



**Solicitation Cover Page**  
**For Minor Projects Under Statutory Amount**

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**OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION**

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**DATE OF SOLICITATION** made as of the 4th day of November in the year 2020.

**Solicitation Information**

*Solicitation Number:* 072A

*Project Name:* D6 Dozer, Trackhoe w Operator Rental

*Address:* 44174 State Highway 99

*City, ST., Zip:* Pawhuska, Oklahoma 74056

***Bids Due: November 30, 2020 at 3:00 PM.***

**Using Agency Information**

*Using Agency Name:* OK Dept. of Wildlife Conservation

*Point of Contact:* Adriana Bustamante

*Mailing Address:* PO Box 56465

*Delivery Address:* 1801 North Lincoln Boulevard

*City, ST., Zip:* Oklahoma City, Oklahoma 73105

*Phone:* 405.522.5762

*Email:* [adriana.bustamante@odwc.ok.gov](mailto:adriana.bustamante@odwc.ok.gov)

The **OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION** is inviting written bids for all Project Management, Superintendence, labor, machinery, equipment, tools, materials, supplies and appurtenances described by this solicitation.

Bids will be accepted until the Date and Time specified above. Late Bids will not be accepted.

Method of Responding to this Solicitation: Bids will be accepted by mail, email or hand delivered to the Using Agency Contact specified above.

The requirements of the proposed contract for construction are described within this Solicitation, and the Solicitation will become a part of any resultant Contract. Bidder will perform work in compliance with all applicable codes, standards, ordinances and laws. The issuance of this Solicitation does not guarantee that the State of Oklahoma will enter into an agreement and the State reserves the right to reject any and all bids.

In preparing a bid, please review the attached documents and comply with instructions given:

- **Bid Form**: Submit your Bid using the form provided (3 Bid Form pages);
- **Scope of Work** (SOW): Description and Requirements of the proposed construction contract; and
- **Insurance**: Submit all General Liability and Worker's Compensation Insurance Certificates.

If the Bidder has any questions about this Solicitation, please contact the Using Agency Contact listed above.

This Solicitation and any resulting Contract for Construction is in accordance with 61 O.S. §101- 138, and specifically 61 O.S. §103(B) regarding projects under the statutory amount mandated therein. Any resultant contract will be awarded by the State of Oklahoma, Office of Management and Enterprise Services, Division of Capital Assets Management, Department of Real Estate Services, Construction and Properties (Owner Agent for State).



**Bid Form**  
**For Minor Projects Under Statuary Amount**

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**OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION**

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**To:** OK Department of Wildlife Conservation  
Attn. Adriana Bustamante  
PO Box 53465  
Oklahoma City, Oklahoma 73152

**From:** \_\_\_\_\_  
(Firm Name)

\_\_\_\_\_  
(Address)

**RE:** Solicitation Number: 072A

\_\_\_\_\_  
(City, ST., Zip)

\_\_\_\_\_  
(Telephone No.)

\_\_\_\_\_  
(EIN/TIN No.)

\_\_\_\_\_  
(Email Address)

**ARTICLE 1: General.**

**1.1** The undersigned, being familiar with the local conditions affecting the cost of the work, with the Solicitation for Bids and in accordance with the provisions thereof, hereby proposes to furnish all labor, materials and equipment necessary for the sums listed herein.

**1.2** In submitting the bid, it is understood that the right is reserved by the State of Oklahoma to reject any and all bids, and it is agreed that this bid may not be withdrawn for a period of thirty (30) days after the date bids are due.

**1.3** If awarded the project:

*(Indicate applicable response and fill in days below)*

- ☐ We propose to complete this work within \_\_\_\_\_ calendar days from the date of receipt of the Notice to Proceed. OR
- ☐ We propose to complete the work in \_\_\_\_\_ calendar days.

**ARTICLE 2: Compliance.**

**2.1 The Bidder certifies that:**

**2.1.1** they are an Equal Employment Opportunity Employer and that they do not discriminate in any of their business or employment practices;

**2.1.2** they, and all sub-contractors and suppliers performing work on the Project, will comply with the provisions of the Oklahoma Taxpayer and Citizen Protection Act of 2007 and participate in the Status Verification System. The Status Verification System is defined in the Oklahoma Statutes, Title 25 §1312;

**2.1.3** they will comply with the laws relating to public construction in the Oklahoma Statutes (Title 61) and the Oklahoma Administrative Code (Section 260, Chapter 65); and

**2.1.4** they will comply with all State of Oklahoma Governor's Executive Orders, including those relating to the prohibited use of any and all tobacco product on any and all properties owned, leased or contracted for use by the State of Oklahoma, including but not limited to all buildings, land and vehicles owned, leased or contracted for use by agencies or instrumentalities of the State of Oklahoma.

**ARTICLE 3: Bid Proposal:**

To furnish all necessary Project Management, Superintendence, labor, machinery, equipment, tools, materials, supplies, and appurtenances to complete all the Work upon which is within these Contract Documents. Any required overtime and similar costs to complete the Project within the above stated days, is included.

| Category                                            | Rate |          | Estimated Quantity (Hours) | Subtotal Amount (Rate x Est. Qty.) |
|-----------------------------------------------------|------|----------|----------------------------|------------------------------------|
| D6 Dozer w/ Operator Rental                         | \$   | per hour | 70                         |                                    |
| Trackhoe w/ Operator Rental                         | \$   | per hour | 70                         |                                    |
| Total estimate of contract cost and basis of award: |      |          |                            | \$                                 |

**ARTICLE 4: Alternate(s):**

Alternate No. 1: [Insert a brief description] or *NA*

NA Dollars  
(Insert amount using words)

\$ NA ***Circle one:*** ADD DEDUCT  
(Insert amount using numbers)

## **ARTICLE 5: Statements.**

**5.1 Non-collusion Statement.** For the purposes of a competitive bid for a public construction contract, the undersigned, being first duly sworn, certifies that

**5.1.1** I am the duly authorized agent of \_\_\_\_\_, the bidder submitting the competitive bid which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to the bid to which this statement is attached;

**5.1.2** I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and

**5.1.3** Neither the bidder nor anyone subject to the bidder's direction or control has been a party:

- a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
- b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
- c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

**5.2** I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring the contract to which this statement is attached

## **5.3 Business Relationship Statement.**

**5.3.1** I further certify that the nature of any partnership, joint venture or other business relationships presently in effect or which existed within one (1) year prior to the date of this statement with the Architect, Engineer, or other party of the project is:

\_\_\_\_\_  
*(If none, so state; use additional sheet if necessary.)*

**5.3.2** That any such business relationship presently in effect or which existed within one (1) year prior to the date of this statement between any officer or director of the bidding company and any officer or director of the architectural or engineering firm or other party to the project is:

\_\_\_\_\_  
*(If none, so state; use additional sheet if necessary.)*

**5.3.3** And that the names of all persons having any such business relationships and the positions they hold with their respective companies or firms are:

\_\_\_\_\_  
*(If none of the business relationships herein above mentioned exist, then a statement to that effect. Use additional sheet if necessary.)*

## **BIDDER:**

If awarded a contract, the bidder affirms that the work will be carried out in conformance with the contract requirements and that all invoices submitted for payment will reflect a true and accurate accounting of the work completed.

I solemnly swear or affirm, under penalty of perjury, that the foregoing is true and correct.

\_\_\_\_\_  
*(Bidder Signature)*

\_\_\_\_\_  
*(Bidder Printed Name)*

\_\_\_\_\_  
*(Bidder Printed Title)*

\_\_\_\_\_  
*(Date)*

## 072A SCOPE OF WORK

D6 Dozer, Trackhoe with Operator Rental  
Hulah Wildlife Management Area

### 1. GENERAL REQUIREMENTS

The proposed contract is for 70 hours of D6 dozer or equivalent and 70 hours of trackhoe with operator rental at Hulah Wildlife Management Areas.

D6 Dozer: or equivalent – Operating weight of at least 30,000 pounds and a minimum of 140 HP. Dozer must have tilt blade and working hour meter.

Trackhoe: Operating weight of 40,000 pounds and a minimum of 130 HP. Trackhoe must have working hour meter.

Hauling equipment and operator are to be included in bid.

Task to be performed include repairing roads, pond dams, cleaning out ditches and cleaning up drift wood.

Due to length of jobs and weather conditions vendor must be within 100 miles of job site.

Contractor is responsible for all hauling of equipment to various locations.

**Vendor will be responsible for supplying all needed materials, equipment, tools and labor to complete the work as required.**

All work will be done as directed by the ODWC area biologist/project manager.

**Contract will be awarded to one vendor only.**

**Insurance:** The successful bidder will be required to provide certificates of insurance for general liability, vehicles and worker compensation in the amounts specified in the contract immediately upon notification that they are the successful bidder. A contract will not be issued without the required proof of insurance.

**Basis of Contract:** The determination of the Lowest Responsible Bidder will be made based on the lowest extended price (# of hours X hourly price).

The contract will be issued by the Office of Management and Enterprise Services, Construction and Properties Division OMES/CAMP. The contractor shall not begin work until the contract is in place and the written Notice to Proceed has been issued by OMES/CAP. The Contractor shall not begin work until the contract is in place and the written notice to proceed has been issued by OMES/CAP.

Failure to submit a complete bid, inclusive of all requested information, may disqualify the bidder. ***The Owner reserves the right to make any inquiries to insure that the lowest bidder is actually able to complete the work in a satisfactory manner.***

The contract will be issued by the Office of Management and Enterprise Services, Construction and Properties Division (OMES/CAP). The Contractor shall not begin work until the contract is in place and the written Notice to Proceed has been issued by OMES/CAP.

**Terms and conditions:** As stated in the contract.

**Change Orders:** Changes in the work shall not be undertaken without prior written authorization. Field personnel are not authorized to modify the scope of work in any way or to issue change orders to this contract. Contractor shall submit a written request for a proposed change, the reason for the proposed change and the increase or decrease in price and time required as a result of the change. Cumulative changes that exceed the original contract price by more than 15% are prohibited by Oklahoma law.

Bids are invited as stated on the solicitation cover sheet and must be returned by the date and time specified. Late bids will not be considered. All bids must be accompanied by the Affidavit, attached.

**Invoicing and Project Communication (after Notice to Proceed):** All work-execution related communications must go through the Agency Representative. Project invoices shall be sent to the ODWC project manager at the following address and attention:

John Rempe, Wildlife Biologist  
44174 State Highway 99  
Pawhuska, Oklahoma 74056  
john.rempe@odwc.ok.gov

## **2. EXECUTION**

**Scheduling:** Provide Agency Representative with proposed work schedule prior to beginning work.

**Hour Meter:** Working hour meter on all machines and equipment.

**Travel:** Operator will not be compensated for travel to and from sites.

**Closeout:** At completion of the work, a final inspection shall be conducted with the ODWC project manager. Any corrective work shall be completed as directed.

**\*\*\*End of Scope of Work\*\*\***



**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 representative should provide form to payee for completion of the vendor section shown below. Upon receipt of the completed form the agency should enter request instructions below. Please email completed and signed form to [vendor.form@omes.ok.gov](mailto:vendor.form@omes.ok.gov) or fax to 405-522-3663.

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                        |                             |                                                       |  |  |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------|-----------------------------|-------------------------------------------------------|--|--|
| <b>Agency Name</b>                                                    |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                        | <b>Contact Name</b>         |                                                       |  |  |
| <b>Phone #</b>                                                        |                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Fax #</b> |                                                        | <b>Email</b>                |                                                       |  |  |
| <b>Agency Request To – Please select all applicable request types</b> |                                                                                                                                                                                                                                                                                                                                                                                                         |              |                                                        |                             |                                                       |  |  |
| <input type="checkbox"/> Add New Vendor                               | <input type="checkbox"/> Update Existing Vendor                                                                                                                                                                                                                                                                                                                                                         |              | PeopleSoft 10-digit Vendor ID _____                    |                             |                                                       |  |  |
| <input type="checkbox"/> Add New Address                              | <input type="checkbox"/> Change Address/Location                                                                                                                                                                                                                                                                                                                                                        |              | PeopleSoft Address # _____                             | PeopleSoft Location # _____ |                                                       |  |  |
| <input type="checkbox"/> Change Vendor Tax ID                         | <input type="checkbox"/> Change Vendor Name                                                                                                                                                                                                                                                                                                                                                             |              | <input type="checkbox"/> Add Alternate Payee Name      | PeopleSoft Location # _____ |                                                       |  |  |
| <input type="checkbox"/> Other                                        | Explain _____                                                                                                                                                                                                                                                                                                                                                                                           |              |                                                        |                             |                                                       |  |  |
| <b>Vendor 1099 Reportable Status</b>                                  | <b>Attention Paying Agency:</b> Please check the <b>Add</b> 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 <b>Remove</b> box. The PeopleSoft system requires specific details regarding the type of transaction. Please check the box that applies to this vendor: |              |                                                        |                             |                                                       |  |  |
| <input type="checkbox"/> <b>Add:</b>                                  | <input type="checkbox"/> 1 - Rents                                                                                                                                                                                                                                                                                                                                                                      |              | <input type="checkbox"/> 2 - Royalties                 |                             | <input type="checkbox"/> 3 - Other Income             |  |  |
| <input type="checkbox"/> <b>Remove:</b>                               | <input type="checkbox"/> 6 - Medical & Health Care                                                                                                                                                                                                                                                                                                                                                      |              | <input type="checkbox"/> 7 - Non-Employee Compensation |                             | <input type="checkbox"/> 10 - Crop Insurance Proceeds |  |  |
|                                                                       | <input type="checkbox"/> 14 - Gross 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.*

|                                                                                                                                                                                                                                                                                                              |                                    |                                   |                                  |                                    |                                                                                                           |                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>Payee Information:</b> 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.                              |                                    |                                   |                                  |                                    |                                                                                                           |                                 |
| <b>Name</b>                                                                                                                                                                                                                                                                                                  |                                    |                                   |                                  |                                    | <b>Contact Name</b>                                                                                       |                                 |
| Payee Legal Name for Business, Individual or Government Entity as filed with IRS                                                                                                                                                                                                                             |                                    |                                   |                                  |                                    | <b>Contact Title</b>                                                                                      |                                 |
| <b>DBA Name</b>                                                                                                                                                                                                                                                                                              |                                    |                                   |                                  |                                    | <b>Phone #</b>                                                                                            |                                 |
| Doing Business As "DBA", or Disregarded Entity Name if different than Legal Name                                                                                                                                                                                                                             |                                    |                                   |                                  |                                    | <b>Fax #</b>                                                                                              |                                 |
| <b>Tax Identification Number (TIN) and Type:</b>                                                                                                                                                                                                                                                             |                                    |                                   |                                  |                                    | <input type="checkbox"/> Federal Employer ID (FEIN) <input type="checkbox"/> Social Security Number (SSN) |                                 |
| <b>Business Address -- Please provide primary business address as filed with the U.S. Internal Revenue Service</b>                                                                                                                                                                                           |                                    |                                   |                                  |                                    |                                                                                                           |                                 |
| <b>Address</b>                                                                                                                                                                                                                                                                                               |                                    |                                   |                                  |                                    | <b>City</b>                                                                                               |                                 |
| <b>State</b>                                                                                                                                                                                                                                                                                                 |                                    | <b>Zip+4</b>                      |                                  | <b>Remittance Email</b>            |                                                                                                           |                                 |
| <b>Optional Addresses – Please select address type as applicable</b>                                                                                                                                                                                                                                         |                                    |                                   |                                  |                                    |                                                                                                           |                                 |
| Type:                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Remitting | <input type="checkbox"/> Ordering | <input type="checkbox"/> Pricing | <input type="checkbox"/> Returning | <input type="checkbox"/> Mailing                                                                          | <input type="checkbox"/> Other: |
| <b>Address</b>                                                                                                                                                                                                                                                                                               |                                    |                                   |                                  |                                    | <b>City</b>                                                                                               |                                 |
| <b>State</b>                                                                                                                                                                                                                                                                                                 |                                    | <b>Zip+4</b>                      |                                  | <b>Remittance Email</b>            |                                                                                                           |                                 |
| <b>Financial Registration:</b> Please provide contact information for the Authorized Individual who can provide financial information used for ACH Electronic Funds Transfer payment processes. An email will be sent providing instructions for accessing the State of Oklahoma online registration system. |                                    |                                   |                                  |                                    |                                                                                                           |                                 |
| <b>Name</b>                                                                                                                                                                                                                                                                                                  |                                    |                                   | <b>Title</b>                     |                                    |                                                                                                           | <b>Email</b>                    |

**W-9 SUPPLEMENTAL INFORMATION – ALL VENDORS OR PAYEES**

The information below is requested under U.S. Tax Laws. Failure to provide this information may prevent you from being able to do business with the state, or may result in the state having to deduct backup withholding amounts from future payments.

**U.S. Taxpayer Identification Number (TIN)**

Federal Employer Identification 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 Proprietor or Individual ☐ Domestic (U.S.) Partnership ☐ Domestic (U.S.) Corporation Type: \_\_\_\_\_

☐ Limited Liability Company Type: \_\_\_\_\_

LLC Disregarded Entity: ☐ YES ☐ NO **Must be verified by LLC's tax division. If applicable, parent name/tax id is required.**

☐ Domestic (U.S.) Other Explain: \_\_\_\_\_

☐ Foreign (Non-U.S.) Sole Proprietor or Individual\* ☐ Foreign (Non-U.S.) Partnership\* ☐ Foreign (Non-U.S.) Type: \_\_\_\_\_

☐ Foreign (Non-U.S.) Other\* Explain: \_\_\_\_\_

**FOREIGN VENDOR INSTRUCTIONS: \* ADDITIONAL DOCUMENTATION IS REQUIRED.**

Please submit the proper U.S. Internal Revenue Service (IRS) Form W-8, Certificate of Foreign Status. Select form below matching the payee's entity or individual description. Please refer to IRS for additional instructions (<http://www.irs.gov/pub/irs-pdf/fw8.pdf>).

- **Form W-8BEN:** Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals). <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
- **Form W-BEN-E:** Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities). <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
- **Form W-8ECI:** Certificate of Foreign Person's Claim That Income is Effectively Connected With the Conduct of a Trade or Business in the United States. <http://www.irs.gov/pub/irs-pdf/fw8eci.pdf>
- **Form W-8EXP:** Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8exp.pdf>
- **Form W-8IMY:** Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding and Reporting. <http://www.irs.gov/pub/irs-pdf/fw8imy.pdf>

This may exempt you from backup withholding. Form W-8 does not exempt you from the 30% (or lower percentage by treaty) non-resident withholding taxes. To claim this exemption, you must file IRS Form 8233 with us. For more information, refer to IRS Publication 519.

**SIGNATURE - AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

\_\_\_\_\_  
Signature of Vendor Representative or Individual Payee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of individual signing form for company

\_\_\_\_\_  
Vendor/Payee (Must be the same as Payee Name from page 1)