

VICKSBURG, MISSISSIPPI BIDDER'S INFORMATION PACKET

SINGLE AXLE COMBINATION SEWER CLEANER

2024 or Newer

Technical Bid Proposal Bid Package

City of Vicksburg

Ann Grimshel
Purchasing Director

Technical Offers Due: January 19,2024 at 9:00 a.m.

Reverse Auction/Bid: January 24,2024 at 9:00 a.m.

Company Name: _____

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City of Vicksburg City Clerk
1415 Walnut Street
Vicksburg, MS 39180
Phone (601) 634-4553
Fax (601) 631-3778

City of Vicksburg is seeking proposals from qualified vendors to supply one Type III Ambulance Re-mount for the Ambulance Department. The Street department maintains fleet of vehicles to serve citizens in the city and to provide capability to carry large equipment into areas that is needed.

It is the intent of the City of Vicksburg to award the contract to the lowest responsive and responsible vendor. The city will base the recommendation on the information included in the bid response, including, but not limited to price, delivery, compliance to specifications.

The City of Vicksburg appreciates your interest in our city. Electronic submission is now available for all City bidding.

nutse note the City will be utilizing the reverse auction process for this urchase. All instructions are provided within our bid packet. As we go through the bid process pleasdirectaniuttestions you may have to the City Clerk's. It is our intent that this process will be a positive experience for every vendor willing to put time and resources into this bid. We appreciate you and look forward to working with you during the bid process.

Paper sealed bids for a **Single Axle Combination Sewer Cleaner** shall be received by the **City Clerk** or appointed designee in the Office of the City Clerk at 1401 Walnut Street until 9:00 a.m. on the day **Thursday 25** of **January, 2024**, The bids will be publicly opened and read aloud at the meeting of the Board of Mayor and Aldermen in their regular meeting at 10:00 a.m. on the 25th day of January, 2024.

Bidders are cautioned that the City Clerk does not receive the daily U.S. Mail on or before 9:00 a.m. Bids will be time-stamped upon receipt according to City Clerk's time clock. Reverse bidding will start at 9:00 a.m. on www.centralbid.com

Technical Bid Proposals Due: **Friday January 19,2024** at (9:00 a.m.)

Reverse Auction: **Wednesday January 24,2024** at (9:00 a.m.)

Paper Bid Opening: **Thursday January 25,2024** at (10:00 a.m.)

Specifications and instructions for bidding are on file in the office of the City Clerk, second floor, City Hall, corner Crawford and Walnut Streets, Vicksburg, Mississippi.

Cash cashier's check, certified check or bidder's bond in the amount of 5% of bid must accompany same.

The Mayor and Aldermen of the City of Vicksburg reserve the right to reject any and all bids and to waive informalities.

NOTICE TO BIDDERS

Bids must be submitted on this form. Bids made otherwise will be subject to rejection. The above bid description must be shown on the front of the envelope in which this bid is submitted. The above bid description must also be shown on the front of the express envelope, if one is used. The City of Vicksburg assumes no responsibility for unmarked envelopes being considered for award. Only one bid per envelope, please. Bidders are required to sign this form in the space provided. It is requested that complete bids are either typed or printed in black ink only. The requirements of these specifications are minimum acceptable.

Please insert prices on attached price sheet

INSTRUCTIONS TO BIDDERS

1. Unless otherwise requested, submit only one copy of each bid.
2. Bids, amendments thereto, or withdrawal requests received after the time advertised for bid opening will be void regardless of when they were mailed.
3. Quote prices on units specified with packing included; or redelivery check, title and inspection when applicable to motor vehicle.
4. Attach complete specifications for any permitted substitutions offered, or when amplification is desirable or necessary.
5. If specifications or descriptive literature is submitted with bids, enter the bidder's name thereon.
6. If the article bid upon has a trade name or brand, show the same in the bid.
7. Sample, when required, must be submitted free of expense, unless otherwise specified, in accordance with the conditions and instructions in the body of this bid notice.

TERMS AND CONDITIONS

1. The Mayor and Aldermen of the City of Vicksburg reserve the right to reject any and all bids, and to waive all technical informalities.
2. Unit prices will govern over extended prices, unless otherwise stated in notice.
3. Prompt payment cash discount, when applicable, shall be taken on all payments made on or before the tenth day of the month following the month in which the items and the correctly executed invoice were received.
4. In case of default of contractor, the City reserves the right to purchase any or all items in default in open market, charging contractor with any excessive costs. Should such charge be assessed, no subsequent bids of the defaulting contractor will be considered until the assessed charge has been satisfied.
5. All materials and products offered must be guaranteed to meet the requirements of the specification indicated, given, or referred to.
6. Prices bid must be based upon payment within the month following the month in which the items and invoices were received.
7. The right is reserved for the Mayor and Aldermen of the City of Vicksburg to make an award which is determined to be to the best interest of the City of Vicksburg.
8. The right is reserved to reject any bid in which the delivery time is considered sufficient to delay the operation for which the item is intended.
9. Prices must be firm.
10. The successful bidder shall indemnify and save harmless the Mayor and Aldermen of the City of Vicksburg and all City officers, agents, and employees from all suits or claims of any character brought by reason of infringing on any patent, trademark, or copyright.
11. Ambiguous bids which are uncertain as to terms, delivery, quantity, or compliance with specifications may be rejected or otherwise disregarded.
12. Any contract entered into by the Mayor and Aldermen of the City of Vicksburg resulting from this bid notice shall be subject to cancellation at the end of any fiscal or appropriation year unless otherwise provided by law.
13. Reference to manufacturer's product by make, model, series number, etc., is intended only to establish a standard of quality.

BID

1, the undersigned, certify that this bid does not violate any federal or state antitrust laws. Motor Vehicle Commission License No. (If applicable): _____ Date: _____

In compliance with the invitation, and subject to all conditions thereof, the undersigned offers and agrees, if this bid is accepted within sixty days from date of opening, to furnish any and all items quoted on at prices as set forth after the item and make delivery as required after receipt of order, delivered, all transportation costs included and prepaid and, unless otherwise stated and accepted herein unless otherwise specified in the invitation to bid. Prompt payment cash discount of _____ per cent is allowed.

Bidder: _____ Street or PO Box
 City State Zip Code Telephone No.

By: _____ Title

(BIDS MUST BE SIGNED IN WRITING):

Federal Employer's Identification Number

INVITATION TO BID

Bid Name: Purchase of a Single Axle Combination Sewer Cleaner

Technical Bid Proposals Due: January 19, 2024 at 9:00 a.m.

Reverse Auction/Bid Opening: January 25, 2024 at 9:00 a.m.

It is agreed by the undersigned bidder that this signature submission of this bid represents the bidder's acceptance and compliance of all terms, conditions, and requirements of all bid documents contained herein.

Bidders must comply with all instructions contained within this packet. Contact the City of Vicksburg, City Clerk's Office with any questions or concerns.

City of Vicksburg is seeking technical offers then bids for the purchase of one Emergency Medical Vehicle to be used by the Ambulance Department. It is the intent of the City to award the bid to the most responsive and responsible bidder. The City reserves the right to determine the basis for award based on cost effectiveness, savings, ability to deliver in a timely manner and other pertinent factors.

Bidders should be advised that no award will automatically result from a reverse auction, and that the City will review the results of the auction and make a determination in a timely manner.

Bidders are required to submit their completed bid packet (technical offer) with an itemized quote no later than 9:00 a.m. on . This may be submitted in any of the following ways:

- Electronic submission via [www.een t ra I b id cl n rg](#) Or, written packet submitted in sealed envelope and clearly labeled as TECHNICAL OFFER with bidder's name and address, name of bid, bid number and bid due date. Bids may be mailed or delivered to 1415 Walnut Street, Vicksburg, Mississippi, 38180. Submission Requirements: **All** written technical offers must include one original set of proposal documents along with one paper copy. Documents required to be returned are noted throughout the bid proposal package. Bidders are required to submit theirs in one of the following ways:
- Online reverse auction bidding with Central Bidding. There is no fee for this service. Or, written pricing submissions may be brought to the Office of Procurement no later than 30 minutes prior to the start time of the reverse auction (**a.m.**). **Bidders will be allowed access to computers and technical assistance in order to participate in the reverse auction. Prior registration with Central Bidding is required.**

BID CALENDAR

Bid Publication	Friday January 05, 2024
Bid Publication	Friday January 12, 2024
Technical Proposals Due	Friday January 19, 2024
Evaluation of Proposals Process	Monday January 22, 2024
Notification of Invitation to Bid (based upon acceptance of Proposals)	Tuesday January 23, 2024
Reverse Auction Bidding	Wednesday Jan. 24, 2024
Anticipated Recommendation to Board of Mayor and Aldermen	No later than Friday February 09, 2024

INSURANCE REQUIREMENTS FOR AWARDED VENDOR

Prior to commencing performance of any work or supplying any materials or equipment covered by these specifications, the awarded vendor shall furnish to the Office of Procurement a Certificate of Insurance evidencing the following:

- A. Workers' Compensation: Statutory Limits - CONTRACTOR shall comply with all applicable Workers' Compensation laws set forth in Mississippi Code Annotated Sections 71-3-1 et. seq.
- B. GENERAL LIABILITY - Contractor shall carry general liability insurance coverage for the term of the agreement, naming City of Vicksburg as an additional insured, which shall provide coverage of claims for bodily injury, occupational sickness or disease, and death of vendor's employees or any other persons: Claims for personal injury or property damage caused by defective products: Claims for vendor's liability for injuries or property damage suffered by an party arising from the contractor's completion of operations as the result of the negligent and/or intentional actions of contractor's employees, officers, agents and subcontractors.

Minimum insurance coverage limits and requirements are as follows:

- a. Claims for bodily injury, occupational sickness or disease, and death of vendor's employees or any other persons: claims for personal injury or property damage caused by defective products: claims for vendor's liability for injuries or property damage suffered by a third party as the result of the contractor completion of operations: claims for liability incurred by vendor as a result of entering into written contract:
\$500,000 per person
\$1,000,000 per occasion
- b. Automobile General Liability, including owned, hired, and non-owned autos:
\$500,000 per person
\$1,000,000 per occasion
- c. Claims for vendors liability for property damage suffered by City of Vicksburg or a third party as a result of the contractor's operations:
\$1,000,000
- d. **Excess Liability** - Umbrella Form, which includes coverage for product liability. Each occurrence: \$3,000,000 and for as long as the ambulance is owned by City of Vicksburg

A contract will not be executed unless a certificate of insurance evidencing above-described coverage is provided.

Failure to comply during the entire period of the contract shall be deemed to be a breach of the contract. Should your insurance expire during the life of this contract, the vendor is responsible for submitting a new certificate covering the remaining period of the contract. No payment will be made on a contract with an expired insurance certificate.

All certificates shall indicate the names and addresses of the insurance companies, that coverage shall not be altered or cancelled without ten days' prior notice in writing to OWNER, and be approved, in writing, by agent, regularly commissioned and licensed to transact insurance business in the State of Mississippi.

(MINDOIYYYY)

THIS CERTIFICATE 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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the

terms and conditions of the policy. certain policies may statement on this certificate does not confer rights to the endorsement(s). certificate holder In lieu of such

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Table with columns for USIC, NO1, MEI 11 . . , DISRERS, AM MPS, t, INStrIER n, MSURFO E, INSURERF.

COVERAGES CERTIFICATE NUMBER REVISION NUMBER 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

Egg-MATE AYENNGs% WFM LieNTAIYERMAMMELIVEDGREP MEM HEREIN IS SUBJECT TO ALL THE TERMS,

Main insurance policy table with columns for INSURANCE, VI DDL iSirtl sRJVN, I IRON%), J LIMITS. Includes rows for COMMERCIAL GENERAL, HIRE AUTOS, BIARRELLA FXrFSSITAS, etc.

City of Vicksburg
PO Box 150
Vicksburg, MS 39181

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

"CORD 25 (2009109)

The ACORD name and logo a

AUTHORIZED REPRESENTATIVE 9a 2009 ACORD CORPORATION. All rights reserved. registered marks of ACORD

REFERENCE FORM

Bidder:

Reference: Contact:

Address: _____ Phone:

Description and dates of supplies or services provides: _____

Reference: Contact:

Address: Phone:

Description and dates of supplies or services provides: _____

TECHNICAL SPECIFICATIONS FOR SINGLE AXLE COMBINATION SEWER CLEANER

GENERAL

The machine described in these minimum specifications is a single engine sewer cleaner used for removing sand, stones, bottles, cans, grease, sludge, and other debris from sanitary and storm water sewer systems. The machine will be equipped with a high-pressure water system, self-contained water supply and positive displacement vacuum system for the removal and containment of debris. Please check YES or NO after each section indicating your compliance with all specifications. If you do not comply with all specifications in the section, explain in detail on a separate sheet the variances and benefits of the machine being offered so a fair evaluation can be made. Include manufacturers literature with your explanation and reference the section and item number of all variances.

DEBRIS BODY

1. Minimum 10 cubic yard capacity or equal to. Yes No
2. Debris body door hydraulic powered open/close or equal to. Yes_ No_
3. Debris body door locks hydraulic powered lock/unlock or equal to. Yes_ No
4. 6" drain with knife valve located in 3:00 position of rear door or equal to. Yes_ No_
5. Externally mounted hydraulic powered pump-off system w/ floating inlet hose or equal to.
Yes_
No
6. Splash valve on debris body inlet to prevent spillage or equal to. Yes_ No_
7. Dump splash shield on rear of debris body or equal to. Yes_ No_

Comply in all respects: YES _____ NO _____

HIGH PRESSURE WATER SYSTEM

1. Minimum 1000-gallon water capacity or equal to. Yes_ No
 2. 80 GPM @ 2500 PSI water pump with minimum 7.5-inch diameter single piston or equal to. Yes_ No
 3. 1 heat exchanger for cooling hydraulic system utilizing pump inlet water or equal to. Yes_ No 1.
Heat exchanger for cooling chassis engine utilizing pump inlet water or equal to. Yes_ No_
 5. Front mounted hose reel with 600' x 1" hose or equal to. Yes_ No
 6. Hose reel capable of rotating 270 degrees for working left and right of truck or equal to. Yes_ No_
 7. Hose reel capable of extending in/out 15 inches hydraulically to align with manhole or equal to. Yes_ No
 8. Hose reel has an automatic wind guide for wrapping hose or equal to. Yes_ No_
 9. Separate lateral cleaning reel with 150' x Y2" hose and high-pressure cleaning nozzle or equal to. Yes_ No
 10. High pressure water system is powered by the chassis engine. Yes_ No_
- Comply in all respects: YES_____ NO _____

VACUUM SYSTEM

1. Positive Displacement blower capable of 4500 CFM inlet volume and 16" Hg negative Pressure or equal to. Yes_ No_
2. Minimum of 4 cyclone separators to clean intake air prior to entering PD blower or equal to. Yes_ No
3. Vacuum tubes minimum 8" diameter or equal to. Yes_ No_
4. Vacuum boom capable of rotating 180 degrees for working left and right of truck or equal to. Yes_ No
5. Vacuum boom capable of extending a minimum of 10 feet horizontally from stowed Position or equal to. Yes_ No_
6. Boom extension cylinder enclosed in a box beam that supports vacuum tube throughout entire 10 feet of extension or equal to. Yes_ No_

7. Vacuum tubes supplied to reach depths of 20 feet or equal to. Yes_ No_
8. Tube racks included on truck for all vacuum tubes or equal to. Yes_ No_
9. High temperature safety shut-down system that automatically opens vacuum relief port to prevent blower from over heating or equal to. Yes_ No_
10. Vacuum system is powered by the chassis engine. Yes No_

Comply in all respects: YES _____ NO _____

FRONT MOUNTED CONTROLS AND GAUGES

1. Operator controls and gauges are located on the front hose reel operator station or equal to. Yes_ No_
2. Water pressure gauge or equal to. Yes_ No_
3. Water flow gauge or equal to. Yes_ No_
4. Digital hose footage counter gauge or equal to. Yes_ No_
5. Water level gauge or equal to. Yes No_
6. Debris body level indicator tied to vacuum relief to prevent over filling or equal to. Yes___ No_
7. Chassis RPM gauge or equal to. Yes_ No_
8. Chassis fuel gauge or equal to. Yes_ No_
9. Engine temperature gauge or equal to. Yes_ No_
10. PTO hour meter or equal to. Yes_ No_
11. Blower hour meter or equal to. Yes_ No_
12. Throttle control or equal to. Yes_ No_
13. Water pump on/off control or equal to. Yes___ No_
14. Water flow control or equal to. Yes_ No_
15. Vacuum relief on/off control or equal to. Yes_ No_
16. Joystick boom control or equal to. Yes_ No_
17. Hose reel pay in/out control or equal to. Yes___ No_

18. Wireless controller which includes all controls and gauges listed above for operator control and feedback from the wireless device or equal to. Yes_ No_

Comply in all respects: YES _____ NO _____

TOOLS AND ACCESSORIES

1. Penetrating nozzle 80 GPM @ 2500 PSI or equal to. Yes No

2. Cleaning nozzle 60 GPM @ 2500 PSI or equal to. Yes_ No_

3. Cleaning nozzle 40 GPM @ 2500 PSI or equal to. Yes No

4. High pressure handgun with variable pattern nozzle on spring loaded retractable reel with 50' x 'A" hose or equal to. Yes_ No_

5. Front bumper toolbox with LED flasher or equal to. Yes No

6. Full width behind cab toolbox minimum 96" x 36" x 14" or equal to. Yes_ No_

7. Minimum of 6 LED strobe lights or equal to. Yes__ No

8. Rear directional control LED arrow-board or equal to. Yes No

9. Minimum of 2 LED boom mounted lights or equal to. Yes _ No

10. LED work light mounted curbside by dump controls or equal to. Yes_ No

11. LED work light mounted at front operator station or equal to. Yes_ No_

12. Wireless LED handheld waterproof spotlight with 12v charger or equal to. Yes_ No_

13. Remote grease fittings for all body components located at ground level or equal to. Yes_ No_

14. Air purge system utilizing compressed air to quickly winterize water system or equal to. Yes_ No

Comply in all respects: YES _____ NO _____

CHASSIS

1. New 2024 model Conventional Cab or equal to. Yes_ No_

2. Minimum 370 HP diesel engine or equal to. Yes_ No_

- 3. Allison Automatic transmission or equal to. Yes_ No_
- 4. Set back front axle 20,000lb or equal to. Yes_ No_
- 5. 425/65R22.5 20 ply front tires or equal to. Yes_ No_
- 6. Single rear axle 26,000lb or equal to. Yes_ No_
- 7. 12R22.5R16 ply rear tires or equal to. Yes_ No_
- 8. Alcoa aluminum wheels outside or equal to. Yes_ No_
- 9. GVWR 46,000lb or equal to. Yes No_
- 10. 90-gallon minimum fuel tank or equal to. Yes_ No_
- 11. Air conditioning or equal to. Yes_ No_
- 12. AM/FM stereo with USB port or equal to. Yes_ No_
- 13. Driver and passenger air ride seats or equal to. Yes_ No

Comply in all respects: YES ___ NO _____

List the location of the nearest factory authorized service center for the model of sewer cleaner bid:

List the make/model of sewer cleaner and the make/model of chassis:

Sewer Cleaner: _____ Chassis: _____

Total Price delivered to Vicksburg, MS: \$ _____

Available for delivery in: _____ days

WARRANTY:

Describe your standard warranty:

EXTENDED WARRANTY:

Describe your extended warranty. Provide details and costs associated with the extended warranty:

Repair Service and locations:

Date: April 19, 2023
Letter ID: L1687150624

the ruling. The DOR does reserve the right to retract this ruling if it later determines on its own review that the ruling is incorrect. Such retraction will be in writing and the effect of the retraction will be prospective from the date of the retraction letter.

Sincerely,

Michelle Melendez
(601) 923-7022
Mississippi **Department of Revenue**

00013058000166020200-001



P.O. Box 1033 Jackson, MS 39215 Phone: (601) 923-7700 Fax: (601) 923-7714

Form 0 mL0004 v. V10

Visit www.dor.ms for tax information and online filing. If you call, please have this letter with you.

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank VICKSBURG CITY-OFFICE OF THE CITY CLERK

2 Business name/disregarded entity name, if different from above

CITY OF VICKSBURG

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.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) "-"

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exemption from FATCA reporting code (if any) _____

Exempt payee code (if any)
Applicable to certain nonresident aliens

5 Address (number, street, and apt. or suite no.) See instructions. 1401 WALNUT STREET

Requester's name and address (optional)

6 City, state, and ZIP code
VICKSBURG, MS 39180

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

--	--	--	--	--	--	--	--	--	--

Or

Employer identification number

6	4		6	0	0	1	1	1	4
---	---	--	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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

Sign Here

Signature of U.S. person 1%

et5-c),rk7,

1//

Date P. 3-7 --202J

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

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.

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your return, tax return). Name is required on this line; do not leave this line blank.	
	2 Elusness name/disregarded entity name, if different from above	
	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 instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) P.	<input type="checkbox"/> C Corporation <input type="checkbox"/> U S Corporation <input type="checkbox"/> U Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any)
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check federal LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another Lvw that is not disregared from the owner for U.S. tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
	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.) See instructions.	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 instructions for Part I, later. For other pritiitiAc it is your emnllyer identification number (EIM. If you do not have a number. see *How to aet a TIN*, later.

Social security number								

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Employer identification number								

M E I C e r t i f i c a t i o n

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 for Part II, later.

Sign Here 1 Signature of U.S. person P.

Date P.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

AUTHORIZATION OF REPRESENTATION FOR REVERSE AUCTION BIDDING
(To be used when participation in the reverse auction at the
City of Vicksburg only)

Bid Name: Single Axle Combination Sewer Cleaner

Reverse Auction: Thursday January 24, 2024 (9:00 am)

Name of Bidder:
Address:
City, State, zip:
Phone:.....

Contact Person for this Bid:
Email: **Phone:**.....

Ordering Contact Person for this Bid:.....
Email: **Phone:**

It is agreed by the undersigned bidder that this signature submission of this bid represents the bidder's acceptance and compliance of all terms, conditions, and requirements of all bid documents. The undersigned agrees to provide the specified equipment at the price indicated. This pricing reflects our lowest and best offer as shown at the end of the reverse auction.

specified:

Delivery to City of Vicksburg no later than:

Signature **Printed Name**

Date

City of Vicksburg
City Clerk Office
1415 Walnut Street
Vicksburg, MS 39180

UN-PRICED OFFER FOR PRE-QUALIFICATION (INCLUDE YOUR ITEMIZED QUOTE)

Bid Name: Purchase of a Single Axle Combination Sewer Cleaner

**Technical Proposal Due : Friday January 19, 2024
(9:00 a.m.)**

**Reverse Auction / Bid Opening:
Thursday Jan 24, 2024 (9:00 a.m.)**

NAME OF
BIDDER:

ADDRESS:

CITY, STATE, ZIP:

PHONE:

CONTACT PERSON FOR THIS
BID:

EMAIL:

PHONE:

ORDERING CONTACT PERSON FOR THIS
BID:.....

EMAIL:

PHONE:

It is agreed by the undersigned bidder that this signature submission of this bid represents the bidder's acceptance and compliance of all terms, conditions, and requirements of all bid documents.

Where does your company intend to participate in the reverse auction?
Location of my choosing
Location provided by the City of Vicksburg

Does your company intend to use the City of Vicksburg computers during the auction:
YES **NO**

Bidders participation in the reverse auction at the City of Vicksburg are required to complete and return the Authorization of Representation for Reverse Auction Bidding.

Signature

Printed Name

Date

PAPER BID FORM

NAME OF BIDDER:

ADDRESS:

CITY/STATE/ZIP:

TELEPHONE:

PERSON TO CONTACT:

MODEL/TYPE:

BRAND:

DELIVERY MUST BE DELIVERED IN DAYS AFTER PO IS ISSUED

BID IS:

AS PER SPECIFICATION, TAKING NO EXCEPTIONS TAKING ONLY THOSE SPECIFICATION EXCEPTIONS LISTED, ATTACHED AND REFERENCED

It is agreed by the undersigned bidder that the signature and submission of this bid represents the bidder's acceptance of all terms, conditions, and requirements of bid specifications and, if awarded, the bid will represent the agreement between the two parties.

SIGNED: _____ DATED:

NAME PRINTED: TITLE:

VENDOR'S CHECKLIST OF REQUIRED INFORMATION

NOTE: Bidders are required to initial below to insure all information has been read, understood and all pertinent information is enclosed. This page must be submitted with the proposal request information.

INITIAL TO INDICATE:

All bid documents have been read and understood.

_____ All bid documents have been signed and completed.

_____ **T beam pleted** original un-priced technical offer along with one paper copy have been included. This does not apply to any bid submitted electronically.

_____ Registration has been completed with [www.centralbidd in g.com](http://www.centralbiddin g.com) for reverse auction participation.

_____ W-9 has been provided.

_____ Bond requirements have been met.

_____ Insurance requirements will be met as required.

_____ Itemized quote provided on letter head as requested.

_____ All specification lines answered and resubmitted.

All proposal documents must be delivered to the following address prior to the stated bid opening in a sealed package labeled with bid name, bid opening date and time with bidder's name or submitted by electronic means as instructed with the packet to Central Bidding.

Return all proposals to

City of Vicksburg
City Clerk's Office
1415 Walnut Street
Vicksburg, MS 39180

Failure to comply with the above may result in rejection of your bid.