

BID FORM

MISSOURI DEPARTMENT OF TRANSPORTATION
 GENERAL SERVICES
 P.O. BOX 270
 JEFFERSON CITY, MO 65102

REQUEST NO.	5-141113LK
DATE	October 27, 2014

SEALED BIDS, SUBJECT TO THE ATTACHED CONDITIONS WILL
 BE RECEIVED AT THIS OFFICE UNTIL

November 13, 2014 at 2:00 PM, Local Time

AND THEN PUBLICLY OPENED AND READ FOR FURNISHING
 THE FOLLOWING SUPPLIES OR SERVICES.

**QUOTATIONS TO BE BASED F.O.B. MISSOURI
 DEPARTMENT OF TRANSPORTATION**
 Submit net bid as cash discount stipulations will not be considered

Various Locations in Missouri

BUYER:	Leann Kottwitz, Sr. GS Specialist	BUYER TELEPHONE:	573-751-3685
BUYER EMAIL:	Leann.Kottwitz@modot.mo.gov		

SUPPLIES OR SERVICES

The Missouri Department of Transportation is seeking bids from qualified bidders to provide Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals for a contract period from December 1, 2014 through November 30, 2015.

****NOTE: It is the responsibility of the Bidder to access MoDOT's website in order to obtain any and all addenda(s) issued during the course of this RFB Process.*

All questions regarding this RFB shall be submitted to the RFB Coordinator/Contact.

(SEE ATTACHED FOR CONDITIONS AND INSTRUCTIONS)

Date:	_____	Firm Name:	_____
Telephone No.:	_____	Address:	_____
Fax No.:	_____		_____
Email Address:	_____	By (Signature):	_____
		Type/Print Name	_____
		Title:	_____

Is your firm MBE certified?

Yes No

Is your firm WBE certified?

Yes No

1. INTRODUCTION AND GENERAL INFORMATION

1.1 Introduction

1.1.1 This Request For Bid seeks bids from qualified organizations to provide Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals with an effective contract period of Date of Award through October 31, 2015, to the Missouri Highways and Transportation Commission (MHTC) and Missouri Department of Transportation (MoDOT), (hereinafter referred to as MoDOT). Each bid must be mailed in a sealed envelope to Ms. Leann Kottwitz, General Services Procurement Unit, P.O. Box 270, Jefferson City, Mo 65102, or hand-delivered in a sealed envelope to the General Services Procurement Office in the Highway and Transportation Building at 830 MoDOT Drive, Jefferson City, Missouri 65109. All questions regarding the RFB shall be submitted to Ms. Leann Kottwitz. Bids must be returned to the office of Ms. Leann Kottwitz, no later than **2:00 p.m., Local Time, November 13, 2014.**

RFB Coordinator: (Physical Address)
Ms. Leann Kottwitz
Missouri Department of Transportation
830 MoDOT Drive
Jefferson City, MO 65109

Ms. Leann Kottwitz (Mailing Address)
Missouri Department of Transportation
P.O. Box 270
Jefferson City, MO 65102
PHONE: 573-751-3685
FAX: 573-526-1218

MHTC reserves the right to reject any and all bids for any reason whatsoever.

NOTE: The bidder must SIGN and RETURN this page with the bid.

BID

- (1) The bidder shall provide firm, fixed prices to the MoDOT as stated on the PRICING PAGES in accordance with the terms of this Request for Bid.
- (2) The bidder agrees to provide the services specified herein at the firm, fixed price stated on the Pricing Pages, under the terms of this Request for Bid.

Authorized Signature of Bidder: _____
Date of Bid: _____
Printed or Typed Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Electronic Mail Address: _____

1.2 General Information:

1.2.1 This document constitutes a request for competitive, sealed bids for the provision of Pre-Employment/Post Offer Physicals as set forth herein.

1.2.2 Organization – This document, referred to as a Request for Bid (RFB), is divided into the following parts:

- 1) Introduction and General Information
- 2) Scope of Work
- 3) Bid Submission
- 4) Pricing Pages
- 5) Attachments
- 6) Terms and Conditions

1.2.3 **CLARIFICATION OF REQUIREMENTS:** Any and all questions regarding specifications, requirements, competitive procurement process, or other questions must be directed to Leann Kottwitz, Missouri Department of Transportation, Leann.Kottwitz@modot.mo.gov. All written questions must be addressed to Leann Kottwitz no later than **10:00 a.m., November 3, 2014**. Once all the questions are gathered, MoDOT will issue an addendum and post the responses to all questions on-line for vendors to retrieve. **It is anticipated this addendum will be issued November 6, 2014.** It is the sole responsibility for all bidders to check the website for any and all addendums throughout the procurement process.

2. SCOPE OF WORK

2.1 General Requirements:

- 2.1.1 The contractor(s) shall provide Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals for Missouri Department of Transportation (hereinafter referred to as MoDOT) job applicants in accordance with the requirements and provisions specified herein. Unless otherwise stated, the contractor(s) shall not deviate from the requirements specified herein.
- 2.1.2 The contractor(s) shall provide Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals on an as needed, if needed basis and to the sole satisfaction of MoDOT.
- 2.1.3 The contractor(s) shall provide all health care professionals, services, materials, equipment, and supplies for the purpose of providing Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals.
- 2.1.4 The contractor(s) shall be board certified/board eligible or have at least three (3) years of experience in occupational medicine.

2.2 Specific Requirements:

- 2.2.1 The contractor(s) shall provide Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals for MoDOT's job applicants who are located in various regions throughout the State of Missouri, based on the MoDOT job specific protocols provided by Central Office Risk and Benefits Management Division.
- 2.2.2 Within two (2) working days of MoDOT's request, the contractor(s) shall provide Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals in accordance with the established guidelines and procedures, and by using customized forms as developed by MoDOT. Such guidelines and procedures shall include, but not be limited to:
 - a. Obtaining consent forms.
 - b. Obtaining MoDOT specific medical history and documenting the medical history on MoDOT's form(s).
 - c. Performing comprehensive medical physical tests on Pre-Employment/Post Offer candidates for MoDOT's physically demanding and/or non-physically demanding jobs. Comprehensive medical physical tests shall include, at a minimum, the following:
 - 1) Heart rate, pulse
 - 2) Blood pressure
 - 3) Audiometric Testing or Forced Air Whisper test
 - 4) Static grip strength evaluation
 - 5) Vision, including color vision and depth perception
 - 6) Height and Weight
 - 7) Dipstick urinalysis
 - 8) Musculoskeletal evaluation, which shall include:
 - √ Posture
 - √ Flexibility
 - √ Reflexes
 - √ Strength
 - √ Palpation
 - √ Joint Integrity
 - d. Providing uniform reporting of Pre-Employment/Post Offer Physical and/or Annual (Respiratory Clearance) Physicals results. Reporting shall include, but not be limited to, providing all medical documentation associated with the physical examination, (e.g.: lab tests, hearing tests, pulmonary function, etc).

- e. Providing any other form of communication as deemed beneficial by MoDOT in order to provide the services specified herein.

2.2.3 The contractor(s) shall submit all reports related to the contract to MoDOT through the Central Office Risk and Benefits Management Division.

Allison Heintz
MoDOT
Risk & Benefits Management
P.O. Box 270
Jefferson City, Missouri 65102
Phone: (573)526.7860
Fax: (573)526.0006
Email: Allison.Heintz@modot.mo.gov

- a. The "Certificate of Examination" shall be faxed to the appropriate District or the Central Office Human Resources Division.

2.2.4 The contractor(s) shall coordinate all services with MoDOT's Central Office, Division of Risk and Benefits Management.

2.2.5 The contractor(s) must be capable of providing drug collection in accordance with Department of Health and Human Services (DHHS) guidelines for Federal Department of Transportation (DOT) required pre-employment/post offer testing.

2.2.6 Within eight (8) business hours of the completion of services, the contractor shall fax the results of the Pre-Employment/Post Offer Physical and/or Annual (Respiratory Clearance) Physical and the documents associated with the Pre-Employment/Post Offer Physical and/or Annual (Respiratory Clearance) Physical(s) to MoDOT's Central Office-Risk and Benefits Management Division.

2.2.7 The contractor(s) shall not provide any additional services to any MoDOT job applicants beyond the requirements specified herein.

2.2.8 The contractor(s) shall not use or disclose, at any time during or after the termination of the contract, any information discovered or developed without the express written consent of MoDOT.

2.2.9 The contractor(s) must monitor the quality of services provided, and take the necessary steps to ensure that only MoDOT approved services are being performed.

2.2.10 The contractor(s) must cooperate in periodic and/or random audits which may be required and authorized by MoDOT, the State Auditor's Office, or any other party authorized by MoDOT. The contractor(s) will be given reasonable notification (at least one week before the audit). The contractor(s) shall participate in audits at no additional charge to MoDOT.

2.2.11 The contractor must maintain all original Pre-Employment/Post Offer Physical and Annual (Respiratory Clearance) Physicals and laboratory results at the contractor's office site for a minimum of seven (7) years from the last date of service.

2.3 Annual (Respiratory Clearance) Physicals:

MoDOT performs yearly physicals on employees in positions that may expose them to hazardous environmental and/or dangerous work areas. Due to this possible exposure, MoDOT utilizes the testing outlined in the Occupational Safety and Health Act (OSHA) Lead Standard and Respirator Standard.

2.3.1 MoDOT estimates, but in no way guarantees, that approximately 200 participants statewide may require Annual (Respiratory Clearance) Physicals on the scheduled dates specified elsewhere herein.

- 2.3.2 The contractor's employees providing services must be licensed by the appropriate licensing board in the State of Missouri, in accordance with the State of Missouri statutes (i.e., Chapter 334 RSMo). Such license must be held in good standing throughout the duration of the contract period. The contractor shall also provide audiometric technicians and Type B certified readers holding the appropriate OSHA required certifications.
- a. Upon request, the contractor must provide MoDOT with copies of such professional license(s) and/or certifications.
- 2.3.3 The contractor must submit the OSHA Respirator Medical Evaluation Questionnaire to MoDOT (refer to Attachment C for a sample of the questionnaire).
- 2.3.4 The contractor shall perform annual (respiratory clearance) physicals which shall include collecting/obtaining one or more of the following specimens/components:
- a. Blood chemistry fasting profile, i.e. calcium, phosphate, uric acid, globulin, alb/glob, t. bilirubin, d. bilirubin, SGOT, SGPT, sodium, potassium, LDL, HDL, cholesterol, g-glut. Trans., magnesium, CBC's (WBC, RBC, HBC, HCT, MCV, MCH, and MCHC), Differential (POLY, LYMPH, MONO, EOS, BASO, and Platelets), triglycerides, bilirubin, chloride, glucose, bun, total protein, albumin, alkaline phosphatase, LDH, creatinine (bun/creat), A/G ratio, and iron;
- b. Provide detailed occupational health and work history with summary reports which shall include height/weight screens;
- c. Blood pressure screen;
- d. Pulmonary function: includes measurements of participant's forced vital capacity (FVC) and forced expiratory volume at one second (FEV₁). In accordance with OSHA Std. 29 CFR 1910.134;
- e. Vision (farsighted, nearsighted, color perception, peripheral, and depth perception). In accordance with DOT physical testing requirements;
- f. Blood Lead: OSHA reference 0 – 50 ug/dl (OSHA Std. 29 CFR 1926.62);
- g. Hearing: In accordance with OSHA Std. 29 CFR 1910.95, Audiometric test shall be performed by a licensed/certified audiologist, otolaryngologist, or technician certified by the Council of Accreditation in Occupational Hearing Conservation. All audiograms obtained pursuant to this section shall meet the requirements of Appendix C "Audiometric Measuring Instruments", as noted in OSHA Std. 29 CFR 1910.95;
- h. Zinc Protoporphyrin (ZPP) blood work: OSHA Reference 0 – 79 ug/dl (OSHA Std. 29 CFR 1926.62);
- i. Chest X-Ray: These will occur every other year beginning in 2011, unless a physician deems it medically necessary based on medical history or the opinion of a physician. X-rays were completed this year and will not be due until 2011 and every other year after that. Must use a 14 X 17 or a reasonably standard sized Posterior-Anterior Chest x-ray. Must be interpreted by a board eligible/certified radiologist or experienced physician with known expertise in pneumoconiosis and must have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconiosis, 1980. In accordance with OSHA Std. 29 CFR 1910.1001;
- j. EKG – 12 lead.
- k. Computerized detailed Occupational Respiratory disease (asbestos and hazardous materials participants) history with summary reports;
- l. Heavy Metals in urine and blood. Urine tests include – Chromium, Creatinine Urine (EDTA), Creatinine Urine (TRIS), Beta-2 Microglobulin UR 0-160 ug/l, Beta-2 Microglobulin CRT 0-300 ug/g crt, Cadmium Urine panel

(Cadmium Urine, cadmium specific gravity 0.0 –15, cadmium ug/g creatinine 0.0 – 3.0). Blood tests include Cadmium blood (0.0 – 5 ug/l blood) Cadmium blood (0.0 – 1.5 ug/g blood).

- m. Urinalysis: Includes Appearance, Color, P.H., Specific Gravity, Bilirubin, Ketones, Proteins, Crystals, Glucose, Blood, WBC, RBC, Casts, Bacteria, Epithelial, and Yeast; and
- n. PCB's blood and urine.

(NOTE: Refer to Attachment E, "Blood Chemistry, Urinalysis, etc., Reference Criteria", for additional information.)

- 2.3.5 In the event a specimen(s) is rendered un-usable due to contractor error, the contractor must collect/obtain an additional specimen(s) from the subject participant(s) at no additional cost to MoDOT.
- 2.3.6 The contractor shall notify MoDOT immediately by telephone if a critical health issue is discovered as a result of the physical.
- 2.3.7 The contractor shall insure that all annual (respiratory clearance) physicals are provided in compliance with 19 CSR 30-20. (To view 19 CSR 30-20, go to the following link:
http://www.sos.mo.gov/adrules/csr/current/19csr/19c30_20.pdf).

 - a. The contractor shall insure the contractor's laboratory provides all blood lead levels to the Missouri Department of Health and Senior Services, which shall additionally include the employee name, home address, and zip code.

- 2.3.8 In the event the contractor elects to provide additional health promotional or educational brochures, the contractor may do so at no additional cost to MoDOT
- 2.3.9 The contractor must maintain all original Annual (Respiratory Clearance) Physicals and laboratory results at the contractor's office site for a minimum of seven (7) years from the last date of service.
- 2.4 Invoicing and Payment Requirements For "Pre-Employment/Post Offer Physicals/ Annual (Respiratory Clearance) Physicals:**

 - 2.4.1 The contractor(s) shall submit an itemized invoice to the following address for services provided to MoDOT:
Allison Heintz
MoDOT
Risk & Benefits Management
P.O. Box 270
Jefferson City, Missouri 65102
Phone: (573)526.7860
Fax: (573)526.0006
Email: Allison.Heintz@modot.mo.gov
 - 2.4.2 The contractor(s) shall not invoice more than two (2) times monthly for the services provided to MoDOT.
 - 2.4.3 The contractor(s) shall provide separate invoices for Annual (Respiratory Clearance) Physicals, Pre-Employment/Post Offer Physicals, and any other services provided to MoDOT.
 - 2.4.4 The contractor(s) shall apply payments to the matching invoice noted on check attachments and/or Electronic Fund Transfer (EFT).
 - 2.4.5 The contractor(s) shall forward all drug and alcohol invoices or any additional contracted services agents provided by MoDOT to:

Guardian Medical Logistics:

Attn: Rene Reese

1868 Craighsire Rd.

St. Louis, MO 63146

Phone: 314-576-7766 x233

accounting@guardianml.com

2.4.6 The contractor(s) shall be paid in accordance with the firm, fixed prices specified on the Pricing Page of this document for all services performed satisfactorily, and in accordance with the contractual requirements specified herein.

2.4.7 The contractor(s) shall understand and agree that payment for all supplies and/or services required herein shall be made in arrears.

2.5 Other Contractual Requirements:

2.5.1 **Contract Period:** The original contract period shall be from the date of contract award to October 31, 2015. The contract shall not bind, nor purport to bind, the state for any contractual commitment in excess of the original contract period. MoDOT shall have the right, at its sole option, to renew the contract for three (3) additional one-year periods, or any portion thereof. In the event MoDOT exercises such right, all terms and conditions, requirements and specifications of the contract shall remain the same and apply during the renewal period, pursuant to applicable option clauses of this document.

2.5.2 **Renewal Periods:** If the option for renewal is exercised by MoDOT, the contractor(s) shall agree that the prices stated in the original contract shall not be increased in excess of the maximum price for the applicable renewal period stated on the Pricing Page of the contract.

- a. If renewal prices are not provided then prices during renewal periods shall be the same as during the original contract period.
- b. MoDOT does not automatically exercise its option for renewal based upon the maximum price and reserves the right to offer or to request renewal of the contract at a price less than the maximum price stated.

2.5.3 **Coordination:** The contractor(s) shall fully coordinate all contract activities with those activities of MoDOT. As the work of the contractor(s) progresses, advice and information on matters covered by the contract shall be made available by the contractor(s) to MoDOT throughout the effective period of the contract.

2.5.4 **Release to Public:** No material or reports prepared by the contractor(s) shall be released to the public without the prior consent of a MoDOT representative.

2.5.5 **Confidentiality:** The contractor(s) shall not disclose to third parties confidential factual matters provided by MoDOT except as may be required by statute, ordinance, or order of court, or as authorized by MoDOT. The contractor(s) shall notify MoDOT immediately of any request for such information.

3. BID SUBMISSION

3.1 Bid Submission Information:

- 3.1.1 All bids must be received in a sealed envelope clearly marked "Pre-Employment/Post Offer Physicals and/or Annual (Respiratory Clearance) Physicals".
- 3.1.2 The original and three (3) copies of your sealed bid must be received on or before **2:00 p.m.**, local time, **October 23, 2014** at the office of:

The Missouri Department of Transportation (Physical Address)
General Services – Procurement Division
Attn: Leann Kottwitz
830 MoDOT Drive
Jefferson City, MO 65109

The Missouri Department of Transportation (Mailing Address)
General Services – Procurement Division
Attn: Leann Kottwitz
P.O. Box 270
Jefferson City, MO 65102

The Following Applies Only To The Bidders Submitting A Bid On The Pre-Employment/Post Offer Physicals.

- 3.1.3 MoDOT intends to enter into one (1) year contracts, with three (3) potential renewal periods, with multiple bidders located throughout the state to provide Pre-Employment/Post Offer Physicals.
- 3.1.4 In addition to pricing, the bidder should supply the following information:
- a. List of bidder's experience in offering Pre-Employment/Post Offer Physicals during the past twelve (12) months. Such list should include name, title and telephone number of at least two (2) clients within the past twelve (12) months.
 - a. Name, location, telephone number, fax number and email address of the primary contact person for the bidder.
 - b. Name(s) of all personnel being proposed to provide Pre-Employment/Post Offer Physicals.
 - c. Copies of current certifications for Federal DOT specimen collection, Breath Alcohol Technician Certification, Missouri Medical Licensure, Audiometric Technician Certification of the use of an audiogram for hearing tests, etc., for all employees being proposed to conduct Pre-Employment/Post Offer Physicals.
 - d. Copies of board certified/eligible certification documents or submit documents that indicate that your firm has at least three (3) years of experience in occupational medicine.
 - e. Documentation outlining specified hours of availability for physical exams and medical evaluations.
 - g. Documentation outlining bidder's ability to do drug collection in accordance with Department of Health and Human Services (DHHS) guidelines for Federal Department of Transportation (DOT) required pre-employment/post offer testing.

3.2 Contract Award and Use of Contracted Services:

- 3.2.1 Contract awards shall be based on the bidder meeting the business and licensing criteria published as a part of this document. However, the right is reserved to reject any and all pricing submittals or award the contracts based on the best interest of MoDOT.
- 3.2.2 MoDOT reserves the right to receive additional responses to this solicitation at any time throughout the contract period in order to obtain the services of additional pre-employment/post-offer service bidders located throughout the State of Missouri.
- 3.2.3 MoDOT does not guarantee that a contract award will result in MoDOT using the services provided by the bidder.
- 3.2.4 Use of bidder services will be determined by the geographical proximity of the job applicant's home address to the bidder's business location, as follows:
 - a. The bidder with a business site closest to the applicant's home address will receive the purchase order to provide the contracted services. If the bidder cannot provide the listed services within the time period specified by the MHTC, the bidder with the next closest geographic proximity to the applicant's home address will receive the purchase order. This selection process will continue until an available service bidder is located.
 - b. In the event there are two (2) or more bidders within a ten (10) mile radius of the applicant's home address, the decision on which bidder will be chosen to provide the contracted services shall reside with MoDOT's program designee.

The Following Applies Only To The Bidders Submitting A Bid On The Annual (Respiratory Clearance) Physicals.

- 3.2.5 Bids will be reviewed to determine if the bid complies with the mandatory requirements, and to determine the lowest and best bid.

MoDOT reserves the right to add additional bidders to provide these services in areas that are needed throughout the contract period and any renewal periods.

4. PRICING PAGE

4.1 The bidder shall provide firm, fixed, prices for the original contract period and maximum prices for the renewal periods in the table below for services provided in accordance with the provisions and requirements specified herein. In addition, the bidder must indicate in the table below the Current Procedural Terminology (CPT) code to be used to bill for each component of the physical, and the applicable firm, fixed discounted prices.

Line Item #	Component	CPT Code	Original Contract Period <i>Firm, Fixed Discounted Price</i>	1 st Renewal Period <i>Maximum Price</i>	2 nd Renewal Period <i>Maximum Price</i>	3 rd Renewal Period <i>Maximum Price</i>
1	Medical Health History					
2	Physical					
3	Snellen Vision Test – including testing for color blindness					
4	Audiometric Testing					
5	Sense of Smell Test					
6	Blood Lead Testing with Zinc Protoporphyrin					
7	Chest x-ray					
8	EKG					
9	Pulmonary Function					
10	Urinalysis (dip test)					
11	Range of Motion Testing					
12	Total Cholesterol/ HDL					
13	Stress EKG					
14	Chromium Urine Test					
15	DOT drug specimen collection (urine)					
16	Non-DOT drug specimen collection (urine)					
17	Respirator Fit Test/Chromium					
18	Heavy Metal Lab Testing					
19	Diphtheria, Pertussis					

4.2 The bidder shall circle below which district(s) the bidder’s services are being proposed. (Districts are identified on Attachment A – State of Missouri Map.)

Northwest District	Northeast District	Kansas City District	Central District	St. Louis District	Southwest District	Southeast District
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NOTE: Should the annual issuance of the CPT schedule be delayed, in either publishing or distribution, the prices stated herein shall be used for any extensions of contracted services until such time the annual CPT schedule becomes available for use. At that time, the contractor(s) will be notified to submit pricing for services for the next contract period, as well as any other documentation requested by MoDOT. Depending on circumstances, MoDOT will attempt to limit the contract extension to no more than two (2) months.

FIRM NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Authorized Signature of Bidder: _____

Printed or Typed Name: _____

5. PRICING PAGE

5.1 **Annual Respiratory Clearance Physicals** - The bidder shall provide firm, fixed prices in the table below for the original contract period and maximum prices for the renewal option periods for providing the services specified herein. All costs associated with providing the services specified herein shall be included in the prices listed below.

5.2 *The Pricing Page must be completed, signed, and returned with the bidder's bid in order for the bid to be considered for award.*

Line Item	Health Screening Test	Original Contract Period <i>(Firm, fixed price, per each)</i>	1 st Renewal Period <i>(Maximum price, per each)</i>	2 nd Renewal Period <i>(Maximum price, per each)</i>	3 rd Renewal Period <i>(Maximum price, per each)</i>
001	Blood chemistry fasting profile, i.e. calcium, phosphate, uric acid, globulin, alb/glob, t. bilirubin, d. bilirubin, SGOT, SGPT, sodium, potassium, LDL, HDL, cholesterol, g-glut. Trans., magnesium, CBC's (WBC, RBC, HBC, HCT, MCV, MCH, and MCHC), Differential (POLY, LYMPH, MONO, EOS, BASO, and Platelets), triglycerides, bilirubin, chloride, glucose, bun, total protein, albumin, alkaline phosphatase, LDH, creatinine (bun/creat), A/G ratio, and iron	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
002	Detailed occupational health and work history with summary reports which shall include height/weight screens	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
003	Blood Pressure Screen	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
004	Pulmonary Function includes measurements of participant's forced vital capacity (FVC) and forced expiratory volume at one second (FEV ₁). In accordance with OSHA Std. 29 CFR 1910.134	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>

005	Vision Screen to include testing for farsightedness, nearsightedness, color blindness, peripheral, and depth perception. In accordance with DOT physical testing requirements	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
006	Blood Lead: OSHA reference 0 – 50 ug/dl (OSHA Std. 29 CFR 1926.62)	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
007	Hearing Screen: In accordance with OSHA Std. 29 CFR 1910.95, audiometric test shall be performed by a licensed/certified Audiologist, Otolaryngologist, or technician certified by the Council of Accreditation in Occupational Hearing Conservation. All audiograms obtained pursuant to this section shall meet the requirements of Appendix C – Audiometric Measuring Instruments	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
008	Zinc Protoporphyrin (ZPP) blood work: OSHA Reference 0 – 79 ug/dl (OSHA Std. 29 CFR 1926.62)	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
009	Chest X-Ray: Must use a 14 X 17 or a reasonably standard sized Posterior-Anterior Chest x-ray and must be read by a Type B reader only. Must be interpreted by a board eligible/certified radiologist or experienced physician with known expertise in pneumoconiosis and must have immediately available for reference a complete set of the ILO-U/C International Classification of Radiographs for Pneumoconioses, 1980. In accordance with OSHA Std. 29 CFR 1910.1001	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
010	EKG – 12 lead.	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
011	Heavy Metals in urine and blood: Urine tests include – Chromium Creatinine Urine (EDTA), Creatinine Urine (TRIS), Beta-2 Microglobulin UR 0-160 ug/l, Beta-2 Microglobulin CRT 0-300 ug/g crt, Cadmium Urine panel (Cadmium Urine, cadmium specific gravity 0.0 – 15, cadmium ug/g creatinine 0.0 – 3.0). Blood tests include Cadmium blood (0.0 – 5 ug/l blood) Cadmium blood (0.0 – 1.5 ug/g blood)	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
	Urinalysis includes Appearance, Color, P.H., Specific Gravity, Bilirubin,				

012	Ketones, Proteins, Crystals, Glucose, Blood, WBC, RBC, Casts, Bacteria, Epithelial, and Yeast	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>
013	PCB's blood and urine	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>	\$ _____ <i>per each</i>

Authorized Signature of Bidder: _____

Printed or Typed Name: _____

ATTACHMENT B

FORMAT FOR INDIVIDUAL HEALTH PHYSICAL REPORTS

MISSOURI DOT - MO

Dear Employee,

Recently you participated in medical screening through your company's medical surveillance program. Your company takes great pride in providing this service to its employees and assisting you in monitoring and maintaining good health and wellness. Continuing good health is a valued asset not to be taken for granted.

Attached you will find the results of your recent health screening. We strongly suggest that you contact your personal physician in regards to these results to discuss any abnormalities and further follow up if needed.

I would like to take this opportunity to thank you for your participation in this most recent health screening program. We welcome any comments or suggestions you may have that would enable us to enhance our services and products, not just for your company as a whole, but for you as an individual.

Sincerely,

President

ATTACHMENT C

Sec. 1910.134: OSHA Respirator Medical Evaluation Questionnaire (Mandatory)

To the employer: Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

To the employee:

Can you read (circle one): Yes/No

Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Part A. Section 1. (Mandatory): The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date: _____
2. Your name: _____
3. Your age (to nearest year): _____
4. Sex (circle one): Male/Female
5. Your height: _____ ft. _____ in.
6. Your weight: _____ lbs.
7. Your job title: _____
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): _____
9. The best time to phone you at this number: _____
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
 - a. _____ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
 - b. _____ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No

If "yes," what type(s): _____

Part A. Section 2. (Mandatory) Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you **currently** smoke tobacco, or have you smoked tobacco in the last month: Yes/No

2. Have you **ever had** any of the following conditions?

- a. Seizures (fits): Yes/No
- b. Diabetes (sugar disease): Yes/No
- c. Allergic reactions that interfere with your breathing: Yes/No
- d. Claustrophobia (fear of closed-in places): Yes/No
- e. Trouble smelling odors: Yes/No

3. Have you **ever had** any of the following pulmonary or lung problems?

- a. Asbestosis: Yes/No
- b. Asthma: Yes/No
- c. Chronic bronchitis: Yes/No
- d. Emphysema: Yes/No
- e. Pneumonia: Yes/No
- f. Tuberculosis: Yes/No
- g. Illicosis: Yes/No
- h. Pneumothorax (collapsed lung): Yes/No
- i. Lung cancer: Yes/No
- j. Broken ribs: Yes/No
- k. Any chest injuries or surgeries: Yes/No
- l. Any other lung problem that you've been told about: Yes/No

4. Do you **currently** have any of the following symptoms of pulmonary or lung illness?

- a. Shortness of breath: Yes/No
- b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
- c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
- d. Have to stop for breath when walking at your own pace on level ground: Yes/No
- e. Shortness of breath when washing or dressing yourself: Yes/No
- f. Shortness of breath that interferes with your job: Yes/No
- g. Coughing that produces phlegm (thick sputum): Yes/No
- h. Coughing that wakes you early in the morning: Yes/No
- i. Coughing that occurs mostly when you are lying down: Yes/No
- j. Coughing up blood in the last month: Yes/No
- k. Wheezing: Yes/No
- l. Wheezing that interferes with your job: Yes/No
- m. Chest pain when you breathe deeply: Yes/No
- n. Any other symptoms that you think may be related to lung problems: Yes/No

5. Have you **ever had** any of the following cardiovascular or heart problems?

- a. Heart attack: Yes/No
- b. Stroke: Yes/No
- c. Angina: Yes/No
- d. Heart failure: Yes/No
- e. Swelling in your legs or feet (not caused by walking): Yes/No
- f. Heart arrhythmia (heart beating irregularly): Yes/No
- g. High blood pressure: Yes/No
- h. Any other heart problem that you've been told about: Yes/No

6. Have you **ever had** any of the following cardiovascular or heart symptoms?

- a. Frequent pain or tightness in your chest: Yes/No
- b. Pain or tightness in your chest during physical activity: Yes/No
- c. Pain or tightness in your chest that interferes with your job: Yes/No
- d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No

- e. Heartburn or indigestion that is not related to eating: Yes/No
- f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No

7. Do you **currently** take medication for any of the following problems?

- a. Breathing or lung problems: Yes/No
- b. Heart trouble: Yes/No
- c. Blood pressure: Yes/No
- d. Seizures (fits): Yes/No

8. If you've used a respirator, have you **ever had** any of the following problems? (If you've never used a respirator, check the following space and go to question 9:)

- a. Eye irritation: Yes/No
- b. Skin allergies or rashes: Yes/No
- c. Anxiety: Yes/No
- d. General weakness or fatigue: Yes/No
- e. Any other problem that interferes with your use of a respirator: Yes/No

9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.

10. Have you **ever lost** vision in either eye (temporarily or permanently): Yes/No

11. Do you **currently** have any of the following vision problems?

- a. Wear contact lenses: Yes/No
- b. Wear glasses: Yes/No
- c. Color blind: Yes/No
- d. Any other eye or vision problem: Yes/No

12. Have you **ever had** an injury to your ears, including a broken ear drum: Yes/No

13. Do you **currently** have any of the following hearing problems?

- a. Difficulty hearing: Yes/No
- b. Wear a hearing aid: Yes/No
- c. Any other hearing or ear problem: Yes/No

14. Have you **ever had** a back injury: Yes/No

15. Do you **currently** have any of the following musculoskeletal problems?

- a. Weakness in any of your arms, hands, legs, or feet: Yes/No
- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain or stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

Part B: Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: _____

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (*e.g.*, in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No
- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If "yes," describe these exposures: _____

4. List any second jobs or side businesses you have: _____

5. List your previous occupations: _____

6. List your current and previous hobbies: _____

7. Have you been in the military services? Yes/No

If "yes," were you exposed to biological or chemical agents (either in training or combat): Yes/No

8. Have you ever worked on a HAZMAT team? Yes/No

9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If "yes," name the medications if you know them: _____

10. Will you be using any of the following items with your respirator(s)?

- a. HEPA Filters: Yes/No
- b. Canisters (for example, gas masks): Yes/No
- c. Cartridges: Yes/No

11. How often are you expected to use the respirator(s) (circle "yes" or "no" for all answers that apply to you)?:

- a. Escape only (no rescue): Yes/No
- b. Emergency rescue only: Yes/No
- c. Less than 5 hours **per week**: Yes/No
- d. Less than 2 hours **per day**: Yes/No
- e. 2 to 4 hours per day: Yes/No
- f. Over 4 hours per day: Yes/No

12. During the period you are using the respirator(s), is your work effort:

- a. **Light** (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of a light work effort are **sitting** while writing, typing, drafting, or performing light assembly work; or **standing** while operating a drill press (1-3 lbs.) or controlling machines.

- b. **Moderate** (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of moderate work effort are **sitting** while nailing or filing; **driving** a truck or bus in urban traffic; **standing** while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; **walking** on a level surface about 2 mph or down a 5-degree grade about 3 mph; or **pushing** a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

- 3. **Heavy** (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: _____ hrs. _____ mins.

Examples of heavy work are **lifting** a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; **shoveling**; **standing** while bricklaying or chipping castings; **walking** up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using your respirator: Yes/No

If "yes," describe this protective clothing and/or equipment: _____

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of the first toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the second toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

Name of the third toxic substance: _____

Estimated maximum exposure level per shift: _____

Duration of exposure per shift: _____

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

ATTACHMENT D**BLOOD CHEMISTRY, URINALYSIS, ETC. REFERENCE CRITERIA****GENERAL BLOOD CHEMISTRY**

LAB STUDY	REFERENCE RANGE
FASTING	Y/N
CALCIUM	8.8 – 10.4
PHOSPHATE	2.3 – 4.6
BUN	8.0 – 23.0
CREATININE (BUN/CREAT)	0.7 – 1.3
URIC ACID	3.0 – 8.1
GLUCOSE	65.0 – 109.0
TOTAL PROTEIN	6.6 – 8.3
ALBUMIN	4.0 – 5.0
GLOBULIN	2.1 – 3.6
ALB/GLOB	1.1 – 2.1
T. BILIRUBIN	0.2 – 1.5
D. BILIRUBIN	0.0 – 0.2
SGOT	5.0 – 43.0
SGPT	5.0 – 60.0
ALKALINE PHOSPHATASE	30.0 – 110.0
LDH	100.0 – 215.0
CHOLESTEROL	120 – 200.0
IRON	50.0 – 180.0
SODIUM	136.0 – 144.0
POTASSIUM	3.6 – 5.1
CHLORIDE	99.0 – 108.0
G-GLUT. TRANS.	5.0 – 80.0
MAGNESIUM	1.5 – 2.5
CBC's	
WBC	3.1 – 11.1
RBC	4.3 – 5.7
HBC	13.3 – 17.0
HCT	38.5 – 50.0
MCV	80.0 – 97.0
MCH	27.4 – 33.5
MCHC	32.0 – 36.0
DIFFERENTIAL	
POLY	42.0 – 81.0
LYMPH	10.0 – 47.0
MONO	0.0 – 10.0
EOS	0.0 – 8.0
BASO	0.0 – 2.0
PLATELETS	140.0 – 390.0

ATTACHMENT D CONTINUED

SPECIFIC BLOOD CHEMISTRY

LAB STUDY	REFERENCE RANGE
BLOOD LEAD	0 – 50 UG/DL
ZPP (Zinc Protoporphyrin)	0 – 79 UG/DL

GENERAL URINALYSIS

LAB STUDY	REFERENCE RANGE
APPEARANCE	
COLOR	
P.H.	5.0 – 8.0
SPECIFIC GRAVITY	1.001 – 1.045
BILIRUBIN	NEG
KETONES	NEG
PROTEIN	NEG
CRYSTALS	VARIABLE
GLUCOSE	NEG
BLOOD	NEG
WBC	0 – 5
RBC	0 – 2
CASTS	NEG
BACTERIA	NEG
EPITHELIAL	0 – 5
YEAST	NEG

HEAVY METALS IN BLOOD & URINE

LAB STUDY	REFERENCE RANGE
CREATININE, URINE	EDTA
CREATININE, URINE	TRIS
BETA-2 MICROGLOBULIN	
BETA-2 Microglobulin, UR	0 – 160 ug/l
BETA-2 Microglobulin, CRT	0 – 300 ug/g crt
CADMIUM BLOOD	
UG/L BLOOD	0.0 – 5 UG/L
UG/G BLOOD	0.0 – 1.5 UG/G
CADMIUM URINE PANEL	
CADMIUM URINE	
CHROMIUM, SERUM (ug/L)	≤ 5.0
CADMIUM SPEC. GRAV.	0.0 – 15
CADMIUM UG/G Creatinine	0.0 – 3.0
PCB's	
	AROCHLOR1254
	AROCHLOR 1260

EXHIBIT F

APPLICANT AFFIDAVIT FOR SOLE-PROPRIETORSHIP OR PARTNERSHIP
(a separate affidavit is required for each owner and general partner)

STATE OF _____)
) ss
COUNTY OF _____)

On this _____ day of _____, 20____, before me appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instruments, who being by me duly sworn, deposed as follows:

My name is _____, and I am of sound mind, capable of making this affidavit, and personally certify the facts herein stated, as required by Section 208.009, RSMo, for failure to provide affirmative proof of lawful presence in the United States of America:

I am the _____ of _____, which is applying for a public benefit (grant, contract, and/or loan) administered/provided by the Missouri Highways and Transportation Commission (MHTC), acting by and through the Missouri Department of Transportation (MoDOT).

I am classified by the United States of America as: (check the applicable box)

- a United States citizen. an alien lawfully admitted for permanent residence.

I am aware that Missouri law provides that any person who obtains any public benefit by means of a willfully false statement or representation, or by willful concealment or failure to report any fact or event required to be reported, or by other fraudulent device, shall be guilty of the crime of stealing pursuant to Section 570.030, RSMo, which is a Class C felony for stolen public benefits valued between \$500 and \$25,000 (punishable by a term of imprisonment not to exceed 7 years and/or a fine not more than \$5,000 – Sections 558.011 and 560.011, RSMo), and is a Class B felony for stolen public benefits valued at \$25,000 or more (punishable by a term of imprisonment not less than 5 years and not to exceed 15 years – Section 558.011, RSMo).

I recognize that, upon proper submission of this sworn affidavit, I will only be eligible for temporary public benefits until such time as my lawful presence in the United States is determined, or as otherwise provided by Section 208.009, RSMo.

I understand that Missouri law requires MHTC/MoDOT to provide assistance in obtaining appropriate documentation to prove citizenship or lawful presence in the United States, and I agree to submit any requests for such assistance to MHTC/MoDOT in writing.

I acknowledge that I am signing this affidavit as a free act and deed and not under duress.

Affiant Signature

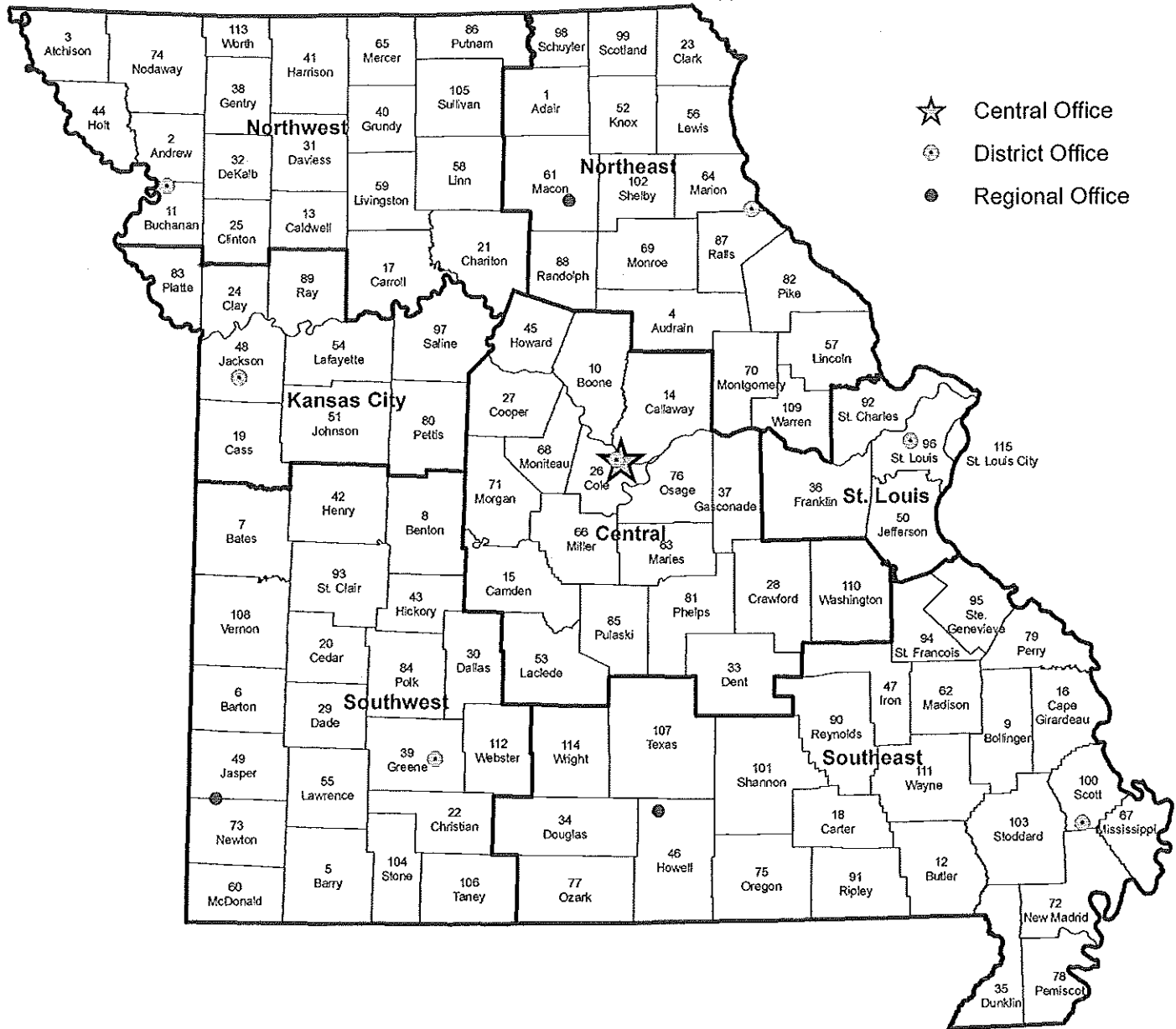
Affiant's Social Security Number or
Applicable Federal Identification Number

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires:

Missouri Department of Transportation District Map



County	No. Dist.	County	No. Dist.	County	No. Dist.	County	No. Dist.	County	No. Dist.	County	No. Dist.						
Adair	1	NE	Chariton	21	NW	Harrison	41	NW	Macon	61	NE	Phelps	81	C	Shannon	101	SE
Andrew	2	NW	Christian	22	SW	Henry	42	SW	Madison	62	SE	Pike	82	NE	Shelby	102	NE
Atchison	3	NW	Clark	23	NE	Hickory	43	SW	Maries	63	C	Platte	83	KC	Stoddard	103	SE
Audrian	4	NE	Clay	24	KC	Holt	44	NW	Marion	64	NE	Polk	84	SW	Stone	104	SW
Barry	5	SW	Clinton	25	NW	Howard	45	C	Mercer	65	NW	Pulaski	85	C	Sullivan	105	NW
Barton	6	SW	Cole	26	C	Howell	46	SE	Miller	66	C	Putnam	86	NW	Taney	106	SW
Bates	7	SW	Cooper	27	C	Iron	47	SE	Mississippi	67	SE	Ralls	87	NE	Texas	107	SE
Benton	8	SW	Crawford	28	C	Jackson	48	KC	Moniteau	68	C	Randolph	88	NE	Vernon	108	SW
Bollinger	9	SE	Dade	29	SW	Jasper	49	SW	Monroe	69	NE	Ray	89	KC	Warren	109	NE
Boone	10	C	Dallas	30	SW	Jefferson	50	SL	Montgomery	70	NE	Reynolds	90	NE	Washington	110	C
Buchanan	11	NW	Daviess	31	NW	Johnson	51	KC	Morgan	71	C	Ripley	91	SE	Wayne	111	SE
Butler	12	SE	Dekalb	32	NW	Knox	52	NE	New Madrid	72	SE	St. Charles	92	SL	Webster	112	SW
Caldwell	13	NW	Dent	33	C	Laclede	53	C	Newton	73	SW	St. Clair	93	SW	Worth	113	NW
Callaway	14	C	Douglas	34	SE	Lafayette	54	KC	Nodaway	74	NW	St. Francois	94	SE	Wright	114	SE
Camden	15	C	Dunklin	35	SE	Lawrence	55	SW	Oregon	75	SE	Ste. Genevieve	95	SE	St. Louis City	115	SL
Cape Girardeau	16	SE	Franklin	36	SL	Lewis	56	NE	Osage	76	C	St. Louis	96	SL			
Carroll	17	NW	Gasconade	37	C	Lincoln	57	NE	Ozark	77	SE	Saline	97	KC			
Carter	18	SE	Gentry	38	NW	Linn	58	NW	Pemiscot	78	SE	Schuyler	98	NE			
Cass	19	KC	Greene	39	SW	Livingston	59	NW	Perry	79	SE	Scotland	99	NE			
Cedar	20	SW	Grundy	40	NW	McDonald	60	SW	Pettis	80	KC	Scott	100	SE			



6/27/2011

Missouri Highways and Transportation Commission
Standard Bid/Proposal Provisions, General Terms and Conditions and Special Terms and Conditions

STANDARD SOLICITATION PROVISIONS

- a. The solicitation for the procurement of the supplies referenced therein, to which these "Standard Bid Provisions, General Terms and Conditions and Special Terms and Conditions" are attached, is being issued under, and governed by, the provisions of Title 7 – Missouri Department of Transportation, Division 10 – Missouri Highways and Transportation Commission, Chapter 11 – Procurement of Supplies, of the Code of State Regulations. The Missouri Highways and Transportation Commission (MHTC), acting by and through its operating arm, the Missouri Department of Transportation (MoDOT), draws the Bidder's attention to said 7 CSR 10-11 for all the provisions governing solicitation and receipt of bids/quotes and the award of the contract pursuant to this solicitation.
- b. All bids/quotes must be signed with the firm name and by a responsible officer or employee. Obligations assumed by such signature must be fulfilled.

GENERAL TERMS AND CONDITIONS

Definitions

Capitalized terms as well as other terms used but not defined herein shall have the meaning assigned to them in section 7 CSR 10-11.010 Definition of Terms.

Nondiscrimination

- a. The Contractor shall comply with all state and federal statutes applicable to the Contractor relating to nondiscrimination, including, but not limited to, Chapter 213, RSMo; Title VI and Title VII of Civil Rights Act of 1964 as amended (42 U.S.C. Sections 2000d and 2000e, *et seq.*); and with any provision of the "Americans with Disabilities Act" (42 U.S.C. Section 12101, *et seq.*).
- b. **Sanctions for Noncompliance:** In the event of the Contractor's noncompliance with the nondiscrimination provisions of this contract, MHTC shall impose such contract sanctions as it or the Federal Highway Administration may determine to be appropriate, including, but not limited to:
 - i. withholding of payments to the Contractor under the contract until the Contractor complies, and/or,
 - ii. cancellation, termination or suspension of the contract, in whole or in part.

Contract/Purchase Order

- a. By submitting a bid/quote, the Bidder agrees to furnish any and all equipment, supplies and/or services specified in the solicitation documents, at the prices quoted, pursuant to all requirements and specifications contained therein.
- b. A binding contract shall consist of: (1) the solicitation documents, amendments thereto, and/or Best and Final Offer (BAFO) request(s) with any changes/additions, (2) the Contractor's bid response, and (3) the MHTC's acceptance of the bid by post-award contract or purchase order.
- c. A notice of award does not constitute an authorization for shipment of equipment or supplies or a directive to proceed with services. Before providing equipment, supplies and/or services, the Contractor must receive a properly authorized notice to proceed and/or purchase order.

Applicable Laws and Regulations

- a. The contract shall be construed according to the laws of the State of Missouri. The Contractor shall comply with all local, state, and federal laws and regulations related to the performance of the contract. The exclusive venue for any legal proceeding relating to or arising, out of the contract shall be in the Circuit Court of Cole County, Missouri.
- b. The Contractor must be registered and maintain good standing with the Secretary of State of the State of Missouri, Missouri Department of Revenue, and other regulatory agencies, as may be required by law or regulations. Prior to the issuance of a purchase order and/or notice to proceed, the Contractor may be required to submit to MHTC a copy of their current Authority Certificate from the Secretary of State of the State of Missouri and/or a copy of their Certificate of No Tax Due from the Missouri Department of Revenue.
- c. Prior to the issuance of a purchase order and/or notice to proceed, all out-of-state Contractors **providing services** within the state of Missouri must submit to MHTC a copy of their current Transient Employer Certificate from the Missouri Department of Revenue, in addition to a copy of their current Authority Certificate from the Secretary of State of the State of Missouri.

Executive Order:

The Contractor shall comply with all the provisions of Executive Order 07-13, issued by the Honorable Matt Blunt, Governor of Missouri, on the sixth (6th) day of March, 2007. This Executive Order, which promulgates the State of Missouri's position to not tolerate persons who contract with the state engaging in or supporting illegal activities of employing individuals who are not eligible to work in the United States, is incorporated herein by reference and made a part of this Agreement.

- 1) "By signing this Agreement, the Contractor hereby certifies that any employee of the Contractor assigned to perform services under the contract is eligible and authorized to work in the United States in compliance with federal law."
 - 2) In the event the Contractor fails to comply with the provisions of the Executive Order 07-13, or in the event the Commission has reasonable cause to believe that the contractor has knowingly employed individuals who are not eligible to work in the United States in violation of federal law, the Commission reserves the right to impose such contract sanctions as it may determine to be appropriate, including but not limited to contract cancellation, termination or suspension in whole or in part or both.
 - 3) The Contractor shall include the provisions of this paragraph in every subcontract. The Contractor shall take such action with respect to any subcontract as the Commission may direct as a means of enforcing such provisions, including sanctions for noncompliance.
- a. In the evaluation of bids/quotes, preferences shall be applied in accordance with 7 CSR 10-11.020(7). Contractors should apply the same preferences in selecting subcontractors. The attached document entitled "VENDOR INFORMATION AND PREFERENCE CERTIFICATION FORM" must be completed and returned with the solicitation documents.
 - b. Bidders are encouraged to obtain minority business enterprise (MBE) and women business enterprise (WBE) participation in this work through the use of subcontractors, suppliers, joint ventures, or other arrangements that afford meaningful participation for M/WBEs. Bidders are encouraged to obtain 10% MBE and 5% WBE participation.

Cancellation of Contract

The MHTC may cancel the Contract at any time for a material breach of contractual obligations or for convenience by providing Contractor with written notice of cancellation. Should the MHTC exercise its right to cancel the contract for such reasons, cancellation will become effective upon the date specified in the notice of cancellation sent to the Contractor.

Missouri Highways and Transportation Commission
Standard Bid/Proposal Provisions, General Terms and Conditions and Special Terms and Conditions

Bankruptcy or Insolvency

Upon filing for any bankruptcy or insolvency proceeding by or against the Contractor, whether voluntarily, or upon the appointment of a receiver, trustee, or assignee, for the benefit of creditors, the Commission reserves the right and sole discretion to either cancel the Agreement or affirm the Agreement and hold the Contractor responsible for damages.

Warranty

The Contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished to or adopted by the MHTC, (2) be fit and sufficient for the purpose expressed in the solicitation documents, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect.

Status of Independent Contractor

The Contractor represents itself to be an independent Contractor offering such services to the general public and shall not represent itself or its employees to be an employee of the MHTC. Therefore, the Contractor shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers' compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save and hold the MHTC, its officers, agents and employees harmless from and against any and all losses (including attorney fees) and damage of any kind related to such matters.

Non-Waiver

If one of the parties agrees to waive its right to enforce any term of this Contract, that party does not waive its right to enforce such term at any other time or to enforce any or all other terms of this Contract.

Indemnification

The Contractor shall defend, indemnify and hold harmless MHTC, including its members and department employees, from any claim or liability whether based on a claim for damages to real or personal property or to a person for any matter relating to or arising out of the Contractor's performance of its obligations under the contract awarded pursuant to this solicitation.

Prohibition Of Employment Of Unauthorized Aliens:

- a. **Non-employment of Unauthorized Aliens:** Pursuant to Section 285.530, RSMo., no business entity or employer shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri. As a condition for the award of any contract or grant in excess of five thousand dollars by the State or by any political subdivision of the State to a business entity, or for any business entity receiving a state-administered or subsidized tax credit, tax abatement, or loan from the state, the business entity shall:
 - 1) By sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. E-Verify is an example of a federal work authorization program. The business entity must affirm its enrollment and participation in the E-Verify federal work authorization program with respect to the employees proposed to work in connection with the services requested herein by providing acceptable enrollment and participation documentation consisting of completed copy of the E-Verify Memorandum of Understanding (MOU). For business entities that are not already enrolled and participating in a federal work authorization program, E-Verify is available at http://www.dhs.gov/files/programs/gc_1185221678150.shtm
 - 2) By sworn affidavit, affirm that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. A copy of the affidavit referenced herein is provided within this document, attached as Exhibit E.
- b. **Proof of Lawful Presence For Sole Proprietorships and Partnerships:** If the business entity is a sole proprietorship or partnership, pursuant to Section 208.009, RSMo., each sole proprietor and each general partner shall provide affirmative proof of lawful presence in the United States. Such sole proprietorship or partnership is eligible for temporary public benefits upon submission by each sole proprietor and general partner of a sworn affidavit of his/her lawful presence on the United States until such lawful presence is affirmatively determined, or as otherwise provided by Section 208.009, RSMo. A copy of the affidavit reference herein is provided within this document, attached as Exhibit F.