

TO: HUMAN RESOURCES AND PUBLIC WORKS COMMITTEE
Board of Commissioners

FROM: Facilities Director

DATE: Friday, May 10, 2019

RE: Work session agenda; Tuesday, May 21, 2019

BACKGROUND

The shingles at Isabella County's Non-Secure Building have reached the end of their rated life and are visibly worn. Areas of the roof decking show signs of water damage due to the worn shingles. Requests for proposals were advertised for the roof repair and shingle replacement.

ALTERNATIVES

None

FINANCIAL IMPACT

The 2018-2019 budget allowed for the re-shingle and repair of the roof.

OTHER CONSIDERATIONS

Delay of shingle replacement will increase damage to the roof structure and interior ceilings.

RECOMMENDATIONS

1. Move to approve Hometown Builders proposal for shingle replacement and roof repair in the amount of \$12,798.00.

ATTACHMENTS

RFP response enclosed

Hometowne Builders L.L.C.

1721 W. River Rd.
Mt. Pleasant, MI 48858
(989) 773-0784

Estimate

Date	Estimate #
4/17/2019	922

Name / Address
Isabella County County Administrator 200 North Main St Suite 205 Mt. Pleasant MI 48858

			Project
Description	Qty	Cost	Total
project at 1510 E. Blanchard Rd. Shepherd MI 48883 labor and materials to strip one layer of existing shingles. install new dripedge, iceguard, 30# roofing felt, Certainteed Landmark Pro dimensional shingles, and ridgevent. Replace all plumbing vent flashings. Gutters will be cleaned at end of project. Magnet will be run around yard and driveway several times daily to pick up stray nails. Disposal of debris and building permit are included. deposit of \$6000.00 is required to order materials. Balance due upon completion and satisfaction.		12,798.00	12,798.00
Thank you for the oppurtunity to bid your project.		Total	\$12,798.00

Customer Signature _____

EXHIBIT A
CERTIFICATIONS AND ASSURANCES

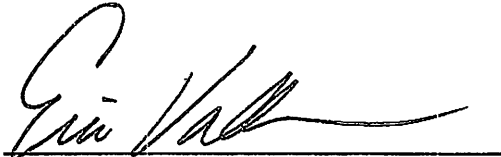
THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL
FAILURE TO SUBMIT THIS COMPLETED FORM MAY
RESULT IN DISQUALIFICATION

Firm Name: Homefour Builders LLC

I/we make the following statement of assurances as a required element of the proposal to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. The prices and/or data have been determined independently, without consultation, communication, or agreement with other proposers for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single proposal.
2. The attached proposal is a firm offer for a period of one hundred twenty (120) days following receipt, and it may be accepted by Isabella County without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the one hundred twenty (120) day period.
3. In preparing this proposal, I/we have not been assisted by any current or former employee of Isabella County whose duties relate (or did relate) to this proposal or prospective contract, and who was assisting in other than his or her official, public capacity. Neither does such a person nor any member of his or her immediate family have any financial interest in the outcome of this proposal. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
4. I/we understand that Isabella County will not reimburse me/us for any costs incurred in the preparation of this proposal. All proposals become the property of Isabella County, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
5. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the proposer and will not knowingly be disclosed by him/her prior to opening, in the case of a proposal directly or indirectly to any other proposer or to any competitor.
6. No attempt has been made or will be made by the proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents.
8. I/we acknowledge communication of any kind regarding my/our proposal directed to parties other than the County Administrator/Controller may result in my/our disqualification.
9. I/we warrant that no conflict of interest knowingly exists for any member of the project team that contributed to this proposal or prospective contract.
10. I/we certify that I/we shall procure and maintain Workers' Compensation Insurance, including Employer's Liability Coverage, in accordance with all applicable statutes of the State of Michigan during the duration of this prospective contract.
11. I/we certify that I/we shall procure and maintain Professional Liability Insurance (errors and omissions) with limits of liability of not less than \$1,000,000 per claim and aggregate during the duration of, and a minimum of three (3) years beyond the completion of, this proposed contract.

12. I/we certify that I/we shall procure and maintain Comprehensive General Liability Insurance on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and/or aggregate combined single limit, covering Personal Injury, Bodily Injury and Property Damage during the duration of this prospective contract.
13. I/we certify that I/we shall procure and maintain Motor Vehicle Liability Insurance, including applicable Michigan No-Fault coverages, with limits of liability not less than \$1,000,000 per occurrence combined single limit for Personal Injury, Bodily Injury and Property Damage during the duration of this prospective contract.
14. I/we certify that the General Liability Insurance and the Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following shall be "Additional Insureds": Isabella County, including all elected and appointed officials, all employees and volunteers, all boards, commissions and/or authorities and their board members, including employees and volunteers thereof during the duration of this prospective contract.
15. I/we certify that the Workers' Compensation Insurance, General Liability Insurance and the Motor Vehicle Liability Insurance, as described above, shall include an endorsement stating the following: Thirty (30) days advance written notice of cancellation or non-renewal shall be sent to: Isabella County Administrator/Controller's Office, 200 N. Main Street, Suite 205, Mt. Pleasant, MI 48858.



Signature

4-20-19

Date

Sole member

Title

EXHIBIT B
CHECKLIST FOR RESPONSIVENESS

Yes Proposal was submitted on or before 4-22-19.

Yes Required number of proposal copies were submitted.

Yes Proposal was formatted into eight major sections: Letter of Submittal, including signed Certifications and Assurances; Checklist for Responsiveness; Detailed Non-Secure Roof Replacement Proposal; Cost Proposal; Certificate of Compliance with Public Act 517 of 2012; Request for Taxpayer Identification Number and Certification; References; and Performance Bond and Payment Bond, if required.

Yes Respondent meets the following qualifications:

1. Licensed to do business in the State of Michigan.
2. Will comply with the Certifications and Assurances set forth in Exhibit A.
3. Submit proposals as specified in this RFP.

Yes Letter of Submittal and Certifications and Assurances were signed by an individual authorized to bind the Proposer to a contractual relationship, e.g., the President or Executive Director of a corporation, the managing partner of a partnership, or the sole proprietor of a sole proprietorship.

Yes At least three (3) references from three (3) clients have been provided.

**** PLEASE NOTE:** Respondent is required to complete this checklist and include it with their proposal. "Yes" answers must be given to each element above for the proposal to be considered responsive.

EXHIBIT C
CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 517 OF 2012

I certify that neither Hometown Builders LLC (Company), nor any of its successors, parent companies, subsidiaries, or companies under common control, are an "Iran linked business" engaged in investment activities of \$20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. In the event it is awarded a Contract as a result of this Request for Proposals, Company will not become an "Iran linked business" during the course of performing the work under the Contract.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN \$250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

Hometown Builders LLC
(Name of Company)

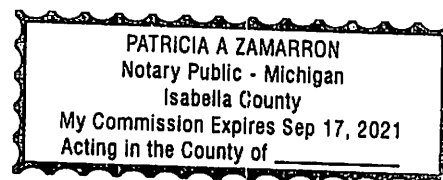
By: Eric Vall

Date: 4-22-19

Title: Sole Member

Subscribed to and sworn before me,
a Notary Public, on this 22nd day of April, 20 19

Patricia A. Zamarron
Patricia A. Zamarron Notary Public
Isabella County, State of Michigan
Acting in _____ County, Michigan
My Commission Expires: 9-17-2021



Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income-tax return). Name is required on this line; do not leave this line blank. Home Towne Borders LLC		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input checked="" 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) ▶ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 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>	
5 Address (number, street, and apt. or suite no.) 1721 W. River Rd	Requester's name and address (optional)	
6 City, state, and ZIP code Mt. Pleasant MI 48858		
7 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	
30	0948452

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 on page 3.

Sign Here	Signature of U.S. person ▶ [Signature]	Date ▶ 4-22-19
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Hometowne Builders,LLC.

1721 W River Road
Mt. Pleasant MI 48858
989-773-0784

Letter of submittal

April 22,2019

1. Hometowne Builders LLC
1721 W. River Rd
Mt. Pleasant MI 48858
989-773-0784
eric@hometownebuildersmp.com

2. Sole member of LLC is Eric Vollmar
1721 W. River Rd
Mt. Pleasant MI 48858
989-560-5106 cell
eric@hometownebuildersmp.com

9. Crew members that will be on the job are as follows:

Michael Rankin crew leader

Gary Ellison crew leader

Dale cates

Bryan Hanley

Russell Stevens

Rob Maynard

10. week 1 after acceptance; pull permits and order materials

Work to commence 2-3 weeks after acceptance of proposal

Work to be completed within 1 week of commencement

Roofing references

Lebra Enterprises

P.O. Box 982

Mt. Pleasant MI 48858

989-773-5034

Job site address 1500-1522 E. Gaylord st. Mt. Pleasant

Bob Mead

2373 W. River Rd

Mt. Pleasant MI 48858

989-351-9950

Job site address 2373 W. River Rd

Jan Kile

4385 E. Walton Rd

Shepherd MI 48883

Job site address 4385 E. Walton Rd.