



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

ROY COOPER
GOVERNOR

J.R. "JOEY" HOPKINS
SECRETARY

June 18, 2024

NOTICE TO PROSPECTIVE BIDDERS - SMALL BUSINESS ENTERPRISE

Contract ID: DN12134498
TIP: N/A
Federal Aid: State Funded
WBS: 14RE.107513, 14RE.207513, 14RE.107533, 14RE.108813,
14RE.208813
County: Polk and Transylvania
Description: ID-IQ On-Call Long Arm Mowing Along Various Primary And
Secondary Routes Throughout Polk and Transylvania Counties
Project Length: **Varies**
Letting Date: July 9, 2024

The Department of Transportation does not exclude any person from participation in, deny any person the benefits of, or otherwise discriminate against anyone in connection with the award and performance of any contract covered by this program on the basis of race, color, sex, political affiliation/ influence, or national origin.

SBE PROGRAM INFORMATION

This is an SBE contract and to qualify for the NCDOT SBE Program a firm must have an annual gross income of \$1,500,000 or less, exclusive of materials. **Only contractors currently certified as an SBE Contractor by the Contractual Services Unit of NCDOT and listed in the Directory of Transportation Firms at bid opening will be eligible to bid on this project. Prospective bidders who qualify for the SBE Program and are not currently certified should submit a completed application packet prior to bid submittal to allow for review time. The application packet and additional information on the program may be obtained online at:**

<http://www.ncdot.org/business/ocs/sbe/>

Per G.S. 136-28.10, a NC General Contractor's license may be waived for SBE contracts. For this proposal/contract, the NC General Contractor's license is not required.

Mailing Address:
NC DEPARTMENT OF TRANSPORTATION
DIVISION OF HIGHWAYS - DIVISION 14
253 WEBSTER ROAD
SYLVA, NC 28779

Telephone: (828) 586-2141
Fax: (828) 586-4043
Customer Service: 1-877-368-4968

Location:
253 WEBSTER ROAD
SYLVA, NC 28779

Website: www.ncdot.gov

BIDDER REQUIREMENTS

Ariba Vendor Requirements - The Department of Transportation has implemented a new vendor system. For this proposal/contract, the new vendor system requires that those contractors submitting a bid register as an Ariba Vendor, even if your firm was previously registered under the old system. Attached is a registration packet that will need to be completed and submitted with your paper bid, in the same sealed envelope. If your firm has already been onboarded to the new Ariba system, then you do not need to submit the onboarding packet with your bid. Failure to register under this new system may result in a delay of award or in the Department opting not to award your firm the contract should you be the low bidder.

There is NO pre bid meeting associated with this proposal.

BID OPENING

Sealed bids must be received in the Division 14 Office at 253 Webster Road, Sylva, NC 28779 by 2:00 PM on Tuesday, July 9, 2024. Bids will be opened and publicly read at NCDOT Division 14 Office, 253 Webster Road, Sylva NC, at the above date, shortly after the time that the bids submissions are due. The As-Read Bid Summaries will be posted within 48 hours of the bid opening. Results **will not** be provided by any other means than posting to the website.

BID DOCUMENTS

The contract proposal plans, and supplemental project information are available online at <https://connect.ncdot.gov/letting/Pages/Division.aspx>.

The printing of all bid-related documents, including the proposal, plans, and any supplemental project information shall be the responsibility of the bidder. Division 14 no longer provides hard copies of bid documents.

SUPPLEMENTAL BIDDING INFORMATION

ADDENDA

- All addenda files will only be posted on the Division 14 Bidding & Letting website: <https://connect.ncdot.gov/letting/Pages/Division.aspx>

ASSISTANCE

- Project specific questions should be directed to the Division 14 Contract Office at d14contracts@ncdot.gov.

STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION
ACH – EFT AUTHORIZATION FORM

Check One: Initial Signup Change

VENDOR INFORMATION

Tax ID Associated with Vendor Name

Vendor # : _____

FEIN/SSN: _____

Vendor Name: _____

Vendor Address: _____

Email: **(REQUIRED)** _____

FINANCIAL INSTITUTION ACCT. INFO.:

Name on Account: _____

Institution Name: _____

Institution Address: _____

Transit/Routing # : _____

(Nine digits-copy from check, not from deposit slip)

Bank Account # : _____

(Include any leading zeros)

Previous Bank Info:
(Account Changes Only)

Bank Account #:(Last 4 digits only) _____

(**Required for all banking changes**)

Type of Acct:

Checking

Savings

(Check one)

International ACH Transactions (IAT) Statement

The entire amount of my payment via direct deposit to a financial institution

is

is not

being transferred/forwarded to a financial institution **outside the U.S.**

***YOU MUST CHECK THE APPROPRIATE BOX TO COMPLETE THIS FORM.**

PARTICIPATING VENDOR AUTHORIZATION

- I, on behalf of the vendor name indicated above, hereby authorize the North Carolina Department of Transportation to initiate ACH credit entries to the above designated bank for payments due from NCDOT for all programs. I (we) also authorize any necessary ACH debit entries or adjustments for any ACH credit entries made in error to the account.
- I acknowledge that the origination of ACH transactions to my account must comply with the provisions of North Carolina and U.S. law.
- I understand that this ACH authorization will remain in effect until I cancel it in writing with Accounts Payable.

Vendor Officer's Name: _____
(Printed)

Tel.: _____

Signature: _____

Date: _____

(Typed or fonted signatures will not be accepted)

State Agency Use Only

Notes:

Accounts Payable Verification Information

Date:

Contact:

1. *NAME (legal name associated to tax ID being used for tax reporting purposes)	
*Legal Business Name, Proprietor's Name or Individual's Name	Business Name/DBA/Disregarded Entity Name, if different from Legal Name

2. *Please select the appropriate Tax Payer Identification Number (SSN, EIN or ITIN) type and enter your 9 digit ID number.The US Taxpayer Identification Number is being requested per US Tax Law. Failure to provide this informaton in a timely manner could prevent or delay payment to you or require the State of North Carolina to withhold 24% for backup withholding tax. Use tax Id associated with legal name or business name in section 1.

Social Security Number (SSN)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OR	
Employee Identification Number (EIN)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
OR	
Individual Taxpayer ID (ITIN)	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(AN Assigned when registered on ARIBA network)	ARIBA Network Identification Number(ANID): <input style="width: 150px;" type="text"/>	(EVP provided when registered through EProcurement -DOA)	DOA eVP Location #: <input style="width: 150px;" type="text"/>
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3. *ORGANIZATION TYPE	
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.	
(choose one organization type)	(only choose one if applicable)
<input type="checkbox"/> Individual (SSN) <input type="checkbox"/> Sole Proprietorship (SSN or EIN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN)	<input type="checkbox"/> Trust/Estate (SSN or EIN) <input type="checkbox"/> Non - Profit Agency (EIN) <input type="checkbox"/> Governmental (EIN) (Local, State Federal) <input type="checkbox"/> Other _____
If your company is a Limited Liability Company How does your LLC Report to IRS?	
<input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation	

PRIMARY PHYSICAL AND REMITTANCE ADDRESS

4. *PHYSICAL PRIMARY LEGAL ADDRESS	5. *REMITTANCE ADDRESS (address where payment should be sent)
(Add all additional physical locations (ordering addresses) on page 2)	(Add additional remittance locations on page 2)
Company Headquarters <input type="checkbox"/> Individual Residence <input type="checkbox"/> Is this a US Post Office Deliverable Address? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
City State Zip	City State Zip

CONTACT INFORMATION (ARIBA Contact Information)

6. *Primary Contact:	7. *Fax Number:
8. *Phone Number:	9. *Email Address:

10. *UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
5. For complete certification instructions please see IRS FORM W-9 at <http://www.irs.gov/pub/irs-pdf/iw9.pdf>.

Printed Name:	Printed Title:
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Authorized Signature:	Date:
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(Signature must be hand written or docusigned, typed or fonted and scripted signatures are not acceptable)

Agency Use Only: Must Be Completed by NCDOT Requestor			
Ariba Supplier: YES <input type="checkbox"/> NO <input type="checkbox"/>	DOT Requester Name:	Division/Unit:	
(name and division or unit of person requesting goods or services)			