that may be issued subsequent to this addendum that relate to Missouri Revised Statute 285.530; and
- g) agrees that any failure by your company to abide by the requirements a) through f) above will be considered a material breach of your contract with the District.

By:  (signature)

Printed Name and Title: Mike Freyer, President & Owner

For and on behalf of: Smooth Moves Moving Services, LLC (company name)

**FEDERAL WORK AUTHORIZATION PROGRAM AFFIDAVIT FORM**

I, Michael E. Freyer, being of legal age and having been duly sworn upon my oath, state the following facts are true:

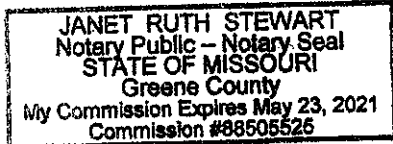
1. I am more than twenty-one years of age; and have first-hand knowledge of the matters set forth herein. I am employed by Smooth Moves Moving Services, LLC (hereinafter "Company") and have authority to issue this affidavit on its behalf.
2. Company is enrolled in and participating in the United States E-Verify (formerly known as "Basic Pilot") federal work authorization program with respect to Company's employees working in connection with the services Company is providing to, or will provide to, the District, to the extent allowed by E-Verify.
3. Company does not knowingly employ any person who is an unauthorized alien in connection with the services the Company is providing to, or will provide to, the District.

FURTHER AFFIANT SAYETH NOT:

By: *Michael E. Freyer* (individual signature)  
For Smooth Moves Moving Services, LLC (company name)  
Title: President & Owner

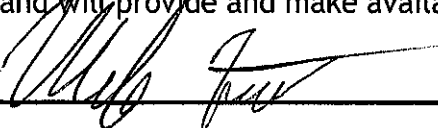
Subscribed and sworn to before me on this 2 day of May, 2019.

My commission expires: *Janet Ruth Stewart*  
NOTARY PUBLIC



## OFFEROR'S GUARANTEES

The proposer certifies it can and will provide and make available, as a minimum, all services set forth herein.

Signature of Official: 

Name (typed): Michael E. Freyer

Title: President & Owner

Firm: Smooth Moves Moving Services, LLC

Date: May 2, 2019

**OFFEROR'S WARRANTIES**

- 1.1 Offeror warrants that it is willing and able to comply with State of Missouri laws.
- 1.2 Offeror warrants that it is willing and able to maintain the following insurance coverage during the life of this contract:

**Minimum Limits of Insurance**

[Contractor/Vendor] shall maintain, during the life of the contract, limits no less than:

<u>Required Coverage</u>	<u>Per Occurrence/Aggregate Limits</u>
1. General Liability	\$1,000,000/\$2,000,000*
2. Automobile Liability	\$1,000,000
3. Worker's Compensation	Statutory
4. Employer's Liability	\$1,000,000
5. Contractors Pollution Liability	\$1,000,000/\$2,000,000

\*Additional Insured: The insured will name, by separate endorsement, the School District of Springfield, R-12 as Additional Insured on policy.

The District requires that all contractor general liability policies provide coverage on a primary and non-contributory basis to any other insurance coverage and or self-insurance available to the District.

All insurers must be licensed or approved to do business within the State of Missouri and possess a minimum A.M. Best's insurance Guide rating of A VII. Prior to commencement of any work under this Contract, the Contractor shall provide Certificates of Insurance for the coverage required by this contract.

- 1.3 Prior to commencement of any work under this Contract, the Contractor shall provide Certificates of Insurance for the above coverage to the Purchasing Department, School District of Springfield R-12, 1458 E. Chestnut Expressway, Springfield, Missouri, 65802. This bid number must be shown on all certificates provided. Annual renewals must be provided at the time of acceptance of the renewal.
- 1.4 Offeror warrants that it will not delegate or subcontract its responsibilities under an Agreement without the prior written permission of the District.
- 1.5 Offeror warrants that all information provided by it in connection with this proposal is true and accurate.

Signature of Official: 

Name (typed): Michael E. Freyer

Title: President & Owner

Firm: Smooth Moves Moving Services, LLC

Date: May 2, 2019



## FELONY CONVICTION NOTIFICATION FORM

The person or business entity that enters into an agreement with this 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.

The District may terminate this agreement with a person or business entity if the District determines that the person or business entity failed to give notice by the next preceding subsection, or misrepresented the conduct resulting in the conviction. The District will compensate the person or business entity for services performed before the termination of the agreement.

By submitting this offer and signing this certificate, this bidder:

- Certifies that the owner/operator has not been convicted of a felony, except as indicated on a separate attachment to this offer, and
- Certifies that no employee who will enter school buildings or potentially have contact with school children has been convicted of any felony or a misdemeanor involving violence or sexual contact or sexual abuse. It shall be the duty of the vendor to conduct the appropriate background checks on its employees and vendor agrees to share this information with the District upon request.

Vendor Name: Smooth Moves Moving Services, LLC

Vendor Address: 2945 W. Chestnut Expressway, Unit D, Springfield, MO 65802

Vendor E-mail Address: smoothmoves417@att.net

Vendor Telephone: Fax Number: P-417-886-2315 F-417-866-1930

Authorized Company Official's Name: Michael E. Freyer (Printed)

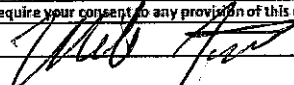
Signature of Company Official: 

Date: May 2, 2019

Substitute W-9

The following form is required for each bid response. A regular W9 is not an acceptable substitute for this requirement.

**Substitute W-9  
Request for Taxpayer Identification Number and Certification**

PART I - PERSONAL OR BUSINESS INFORMATION	
Please type or print legibly	1-NAME OF INDIVIDUAL, business name, or sole proprietor's name (as registered with the IRS-Internal Revenue Service) <b>Smooth Moves Moving Services, LLC</b>
	2-BUSINESS NAME (DBA-doing business as), if different from above.
	3-CHECK ONE BOX to identify the type of business named above. <input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Non-profit 501(c) <input type="checkbox"/> Associations/Estate or Trust <input type="checkbox"/> Government Entity (Exempt under section 501(a)) <input type="checkbox"/> Medical or Legal Corporation <input type="checkbox"/> Foreign Entity (fill out appropriate W-form) <input checked="" type="checkbox"/> LLC-Limited Liability Company (if business listed on line 2 is an LLC, must also select an LLC type from below) <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Other _____
	4-EXEMPTIONS    Exempt payee code (if any) _____    Exemption from FATCA reporting code (if any) _____
	5-BUSINESS ENTERPRISE STATUS Disadvantage Business Enterprise ___ Yes ___ No; Women Business Enterprise ___ Yes ___ No; Minority Business Enterprise ___ Yes ___ No
	6-ADDRESS - Street (include number, apt # or suite number) <b>2945-D W. Chestnut Expressway</b> City <b>Springfield</b> state <b>MO</b> ZIP <b>65802</b> E-mail address (Required) <b>smoothmoves417@att.net</b> Phone # (Required) <b>417-886-2315</b>
	7-DESCRIBE GOODS OR SERVICES PROVIDED <b>Moving services</b>
PART II - 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 your social security number (SSN). For other entities, it is your employee identification number (EIN).	
SSN	TIN / EIN <b>83-3041778</b>
Under penalties of perjury, I certify that:	
PART III - CERTIFICATION	
1	The number shown on this form is my correct TIN (tax payer 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 (see definition below).
4	The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.	
Sign here >	Date > <b>05-02-19</b>
	
GENERAL INSTRUCTIONS (section references are to the Internal Revenue Code unless otherwise noted)	
<b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are: <ul style="list-style-type: none"> <li>- An individual who is a U.S. citizen or U.S. resident alien,</li> <li>- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,</li> <li>- An estate (other than a foreign estate), or</li> <li>- A domestic trust (as defined in Regulations section 301.7701-7).</li> </ul>	
<b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of the income from such business. Further, in certain cases where a form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.	