



CITY OF GOODLAND

204 W. 11TH ST.
P.O. BOX 59
GOODLAND, KANSAS 67735

INVITATION FOR BIDS IFB 2019-05

PEST AND PIGEON CONTROL SERVICES

General Information:

The City of Goodland is hereby requesting competitive sealed bids for **pest and pigeon control services at City-owned facilities**. The services requested shall be for a period of two years. A detailed description of services and locations requested can be found on the next page.

All bids should be marked **"IFB 2019-05"** on the outside of the envelope and must be received at the following address no later than 8:00am (MT) Wednesday, March 27, 2019:

City of Goodland City Hall
204 West 11th St.
PO Box 59
Goodland, KS 67735

The bids will be opened in City Hall at 8:00 a.m. (MT) on Wednesday, March 27, 2019. Bid award will take place Monday, April 1, 2019 at the regularly scheduled City Commission Meeting.

Should bids come in above or below anticipated cost, the City reserves the right to adjust the bid specs accordingly. The City of Goodland reserves the right to accept or reject any or all bids for any reason deemed necessary.

Payment for this project will be in lump sum after completion, compliance with all of the accepted Bid Specifications, approval of the City Manager and City Commission but not sooner than the first regular City Commission Meeting following completion.

Any questions concerning this bid should be forwarded to Mary Volk, City Clerk, at 785-890-4500 during regular business hours.

Worker's Compensation Insurance:

Contractors required by law to provide Workers' Compensation Insurance must provide the proper 'Certificate of Coverage' issued by its own work comp carrier with their bid.



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Contractors that are not required to purchase work comp insurance (self-employed or total payroll not in excess of \$20,000) must return with signature the Affidavit of Waiver included with this bid packet.

Bid Specifications:

1. The contracted vendor(s) shall be responsible for furnishing all materials, transportation, labor, equipment, any and all services and materials necessary to perform pest control service, for specified City locations.
2. All pest control services shall be performed in accordance with Federal, State and Local rules and regulations presently established or may be established during the term of the contract. Any and all chemical product(s) used must be approved for its intended use, and applied in a manner consistent with regulations established by the State of Kansas – OSHA.
3. Pests controlled are as follows: roaches, spiders, crickets, ants, silverfish, pantry pests, carpet beetles, ticks, mites, flees, rats, mice and other rodents.
4. Bird control, specifically pigeons at specified locations.
5. The pest control services shall be performed in all listed buildings, occupied or unoccupied, including, but not limited to, basements, crawl spaces, offices, storage areas/rooms, closets, baseboards, plumbing and heating pipes, shelves, elevators, walls/enclosures, kitchen, dining room, cafeteria, food preparation and storage areas, refuse containers and surrounding storage areas, offices, lavatory and shower areas hallways and lounge areas.

Property Locations:

- City Hall 204 West 11th St.
- Airport Terminal Renner Field
- High Plains Museum 1717 Cherry
- Water Treatment Plant 420 Kansas
- Public Works Buildings 1724 Arcade
- Power Plant 1701 Cherry
- Police Department 720 Armory Rd
- Welcome Center 524 Hwy. 24



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BID SHEET: IFB 2019-05

I hereby submit the following bid options for Pest and Pigeon Control Services:

Location	Year One		Year Two	
	Monthly	Annual	Monthly	Annual
City Hall				
Airport Terminal				
High Plains Museum				
Water Treatment Plant				
Public Works Buildings				
Power Plant				
Police Department				
Welcome Center				
Pigeon Control				
TOTALS:				

I have included with my Bid Sheet a Workers' Compensation (select only one):

Certificate of Coverage or Affidavit of Waiver

 Contractor/Company Name

 Bidder's Name

 Bidder's Address

 Bidder's Phone Number

 Signature

 Date

AFFIDAVIT OF EXEMPT STATUS UNDER THE WORKERS' COMPENSATION ACT

State of Kansas)
County of _____)

I, _____ state under oath as follows:

1. I, _____ (Name of individual) operating as _____
(independent contractor's business name), have agreed to provide services to
_____ (Contractor) during calendar year _____.

2. I have read, signed and attached the Exempt Status Fact Sheet and understand that an Independent Contractor is one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.

3. I understand that based upon the representations in this Affidavit of Exempt Status, I am requesting that _____ (Insert contractor's name) consider my business to be that of an independent contractor; **that I am not an employee under the Workers' Compensation Act** and the policy issued by _____ (Insurance Carrier).

4. I am an independent contractor, not an employee of the contractor. I do not want workers' compensation insurance and understand that I am not eligible for Workers' Compensation benefits.

5. I agree to obtain workers' compensation and employers' liability insurance for my employees if any, or otherwise be responsible for payment of earned premium for any employees determined to be mine, unless they are otherwise determined to be exempt from the requirements of the Workers' Compensation Act.

6. I have read, signed and attached the Exempt Status Fact Sheet describing what is an Independent Contractor and the information provided is not the result of force, threats, coercion, compulsion or duress.

7. I understand that the execution of the affidavit shall establish a rebuttable presumption that {the executor} is not an employee for purposes of the Workers' Compensation Act.

8. I understand that the execution of an affidavit shall not affect the rights or coverage of any employee of the individual executing the affidavit.

9. I understand that knowingly providing false information on an Affidavit of Exempt Status Under the Workers' Compensation Act shall constitute a misdemeanor punishable by a fine not to exceed One Thousand Dollars (\$1,000.00) per violation.

Independent Contractor Signature

Name _____ Title _____ Date _____
Signature _____ Business Name _____

Contractor signature

Name _____ Title _____ Date _____
Signature _____ Business Name _____

Notary Public

Signed and sworn to before me on this ____ day of _____, 20__ by _____.
My Commission Expires: _____ Commission # _____

Notary Public

This form is to be signed and notarized at the start of a job/project for this contractor and is good for the job/project or any similar job/project performed for the contractor for one year from the date of notary.

Note: It is a crime to falsify the information on this form.

EXEMPT STATUS FACT SHEET

An independent contractor is defined by law as one who engages to perform certain services for another, according to his own manner, method, free from control and direction of his contractor in all matters connected with the performance of the service, except as to the result or product of the work.

Below are statements to help you decide if you are an independent contractor. No one statement is controlling, and your status is based on all the facts in your situation.

1. The nature of the contract between you and the contractor shows you are independent from the contractor. For example: Is there a written contract where you agree that you are an independent contractor? Do you maintain commercial general liability insurance or other business insurance?
2. The contractor exercises very little control over the details of your work or independence. You exercise control over most of the details of the work? Do you create plans or specifications for the job? Do you set your own work hours?
3. You are engaged in a distinct occupation or business for others. Do you work for companies or individuals other than the Contractor? Do you work for competitors of the Contractor? Does your business have a logo or uniform?
4. Your job is the kind of occupation where the work is usually performed by a specialist without supervision, and not under the direction of the contractor.
5. Your occupation requires special skills, license, education or training.
6. The contractor does not supply the things needed to perform your job such as the tools and the place of work. Do you operate a vehicle owned by the contractor? Was the work performed at your business or the contractor's business location or jobsite?
7. The length of the job and how long you have worked for the Contractor does not show that you are really an employee. For example: Is this a one-time job, or will you be doing this for the contractor regularly?
8. You are paid as a separate contractor, not as an employee. Do you invoice the Contractor for your services? Do you file a federal income tax return for your business? Do you expect to receive an IRS Form 1099 from the Contractor?
9. Your work is not the regular business of the Contractor
10. You do not have the right to terminate the relationship without liability. For example: If you quit before the job is finished, is there a penalty?

Based upon these factors, do you believe that you are an independent contractor with exempt status?

(WRITE YES OR NO)

Signature _____
(INDEPENDENT CONTRACTOR/EXECUTOR)

Note: Employers who knowingly and willfully require an employee or subcontractor to execute an affidavit when the employer knows that the employee or subcontractor is required to be covered under a workers' compensation insurance policy shall be liable for a civil penalty of up to \$1,000.00 per offense.