



2910 Falling Waters Blvd
 Lindenhurst, IL 60046
 Ph: 847.245.8450
 Fax: 847.245.8590
www.kieferusa.com

KIEFER USA PROPOSAL

Attn: Jeff Stauder – Director of Buildings & Grounds
 Project: Pana High School Multipurpose Gym
 Pana, IL
 Date: March 15th, 2021
 Work Type: Resilient Athletic Flooring

Pricing is based on RFP issued by Pana Community School District #8

Area	Scope of Work	Cost
± 7,455 Net Ft ²	<p><u>Resilient Athletic Flooring</u></p> <ul style="list-style-type: none"> • Furnish and Install Mondo Advance Vulcanized 8mm Resilient Athletic Flooring. Material to (2) Colors from Manufacturer’s Standard Color Line. Includes Accent Color at Main Basketball Keys and 3’-0” Border at Perimeter. • Painted Gameline Striping: One (1) Basketball and One (1) Volleyball. • Includes Black 4” Vinyl Wall Base Around Perimeter. • Includes Transitions at Entryways and to Adjacent Wood Court. • Includes Moisture Testing. <p><u>Exclusions:</u></p> <ul style="list-style-type: none"> • Demo of Existing Tile Flooring. • Grinding of Concrete Slab – Minor Prep Included. • Graphics/Logo 	
TOTAL LUMP SUM PRICE		\$ 114,200.00

All areas must remain free and clear of all trades, tools, and debris while installation is in process. All overhead work must be completed prior to our arrival on the jobsite. It is strongly recommended that all other finishes be installed prior to our arrival on the jobsite. Rubber base, transitions, nosing, and other accessories are to be furnished and installed by others. Pricing does not include final cleaning or protection of the new floor surface. Pricing is based on material being selected from the manufacturer’s standard colors; any custom colors will require an additional charge. Unforeseen Work Site Conditions: If concealed or unknown conditions, including, but not limited to, surface, subsurface and/or site environmental conditions, which affect in whole or in part the performance of the Work are encountered, then Kiefer USA shall stop work and give written notice thereof to appropriate party (e.g., Owner, General Contractor, Construction Manager, etc.). The Agreement (e.g., costs, prices, schedule, etc.) shall be adjusted accordingly. Please note the following items regarding the concrete subfloor for synthetic flooring, as established by the American Sports Builders Association:

- Vapor emissions from a concrete slab can cause adhesion failure in athletic flooring, therefore, it is necessary to use a below-slab vapor retardant barrier system. It is important that a vapor barrier be installed intact, and without any breaches.
- The concrete subfloor must be tested by an independent third-party testing agency, at no cost to Kiefer USA, and test results should be furnished to Kiefer USA prior to our arrival on the jobsite. Acceptable standards regarding vapor emissions are 85% for RH Testing. For current standards, refer to ASTM F-2170-09.





- Prior to our arrival on the site, all concrete floor slabs must be tested for planarity; the manufacturer requires not more than 1/8" deviation within a 10'-0" radius. Any repair work necessary to correct surfaces to meet the above requirements must be done by others. Floor preparation work done by Kiefer USA is limited to smoothing of minor hairline cracks, small holes, and other minor imperfections not exceeding 1/8" deep or wide.
- As the construction industry progresses in product application, Kiefer USA has been encountering more concrete that include fiber mesh in concrete mix designs. This fiber can become a detriment for the completed synthetic floor installations, dependent on size, structure and exposure on the surface of concrete. As situations have presented additional costs to remediate the fibers, we encourage discussion on this important detail with Kiefer USA Project Management prior to inclusion in concrete to receive our synthetic floors.
- Any contraction or construction joints placed in the floor have the possibility of moving. If these joints move for any reason, that change could, to some degree, telegraph through the athletic surface. Kiefer USA will feather out saw cuts, with one layer of the manufacturer's adhesive, not to be applied deeper or wider than 1/8". Kiefer USA cannot be held responsible for any telegraphing, or the stability of the concrete installed by others.

Kiefer USA can provide additional information on any of the above items upon request.

Payment Terms: 50% Deposit Upon Signing, 40% Upon Material Delivery, 10% Upon Completion.
Financing Options Are Available.

This proposal-pricing letter is valid for 90 days from the date of proposal, as noted above. If the above pricing is acceptable, please sign below, and return to our corporate office with your purchase order as soon as possible, so we may proceed as per the project requirements. If you have any questions regarding this proposal, please contact Michael Mattea at 847.245.8450, ext. 125.

Respectfully Submitted,

Jess Wilhite
Regional Sales Manager
Kiefer USA

Michael Mattea
Project Estimator
Kiefer USA

Accepted By:

_____	_____
Name	Date
_____	_____
Company	Title



**REQUEST FOR PROPOSALS
Mondo Advanced Flooring
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 Mondo Advanced Floor for the Pana High School multi – purpose gym.

The proposal specifications will be on file with the Director of Buildings and Grounds and may be picked up any time after March 3, 2021 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: March 15, 2021 by 10:00 a.m.
Proposals will be opened in the Unit Office Board Room at that time.

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 the installation of + or – 7,500 sq2 of 8 mm Mondo floor
Pana High School All Purpose Room

Athletic Flooring

- Furnish and Install Mondo Advanced Vulcanized 8mm Resilient Athletic Flooring. Materials to be up to (2) Colors from Manufacturer's Standard Color Line.
 - Painted Game line Striping: Basketball and Volleyball
 - Include Black 4" Vinyl Wall Base Around Perimeter.
 - Include Transitions at Entryways
 - Include Moisture Testing
-
- District will demo existing floor

Independent Contractor Information

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

Business Name: Kiefer U.S.A.

Contact Person: Michael Albrecht

Address: 2910 Falling Waters Blvd.

City: Lindenhurst

Zip Code: 60046

State: IL

Business Phone: (847) 245 - 8450 Fax: (847) 245 - 8590

Cell Phone: (847-) 265- 8885

E-mail address: michael@kieferusa.com

Type of Business: Athletic flooring installer

List of owner(s) and/or officers of company
Brion Ritteberry-President
Dan Kehoe-Vice President

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 _____.

Respectfully,

Jason Bauer
Superintendent
Pana CUSD #8

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Kiefer Specialty Flooring, Inc.

2 Business name/disregarded entity name, if different from above
Kiefer U.S.A.

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 C Corporation S Corporation Partnership Trust/estate
 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.
 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) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2910 Falling Waters Blvd.

6 City, state, and ZIP code
Lindenhurst, IL 60046

7 List account number(s) here (optional)

Requester's name and address (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.

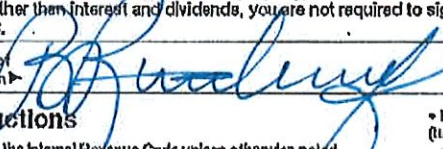
Social security number	
[] [] [] - [] [] [] [] [] []	
OR	
Employer identification number	
3 6 - 3 4 2 9 7 6 9	

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 ▶ 3/15/2021

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/w9.

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 1088 (home mortgage interest), 1088-E (student loan interest), 1088-T (tuition)
- Form 1089-C (canceled debt)
- Form 1089-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 filed-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

The Substance Abuse Prevention on Public Works [Projects] Act, Public Act 95-0635, prohibits the use of drugs and alcohol, as defined in the Act by employees of the Contractor and by employees of all approved Subcontractors while performing work on a public works project.

I, the undersigned, do hereby agree to provide a copy our written Substance Abuse Prevention Plan as required by Pana CUSD #8. We understand that Independent Contractor Name must have successfully completed drug testing on all employees as required by the school district in advance of performing any work.


Print Name: Brion Rittenberry

Signature: 

Date: 3/15/2021

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

this 15th day of March, 2021.

Signature: 

County, State of Illinois



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

Jason Bauer, Superintendent



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

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 agree to complete background checks as required by the school district for all employees performing work for Pana CUSD #8. We understand that **Independent Contractor Name** must have successfully completed the background checks as required by the school district in advance of performing any work.

Print Name: Brion Rittenberry

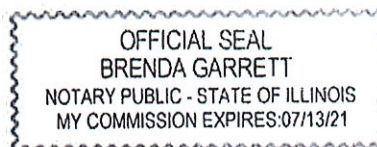
Signature: 

Date: 3/15/2021

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

this 15th day of March, 2021.





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

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: Brion Rittenberry

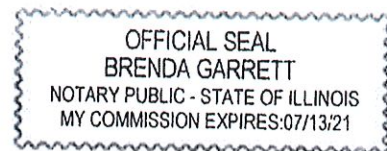
Signature:

Date: 3/15/2021

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

this 15th day of March, 2021.

Brenda Garrett



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

Jason Bauer, Superintendent



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

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.

This is a Certificate of Liability Insurance. No policy limits listed in the general liability, automobile liability, and workers' compensation sections. In the example above, the information is provided with this information. As a condition of the policy, the insured is excluded from the workers' compensation insurance coverage.



CERTIFICATE OF LIABILITY INSURANCE

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

PRODUCER WIA 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.

POLICY NUMBER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A X	GENERAL LIABILITY	00000000	04/08/2008	04/08/2009	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAMS MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC				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/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY	00000000	04/08/2008	04/08/2009	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
I	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS/UMBRELLA LIABILITY	00000000			<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAMS MADE DEDUCTIBLE \$ RETENTION \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	00000000	04/08/2008	04/08/2009	<input checked="" type="checkbox"/> WS STAT - DISEASE <input type="checkbox"/> WS STAT - ACCIDENT EL EACH ACCIDENT \$ 600,000 EL DISEASE - EA EMPLOYEE \$ 600,000 EL DISEASE - POLICY LIMIT \$ 600,000
	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 30 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
----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------