

| Date of Issuance: 05/3/2019 | Solicitation No. 0900000378 | |
|-----------------------------|-----------------------------|--|
| Requisition No. 0900012793 | Amendment No. 2 | |
| | | |

Hour and date specified for receipt of offers is changed: 🛛 No

Yes, to: _____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent. Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment <u>prior</u> to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

| <u>U.S.</u> | Postal | Delivery: |
|-------------|--------|------------------|
| | | |

| Office of Management and Enterprise | Joseph Farani |
|--------------------------------------|---------------------------|
| Services, Central Purchasing | Contracting Officer |
| 5005 N. Lincoln Blvd., Suite 200 | 405 - 550 - 1386 |
| Oklahoma City, OK 73105 - | Phone Number |
| or | |
| Personal or Common Carrier Delivery: | joseph.farani@omes.ok.gov |
| Same as above | E-Mail Address |

,OK

Description of Amendment:

a. This is to incorporate the following:

Q1. Are tipping fees to be included with our price proposal or are we to consider disposal fees a pass-through to the city?

A1. Tipping fees are to be included in each vendor's price proposal.

Q2. Is post disaster debris removal and related services exempt from business sales tax?

A2. State agency acquisitions are exempt from sales taxes and federal excise taxes. Bidders shall not include these taxes in price quotes.

Q3. Page 17 states that bids are to be paginated and indexed in alpha order. The Bid Deliverables section on Page 19 shows that each section is labeled by number. Please clarify if the bid is to be tabbed by number or letter.

A3. Bid should be paginated and each section labeled by number.

Q4. The checklist on Page 20 lists the Supplier/Payee Form or W-8BEN as required, but I do not see it included in the bid documents.

- a. Is this form required with our proposal submittal?
- b. If required, where can we obtain it?

A4. The form is attached to this amendment.

Q5. FEMA Cost Plus Percentage Contracts

Per the FEMA procurement guidelines and (2 C.F.R. § 200.323(d), a cost plus percentage contract is not a contract that is allowed if seeking reimbursement for federal grant dollars from a disaster event.

Would the State consider utilizing a standard FEMA price schedule for debris removal services to ensure maximum reimbursement is issued for the State in the event of a disaster?

A5. Yes. The State would consider that option.

Q6. Page 11, Section B4

Which reflects that the supplier will agree to pay an administrative fee in the sum of one percent (1%) of the combined total quarterly expenditures, as evidenced by the aggregate amount of Acquisitions under this Contract. All products prices shall be inclusive of the administrative fee. Oklahoma then reserves the right to increase or decrease this fee as long as the Supplier has an obligation under this Contract without further requirement for an Amendment, but they shall provide Supplier with a written notice of such change.

Would the State allow the following language be added to the contract ensuing from this proposal: "Should Oklahoma increase the administrative fee at any time throughout the term of the agreement, including any renewal terms, Supplier reserves the right to adjust its fee equal to Oklahoma's increase".

A6. Bidders may take exception to any requirement or specification contained in the solicitation. Exceptions must be clearly and prominently stated in the bid response.

Q7. Page 9, Section A.25.

Would the State allow a sixty day termination for convenience clause be added if mutual between the parties? A7. Bidders may take exception to any requirement or specification contained in the solicitation.

Exceptions must be clearly and prominently stated in the bid response.

Q8. In order for the State to fairly compare price proposals, will the State consider issuing a standard bid form with required line items? Examples can be provided from other solicitations for similar work.

A8. Pricing schedules should be submitted using the format provided in Section H.

Q9. Please confirm that Tipping Fees/Disposal Fees are to be excluded from our proposed rates and treated as a pass through expense whereby the contractor pays disposal fees and invoices the City for reimbursement at direct cost with no mark-up.

A9. Tipping fees are to be included in each vendor's price proposal.

Q10. In terms of DMS Operations, please confirm that the following reduction methods are acceptable:

- a. Vegetative debris reduced via grinding
- b. Vegetative debris reduced via air curtain burning
- c. Vegetative debris reduced via open burning
- d. C&D debris reduced via compaction

A10. Co-mingled construction/demolition waste must not be burned and must be disposed of at a DEQ permitted landfill. Grinding, chipping, recycling, or disposals within DEQ permitted landfills are preferred methods of disposal over burning.

Burning is acceptable with the following restrictions

- The burn must be conducted in an air curtain destructor located at a site registered and approved by DEQ.
- Situate the burn location as far as possible from area residences.
- Ensure there are no petroleum pipelines on or near the burn site to avoid explosion hazards.
- Minimize the amount of dirt and other non-combustible materials to achieve the most efficient burn.
- Have someone on site at all times along with firefighting equipment.
- Control the burning so that the smoke does not create a traffic hazard.
- Residual ash may be buried in the burn pit by providing 2 feet of soil cover.

Q11. Section H Price and Cost – Please confirm we are to provide our own pricing schedule in excel format. A11. Yes. Pricing schedules should be submitted using the format provided in Section H.

Q12. Section H Price and Cost – when we provide our unit rate pricing schedule are we required to include the "% off unit cost" and the "Oklahoma Cost" columns? The unit rate we provide in our schedule will be the rate we propose for the State of Oklahoma.

A12. Pricing schedules should be submitted using the format provided in Section H.

Q13. Section H Price and Cost – how will the pricing of each proposal be evaluated against one another. Will the labor and equipment hourly rates hold as much weight as the debris removal unit rates?

A13. Due to the extensive and varied products/services, a sample of products/services across categories will be used for cost evaluation.

Q14. Supplier/Payee Form or W-8BEN (as required) Could the state identify where this form is in the solicitation? A14. The form is attached to this amendment.

Q15. Is the inclusion of Oklahoma on our worker's compensation policy declarations page sufficient evidence of compliance with Item 6 in the Responding Bidder Information (Page 1 of RFP)?
 A15. Yes.

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (PRINT) Title

Authorized Representative Signature



Agency: OMES Vendor Management requires the following information for all new non-registered vendors (payees) before payments may be processed. Information is used to establish the payee in the State's PeopleSoft vendor file for payment and procurement activities.

DO NOT use this form for:

- Garnishment Payees: Use OMES Form GarnVendor
- State Employees: Use OMES FORM Employee Vendor Request ⊳
- Vendors pending contract award to a solicitation released by the division of Central Purchasing or another Oklahoma state agency MUST first register online with the state unless exempt per statute. For additional information, please refer to Central Purchasing Vendor Registration.

AGENCY SECTION (To be completed by state agency representative): State agency should email completed and signed form to vendor.form@omes.ok.gov or fax to 405-522-3663. VENDOR/PAYEE SECTION (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

| Agency Name | | | | Contact Name | | | |
|--|-------------------------|-------------------|----------------------|----------------------------|-----------------------|-----------------------------|-----|
| Phone # | | Fax # | | Email | | | |
| Agency Request | To – Please sele | ect all applicat | le request types | | | | |
| □ Add New Vend | or 🗆 | Update Exist | ing Vendor Peo | pleSoft 10-digit Ven | dor ID | | |
| Add New Address Change Address/Location F | | ress/Location Peo | PeopleSoft Address # | | PeopleSoft Location # | | |
| Change Vendo | r Tax ID | Change Ven | dor Name | □ Add Alternate Payee Name | | PeopleSoft Location # | |
| □ Other | Explain | | | | | - | |
| Vendor 1099 Reportable StatusAttention Paying Agency: Please check the Add box on the left if payments to this vendor/payee are represented by Account Codes listed on page 3 of this form. If the vendor is incorrectly showing as 1099 Reportable, check the Remove box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor: | | | | | | | |
| □ Add: | 🗆 1 - Rents | | E | □ 2 - Royalties | | □ 3 – Other Income | |
| □ Remove: | \Box 6 - Medical 8 | & Health Care | C | 🗆 7 - Non-Employee Compe | | □ 10 - Crop Insurance Proce | eds |
| | 🗆 14 - Gross F | Proceeds to an | Attorney | | | | |

VENDOR/PAYEE SECTION (To be completed by vendor/payee)

Please print legibly or type this information. Form must be completed and signed by authorized individual. Email or fax to requesting state agency.

| Payee Information: Please provide the requested information for the payee receiving funds from the Oklahoma state agency. All information should match U.S. Internal Revenue Service filing records for the business, individual or government entity receiving payment. | | | | | | | | | | | | |
|--|-------------------|-------------------|-----------|---------------|-----------------------|---------|--------------|---------|---------------|---|--|--|
| Name | | | | | | Conta | Contact Name | | | | | |
| Payee Leg | gal Name for Busi | iness, Individual | or Goverr | nment | t Entity as filed v | vith IR | S | Conta | Contact Title | | | |
| DBA Name | | | | | | | | Phon | e # | | | |
| | | | Fax # | Fax # | | | | | | | | |
| Tax Identi | fication Number | (TIN) and Type | : | | | | | 🗆 Fe | ederal Em | ral Employer ID (FEIN) Social Security Number (SSN) | | |
| Business Address Please provide primary business address as filed with the U.S. Internal Revenue Service | | | | | e Service | | | | | | | |
| Address | | | | | | | | City | | | | |
| State | | | Zip+4 | p+4 Remi | | | nittanc | e Email | | | | |
| Optional Addresses – Please select address type as applicable | | | | | | | | | | | | |
| Type: | □ Remitting | Ordering | Pricir | ng | □ Returning □ Mailing | | | | ther: | | | |
| Address City | | | | | | | | | | | | |
| State | | | Zip+4 | ip+4 Remittan | | | | nittanc | e Email | | | |
| | | | | | | | | | | ide financial information used for ACH Electronic State of Oklahoma online registration system. | | |
| Name | | | Tit | tle | | | | | Email | | | |

| The information below is reques with the state, or may result in t | | | | | om being able to do business |
|---|---|------------------------|------------------------------------|---|--|
| U.S. Taxpayer Identification | Number (TIN) | | | | |
| Federal Employer Identificatio | n Number (FEIN) | | | If none, but applied for, date | applied |
| U.S. Social Security Number (| SSN) | | | If none, but applied for, date | applied |
| Entity Filing Classification: | | | | | |
| □ Domestic (U.S.) Sole Propr | ietor or Individual | Domestic (U.S.) | Partnership | Domestic (U.S.) Corporatio | n Type: |
| □ Limited Liability Company | Type: | | | | |
| LLC Disregarded Entity: \Box | YES 🗆 NO M | ust be verified by L | LC's tax divisio | on. If applicable, parent name/ | tax id is required. |
| □ Domestic (U.S.) Other | Explain: | | | | |
| □ Foreign (Non-U.S.) Sole Pr | oprietor or Individu | al* 🛛 Foreign (Non | -U.S.) Partnersh | nip* 🛛 Foreign (Non-U.S.) | Туре: |
| □ Foreign (Non-U.S.) Other* | Explain: | | | | |
| FOREIGN VENDOR INSTRU | CTIONS: | * ADDITIONAL DO | CUMENTATION | IS REQUIRED. | |
| Please submit the proper U.S. or individual description. Please | | | | | elow matching the payee's entity |
| - Form W-8BEN: Certifica http://www.irs.gov/pub/irs | | s of Beneficial Owne | r for United State | es Tax Withholding and Reporti | ng (Individuals). |
| - Form W-BEN-E: Certific http://www.irs.gov/pub/irs | | neficial Owner for Un | ited States Tax | Withholding and Reporting (Ent | ities). |
| Form W-8ECI: Certificate States. <u>http://www.irs.gov</u> | | | e is Effectively (| Connected With the Conduct of | a Trade or Business in the United |
| Form W-8EXP: Certificat http://www.irs.gov/pub/irs | | rnment or Other Fore | eign Organizatio | n for United States Tax Withhole | ding and Reporting. |
| Form W-8IMY: Certificat Reporting. <u>http://www.irs</u> | | | r-Through Entity, | or Certain U.S. Branches for U | Inited States Tax Withholding and |
| This may exempt you from b | ackup withholdir | ng. Form W-8 does i | not exempt you rm 8233 with us | from the 30% (or lower perces. For more information, refer | entage by treaty) non-resident to IRS Publication 519. |
| SIGNATURE - AND SUBSTITUTE | EIRS FORM W-9 | CERTIFICATION | | | |
| Under penalties of perjury, I cer | tify that: | | | | |
| 1. The number shown on this fo | rm is my correct | taxpayer identificati | ion number (or | I am waiting for a number to | be issued to me), and |
| 2. I am not subject to backup wi Revenue Service (IRS) that I am notified me that I am no longer s | subject to backu | p withholding as a r | | | |
| 3. I am a U.S. citizen or other U. | S. person (define | d below), and | | | |
| 4. The FATCA code(s) entered of | n this form (if an | y) indicating that I a | m exempt from | FATCA reporting is correct. | |
| Certification instructions: You r withholding because you have f For mortgage interest paid, acq account (IRA), and generally, pa your correct TIN. | ailed to report all uisition or abande | interest and divide | nds on your tax property, cance | c return. For real estate transa Illation of debt, contributions | actions, item 2 does not apply. to an individual retirement |
| - | Signature of Vess | lor Representative or | Individual Baua | <u> </u> | Date |
| | Gignature of vent | or representative of | murriuuai r aye | | Date |
| - | Title of individual | signing form for comp | bany | | |
| - | Vendor/Pavee (M | ust be the same as P | Pavee Name from | n page 1) | |
| | | | ., | ······································ | |
| | | | | | |

| | NTS | □ 1- RENTS (co | | | |
|------------------|---|------------------|------------------|------------------------|---|
| | | | of Motor Ve | | 552120 Incentive Awards – Monetary & |
| 532120 | Rent of Land | 532142 Lease | e of Motor V | /ehicles | Material |
| | Rent of Other Building Space | | | | 552160 Incentive Payments – Oklahoma Horse |
| 532140 | Rent of Equipment and Machinery | | | | Breeders & Owners |
| 532150 | Rent of Telecommunications Equip | | | | 552170 Incentive Payments – Oklahoma Film |
| 532160 | Rent of Electronic Data Processing | 553170 Royal | ties | | Enhancement Rebate |
| 522170 | Equipment | | | | 553165 Current/Former Employee Reportable |
| 532170 532190 | Rent of Electronic Data Processing Software Other Rents | | | | Court Ordered or Legal Settlements 553220 Other IRS Reportable Income |
| 552150 | Other Rents | | | | |
| □ 6 - ME | DICAL & HEALTH CARE PAYMENTS | | 515830 | Home Health Ca | are Services |
| 515530 | Veterinary Services | | 515840 | Ambulance Serv | vices |
| 515700 | Offices of Physicians (except Mental Health Spe | cialists) | 515850 | All other Ambula | atory Health Care Services |
| 515710 | Offices of Physicians, Mental Health Specialists | | 515860 | General Medica | I & Surgical Hospitals |
| 515720 | Offices of Dentists | | 515870 | | Ibstance Abuse Hospitals |
| 515730 | Offices of Chiropractors | | 515880 | | als (except Psychiatric & Substance Abuse) |
| 515740 | Offices of Optometrists | | 515890 | Nursing Care Fa | |
| 515750 | Offices of Mental Health Practitioners (except Pl | | 515900 | | vices for People with Developmental Disabilities |
| 515760 | Offices of Physical, Occupational & Speech The | rapists, & | 515910 | | tal Health & Substance Abuse Facilities |
| E4E770 | Audiologists | | 515920 515930 | | e Facilities for the Elderly al Care Facilities |
| 515770 515780 | Offices of Podiatrists | oners | 537210 | Laboratory Serv | |
| 515780 515790 | Offices of all other Miscellaneous Health Practiti Family Planning Centers | 011615 | 551230 | | s to Indigents (from agencies other than DHS) |
| 515790 | Outpatient Mental Health & Substance Abuse C | enters | 551230 | | to Indigents (from agencies other than DHS) |
| 515800 | Other Outpatient Care Centers | ontoro | 551250 | | rvices to Indigents (from agencies other than DHS) |
| 515820 | Medical and Diagnostic Laboratories | | | | |
| 010020 | Modical and Blaghoolio Laboratorico | | | | |
| 🗆 7 - NC | ON-EMPLOYEE COMPENSATION | | 515600 | Telephone Call | Centers |
| 515010 | Office of Lawyers | | 515610 | Business Servic | e Centers |
| 515020 | Offices of Notaries | | 515620 | Collection Agen | cies |
| 515030 | Other Legal Services | | 515630 | Credit Bureaus | |
| 515060 | Accounting, Tax Preparation, Bookkeeping & Pa | yroll Services | 515640 | | Support Services |
| 515210 | Payments for Contract Mentor Services | | 515650 | | Security Services |
| 515220 | Architectural Services | | 515660 | Educational Ser | |
| | Landscape Architectural Services | | 515940 | Individual & Fan | |
| | Engineering Services | | 515950 515960 | | d, Housing & Emergency & Other Relief Services abilitation Services |
| 515250 515260 | Drafting Services Building Inspection Services | | 515900 | Child Day Care | |
| 515200 | Geophysical Surveying & Mapping Services | | 515980 | • | ent and Recreation |
| 515280 | Surveying and Mapping (except geophysical) Se | ervices | 515990 | | except Public Administration) |
| 515290 | Testing Laboratories | 11000 | 517110 | | e – Employee Transfer |
| 515300 | Interior Design Services | | 531150 | Printing and Bind | |
| 515310 | Industrial Design Services | | 531160 | Advertising | - |
| 515320 | Graphic Design Services | | 531170 | Informational Se | rvices |
| 515330 | Other Specialized Design Services | | 531190 | Exhibitions, Show | ws and Special Events |
| 515350 | Custom Computer Programming Services | | 531220 | Burial Charges | |
| 515360 | Computer Systems Design Services | | 531330 | Jury and Witness | |
| 515370 | Computer Facilities Management Services | | 531500 | Moving Expense | |
| 515380 | Other Computer Related Services | | 533100 | | Repair – Other Items |
| 515400 | Administrative Management & General Manage | ment | 533110 | | Repair of Buildings & Grounds (outside vendors) |
| 515440 | Consulting Services | na Conviora- | 533120 533130 | | Repair – Equipment (outside vendors) Repair of Telephone Equipment (outside vendors) |
| 515410 515420 | Human Resources & Executive Search Consulti Marketing Consulting Services | ng Services | 533130 | | Repair of Data Processing Equipment (outside vendors) |
| 515420 515430 | Process, Physical Distribution, & Logistics Cons | ulting Services | 000140 | vendors) | topan of Data i rooosong Equipment (outside |
| 515430 | Other Management Consulting Services | Change Oct VICES | 533150 | / | Repair of Data Processing Software (outside |
| 515450 | Environmental Consulting Services | | | vendors) | |
| 515460 | Other Scientific & Technical Consulting Services | 3 | 533190 | | Repair – Employee Uniforms |
| 515470 | Research & Development in the Physical, Engin | | 545110 | Purchase of Lan | |
| - | Sciences | 0, | 545210 | CIP (Constructio | n in Progress) – Land Improvements |
| 515480 | Research & Development in the Social Sciences | s & Humanities | 546210 | | her Structures – Construction and Renovation |
| 515490 | Advertising and Related Services | | 546220 | | ce and Repair of Equipment |
| 515500 | Marketing Research & Public Opinion Polling | | 547110 | | dge Construction Expense – Contractual |
| 515510 | Photographic Services | | 547120 | | d Repairs to Highways and Bridges |
| 515520 | Translation & Interpretation Services | | 547210 | | nce and Renovation – Bridges |
| 515540 | All other Professional, Scientific and Technical S | Services | 552100 | Stipends – Othe | |
| 515550 | Management of Companies & Enterprises | | 552120 552130 | | s ("Incentive" payments) e Corps Stipends |
| | Office Administrative Services | | 552130 553160 | | Reportable Court Ordered or Legal Settlements |
| 515560 | Employment Discoment Services | | | | |
| 515560 515570 | Employment Placement Services | | | | |
| 515560 | Employment Placement Services Business Support Services Document Preparation Services | | 554190 561140 | Voter Registratio | on Services |

553180 Settlements – Paid To/Thru Attorney