

HICKMAN COUNTY BOARD OF EDUCATION
SPECIAL CALLED BOARD MEETING---December 12, 2022

The Hickman county Board of Education met on December 12, 2022, at 6:30 PM in Room 203 Central Office.

- I. Call To Order
- II. Moment of Silence
- III. Pledge of Allegiance
- IV. Approval of Agenda
- V. Items Requiring Board Action
 - A. ESSER II HVAC Replacement/Improvement Bid
 - B. Budget Amendments
- VI. Announcements
- VII. Adjourn

DOUG LANE
2059 Lake Drive, Centerville, TN 37033

RONALD GAMMONS
6419 Rice Ln., Lyles, TN 37098

TIM HOBBS
9220 Old Bon Aqua Rd., Bon Aqua, TN 37025

JIM HUDGINS
1297 E. Grinders Switch Rd., Centerville, TN 37033



Michelle Gilbert
Director of Schools
115 MURPHREE AVENUE
CENTERVILLE, TN 37033

CHRISTY MAYS
450 Hwy. 50, Centerville, TN 37033

SHERRI BAKER
9037 E 40 Rd., Bon Aqua, TN 37025

VANCE WILLIS
2868 Hwy 48 N., Nunnely, TN 37137

The Hickman County Board of Education will meet in a special called session on Monday, December 12, 2022, at 6:30 p.m. in Room 203 of the Hickman County Board of Education Central Office.

- I. Call to Order
- II. Moment of Silence
- III. Pledge of Allegiance
- IV. Approval of Agenda
- V. Items Requiring Board Action
 - A. ESSER HVAC Projects--Maintenance Director
 - B. Budget Amendments--Business Officer
- VI. Announcements
- VII. Adjourn

BID APPROVAL

ITEM FOR BID: Esser 11 HVAC replacement/Improvement

DATE OF OPENING: December 2, 2022

TIME OF OPENING: 10:30 a.m.

PLACE OF OPENING: Hickman County Board of Education

SPECIFICATIONS: online or attached

DEPARTMENT HEAD: Mike Plunkett

BUSINESS OPERATIONS

OFFICER APPROVAL: 

DIRECTOR'S APPROVAL: Michelle Gilbert

FINANCE APPROVAL: _____

SECTION 00010
ADVERTISEMENT FOR BIDS

HICKMAN COUNTY TENNESSEE BOARD OF EDUCATION, will be accepting sealed proposals through Codell Construction Company (Construction Manager as Advisor) to furnish all labor and materials to complete the ESSER II HVAC REPLACEMENTS AND IMPROVEMENTS, located at Hickman County Middle School 1639 Bulldog Blvd. Centerville TN 37033, East Hickman Middle School 9414 East Eagle Drive Lyles, TN 37098, East Hickman Intermediate School, Lyles, TN, and Centerville Intermediate School Centerville, TN 37033. Work is to be performed in accordance with specifications, and addenda furnished by Hickman County Board of Education and Codell Construction Company. The project is funded by ESSER II grant funds, Federal Prevailing Wages required by the Davis-Bacon Act will be applicable, including weekly submittal of certified payroll reports. Bidders should be aware that some work will be required to be performed during hours when classes are not in progress.

All bidders are required to meet all TCA 49-5-406, local, state, and federal laws regarding "workers on school properties." The Hickman County Board of Education further requires that no prior felons, drug offenders, or sexual registered offenders work on any school properties. Contractors will be required to wear contractor provided identification when on school premises.

The Owner reserves the right to reject any or all bids and to waive all informalities and/or technicalities where the best interest of the Owner can be served. Bid opening will be public, and contracts will be with the Owner. Bids from Small Business Enterprises (SBE, MBE, WBE, VOSB, etc.) are encouraged and supported.

Bids will be due by December 2, 2022, at 10:30 AM CENTRAL STANDARD TIME, and will be opened at HICKMAN COUNTY BOARD OF EDUCATION OFFICE 115 MURFREE AVENUE CENTERVILLE TN 37033. Each bid must be accompanied by a 5% Bid Bond. The bid will be submitted in duplicate on copies of the Form of Proposal located in the Volume One Project Manual Bidding and Contract Documents. Both copies of the Form of Proposal and Bid Bond shall be placed in an envelope and have the Project Name and Proposed Bid Package number affixed. No Bidder may withdraw a bid submitted for a period of sixty (60) days after the date set for the opening of bids.

Bids can be mailed to the HICKMAN COUNTY FINANCE OFFICE 114 N. CENTRAL AVENUE SUITE 203 CENTERVILLE TN 37033 and clearly marked "ESSER II HVAC". All Bids should be received by December 2, 2022 by 10:00 AM CENTRAL STANDARD TIME. Bids received after this deadline will not be opened. Facsimile bids will **NOT** be allowed.

Questions should be directed to the Jason Cabbage Construction Manager with Cordell Construction (859) 644-2192 / jcabbage@codellconstruction.com or Mike Plunkett Director of Maintenance and Facilities (931) 729-3391 Ext 3 / mike.plunkett@hickman1.org.

An electronic copy of the Specifications, and the Project Manual are available at no cost. If bidder desires hard copy of Specifications, bidder will be responsible for paying the printing cost.

Bid documents will be on file at:

1. Owner: Hickman County Board of Education 115 Murfree Avenue Centerville, TN 37033
2. CM: Codell Construction Company 4475 Rockwell Road Winchester KY 40391
3. Builder's Exchange of Tennessee 301 S. Perimeter Park Drive Suite 100 Nashville TN 37211 or www.bxtn.org

A mandatory pre-bid conference is scheduled for November 22, 2022, at 10:30 AM Central Standard Time and will begin at East Hickman Middle School 9414 East Eagle Drive Lyles, TN

SECTION 00010
ADVERTISEMENT FOR BIDS

37098 and transition to Hickman County Middle

The Project Schedule will be issued via addendum. The contract will include liquidated damages assessed at \$1,000.00/day if the completion date is not met. Successful Bidders are required to furnish a 100% Performance and Labor and Material Payment Bond for this Project.

The following bids are requested: BID PACKAGE #1 HVAC

Matrix Mechanical Solutions LLC	1543613.00
Demand Mechanical	2250547.00

Present

Penny Mayberry
Jebbie Breece

**SECTION 00200
FORM OF PROPOSAL**

BID FORM

Date: 12-1-22

Bid Package No.: Bid Package #1 HVAC Replacements

To: (Owner/CM) The Hickman County Board of Education

Project Title: ESSER II HVAC Replacements

City, County: Centerville, TN 37033 and Lyles, TN 37098 Hickman County

Name of Contractor: Demand Mechanical

Mailing Address: 149 Park South Court Nashville, TN 37211

Business Address: 149 Park South Court Nashville, TN 37211

Telephone: 615-906-6750 Fax: N/A

E-mail address: darren@demandmechanical.com

Having carefully examined the Instructions to Bidders, Contract Agreement, General Conditions, Supplemental Conditions, Specifications, Drawings, and Addenda for the above referenced project, the undersigned bidder proposes to furnish all labor, materials, equipment, tools, supplies, and temporary devices required to complete the work in accordance with the contract documents and any addenda listed below for the price stated herein.

Addendum Addendum 1, 12-1-22 , Addendum 2, 12-5-22 (Insert individual addendum numbers received or the word "none" if no addendum received.)

BASE BID : For the construction required to complete the work, in accordance with the contract documents, I/We submit the following lump sum price of:

\$ 2,250,547.00

Use Figures

Two million, two hundred-fifty thousand,
five hundred forty-seven

Dollars & zero

Cents

Use Words

Use Words

DUE TO OWNER'S FUNDING FOR THE PROJECT, BIDDER IS REQUIRED TO:

Identify that portion of the Base Bid allocated to each specific project identified in the bidding documents in the table below:

SCHOOL/PROJECT NAME	DOLLAR PORTION OF BASE BID ALLOCATED TO SCHOOL/PROJECT (USE FIGURES TO IDENTIFY AMOUNT)
HICKMAN COUNTY MIDDLE SCHOOL	\$ 963,108.00
EAST HICKMAN MIDDLE SCHOOL	\$ 978,463.00
EAST HICKMAN INTERMEDIATE SCHOOL	\$ 308,976.00
CENTERVILLE INTERMEDIATE SCHOOL	\$Removed from scope

SECTION 00200
FORM OF PROPOSAL

2. LIST OF PROPOSED SUBCONTRACTORS:

List on the lines below each major branch of work and the subcontractor involved with that portion of work. If the branch of work is to be done by the Contractor, so indicate.

The listing of more than one subcontractor in a work category shall invalidate the bid.

The listing of the bidder as the subcontractor for a work category certifies that the bidder has in current employment, skilled staff and necessary equipment to complete that category. The Construction Manager and Architect/Engineer will evaluate the ability of all listed subcontractors to complete the work and notify the owner. Listing of the bidder as the subcontractor may invalidate the bid should the review indicate bidder does not have skilled staff and equipment to complete the work category at the time the bid was submitted. Once submitted, substitutions will be permitted only with express permission by Owner and Construction Manager.

The bidder shall submit the list of subcontractors with the bid.

	<u>BRANCH OF WORK</u>	<u>SUBCONTRACTOR</u> (to be filled out by the contractor)
1.	Mechanical	Demand Mechanical
2.	HVAC	Demand Mechanical
3.	Plumbing	Demand Mechanical
4.	Controls	Thermatec
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

**SECTION 00200
FORM OF PROPOSAL**

3. UNIT PRICES:

Indicate on the lines below those unit prices to determine any adjustment to the contract price due to changes in work or extra work performed under this contract. The unit prices shall include the furnishing of all labor and materials, cost of all items, and overhead and profit for the Contractor, as well as any subcontractor involved. These unit prices shall be listed in units of work.

The bidder shall submit the list of unit prices with the bid.

	<u>WORK</u>	<u>PRICE PER UNIT</u>	<u>UNITS OF WORK</u>
1.	Trane 1.5 Ton WSHP	\$ 8,359.00	1
2.	Trane 2 Ton WSHP	\$ 8,920.00	1
3.	Trane 2.5 Ton WSHP	\$ 9,233.00	1
4.	Trane 3 Ton WSHP	\$ 9,344.00	1
5.	Trane 3.5 Ton WSHP	\$ 9,895.00	1
6.	Trane 4 Ton WSHP	\$ 10,236.00	1
7.	Trane 5 Ton WSHP	\$ 10,979.00	1
8.	Trane 10 Ton WSHP	\$ 22,614.00	1
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			

SECTION 00200
FORM OF PROPOSAL

MATERIALS, EQUIPMENT, MANUFACTURERS, AND SUPPLIERS

4A

Sheet **4A** must be completed and submitted to the Construction Manager within one (1) hour of the Bid Opening.

**SECTION 00200
FORM OF PROPOSAL**

4A. MATERIALS, EQUIPMENT, MANUFACTURERS, AND SUPPLIERS

The bidder shall submit 4A. list within one (1) hour of the bid.

<u>MATERIAL DESCRIPTION</u>	<u>SUPPLIER</u>	<u>MANUFACTURER</u>	<u>N/A</u>
Actuator's	Hobbs and Assoc.	Belimo	<input type="checkbox"/>
Relay's	Hobbs and Assoc.	RIB	<input type="checkbox"/>
WSHP's	Trane	Trane	<input type="checkbox"/>
Hose Kits	Trane	Nexus	<input type="checkbox"/>
Split Systems	Trane	Trane	<input type="checkbox"/>
DOAS	Trane	Trane	<input type="checkbox"/>
RTU	Trane	Trane	<input type="checkbox"/>
ERV	Trane	Trane	<input type="checkbox"/>
Curbs	Trane	Curbs Plus	<input type="checkbox"/>
Controls	Thermatec	Alerton	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>

SECTION 00200
FORM OF PROPOSAL

6. CONFLICT OF INTEREST

CONFLICT OF INTEREST

Hickman County Government

Conflict of Interest Disclosure Form

The County Financial Management System of 1981 contains the most stringent conflict of interest provisions. TCA §5-21-121 provides:

- (a) The director, purchasing agent, members of the committee, members of the county legislative body or other officials, employees, or members of the board of education or highway commission shall not be financially interested or have any personal beneficial interest, either directly or indirectly, in the purchase of any supplies, materials, equipment or contractual services for the county.
- (b) No firm, corporation, partnership, association, or individual furnishing any such supplies, materials, equipment or contractual services shall give or offer, nor shall the director or purchasing agent or any assistant or employee accept or receive directly or indirectly from any person, firm, corporation, partnership, or association to whom any contract may be awarded by rebate, gift or otherwise, any money or other things of value whatsoever, or any promise, obligation or contract for future reward or compensation.

Date: 12-1-22 Name: Darren Broadway

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise) or circumstances that you believe could contribute to a conflict of interest:

CDB I have no conflict of interest to report.

_____ I have the following conflict of interest to report (please specify any boards or committees you (and/or your spouse) sit on, the name of your employer and any business you or your spouse may own.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Date: 12-1-22 Signature: Darren Broadway


**SECTION 00200
FORM OF PROPOSAL**

**7. IDENTIFICATION OF SMALL, MINORITY, WOMEN, AND VETERAN OWNED BUSINESS
BIDDER/CONTRACTOR, SUBCONTRACTOR, AND MATERIAL SUPPLIER**

Utilization of Small, Minority, Women, and Veteran owned contracting and material supplier businesses is encouraged and supported whenever possible on public school projects.

This form should be submitted, along with other documents required within (4 days) of Bid Opening.

Bidder N/A is a (circle applicable : SBE, MBE, WBE, VOSB, not applicable)

The following Small, Minority, Women, or Veteran Owned business will be providing subcontracting or supplying materials as part of the bid by N/A.
Insert Name of Entity submitting Bid

Business Name	City, State	SBE, MBE, WBE, VOSB, (other)
N/A	N/A	N/A

The following Small, Minority, Women, or Veteran Owned businesses were contacted to obtain proposals when the bid submitted by N/A was being prepared.
Insert Name of Entity submitting Bid

Business Name	City, State	SBE, MBE, WBE, VOSB, (other)
N/A	N/A	N/A

SECTION 00200
FORM OF PROPOSAL

8. CONTRACTOR/SUBCONTRACTOR CONTACT INFORMATION

Company Name: Demand Mechanical

Please provide the requested information for each representative of your company responsible for the positions or areas listed below.
This information must be submitted with the bid.

CONTRACT ADMINISTRATOR

NAME: Darren Broadway
ADDRESS LINE 1
:
149 Park South Court Nashville, TN 37211
LINE 2
PHONE: 615-906-6750
EMAIL: darren@demandmechanical.com

SITE SUPERINTENDENT

NAME: Justin Harrell
ADDRESS LINE 1
:
149 Park South Court Nashville, TN 37211
LINE 2
PHONE: 615-788-1987
EMAIL: justin@demandmechanical.com

CERTIFICATES OF INSURANCE

NAME: Lockton Companies
ADDRESS LINE 1
:
444 W. 47th Street, Suite 900
LINE 2
Kansas City MO, 64112-1906
PHONE: 818-960-9000
EMAIL: _____

PROJECT MANAGER

NAME: Darren Broadway
ADDRESS LINE 1
:
149 Park South Court Nashville, TN 37211
LINE 2
PHONE: 615-906-6750
EMAIL: darren@demandmechanical.com

CERTIFIED PAYROLLS

NAME: Ashlee Prince
ADDRESS LINE 1
:
149 Park South Court Nashville, TN 37211
LINE 2
PHONE: 615-873-1058
EMAIL: admin@demandmechanical.com

ESTIMATOR /CHANGE ORDER PRICING

NAME: Darren Broadway
ADDRESS LINE 1
:
149 Park South Court Nashville, TN 37211
LINE 2
PHONE: 615-906-6750
EMAIL: darren@demandmechanical.com

PAY APPLICATIONS

NAME: Jennifer Callaghan
ADDRESS LINE 1
:
149 Park South Court Nashville, TN 37211
LINE 2
PHONE: 615-873-1058
EMAIL: projects@demandmechanical.com

**CHANGE ORDER ADMINISTRATOR
(IF NOT PROJECT MANAGER)**

NAME: _____
ADDRESS LINE 1
:

LINE 2

PHONE: _____
EMAIL: _____

SECTION 00200
FORM OF PROPOSAL

10. TIME LIMIT FOR EXECUTION OF CONTRACT DOCUMENTS:

In the event that a bidder's proposal is accepted by the Owner and such bidder should fail to execute the contract within seven (7) consecutive days from the date of Notice of Award of the contract, the Owner, at his option, may determine that the awardee has abandoned the contract. The bidder's proposal shall then become null and void, and the bid bond or certified check which accompanied it shall be forfeited to and become the property of the Owner for failure to execute the contract.

The bidder hereby agrees that failure to submit herein above all required information and/or prices can cause disqualification of this proposal.

Submitted by:

NAME OF CONTRACTOR / BIDDER: Demand Mechanical

AUTHORIZED REPRESENTATIVE'S NAME: Darren Broadway
 Signature

AUTHORIZED REPRESENTATIVE'S NAME(printed): Darren Broadway

AUTHORIZED REPRESENTATIVE'S TITLE: Project Manager

NOTICE: As noted in the Advertisement for Bids, bid security required must accompany this proposal.

This form shall not be modified.

Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

Bid Bond

CONTRACTOR:

(Name, legal status and address)

Demand Mechanical, LLC
149 Park South Court
Nashville, TN 37210

SURETY:

(Name, legal status and principal place of business)

Liberty Mutual Insurance Company
175 Berkeley Street
Boston, MA 02116

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

OWNER:

(Name, legal status and address)

The Hickman County Board of Education
115 Murfree Avenue
Centerville, TN 37033

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

PROJECT:

(Name, location or address, and Project number, if any)

ESSER II HVAC Replacements, Centerville, TN 37033 and Lyles, TN 37098, Hickman County

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 2nd day of December, 2022

(Witness)


(Witness)

Demand Mechanical, LLC

(Principal)

(Seal)

By:

(Title)

Liberty Mutual Insurance Company

(Surety)

(Seal)

By:

Tahitia M. Fry

Attorney-in-Fact

Surety Phone No. 617-357-9500



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated. Not valid for mortgage, note, loan, letter of credit, bank deposit, currency rate, interest rate or residual value guarantees. For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



Liberty Mutual.

SURETY

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Tahitia M. Fry of the city of Kansas City, state of MO its true and lawful attorney-in-fact, with full power and authority hereby conferred to sign, execute and acknowledge the following surety bond:

Principal Name: Demand Mechanical, LLC
Obligee Name: The Hickman County Board of Education
Surety Bond Number: Bid Bond Bond Amount: See Bond Form

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 12th day of March, 2021.



The Ohio Casualty Insurance Company
Liberty Mutual Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 12th day of March, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS – Section 12. Power of Attorney. Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts – SECTION 5. Surety Bonds and Undertakings. Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 2nd day of December, 2022



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Demand Mechanical LLC

2 Business name/disregarded entity name, if different from above
Demand Mechanical

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

P.O. Box 735908

Dallas, TX 75373-5908

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

Social security number									
or									
Employer identification number									
2	7		-	2	0	0	1	4	2

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 for Part II, later.

Sign Here Signature of U.S. person ▶ *Tammie Ellis* Date ▶ **01/01/2022**

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.

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, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(j)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**SECTION 00200
FORM OF PROPOSAL**

BID FORM

Date: 12-7-22 Bid Package No.: _____

To: (Owner/CM) The Hickman County Board of Education

Project Title: ESSER II HVAC Replacements

City, County: Centerville, TN 37033 and Lyles, TN 37098 Hickman County

Name of Contractor: Matrix Mechanical Solutions, LLC.

Mailing Address: 9743 Old Hillsboro Rd., Bon Aqua, TN 37025

Business Address: same

Telephone: 615-879-6420 Fax: _____

E-mail address: daniel@matrixmechanicalsolutions.com

Having carefully examined the Instructions to Bidders, Contract Agreement, General Conditions, Supplemental Conditions, Specifications, Drawings, and Addenda for the above referenced project, the undersigned bidder proposes to furnish all labor, materials, equipment, tools, supplies, and temporary devices required to complete the work in accordance with the contract documents and any addenda listed below for the price stated herein.

Addendum #1 dated 11-30-22, and #2 dated 12-5-22 (Insert individual addendum numbers received or the word "none" if no addendum received.)

BASE BID : For the construction required to complete the work, in accordance with the contract documents, I/We submit the following lump sum price of:

\$ NO LUMP SUM BID SEE UNIT PRICING

Use Figures

N/A

Dollars &

N/A

Cents

Use Words

Use Words

DUE TO OWNER'S FUNDING FOR THE PROJECT, BIDDER IS REQUIRED TO:

Identify that portion of the Base Bid allocated to each specific project identified in the bidding documents in the table below:

SCHOOL/PROJECT NAME	DOLLAR PORTION OF BASE BID ALLOCATED TO SCHOOL/PROJECT (USE FIGURES TO IDENTIFY AMOUNT)
HICKMAN COUNTY MIDDLE SCHOOL	\$ 747,058.00
EAST HICKMAN MIDDLE SCHOOL	\$ 675,832.00
EAST HICKMAN INTERMEDIATE SCHOOL	\$ 120,723.00
CENTERVILLE INTERMEDIATE SCHOOL	\$ PULLED OUT OF BID IN ADDENDUM 2

SECTION 00200
FORM OF PROPOSAL

3. UNIT PRICES:

Indicate on the lines below those unit prices to determine any adjustment to the contract price due to changes in work or extra work performed under this contract. The unit prices shall include the furnishing of all labor and materials, cost of all items, and overhead and profit for the Contractor, as well as any subcontractor involved. These unit prices shall be listed in units of work.

The bidder shall submit the list of unit prices with the bid.

	<u>WORK</u>	<u>PRICE PER UNIT</u>	<u>UNITS OF WORK</u>
1.	EHMS WSHP Equipment		\$250,793.00
2.	EHMS DDC Controls		\$214,940.00
3.	EHMS WSHP Labor		\$74,144.00
4.	EHMS Electrical, Drain, Duct, Piping Material		\$41,013.00
5.	EHMS SPLIT KITCHEN HP with Electric Heat Equipment		\$24,922.00
6.	EHMS Kitchen Unit Labor		\$3,523.00
7.	EHMS Kitchen Electrical, Duct, Drain, Piping Material		\$12,044.00
8.	EHMS Duct Cleaning 38 WSHP's and 1 Split Kitchen		\$50,000.00
9.	EHMS TAB Pre and Post Replacement		\$7,680.00
10.	EHMS Drain and Flush		\$4,800.00
11.	EHMS Glycol and TBC 39		\$11,754.00
12.	EHIS OAU RTU Replacement LABOR AND MATERIAL		\$120,723.00
13.	HCMS WSHP Equipment		\$193,902.00
14.	HCMS Split Units		\$55,454.00
15.	HCMS RTU Equipment		\$8,949.00
16.	HCMS DDC Controls		\$263,450.00
17.	HCMS Electrical, Drain, Duct, Piping Material WSHP's		\$38,998.00
18.	HCMS Labor Split Unit Material		\$22,664.00
19.	HCMS RTU Material		\$1,500.00
20.	HCMS Labor WSHP's		\$68,462.00

SECTION 00200
FORM OF PROPOSAL

3. UNIT PRICES:

Indicate on the lines below those unit prices to determine any adjustment to the contract price due to changes in work or extra work performed under this contract. The unit prices shall include the furnishing of all labor and materials, cost of all items, and overhead and profit for the Contractor, as well as any subcontractor involved. These unit prices shall be listed in units of work.

The bidder shall submit the list of unit prices with the bid.

	<u>WORK</u>	<u>PRICE PER UNIT</u>	<u>UNITS OF WORK</u>
21.	HCMS Labor Split Units		\$15,203.00
22.	HCMS Labor RTU		\$4,242.00
23.	HCMS Duct Cleaning 35 WSHP's, 2 splits, 1 RTU		\$50,000.00
24.	HCMS TAB Pre and Post Replacement		\$7,680.00
25.	HCMS Drain and Flush		\$4,800.00
26.	HCMS Glycol and TBC Chemical Treat		\$11,754.00
27.			
28.			
29.			
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37.			
38.			
39.			

BID BOND

**Travelers Casualty and Surety Company of America
Hartford, CT 06183**

CONTRACTOR:

(Name, legal status and address)

**Matrix Mechanical Solutions, LLC
9743 Old Hillsboro Road
Bon Aqua, TN 37025-1542**

OWNER:

(Name, legal status and address)

**Hickman County Board of Education
115 Murphree Ave.
Centerville, TN 37033**

SURETY:

(Name, legal status and principal place of business)

**Travelers Casualty and Surety Company of America
One Tower Sq. 252B
Hartford, Connecticut 06183**

BOND AMOUNT: Five Percent of the amount of the bid -----(5%)

PROJECT:

(Name, location or address, and Project number, if any)

**ESSER II HVAC Replacements
Centerville, TN 37033 and Lyles, TN 37098 - Hickman County**

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.



**Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **David A. McDonnell** of **CORDOVA Tennessee**, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.
IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **3rd** day of **February**, 2017.



State of Connecticut

City of Hartford ss.

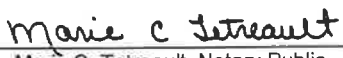
By: 
Robert L. Raney, Senior Vice President

On this the **3rd** day of **February**, 2017, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021




Marie C. Tetreault, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **2nd** day of **December**, 2022




Kevin E. Hughes, Assistant Secretary

**To verify the authenticity of this Power of Attorney, please call us at 1-800-421-3880.
Please refer to the above-named Attorney-in-Fact and the details of the bond to which the power is attached.**

SECTION 00200
FORM OF PROPOSAL

6. CONFLICT OF INTEREST

CONFLICT OF INTEREST

Hickman County Government

Conflict of Interest Disclosure Form

The County Financial Management System of 1981 contains the most stringent conflict of interest provisions. TCA §5-21-121 provides:

- (a) The director, purchasing agent, members of the committee, members of the county legislative body or other officials, employees, or members of the board of education or highway commission shall not be financially interested or have any personal beneficial interest, either directly or indirectly, in the purchase of any supplies, materials, equipment or contractual services for the county.
- (b) No firm, corporation, partnership, association, or individual furnishing any such supplies, materials, equipment or contractual services shall give or offer, nor shall the director or purchasing agent or any assistant or employee accept or receive directly or indirectly from any person, firm, corporation, partnership, or association to whom any contract may be awarded by rebate, gift or otherwise, any money or other things of value whatsoever, or any promise, obligation or contract for future reward or compensation.


Date: 12-7-22 Name: Daniel D. Eubanks

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise) or circumstances that you believe could contribute to a conflict of interest:

X I have no conflict of interest to report.

 I have the following conflict of interest to report (please specify any boards or committees you (and/or your spouse) sit on, the name of your employer and any business you or your spouse may own.

I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Date: 12-7-22 Signature: 

SECTION 00200
FORM OF PROPOSAL

8. CONTRACTOR/SUBCONTRACTOR CONTACT INFORMATION

Company Name: Matrix Mechanical Solutions, LLC

Please provide the requested information for each representative of your company responsible for the positions or areas listed below:
This information must be submitted with the bid.

CONTRACT ADMINISTRATOR

NAME: Daniel Eubanks
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
Bon Aqua, TN 37025
PHONE: 615-879-6420
EMAIL: daniel@matrixmechanicalsolutions.com

SITE SUPERINTENDENT

NAME: Austin King
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
Bon Aqua, TN 37025
PHONE: 615-772-4019
EMAIL: austink@matrixmechanicalsolutions.com

CERTIFICATES OF INSURANCE

NAME: Cindy Foster
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
Bon Aqua, TN 37025
PHONE: 931-709-3538
EMAIL: admin@matrixmechanicalsolutions.com

PROJECT MANAGER

NAME: Daniel Eubanks
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
Bon Aqua, TN 37025
PHONE: 615-879-6420
EMAIL: daniel@matrixmechanicalsolutions.com

CERTIFIED PAYROLLS

NAME: Kim Stiles
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
9743 Old Hillsboro Rd.
PHONE: 931-996-3517
EMAIL: office@matrixmechanicalsolutions.com

ESTIMATOR /CHANGE ORDER PRICING

NAME: Daniel Eubanks
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
Bon Aqua, TN 37025
PHONE: 615-879-6420
EMAIL: daniel@matrixmechanicalsolutions.com

PAY APPLICATIONS

NAME: Cindy Foster
ADDRESS: LINE 1
9743 Old Hillsboro Rd.
LINE 2
Bon Aqua, TN 37025
PHONE: 931-709-3538
EMAIL: admin@matrixmechanicalsolutions.com

**CHANGE ORDER ADMINISTRATOR
(IF NOT PROJECT MANAGER)**

NAME: _____
ADDRESS: LINE 1

LINE 2

PHONE: _____
EMAIL: _____

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Matrix Mechanical Solutions, LLC

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should 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 FATCA reporting code (if any) _____
*Applies to accounts maintained outside the U.S.

5 Address (number, street, and apt. or suite no.) See instructions.
9743 Old Hillsboro Rd.

6 City, state, and ZIP code
Bon Aqua, TN 37025

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

Social security number

or

Employer identification number

8	5		3	9	9	5	3	8	8
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Part II Certification

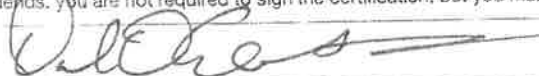
Under penalties of perjury, I certify that:

- 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 for Part II, later.

Sign Here

Signature of U.S. person ▶



Date ▶

1/1/22

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.

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*, later.



MATRIX MECHANICAL SOLUTIONS, LLC

377143

ID NUMBER: 76081
LIC STATUS: ACTIVE
EXPIRATION DATE: April 30, 2023

**BOARD FOR LICENSING CONTRACTORS
CONTRACTOR**

THIS IS TO CERTIFY THAT ALL REQUIREMENTS
OF THE STATE OF TENNESSEE HAVE BEEN MET

MATRIX MECHANICAL SOLUTIONS, LLC
9743 Old Hillsboro Rd
BON AQUA, TN 37025

State of Tennessee

377143

12534315

**BOARD FOR LICENSING CONTRACTORS
CONTRACTOR
MATRIX MECHANICAL SOLUTIONS, LLC**

This is to certify that all requirements of the State of Tennessee have been met.

**ID NUMBER: 76081
LIC STATUS: ACTIVE
EXPIRATION DATE: April 30, 2023
\$1,000,000.00; CMC**



**IN-1313
DEPARTMENT OF
COMMERCE AND INSURANCE**

SECTION 00200
FORM OF PROPOSAL


10. TIME LIMIT FOR EXECUTION OF CONTRACT DOCUMENTS:

In the event that a bidder's proposal is accepted by the Owner and such bidder should fail to execute the contract within seven (7) consecutive days from the date of Notice of Award of the contract, the Owner, at his option, may determine that the awardee has abandoned the contract. The bidder's proposal shall then become null and void, and the bid bond or certified check which accompanied it shall be forfeited to and become the property of the Owner for failure to execute the contract.

The bidder hereby agrees that failure to submit herein above all required information and/or prices can cause disqualification of this proposal.

Submitted by:

NAME OF CONTRACTOR / BIDDER: Matrix Mechanical Solutions, LLC.

AUTHORIZED REPRESENTATIVE'S NAME: 
Signature

AUTHORIZED REPRESENTATIVE'S NAME(printed): Daniel D. Eubanks

AUTHORIZED REPRESENTATIVE'S TITLE: owner

NOTICE: As noted in the Advertisement for Bids, bid security required must accompany this proposal.

This form shall not be modified.

Hickman County Board of Education
Budget Amendment No. 17
General Purpose (Fund 141)
December 12, 2022

Account	Description	Debit	Credit	Justification
72710 - 201 -	Social Security	\$ 2,000.00		To fund Bus Line Item for 3 buses based on bid approved by School Board at 12/5/22 Meeting
72710 - 204 -	State Retirement	1,000.00		
72710 - 207 -	Medical Insurance	14,000.00		
72710 - 412 -	Diesel Fuel	30,000.00		
72710 - 425 -	Gasoline	4,000.00		
72710 - 450 -	Tires and Tubes	5,000.00		
72710 - 453 -	Vehicle Parts	5,000.00		
72710 - 511 -	Vehicle and Equip Ins	5,616.00		
72710 - 729 -	Transportation Equip		\$66,616.00	
TOTALS		\$ 66,616.00	\$ 66,616.00	

Approved:

Attest:

Tim Hobbs

Michelle Gilbert

Hickman County Board of Education
Budget Amendment 18
Food Service (Fund 142)
December 12, 2022

Account	Description	Debit	Credit	Justification
47307 - - 936 72210 - 399 - 936	Revenues Other Contracted Services	\$ 71,250.00	\$ 71,250.00	Math Implementation Support Grant
	TOTALS	\$ 71,250.00	\$ 71,250.00	

Approved:

Attest:

Tim Hobbs

Michelle Gilbert