Isabella County Request for Bids

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ISABELLA COUNTY BOARD OF COMMISSIONERS

REQUEST FOR BIDS

Seasonal Snow Removal, Bid #3
September 3, 2026

Section A – General Information

Isabella County is requesting bids from qualified professional firms for the provision of Seasonal Snow Removal.

The County desires to have seasonal snow removal performed on its parking lots, driveways, sidewalks and building entrances in a timely manner to provide safe and convenient access to its operations. To accomplish this, the snow must be removed by 7:00 a.m. after each snow event, starting October 1, 2026 and ending April 15, 2027.

Section B – Information about the Request

1) Two (2) copies of the bid should be provided in a sealed envelope clearly marked "Bids for Seasonal Snow Removal Bid #3 – Isabella County" and will be accepted at:
   Isabella County Administration Office
   510 W. Pickard St.
   Mt. Pleasant, MI 48858

   In addition, one (1) PDF copy of the bid should be emailed to the Administrator/Controller, Brian A. Smith at bsmith@isabellacounty.org.

2) Bids will be accepted through 12:00 p.m. on September 30, 2026. Submitted bids will not be opened until after the deadline.

3) A mandatory site visit and pre-bid meeting will be held on September 18, 2026, at 11:00 a.m., in the conference room of the Isabella County Administration Office, located at 510 E. Pickard St., Mt. Pleasant, MI 48858. This meeting will be the only opportunity for prospective bidders to ask questions regarding bids.

4) Questions about Isabella County or this bid should be directed to the contact person regarding the RFB: Steve Schumacher, Facilities Director
Ph. (989)-330-7701
facilitiesdirector@isabellacounty.org

5) Isabella County reserves the right to reject any and all bids submitted. This RFB does not obligate the Isabella County Board of Commissioners to award a contract for services specified herein.

6) The Isabella County Board of Commissioners or its delegate(s) will make the final selection of Snow Removal Bid #3 based on evaluation of all responses, qualifications, approach, thoroughness and pricing.

Section C – Background & Description of the Seasonal Snow Removal Bid #3

Bids for Seasonal Snow Removal Bid #3 should address the following objectives, which are not necessarily all-inclusive:

County-owned parking lots subject to this RFB are located as follows:

Lot #1: Location: Animal Control Shelter; 1105 S. Isabella Road **24 hours/7 days** All paved parking and driveway area, also includes walkways.

Lot #2 Location: Isabella County Public Defender Office; 2885 Health Parkway **5 days per week.** All paved parking lots and paved drive areas located on this site, also includes all walkways.

Lot #3: Location: Materials Recovery Facility (MRF); 4208 E. River Road **6 days per week** Monday-Friday 7:00 a.m. to 4:30 p.m. and Saturday 7:00 a.m. to 1:30 p.m. All paved parking lots and paved drive areas located on this site. Also includes all walkways.

Task 1: General Snow Removal

Objective: Remove accumulated snow from the three described parking lots in order to permit safe passage to and from County facilities.

Deliverable 1.1 Snow and sleet shall be removed from the designated traffic areas of the three described parking lots by 7:00 a.m. on all work days and any other days that the operational facilities must be accessible when a two (2) inch deep or more accumulation of snow or sleet has fallen by the early morning hours. Normally, County facilities are open Monday through Friday, 8:00 a.m. through 4:30 p.m., except for designated holidays.

Deliverable 1.2 The Contractor shall be responsible for repairs and/or replacement of all sod, shrubs, curbing, fixtures or any other item that is damaged by snow removal operations. This work shall be completed by April 15th of the following year. The last payment shall be withheld until work is inspected and verified completed.

Deliverable 1.3 The Isabella County Facilities Director or Administrator/Controller may require

additional snow removal and/or salt applications upon short notice due to weather conditions. The Contractor will be required to respond in a timely manner.

Task 2: Snow Removal During Work Hours

Objective: Remove accumulated snow in order to permit safe passage to and from county facilities.

Deliverable 2.1 During the workday accumulated snow shall be removed from driving lanes and parking lot entrances of each facility on an "as needed" basis whenever snow accumulates to a depth of two (2) inches.

Task 3: Snow and Sleet Removal from Sidewalks

Objective: Remove accumulated snow and sleet in order to permit safe passage to and from County facilities if needed.

Deliverable 3.1 Snow and sleet shall be removed from sidewalks whenever snow is removed from traffic areas.

Task 4: Salt Application to Parking Lots and Driveways

Objective: Apply salt to parking lots to melt accumulated ice in order to permit safe passage to and from county facilities.

Deliverable 4.1 Salt shall be applied to parking lots at an application rate sufficient to melt accumulated ice. Salt material shall meet MDOT specifications and shall be applied only on an "as needed" basis.

Task 5: Salt Application to Sidewalks

Objective: Apply salt to sidewalks to melt accumulated ice in order to permit safe passage to and from County facilities.

Deliverable 5.1 Salt shall be applied to sidewalks at an application rate sufficient to melt accumulated ice. Material applied to walkways shall be a compressed granule type material made of calcium chloride/potassium chloride combination. The material shall be ICEMELTOR manufactured by EVCO Premium or equivalent. ECO-SAFE would be an equivalent.

Task 6: Additional Requirements

1. The seasonal snow removal activities must be fully compliant with the Americans with Disabilities Act (ADA) and specifically as it relates to governmental services, if applicable.

2. Snow removal invoices are to be sent to the County for services performed on January 1st, February 1st and at the end of the snowfall season.

3. Payments for seasonal snow removal shall be withheld until work is inspected and verified through Snow Removal Log Sheets.

4. The bid shall include a description of any training materials that will be provided to the County for use by end users of the seasonal snow removal, if applicable.

5. The bid shall include the procedure to be used for testing and validation of the Seasonal Snow Removal Bid #3 prior to its final endorsement.

Section D – Mandatory Qualifications of the Bidder

1) The bidder is properly licensed to do business in the State of Michigan.

2) The bidder possesses the necessary qualifications and competencies to perform the work proposed.

Section E – RFB Response

Firms responding to the RFB will be expected to include a technical bid to demonstrate the qualifications, competence and capacity of the firm seeking to undertake the Seasonal Snow Removal Bid #3. Substance of the bid will have more impact than the form or manner of the presentation. The bid must contain, *at a minimum*, the following information:

1. Signed Certifications and Assurances (Exhibit A & B of this RFB)
2. Detailed Cost Bid (Exhibit C of this RFB)
3. Request for Taxpayer Identification Number and Certification (IRS Form W-9)
4. References (at least three (3) of similar size and complexity)
5. Bid Bond, if required

Scheduling

The successful firm will be required to demonstrate through its bid documents and finalizing discussion, that it has a timeline for a plan of action that will assuredly allocate the necessary resources of the firm to respond with seasonal snow removal to the County by that date.

Seasonal snow removal shall occur on all work days and any other days that the operational facilities must be accessible when a two (2) inch deep or more accumulation of snow or sleet has fallen by the early morning hours except on the following County observed holidays:

****Except for Holidays which are listed as the following:**

Holidays	2026	2027
New Year's Day	01/01/26	01/01/27

MLK Day	01/20/26	01/18/27
Presidents Day	02/17/26	02/15/27
Good Friday	04/03/26	03/26/27
Veteran’s Day / Veteran’s Day Observance	11/11/26	11/11/27
Thanksgiving	11/27/26	11/25/27
Day after Thanksgiving	11/28/26	11/26/27
Christmas Eve / Christmas Eve Observance	12/24/26	12/23/27
Christmas Day / Christmas Day Observance	12/25/26	12/24/27
New Year’s Eve / New Year's Eve Observance	12/31/26	12/31/27

Section F – Bidder Warranties

The bidder will warrant that it will not delegate or subcontract its responsibilities under agreement without prior written permission of Isabella County.

Additionally, the bidder will warrant that all information provided by it in connection with this bid is true and accurate to the best of its knowledge.

Section G – Contractual Arrangements

Invoices for services will be paid within 30 days from receipt. The total amount invoiced is not to exceed the bid amount unless Isabella County has approved other arrangements.

Section H – Bonding Requirements, if applicable

Bid Bond – Each Bid must be accompanied by a bid guarantee in an amount equal to five percent (5%) of the total bid amount. Guarantee shall be in the form of a bid bond executed by an approved surety company, made payable to the County of Isabella. Bid guarantee shall run for a period of not less than ninety (90) days and shall be maintained during the period of time under contract for this procurement. If the successful bidder fails to furnish satisfactory Performance and Payment Bonds and insurance certificates within ten (10) business days after receipt of notice of award, such guarantee shall be forfeited to the County as liquidated damages.

Performance Bond – The successful bidder shall procure and maintain during the period of time under contract for this procurement, a Performance Bond to secure the faithful and complete performance of the contract. The Performance Bond shall be in an amount equal to 100% of the contract amount. The successful bidder shall furnish a satisfactory Performance Bond to Isabella County within ten (10) business days after receipt of notice of award.

Labor and Material Bond/Payment Bond – If not included in the Performance Bond, the successful bidder shall procure and maintain during the period of time under contract for this procurement, a Labor and Material Bond/Payment Bond, to Secure payment by the contractor of all sums due subcontractors, suppliers, laborers, workers and material providers. The bond shall be in an amount equal to 100% of the contract amount. The successful bidder shall furnish a satisfactory Labor and Material Bond/Payment Bond to Isabella County within ten (10) business days after receipt of notice of award.

EXHIBIT A

CERTIFICATIONS AND ASSURANCES

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

Firm Name: _____

I/we make the following statement of assurances as a required element of the bid 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 bidders for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single bid.

2. The attached bid 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 bid, I/we have not been assisted by any current or former employee of Isabella County whose duties relate (or did relate) to this bid 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 bid. (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 bid. All bids 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 bid.

5. Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the bidder and will not knowingly be disclosed by him/her prior to opening, in the case of a bid directly or indirectly to any other bidder or to any competitor.

6. No attempt has been made or will be made by the bidder to induce any other person or firm to submit or not to submit a bid for the purpose of restricting competition.

7. I/we agree that submission of the attached bid constitutes acceptance of the solicitation contents.

8. I/we acknowledge communication of any kind regarding my/our bid 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 bid or prospective contract.

10. I/we acknowledge that I/we shall not commence work until I/we have obtained the insurance required in items 11-18. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan and is placed with insurance companies acceptable to Isabella County.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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. It is understood and agreed by naming Isabella County as additional insured, coverage afforded is considered to be primary and any other insurance Isabella County may have in effect shall be considered secondary and/or excess.

16. I/we certify that all policies, as described above, shall include an endorsement stating that it is understood and agreed that Thirty (30) days Advance Written Notice of Cancellation, Ten (10) days for non-payment of premium, shall be sent to: Isabella County Administrator/Controller's Office, 200 N. Main Street, Suite 205, Mt. Pleasant, MI 48858.

17. I/we certify that if any of the above coverages expire during the term of the contract, I/we shall deliver renewal certificates and/or policies to Isabella County at least Ten (10) days prior to the expiration date.

18. I/we certify that I/we shall provide Isabella County at the time of execution of the contracts, a copy of Certificates of Insurance as well as required endorsements for all coverage listed above.

_____ _____

Signature Date

_____

Title

EXHIBIT B
CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 517 OF 2012

I certify that neither _____ (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.

_____
(Name of Company)

By: _____

Date: _____ Title: _____

Subscribed to and sworn before me,
a Notary Public, on this ____day of _____, 20___.

_____
_____, Notary Public
_____County, State of _____
Acting in _____County, _____
My Commission Expires: _____

Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . .

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

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 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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

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.

Sign Here	**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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

EXHIBIT C
SNOW REMOVAL QUOTE

Firm Name: _____

Address: _____

Phone Number: _____ Date_____

Work Task:

Lot #1 / Driveway / Entrance Snow Removal	$_____
Lot #2 / Driveway / Entrance Snow Removal	$_____
Lot #3 / Driveway / Entrance Snow Removal	$_____
Lot #1 Salt Application	$_____
Lot #2 Salt Application	$_____
Lot #3 Salt Application	$_____
Lot #1 Snow Removal & Salt Application on Sidewalks	$_____
Lot #2 Snow Removal & Salt Application on Sidewalks	$_____
Lot #3 Snow Removal & Salt Application on Sidewalks	$_____
TOTAL BID AMOUNT	**$_____**

Snow Pile Removal

Loader size _____
Hourly Rate $_____

Truck size _____ yd.