

**REQUEST FOR PROPOSALS
EPDM ROOF
PANA HIGH SCHOOL**

The Pana Community Unit School District #8, 14 East Main Street, P.O. Box 377, Pana, Illinois 62557, will be receiving sealed proposals for a new EPDM roof for the Pana High School existing flat roof.

The proposal specifications will be on file with the Director of Buildings and Grounds and may be picked up any time after April 1st 2020 from 8:00 a.m. until 4:00 p.m. at the address below.

Director of Buildings and Grounds
Pana CUSD #8
14 Main Street
Pana, Illinois 62557
Telephone: 217-562-1524

Proposal due date: April 10th, 2020 by 10:00 a.m.

No proposals may be withdrawn for a period of 60 days after the opening.

The Board of Education reserves the right to waive any irregularities, reject any and all proposals, when in its opinion such action will serve the best interest of the Board of Education of Pana Community Unit School District #8.

By Authorization of the Board of Education.

Mr. Jason Bauer, Superintendent

Pana Community Unit School District #8
14 E. Main Street
P.O. Box 377
Pana, IL 62557
Phone: 217-562-1524
Email: jstauder@panaschools.com

SPECIFICATIONS FOR EPDM ROOF- PANA HIGH SCHOOL

EPDM Roof Installation and Canopy

- Tear off existing coping metal, wall flashings, and existing roofing
- Install 1/8" per foot tapered ISO sloping towards drains
- Install ¼ inch per foot crickets to direct water to drains
- Install a secure shield ISO mechanically over the tapered ISO to achieve the R-30 Average
- Install a fully adhered 60 mil EPDM Roof per manufacturer's specifications
- Install flashing at all penetrations per manufacturer's specifications
- Supply a warranty per manufacturer's specifications
- Install new 2 piece edge metal at all perimeters

Sealed proposals must include all documents from the letter of notification packet. No proposals will be considered without them.

LETTER OF NOTIFICATION

This is to provide an introduction to all “independent contractors” providing services for **Pana CUSD #8** that the following guidelines must be followed when performing work as an independent contractor:

- All contractors must be properly licensed, insured and bonded (if applicable).
 - All contractors must submit a new certificate of insurance at least annually or anytime the carrier changes for property & casualty insurance, general liability insurance, auto insurance and worker’s compensation insurance (proof must be provided that the owner/officer has not waived work comp coverage for themselves). District must be named as an additional insured on the policy.
- All contractors must follow State and Federal laws, including OSHA standards
 - All construction contractors must sign the Certification of Compliance regarding the Substance Abuse Prevention on Public Works Act and attach a copy of your organization’s Substance Abuse Plan for the district to keep on file.
 - All contractors must agree to complete background checks on each employee performing services for **Pana CUSD #8** and have successfully completed the background checks as required by the district to meet Illinois School Code. For more information regarding sources for obtaining the required background checks you may contact the school district.
 - All contractors are required to pay a wage of no less than the general prevailing hourly rate as paid for work of a similar character in the locality in which the work is performed. Certified payrolls must be submitted to the school district on a monthly basis (by the 15th of the following month in which the work was performed) in person, by mail, or electronically. In regard to Subcontractors, the General Contractor will be responsible to ensure prevailing wages are paid appropriately.

* By April 1, 2020, Illinois Department of Labor (IDOL) is required to create an electronic database that will accept payrolls. Once the database is developed, contractors must directly submit certified payrolls to the online database in addition to providing to the school district.

We appreciate your cooperation in following the above guidelines when performing work for **Pana CUSD #8**. We ask that you review and sign the items included which acknowledges your willingness and agreement to follow these guidelines established and a commitment to provide any required documentation included or additional items as requested to verify the above guidelines have been met. Please have this information returned back to our office no later than April, 10th 2020 by 10:00 a.m.

Respectfully,

Jason Bauer
Superintendent
Pana CUSD #8

Independent Contractor Information

Please complete the following information and return it along with your other required documentation to **Pana CUSD #8**.

Business Name:

Contact Person:

Address:

City:

Zip Code:

State:

Business Phone: () - Fax: () -

Cell Phone: () -

E-mail address:

Type of Business:

List of owner(s) and/or officers of company

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

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.	
	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 type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <i>Note.</i> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.)	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 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	Employer identification number																																																																																													
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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 ▶	Date ▶
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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/ir9.

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 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.

Pana Community Unit School Dist. No. 8

14 East Main Street
P.O. Box 377
Pana, IL 62557

Be A Part of the Pride

TELEPHONE: 217-562-1500
FAX: 217-562-1501

I the undersigned do hereby acknowledge that any employees performing work for **Pana CUSD #8** on behalf of **Independent Contractor Name** will be paid a wage of no less than the general prevailing hourly rate as paid for work of a similar character in **Christian County**.

Independent Contractor Name will submit certified payrolls to the school district on a monthly basis (by the 15th of the following month in which the work was performed) in person, by mail, or electronically. In regard to Subcontractors, the General Contractor will be responsible to ensure prevailing wages are paid appropriately.

Print Name:

Signature:

Date:

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on

this day of , 20 .

Board of Education
Wilfred C. Beyers III, President
Doug Kirkbride, Vice President
Craig Deere, Secretary
Anne Dorn
Kyle Anderson
Mark Beyers
James Moon

Jason Bauer, Superintendent



Principals
Senior High, Casey Adam
Assistant Principal, Heath Strom
Junior High, Juletta Ellis
Lincoln, Kelly Millburg
Washington, Cheri Wysong
Gary Ade – Athletic Director

This is a sample Certificate of Liability Insurance. Notice the limits listed in the general liability, automobile liability, and workers' compensation match those requested in the sample agreement provided with this information. Also notice on this sample, the owners are excluded from the workers' compensation insurance coverage.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/08/2008

PRODUCER We Insurance Agency, Inc. 123 S. Main Anywhere, USA	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED ABC Construction Company 456 S. Main Anywhere, USA	INSURERS AFFORDING COVERAGE NAIC # INSURER A: American Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR/INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	00000000	04/08/2008	04/08/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 500,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	00000000	04/08/2008	04/08/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACG \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$	00000000			EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	00000000	04/08/2008	04/08/2009	<input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

School District named as an additional insured here

CERTIFICATE HOLDER John Smith Building Owner 789 S. Main Anywhere, USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
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Insurance Requirements

The Contractor shall procure, place on file, and maintain during the period of the project/contract, the insurance described, and the amounts specified in the following subparagraphs and naming Pana CUSD #8 as an Additional Insured.

- Commercial General Liability
 - \$2,000,000 General Aggregate
 - \$2,000,000 Products/Completed Operations
 - \$1,000,000 Per Occurrence-Bodily Injury and Property Damage – Organization’s Liability

- Commercial Professional Liability
 - \$1,000,000 General Aggregate

- Umbrella Liability (Minimum Limits, Subject to the Project Cost)
 - \$1,000,000 General Aggregate
 - \$1,000,000 Each Occurrence

- Automobile
 - \$1,000,000 Combined Single Limit

- Worker’s Compensation
 - A limit of not less than minimum statutory limits for the State of Illinois.

Insurance shall be with a company or companies licensed to do business in Illinois, licensed by the Department of Insurance of Illinois, and rated with a “A-“ (Excellent) or better in the current edition of Best’s Key Rating Guide and acceptable to Pana CUSD #8. The Contractor shall furnish Pana CUSD #8 with a Certificate of Insurance showing that such insurance is in effect (sample attached). This policy must remain in force for the entire duration of the project/contract. Insurance shall not be terminated, cancelled, or materially changed without sixty (60) days advance written notice to the district. All liability policies shall name Pana CUSD #8, its Board Members, employees, agents, volunteers, and students as an Additional Insured and shall include a severability of interest clause with respect to claims, demands, suits, judgements, costs, charges, and expenses arising out of, or in connection with any loss, damage, or injury resulting from the negligence or other fault of Contractor, Contractor’s Agents, Representatives, and Employees.

The Contractor agrees to defend, indemnify, and hold Pana CUSD #8 and Affiliates harmless from and against any claims for personal injury or damages to property arising out of or in connection with the Contractor’s responsibilities under this agreement.