



CITY OF GOODLAND

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

INVITATION FOR BIDS IFB 2019-06

MOWING AND ABATEMENT SERVICES

General Information:

The City of Goodland is hereby requesting competitive sealed bids for **mowing and abatement services**. These services include the mowing and trimming of properties as designated by the City to be non-compliant with City Code and nuisance properties. The services requested shall be for a period of two years. All bids should be marked "**IFB 2019-06**" on the outside of the envelope and must be received at the following address no later than 8:00am (MT) Thursday, March 28, 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 Thursday, March 28, 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 Brian James, Building Inspector, at 785-890-4550 during regular business hours.

[BID REQUEST CONTINUES ON NEXT PAGE]



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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. 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:

Contractors should include all costs of labor and material in their bid. Bids should be based on an hourly rate. The bid for mowing and abatement services shall be submitted on the bid sheet enclosed. Interested individuals must be at least 18 years of age and carry a minimum of \$1,000,000.00 in liability insurance with the City of Goodland named as Additional Named Insured. The individual must be able to work on an as needed basis with the City when contacted to mow and trim specified properties.

[BID SHEET PROVIDED ON NEXT PAGE]



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BID SHEET: IFB 2019-06

I hereby submit the following bid options for Mowing and Abatement Services:

2019 Hourly Rate: \$_____ per hour.

2020 Hourly Rate: \$_____ per hour.

The equipment I intend to use to accomplish these specified services is/are as follows:

Additional Comments:

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

Certificate of Coverage or Affidavit of Waiver

If my proposal is accepted, I hereby certify that I have the equipment listed above and I am capable of mowing and trimming all specified properties per the City's request during the years 2019 and 2020 within the City of Goodland, Kansas.

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.

