

# ***Bid Package For Chemicals***



***City of Sevierville  
Water & Sewer Department  
120 Gary Wade Boulevard  
P. O. Box 5500  
Sevierville, TN 37864-5500  
Phone: (865) 453-5504  
Fax: (865) 453-5518  
Contact: Shane Carr  
Email: [scarr@seviervillekn.org](mailto:scarr@seviervillekn.org)  
Contact: Tonya Townsend  
Email: [ttownsend@seviervillekn.org](mailto:ttownsend@seviervillekn.org)***

***May 2024***

## INFORMATION FOR BIDDERS

### RECEIPT AND OPENING OF BIDS

The City of Sevierville, Tennessee (herein called the "Owner") invites bids on the form(s) attached hereto for **CHEMICALS**. The Owner will **RECEIVE BIDS UNTIL MAY 16, 2024 at 3:00 PM**, at Sevierville City Hall, 120 Gary Wade Boulevard, Sevierville, Tennessee 37862 (Mailing address: P. O. Box 5500, Sevierville, Tennessee, 37864-5500). Bids will then be publicly opened and read aloud at Sevierville City Hall, 120 Gary Wade Boulevard, Sevierville, Tennessee. The envelope containing the bid must be sealed, addressed to Tracy Baker, Assistant City Administrator and must bear the following information:

Name of Bidder  
Bidder's Address  
Date and Time of Bid Opening  
Bid Enclosed: **CHEMICALS**

**NOTE:** Each bidder shall submit **three (3) copies** of the completed bid packet or bid packet may be rejected.

The Owner may consider informal any bid not prepared and submitted in accordance with the provisions hereof, and may waive any informality or reject any and all bids. Any bid received after the time and date specified shall not be considered.

### QUALIFICATIONS OF BIDDERS

The Owner may make such investigations as he/she deems necessary to determine the ability of the Bidder to supply the necessary chemicals, and the Bidder shall furnish to the Owner all such information and data for the purpose as the Owner may request. The Owner reserves the right to reject any bid if the evidence submitted by, or investigation of, such Bidder fails to satisfy the Owner that such Bidder is properly qualified to carry out the obligation of the contract by supplying the chemicals contemplated therein. Conditional bids will not be accepted.

### METHOD OF AWARD - LOWEST QUALIFIED BIDDER

If at the time this contract is to be awarded the lowest base bid submitted by a responsible Bidder does not exceed the amount of funds then estimated by the Owner as available to finance the contract, then the contract will be awarded on the bid. If such bid exceeds such amount, the Owner may reject all bids or may award the contract on the lowest bid with such deductible alternates to produce a net amount that is within the available funds.

**Award(s) will be based on the low evaluated bidder per schedule.**

In evaluating bids, the Water and Sewer Department will consider the chemical's performance standards with regard to specific application, whether or not the bids comply with the minimum requirements, and such alternates, unit prices, availability and any other data the bidder may provide with his bid. This may be done by means of past experience or research. Initial cost may not determine low bid. In case of error or discrepancy in the mathematics of the bid price, the unit prices shall prevail.

### QUANTITIES AND LENGTH OF CONTRACT

This contract is for the delivery of chemicals. This contract is for the fiscal year 2024-2025, approximately July 1, 2024 — June 30, 2025, and may be renewed on an annual basis in one (1) year

increments up to three (3) additional years if all terms, conditions, and prices remain unchanged and both parties are in written agreement. Prices contained herein are to be firm for the term of the contract. The Owner reserves the right to re-bid anytime during the term of the contract. Quantities listed are approximations; actual orders will be based on need and budget availability.

#### OBLIGATION OF BIDDERS

At the time of the opening of bids, each Bidder will be presumed to have read and to be thoroughly familiar with the specifications. The failure or omission of any Bidder to examine all the forms, instruments, and documents shall in no way relieve the Bidder from any obligation in respect to his/her bid.

Each Bidder is requested to fill out and return the attached Title VI Information, vendor information sheet, and the W-9 as a part of the bid package.

#### VENDOR INFORMATION

All chemicals supplied under this annual supply purchase must be approved by the State of Tennessee, Department of Environment and Conservation for use in the specific application. Adequate vendor information shall be included with the bid for determination of meeting the specifications. Any exceptions shall be explained in writing and submitted as a part of the bid package.

#### SHIPPING/DELIVERY

Delivery FOB to the McCroskey Island Water Treatment Plant at 2287 McCroskey Island Road, Sevierville, Tennessee 37876. Any and all shipping and/or handling charges, fuel surcharges and additional delivery fees are to be included in the bid price.

#### INSURANCE COVERAGE REQUIREMENTS

These coverage requirements apply to Vendors providing products and services:

**Commercial General Liability Insurance** - \$1,000,000 limit per occurrence for property damage and bodily injury including coverage for products liability and completed operations. The service provider should indicate in its certificate whether the coverage is provided on a claims-made or preferably on an occurrence basis.

Business Automobile Liability Insurance - \$1,000,000 limit per accident for property damage and bodily injury liability.

#### CONDITIONS FOR ALL COVERAGES

Additional Insured: The City of Sevierville, its Board of Mayor and Aldermen, and all officers, employees, agents, representatives, boards, commissions, committees, and volunteers (hereinafter referred to as Owner) are to be covered as Additional Insured respecting: liability arising out of activities performed by or on behalf of the Vendor; products and completed operations of the Vendor; premises owned, leased or used by the Vendor or premises on which Vendor is performing services on behalf of the Owner. The coverage shall contain no special limitations on the scope of protection afforded to the Owner.

Notice of Cancellation or Non-renewal: Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, cancelled, reduced in coverage or in limits except after thirty (30) days prior written notice has been given to the Department Head authorizing this service and/or to the Risk Manager for the Owner.

Acceptability of Insurers: Insurance is to be placed with financially sound Tennessee admitted insurers (Best's rating of A or better) or approved by Owner's Risk Manager. City of Sevierville Risk Manager: Rebecca Nowack, phone 453-5504.

Certificates of Insurance: Vendor shall furnish the Owner with certificates of insurance with original endorsements affecting coverage required by this clause. The certificates and endorsements for each policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. The certificates and endorsements are to be received and approved by the Owner before work commences. The certificates of insurance should be directed to Rebecca Nowack, Risk Manager.

#### IRAN DIVESTMENT ACT

By submission of this bid, each bidder and each person signing on behalf of any bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief that each bidder is not on the list created pursuant to § 12-15-106.

## BID FORM FOR CHEMICALS

Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Business License # \_\_\_\_\_ City: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Delivery Date: \_\_\_\_\_

### Water Treatment Plant/Wastewater

Item Description	Approximate Units Ordered at A Time	Approximate Units Ordered Yearly	Unit Price	Total Price
<b>Sodium Hypochlorite (12.5%) Bulk (4,800 gallons)</b>	<b>Every 4 weeks</b>	<b>124,800 gallons</b>		
<b>Sodium Chloride (Salt)</b>	<b>Every 4 weeks</b>	<b>25 tons (Bulk)</b>		

Must conform to AWWA and ANSI Standard 60 Requirements.

It is further understood and agreed by the undersigned in submitting this proposal that the Owner reserves the following rights and privileges:

- a. To accept or reject any or all bids, and/or waives any of the informalities in the bidding.
- b. To reject all items of equipment and materials which do not conform to or exceed these specifications, without altering bid price of this proposal.

- c. To re-bid anytime during the term of the contract.

**NOTES:**

1. Bidder shall not add any conditions or qualifying statements to this bid, except as provided herein, as otherwise the bid may be declared irregular as not being responsive to the Advertisement for Bids.
2. Liquid per delivery volume must be specified in gallons. (Example: 1 tote = 330 gals, 1 tanker load = 4500 gals.)
3. Any Fuel Surcharges, Transportation fees and additional delivery charges, etc., must be calculated and included in the bid price. There shall be no additional charges.

If you have questions regarding the specifications contained in this bid package, please contact:

**Shane Carr, Chief Operator, Water Treatment Plant**  
**(865) 868-1539 / (865) 868-1541 fax**  
**scarr@seviervilletn.org**

Bid Submitted by:

_____ Authorized Signature	_____ Name (Printed)
_____ Title	_____ Date

## TITLE VI INFORMATION

It is the policy of the City of Sevierville to ensure compliance with Title VI of the Civil Rights Act of 1964: 49 CFR, Part 21; related statutes and regulations to that end that no person shall be excluded from participation in or be denied benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance or any other funding source on the grounds of race, color, sex, national origin, or ancestry. By virtue of submitting a response to this solicitation, bidders agree to comply with the same non-discrimination policy.

Bid Item/Project Name: \_\_\_\_\_

Bid Date: \_\_\_\_\_

\*For Title VI and IX compliance, we ask for voluntary disclosure of the following information for the majority owner of the business:

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African American
	<input type="checkbox"/> Other (please specify)	_____

Company Name: \_\_\_\_\_

The City of Sevierville does not discriminate based on race, color, or national origin in federal or state sponsored programs, pursuant to Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d.).

**BUSINESS TAX & LICENSE AFFIDAVIT**  
**Tennessee Code Annotated § 5-14-108(1)**

The undersigned states that they have legal authority to swear this on behalf of \_\_\_\_\_,  
Name of firm or individual

in violation of Tennessee Code Annotated § 5-14-108(1) which states, *"No purchase shall be made or purchase order or contract of purchase issued for tangible personal property or services by employees, acting in their official capacity, from any firm or individual whose business tax or license is delinquent. "*

**Please check one of the following:**

- ☐ Affiant affirms and warrants that their business license status is currently valid, and all appropriate Tennessee business taxes have been paid and are current as of the date of this affidavit.
- ☐ Affiant affirms and warrants that their business is exempt from obtaining a business license in the state of Tennessee.

**BUSINESS**

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Witness**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





P.O. Box 5500  
Sevierville, TN 37864-5500  
865-453-5504 \* Fax 865-453-5518

## VENDOR INFORMATION FORM

Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Business License Number: \_\_\_\_\_

County and State of License: \_\_\_\_\_

Primary Business Address: \_\_\_\_\_

\_\_\_\_\_

Primary Shipping Address: \_\_\_\_\_

\_\_\_\_\_

Primary Remittance Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Corporation, Sole Proprietor, or Partnership: \_\_\_\_\_

(If the business is a sole proprietor the owner's name): \_\_\_\_\_

If business license number is not available, please fill out the Business Tax & License Affidavit.

NEW VENDORS WILL BE ADDED AFTER RECEIPT OF THIS COMPLETED FORM AND VERIFICATION OF A CURRENT BUSINESS LICENSE. VENDORS WITHOUT A CURRENT BUSINESS LICENSE WILL NOT BE ACCEPTED. IT IS THE RESPONSIBILITY OF THE FINANCE DEPARTMENT TO ENTER AND UPDATE ALL VENDOR INFORMATION.

Revised 3/29/2021

**Request for Taxpayer  
Identification Number and Certification**

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type. See Specific Instructions on page 3.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	
	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i>	
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>									
				-			-		
<b>or</b>									
<b>Employer identification number</b>									
				-					

**Part II Certification**

Under penalties of perjury, I certify that:

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

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

<b>Sign Here</b>	Signature of U.S. person ►	Date ►

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.  
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.