

January 13th, 2021

Seminole State College is accepting bids for the following:

1. Replace all carpet in the commons area and hall ways. – Seminole Nation Residential Learning Center

Please contact Melinda Sims (405.382.9604) or Ed Lemmings (405.584,0574) to view the spaces.

The product to be installed is: Shaw Flooring, Style 0832V Uptown Now 12 vinyl flooring, Color 00564 Michigan Ave.

Spaces are intermittently occupied through mid-July. Any access in June will have to be coordinated with Melinda Sims. Work to be completed by July 31, 2021.

Bid should include all costs of carpet removal and disposal, new product, floor preparation, and professional installation. Hallways and Stairs should be bid separate from rooms. It is possible these could be completed at different times.

Bids are due no later than 10:00 am (Central) Friday February 12, 2021, and may be mailed to the address: SEMINOLE STATE COLLEGE FISCAL AFFAIRS OFFICE P. O. BOX 351 2701 BOREN BLVD. SEMINOLE, OK 74818 , faxed to (405) 382-9665, or emailed to [c.jones@sscok.edu](mailto:c.jones@sscok.edu).

In case of questions, I may be reached at (405) 382-9277.

Seminole State College reserves the right to reject any and all bids.

Sincerely,

Courtney Jones  
Vice President of Fiscal Affairs



**Certification for Competitive Bid and/or Contract (Non-Collusion Certification)**

**NOTE:** A certification shall be included with any competitive bid and/or contract exceeding \$5,000.00 submitted to the State for goods or services.

Agency Name: \_\_\_\_\_ Agency Number: \_\_\_\_\_

Solicitation or Purchase Order #: \_\_\_\_\_

Supplier Legal Name: \_\_\_\_\_

**SECTION I [74 O.S. § 85.22]:**

A. For purposes of competitive bid,

1. I am the duly authorized agent of the above named bidder submitting the competitive bid herewith, for the purpose of certifying the facts pertaining to the existence of collusion among bidders and between bidders and state officials or employees, as well as facts pertaining to the giving or offering of things of value to government personnel in return for special consideration in the letting of any contract pursuant to said bid;
2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of such bid; and
3. Neither the bidder nor anyone subject to the bidder's direction or control has been a party:
  - a. to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding,
  - b. to any collusion with any state official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of such prospective contract, nor
  - c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract, nor
  - d. to any collusion with any state agency or political subdivision official or employee as to create a sole-source acquisition in contradiction to Section 85.45j.1. of this title.

B. I certify, if awarded the contract, whether competitively bid or not, neither the contractor nor anyone subject to the contractor's direction or control has paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma any money or other thing of value, either directly or indirectly, in procuring this contract herein.

**SECTION II [74 O.S. § 85.42]:**

For the purpose of a contract for services, the supplier also certifies that no person who has been involved in any manner in the development of this contract while employed by the State of Oklahoma shall be employed by the supplier to fulfill any of the services provided for under said contract.

The undersigned, duly authorized agent for the above named supplier, by signing below acknowledges this certification statement is executed for the purposes of:

the competitive bid attached herewith and contract, if awarded to said supplier;

**OR**

the contract attached herewith, which was not competitively bid and awarded by the agency pursuant to applicable Oklahoma statutes.

\_\_\_\_\_  
Supplier Authorized Signature

\_\_\_\_\_  
Certified This Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Email

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



## Responding Bidder Information

*"Certification for Competitive Bid and Contract" MUST be submitted along with the response to the Solicitation.*

1. RE: Solicitation # \_\_\_\_\_

### Bidder General Information:

FEI / SSN : \_\_\_\_\_ Supplier ID: \_\_\_\_\_

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

### Bidder Contact Information:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Oklahoma Sales Tax Permit<sup>1</sup>:

YES – Permit  
#: \_\_\_\_\_

NO – Exempt pursuant to Oklahoma Laws or Rules – Attach an explanation of exemption

### Registration with the Oklahoma Secretary of State:

YES - Filing  
Number: \_\_\_\_\_

NO - Prior to the contract award, the successful bidder will be required to register with the Secretary of State or must attach a signed statement that provides specific details supporting the exemption the supplier is claiming ([www.sos.ok.gov](http://www.sos.ok.gov) or 405-521-3911).

### Workers' Compensation Insurance Coverage:

Bidder is required to provide with the bid a certificate of insurance showing proof of compliance with the Oklahoma Workers' Compensation Act.

YES – Include with the bid a certificate of insurance.

NO – Exempt from the Workers' Compensation Act pursuant to 85A O.S. § 2(18)(b)(1-11) – Attach a written, signed, and dated statement on letterhead stating the reason for the exempt status.<sup>2</sup>

<sup>1</sup> For frequently asked questions concerning Oklahoma Sales Tax Permit, see <https://www.ok.gov/tax/Businesses/index.html>

<sup>2</sup> For frequently asked questions concerning workers' compensation insurance, see <https://www.ok.gov/wcc/Insurance/index.html>

**Disabled Veteran Business Enterprise Act**

- YES – I am a service-disabled veteran business as defined in 74 O.S. §85.44E. Include with the bid response 1) certification of service-disabled veteran status as verified by the appropriate federal agency, and 2) verification of not less than 51% ownership by one or more service-disabled veterans, and 3) verification of the control of the management and daily business operations by one or more service-disabled veterans.
- NO – Do not meet the criteria as a service-disabled veteran business.

_____	_____
Authorized Signature	Date
_____	_____
Printed Name	Title

Seminole State College  
P O Box 351  
Seminole, Oklahoma 74818

New Vendor Information Form

---

Vendor Name \_\_\_\_\_

Vendor Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please describe the product or service you as a vendor will provide for Seminole State College:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected Start Date \_\_\_\_\_

In addition to this form, please attach/include a completed and signed IRS Form W-9. If your organization is an LLC, please enter the tax classification.

Seminole State College will not setup a new vendor without the completion of this form and IRS Form W-9.

Additionally, please note that Seminole State College requires an approved purchase order for all purchases. Verbal purchase requests from anyone representing themselves as an agent of SSC should not be processed. Please help us help you receive timely payment of your invoices.

---

For Seminole State College Business Office Use Only

Approved for Vendor Setup \_\_\_\_\_ Date \_\_\_\_\_