



2014

Williamson County

INVITATION FOR BID

Flexible Base

Bid # 14IFB00231

***Williamson County Purchasing
Department
901 S. Austin Avenue
Georgetown, TX. 78626
www.wilco.org/Purchasing
512-943-3553***



New 2-Step Bid Process



BID SUBMITTAL CHECKLIST

PLEASE READ AND COMPLETE THIS "BID SUBMITTAL CHECKLIST". USE THIS CHECKLIST TO ASSURE THAT ALL BID REQUIREMENTS HAVE BEEN MET.

The Bidder's attention is especially called to the items listed below, which should be submitted in accordance with Schedule "C" of this IFB.

Failure to submit any of the documents listed in Schedule "C" when required, or failure to acknowledge any addendum in writing as required by Schedule "C", or submitting a Bid on any condition, limitation, or provision not officially invited in this IFB may serve, at Williamson County's sole discretion, as cause for rejection of the Bid. Williamson County reserves the right to request that any Bidder clarify its Bid or to supply any additional material deemed necessary to assist in the evaluation of the Bid.

Bidder should check each box below indicating compliance.

STEP 1 ITEMS AS DESCRIBED IN SCHEDULE "C"

ITEMS TO BE SUBMITTED WITH YOUR BID BY THE DEADLINE

- ☒ Price Sheet forms – Schedule "A"
- ☒ **Authorized Signature** on Price Sheet forms
- ☒ Submitted by the Designated Deadline Tuesday April 22, 2014 at 2:30 PM
- ☒ One (1) original, one (1) copy of the Bid on CD (or other portable storage device) mailed to or delivered on or before the Bid submittal deadline, to the Williamson County Purchasing Department, 901 South Austin Avenue Georgetown, TX 78626

STEP 2 ITEMS AS DESCRIBED IN SCHEDULE "C"

ADDITIONAL ITEMS THAT WILL BE REQUIRED IF YOUR BID IS DETERMINED TO BE THE APPARENT LOWEST BID SUBMITTED. THESE ITEMS WILL BE REQUIRED PRIOR TO YOUR BID BEING RECOMMENDED FOR CONTRACT AWARD

- ☐ References - Schedule "D": Should provide Identification of three (3) entities if possible for which the Bidder is providing or has provided product/services of the type requested, including the name, position, and telephone number of a contact person at each entity.
- ☐ Conflict of Interest Disclosure Statement (Schedule "E")
- ☐ Bid Affidavit and Acknowledgement of Addenda (Schedule "F")
- ☐ Insurance Certificate (s)
- ☐ File copy of **Assumed Name Certificate** <https://deed.wilco.org/RealEstate/searchentry.aspx?cabinet=opr>
If Bidder is operating under an assumed business name, a file marked copy of the Assumed Name Certificate that has been filed with the Williamson County Clerk.
- ☐ Any additional documents and information that is listed in Schedule "C" of this IFB.

- FAILURE BY RESPONDENT TO INCLUDE ALL LISTED ITEMS IN ACCORDANCE WITH SCHEDULE "C" OF THIS IFB MAY, AT THE SOLE DISCRETION OF WILLIAMSON COUNTY, RESULT IN THE REJECTION OF ITS BID.
- PROVIDE ALL INFORMATION IN ACCORDANCE WITH SCHEDULE "C" OF THIS IFB TO ENSURE CONSIDERATION OF YOUR BID.

STEP 1

-This is the ONLY Item Required to be submitted before the deadline of:

TUESDAY APRIL 22, 2014 AT 2:30 PM.

SCHEDULE "A"

PRICE SHEET

-REQUIRED AS A PART OF STEP 1-

THIS FORM MUST BE COMPLETED AND RETURNED BY THE DEADLINE OF:

Tuesday April 22, 2014 at 2:30 PM

The undersigned Bidder, having become familiar with this IFB agrees to furnish the goods and/or services in accordance with this IFB.

Bidder Name: Superior Crushed Stone, Lc

ITEM #	DESCRIPTION	Estimated Quantity	UNIT	UNIT PRICE
1	Flexible Base, TxDOT Item 247, Type A Grade 1	80,000	TON	\$5.50
2	Flexible Base, TxDOT Item 247, Type A Grade 2	160,000	TON	\$4.75
3	Flexible Base, TxDOT Item 247, Type E Grade 4, Mod 1	40,000	TON	\$4.75
4	Flexible Base, TxDOT Item 247, Type E Grade 4, Mod 2	80,000	TON	\$4.75

Schedule "A" – continued

Cooperative Purchasing Program

Check one of the following options below. A non-affirmative Bid will in no way have a negative impact on the evaluation of the Bid.

- ☒ I will offer the quoted prices to all authorized entities during the term of the contract.
- ☐ I will not offer the quoted prices to all authorized entities.

The undersigned hereby certifies that he or she has read the terms of this IFB and understands that this Price Sheet (Schedule "A") is a part of a complete IFB package which he or she has carefully read and understands. The undersigned acknowledges that Williamson County reserves the right to waive any informality in or to reject any or all Bids. The undersigned further agrees that this bid is valid for ninety (90) calendar days from the deadline for submittal of bid to Williamson County.

Bidder
Name:

Superior Crushed Stone, LC

Address:

501 County Road 344 Jarrell, TX 76537

Telephone:

512-746-5800

Email: jschuler@superiorcrushedstone.com

Contact Name (please print):

John Schuler

Authorized Signature:

John Schuler

Title or Representative Capacity of Signer:

Manager

State of Incorporation/Organization or Primary Place of Business:

Texas, Williamson County

Schedule "D"

Bidder References

-Required as a part of Step 2-

THIS FORM MUST BE COMPLETED AND RETURNED IN ACCORDANCE WITH SCHEDULE "C" OF THIS IFB
List the last (3) companies or governmental agencies, where the same or similar goods and/or services as contained in this IFB package, were recently provided by Bidder.

Reference 1

Client Name: Austin Filter Systems Location: Austin, TX
City or County
Contact Name: Mark Tounge Title: President
Phone: 512-331-6673 Email: markafs@gotsky.com
Contract Dates: 12/05 present Contract Value: \$ 250,000
Start End
Scope of Work: furnish limestone materials

Reference 2

Client Name: City of College Station Location: College Station, TX
City or County
Contact Name: Heather Pavelka Title: Buyer
Phone: 979-764-3437 Email: hpavelka@cs.tx.gov
Contract Dates: 6/13 6/15 Contract Value: \$ 462,000
Start End
Scope of Work: furnish limestone materials

Reference 3

Client Name: Texas Dept of Trans Location: Austin, TX
City or County
Contact Name: Manuel Perez Title: Purchasing
Phone: 512-463-9924 Email: manuel.perez@cpa.state.tx.us
Contract Dates: 6/12 present Contract Value: \$ 200,000
Start End
Scope of Work: furnish limestone materials

SCHEDULE "E"
CONFLICT OF INTEREST QUESTIONNAIRE

For Bidder or other person doing business with local government entity	
<p>This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.</p> <p>By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006 Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.0006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY
<p>1. Name of person doing business with local governmental entity.</p> <p style="text-align: center; font-size: 1.2em;"><i>None</i></p>	
<p>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p style="margin-left: 40px;">(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>	
<p>3. Describe each affiliation or business relationship with an employee or contractor of the local government entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.</p> <p style="text-align: center; font-size: 1.2em;"><i>None</i></p>	
<p>4. Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.</p> <p style="text-align: center; font-size: 1.2em;"><i>None</i></p>	
<div style="display: flex; justify-content: space-between;"><div>CONFLICT OF INTEREST QUESTIONNAIRE CIQ</div><div style="text-align: right;">FORM Page</div></div>	

2

For Bidder or other person doing business with local government entity

5. Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

- A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

☐ Yes ☐ No

- B. Is the filer of the questionnaire receive or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local government entity?

☐ Yes ☐ No

- C. Is the filer of the questionnaire affiliated with a Corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

☐ Yes ☐ No

- D. Describe each affiliation or business relationship:

6. Describe any other affiliation or business relationship that might cause a conflict of interest.

None

7.

Bidder
Name:

Superior Crushed Stone, LC

Authorized

John W. Stahl

Signature: _____

Title

or

Representative

Capacity

of

Signer: _____

Date:

5-7-

, 20

14

SCHEDULE "F"
BID AFFIDAVIT/ACKNOWLEDGMENT OF ADDENDA

ACKNOWLEDGMENT OF ADDENDA

RESPONDENT HEREBY ACKNOWLEDGES RECEIPT OF ALL ADDENDA THROUGH AND INCLUDING:

INITIAL AND ACKNOWLEDGE # OF ADDENDA IN BLANK

ADDENDUM # _____ ADDENDUM # _____ ADDENDUM # _____ ADDENDUM # _____

The undersigned certifies that the IFB and the Bidder's Bid have been carefully reviewed and are submitted as correct and final. Bidder further certifies and agrees to furnish any and/or all goods and/or services upon which prices are extended at the price Bid, and upon the conditions contained in the IFB.

STATE OF Texas COUNTY OF Travis

BEFORE ME, the undersigned authority, a Notary Public in and for the State of Texas, on this

day personally appeared John W. Schuler (Name of Signer), who after being by me duly sworn, did depose and say:

"I, John W. Schuler (Name of Signer) am a duly authorized officer of/agent for Superior Crushed Stone (Name of Bidder) and have been duly authorized to execute the foregoing on behalf of the said Superior Crushed Stone (Name of Bidder).

I hereby certify that the foregoing Bid has not been prepared in collusion with any other Bidder or other person or persons engaged in the same line of business prior to the official opening of this Bid. Further, I certify that the Bidder is not now, nor has been for the past six (6) months, directly or indirectly concerned in any pool or agreement or combination, to control the price of services/commodities Bid on, or to influence any person or persons to submit a Bid or not to submit a Bid thereon."

Name and Address of Bidder:

Superior Crushed Stone, LC 501 CR344 Jawell, TX 76537

Fax: 512-746-5131

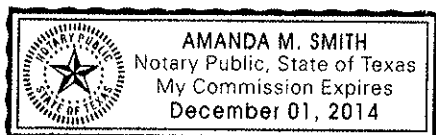
Telephone#: 512-746-5800

By: John W. Schuler

Printed Name: John W. Schuler

Title: Manager

SUBSCRIBED AND SWORN to before me by the above-named John W. Schuler on this the 7th day of May, 2014.



[Signature]
Notary Public in and for
the State of Texas



CERTIFICATE OF LIABILITY INSURANCE

AUSTINE

DATE (MM/DD/YYYY)

05/07/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Time Insurance Agency, Inc. 1405 East Riverside Drive Austin, TX 78741 Time Insurance Agency, Inc.		CONTACT NAME: Time Insurance Agency, Inc. PHONE (A/C, No, Ext): 512-447-7773 E-MAIL ADDRESS:		FAX (A/C, No): 512-440-0989
INSURED Superior Crushed Stone, LC 1405 Riverside Austin, TX 78741		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : American States of Texas		19712
		INSURER B : American States Insurance Co		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:


THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		04CC14924990	05/03/2014	05/04/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		04CC20410970	05/03/2014	05/03/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$			08CC69835213	05/03/2014	05/03/2015	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WC6881405	05/03/2014	05/03/2015	<input checked="" type="checkbox"/> PER STATUTE E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Williamson County is named additional insured as required by written contract with regard to automobile & general liability. 10 Day Notice of reduction, restriction or limitation of coverage endorsement in favor of Williamson County applies.

CERTIFICATE HOLDER

CANCELLATION

WILLC-1 Williamson County 901 South Austin Avenue Georgetown, TX 78625	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Franchise Tax Account Status

As of: 05/07/2014 10:53:50 AM

This Page is Not Sufficient for Filings with the Secretary of State

SUPERIOR CRUSHED STONE, L.C.	
Texas Taxpayer Number	32016845128
Mailing Address	1405 E RIVERSIDE DR AUSTIN, TX 78741-1137
Right to Transact Business in Texas	ACTIVE
State of Formation	TX
Effective SOS Registration Date	02/24/2005
Texas SOS File Number	0800458497
Registered Agent Name	JOHN W. SCHULER
Registered Office Street Address	1405 E. RIVERSIDE DR. AUSTIN, TX 78741



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WILLIAMSON COUNTY
PURCHASING DEPARTMENT
901 South Austin Ave
GEORGETOWN, TEXAS 78626

Time-Stamp Certification for receipt of all other incoming packages or interoffice mail

This is to certify that I, (mark the appropriate box)

- ☐ Bob Space
- ☐ Brenda Fuller
- ☐ Connie Singleton
- ☐ Elsie Boyd
- ☐ Kerstin Hancock
- ☒ Peggy Wooldridge
- ☐ Rachel Silva

Received the package from Superior Crushed Stone

At the date and time stamped at the bottom of this form.

Signature when completed: _____

Printed Name: _____

Date when completed: _____

Time-Stamp

RECD PM12:58 7 MAY'14