

DALLAS COUNTY BID TABULATION				VENDOR #1		VENDOR #2	
BID NO. 2012-024-5845				TXI Operations		Trinity Materials, Inc.	
ANNUAL CONTRACT FOR ROAD and HIGHWAY BUILDING MATERIALS				1341 W. Mockingbird Lane		401 S. IH 45	
BUYER: SAM COOPER				Dallas, Texas 75247		Ferris, Texas 75125	
OPENING DATE: December 12, 2011				Etta Dean		David Gaither	
CONTRACT PERIOD:				Tel: 972-647-3770		Tel: 972-544-5900	
				<a href="tel:972-647-7032">Fax: 972-647-7032</a>		<a href="tel:972-544-5947">Fax: 972-544-5947</a>	
CERTIFIED MWBE/EE01 COMPLETED?				Yes		Yes	
TAXPAYER STATUS				Yes		Yes	
	DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
1	AGGREGATE FOR SURFACE, TX DOT ITEM 302, TYPE B, CRUSHED STONE, GRADE 3 (CHAT) LOADED ON COUNTY TRUCKS AT VENDOR PLANT SPECIFY PLANT LOCATION: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO: HOURS OF OPERATION:	1,000	Tons	\$14.00	\$14,000.00	\$0.00	\$0.00
				1795 S. Hwy 101 Bridgeport, TX 76426 972-647-7236 5:30 a.m.-12 midnight (M-F) 6:30 a.m.-12 noon (Sat.)			
2	AGGREGATE FOR SURFACE, TX DOT ITEM 302, TYPE B, CRUSHED STONE, GRADE 3 (CHAT) DELIVERED TO ROAD & BRIDGE DISTRICT OFFICE SPECIFY PLANT LOCATION: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO: HOURS OF OPERATION:	2,000	Tons	\$26.29	\$52,580.00	\$0.00	\$0.00
				1795 S. Hwy 101 Bridgeport, TX 76426 972-647-7236 5:30 a.m.-12 midnight (M-F) 6:30 a.m.-12 noon (Sat.)			
3	AGGREGATE FOR SURFACE, TX DOT ITEM 302, TYPE B, CRUSHED STONE, GRADE 4 LOADED ON COUNTY TRUCKS AT VENDOR PLANT SPECIFY PLANT LOCATION: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO: HOURS OF OPERATION:	1,000	Tons	\$13.75	\$13,750.00	\$0.00	\$0.00
				1795 S. Hwy 101 Bridgeport, TX 76426 972-647-7236 5:30 a.m.-12 midnight (M-F) 6:30 a.m.-12 noon (Sat.)			

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TAXPAYER STATUS				Yes		Yes	
	DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
4	AGGREGATE FOR SURFACE, TX DOT ITEM 302, TYPE B, CRUSHED STONE, GRADE 4 DELIVERED TO ROAD & BRIDGE DISTRICT OFFICE SPECIFY PLANT LOCATION: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO: HOURS OF OPERATION:	4,000	Tons	\$26.04	\$104,160.00	\$0.00	\$0.00
				1795 S. Hwy 101 Bridgeport, TX 76426 972-647-7236 5:30 a.m.-12 midnight (M-F) 6:30 a.m.-12 noon (Sat.)			
5	WASHED SAND, TX DOT, STANDARD SPECIFICATIONS FOR CONSTRUCTION OF HIGHWAYS, STREETS, AND BRIDGES, ITEM 421, (5), TABLE 2, FINE AGGREGATE LOADED ON COUNTY TRUCKS AT VENDOR PLANT SPECIFY PLANT LOCATION: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO: HOURS OF OPERATION:	1,000	Tons	\$0.00	\$0.00	\$10.00	\$10,000.00
						3638 Malloy Bridge Road Ferris, TX 75125 972-544-2033 6:30 A.M.-4:30 PM	
6	WASHED SAND, TX DOT, STANDARD SPECIFICATIONS FOR CONSTRUCTION OF HIGHWAYS, STREETS, AND BRIDGES, ITEM 421, (5), TABLE 2, FINE AGGREGATE DELIVERED TO ROAD & BRIDGE DISTRICT OFFICE SPECIFY PLANT LOCATION: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO: HOURS OF OPERATION:	1,000	Tons	\$0.00	\$0.00	\$16.25	\$16,250.00
						3638 Malloy Bridge Road Ferris, TX 75125 972-544-2033 6:30 A.M.-4:30 PM	
TOTAL				\$184,490.00		\$26,250.00	

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TAXPAYER STATUS				Yes		Yes	
	DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
	<p>Please specify below any other charges/fees for the required services listed herein. The charges/fees shall be listed on the invoice as a separate line item cost.</p> <p>Demurrage Charge (use of contract carrier): \$ _____/hr. after _____hour(s)</p> <p>Demurrage Charge (use of own equipment): \$ _____/hr. after _____hour(s)</p> <p>Other charges/fees (if any) not listed but required in the performance of this contract</p> <p>Name of Charge/Fee _____ Rate/Price \$ _____</p> <p>Name of Charge/Fee _____ Rate/Price \$ _____</p> <p>Name of Charge/Fee _____ Rate/Price \$ _____</p> <p>Name of Charge/Fee _____ Rate/Price \$ _____</p> <p>Name of Charge/Fee _____ Rate/Price \$ _____</p> <p>Specify any additional comments, if applicable</p>						
				Minimum load 25 tons		Fuel Surcharge See below	
						Freight charge firm to \$4.25/gallon diesel, if fuel passes \$4.25/ gal based on eia.gov/gulf coast region add .05 for every .25 increase above 4.25 fuel	

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TAXPAYER STATUS		Yes		Yes			
	DESCRIPTION	ESTIMATED QUANTITY	U/I	UNIT PRICE	EXTENSION	UNIT PRICE	EXTENSION
	<p>Specify Prompt/Early Payment Discount Terms (if any): _____ % _____ Days. Payment terms with no discount are Net 30 days, upon receipt of proper invoice and verification that the services and products have been completed in accordance with specification requirements in the Dallas County Auditor's Office. The award of this bid will not be based on prompt/early payment discounts.</p> <p>Is the customer reference information included with your bid proposal? Yes _____ No _____</p> <p>Would your firm/compny be willing to accept a secondary award to provide the products described herein in the absence of the primary Supplier? Price would remain the same as those provided on the bid documents for the duration of the contract agreement (including extensions). Yes _____ No _____</p> <p>Delivery will be within _____ hours after receipt of order request by Dallas County authorized representative</p> <p>Emergency delivery can be provided within _____ hours notice.</p> <p>Specify the telephone number for ordering products covered under this solicitation. Telephone Number: _____</p> <p>Specify the name, telephone number, and e-mail address of the account representative who will be handling this account: Contact Name: _____ Telephone No. _____ E-Mail Address: _____</p> <p>Specify the Alternative (Back-Up) Contact Person: Contact Name: _____ Telephone No. _____ E-Mail Address: _____</p>					Net 30	
			Yes				
			Yes			Yes	
				24			48
				24			
				866-894-6010		972-544-5900	
				Etta Dean		David Gaither	
				972-647-3770		214-355-6643	
				<a href="mailto:edean@txi.com">edean@txi.com</a>		<a href="mailto:david.gaither@trin.net">david.gaither@trin.net</a>	
				Tonya Waxler		Donna Chappell	
				972-647-3377		972-544-5900	
				<a href="mailto:twaxler@txi.com">twaxler@txi.com</a>		<a href="mailto:donna.chappell">donna.chappell</a>	

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TAXPAYER STATUS		Yes		Yes	
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	<p>Should your firm be awarded this contract, describe what (if any) portion of the bid requirements will be subcontracted out:</p> <p><i>Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the awarded Contractor agree that all terms, conditions, specifications, and pricing would apply to that entity?</i>  Yes _____ NO _____</p> <p><b>Note: All purchases by Governmental Entities other than Dallas County will be billed directly to that Governmental Entity and paid by that Governmental Entity. Dallas County will not be responsible for other Governmental Entity's debt.</b></p> <p><i>Does your firm/company have the required insurance coverage stated under SECTION 3 – <u>INSURANCE REQUIREMENTS</u> and agree to comply with these requirements during the duration of this contract?</i>  Yes _____ NO _____</p> <p>If No, will your firm be able to acquire the required coverage within ten (10) days upon notification of contract award?  Yes _____ NO _____</p> <p><b>NOTE: Any vendor that conducts business with Dallas County, whether it is for goods and/or services, must maintain lawful worker's compensation/self insured employee coverage requirements and adequate liability limitations. SEE Page 3, Paragraph 3</b></p>				
				Delivery of aggregates (trucking)	Hauling/Trucking of delivered material.
			Yes		Yes
			Yes		Yes

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	<p><u>Information on Provision of Health Insurance Coverage for Employees</u></p> <p>Dallas County may consider the provision of health insurance coverage for employees in the bid evaluation process (see page 5, paragraph 4) and attachment A. Please complete the information below to assist in this evaluation .</p> <p>Does your company provide health insurance coverage to its employees? Yes _____ No _____</p> <p>If your company does provide health insurance coverage to its employees, does the company share in the cost a minimum of 75% for employee only coverage and 50% for family coverage? Yes _____ No _____</p> <p>If your company provides health insurance coverage to its employees, is the coverage comparable to the services provided by Dallas County as described in the attached summary plan description? (See Attachment A) Yes _____ No _____</p> <p>If your company plans to utilize subcontractors in the fulfillment of this bid, does each of the subcontractors provide health insurance coverage to their employees that compares to Dallas County's health insurance coverage and share in the cost? Yes _____ No _____</p> <p><b>In the event Dallas County elects to give a preference to a bidder who provides comparable health insurance, that bidder and any subcontractors will be required to provide additional documentation of the declared health insurance coverage.</b></p>						
				Yes		Yes	
				Yes			
				Yes		Yes	
				Yes		No	

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	<p><b>For statistical purposes:</b></p> <p><b>Please indicate to Dallas County whether the principal company owner is a: (Please check one)</b></p> <p><input type="checkbox"/> Dallas County Tax Payer</p> <p><input type="checkbox"/> Other County Tax Payer</p> <p>Please indicate whether your company is certified through an agency "other than" North Central Texas Regional Certification Agency (NCTRCA)? (Example: Statewide Historically Underutilized Business (HUB) Program, MBE, WBE, DBE, SBA, SBA, Veteran, 8(a)</p> <p>Yes _____ No _____</p> <p>If yes, please provide the agency name and the applicable certification number below:</p> <p>Certifying Agency Name: _____</p> <p>Registration or Certification Number: _____</p> <p>Expiration Date: _____</p> <p><b>Please indicate the manner in which you were notified of this solicitation:</b></p> <p><input type="checkbox"/> Daily Commercial Record</p> <p><input type="checkbox"/> Dallas County Website</p> <p><input type="checkbox"/> Letter from Dallas County Purchasing Department</p> <p><input type="checkbox"/> Other: specify: _____</p> <p>Thank you.</p>						
						Dallas County Tax Payer	
				No		No	
				Dallas County Website		Dallas County Website	