

Invitation to Bid

JSU Bid # 26-04-30-0015

Issue Date: 04/09/2026

Description: Grease Trap Cleaning & Maintenance Services

Return Original Bid To: Jacksonville State University
700 Pelham Road North
Room 324 Angle Hall
Jacksonville, AL 36265

Bids must be received by 3:00 PM CST on April 30, 2026.

Questions regarding the bid process should be submitted in writing to Shasta Platt at purchasing@jsu.edu.

1. Pursuant to the provisions of the State of Alabama Competitive Bid law, Jacksonville State University will receive sealed bids for the procurement of equipment, materials, or services described/specified on the attached documents. Jacksonville State University is **exempt** from Federal Excise and State Sales Tax.
2. **Bids should be sealed and have the bid number and opening date clearly marked on the outside of the bid package. When required, contractors must be licensed under provisions of Title 34, Chapter 8 Code of Alabama. Per Section 34-8-8 (b) All owners receiving bids pursuant to this chapter shall require the person, firm, or corporation to include his or her current license number on the bid. The owner shall reject all bids that do not contain the current license number of the general contractor submitting the bid. Bids should be typed or printed legibly in ink. Bids must be signed in ink.**
3. **Sealed bids must be received in the Office of Procurement by the date and time listed above. Bid packets should be hand delivered or sent by FedEx or UPS. Bids cannot be faxed or emailed. Bids received after the time listed above will not be accepted for any reason.**
4. **All bid prices must include shipping charges** (FOB Jacksonville State University) unless bid is for services only.
5. References to name brands are for design, quality, and identification purposes only and are not intended to exclude vendors or restrict bidding. If a substitution is offered, please indicate any differences.
6. Alabama law (section 41-4-116, Code of Alabama 1975) provides that every bid submitted and contract executed shall contain a certification that the vendor, contractor, and all of its affiliates that make sales for delivery into Alabama or leases for use in Alabama are registered, collecting and remitting Alabama state and local sales, use and and/or lease tax on all taxable sales and leases into Alabama. **By submitting this bid, the bidder is hereby certifying that they are in full compliance with State of Alabama Act No. 2006-557 and acknowledges that the awarding authority may declare the contract void if the certification is false. Vendor should submit documentation of registration with the Federal E-Verify system with bid response. Vendor should also submit the original State of Alabama Vendor Disclosure Statement with bid response. A bid cannot be awarded without these documents.**
7. Bidder certifies by submitting a response to this bid request that neither the company nor any of its employees who will provide or perform services under this contract have been debarred, suspended or otherwise declared ineligible from receiving Federal contracts and subcontracts.
8. Jacksonville State University reserves the right to waive any technicalities, if and as allowed by law.

Jacksonville State University reserves the right to accept or reject all bids or any portion thereof and unless specified by the bidder, to accept any or all items in the bid. In the event the University elects to award on an "all or "none Basis", this will be stated in the bid specifications.

By signing this contract, the contracting parties **affirm**, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the state of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

Company Name _____ Telephone _____
Address _____ Fax _____
City _____ State _____ Zip Code _____
Email Address _____

Signature of Company Official _____ Date _____

Printed Name of Official _____



Grease Trap Cleaning & Maintenance Services

Jacksonville State University (hereafter referred to as “the University” or “JAX STATE”) is requesting sealed bids for grease trap cleaning and maintenance services across multiple campus locations. This bid will be for a term of 1 year with the option to automatically renew for an additional 4 (1 year renewal).

Contact Information

All questions regarding the Scope of this ITB must be submitted to:

Dusty Christopher

P: 256-782-5455

E: dustychr@jsu.edu

University Rights to Award or Reject

The University reserves the right to accept or reject any or all bids and is not necessarily bound to accept the lowest-cost bid if it is not in the best interest of the University.

In evaluating bids, the University may consider factors including, but not limited to:

- Service quality
- Integrity and reliability
- Facilities and equipment
- Company reputation
- Past performance

The University also reserves the right to waive any informalities or irregularities in proposals received.

Service Locations & Capacities

The awarded contractor will provide services for the following locations:

- **Dining Hall** – 3,000 gallons
- **Stephenson Hall** – 1,000 gallons
- **Theron Montgomery Building (TMB)** – 2,000 gallons
- **Leon Cole Hall (WOW)** – 2,000 gallons

Scope of Work (SOW)

All services must comply with applicable State of Alabama regulations, local utility requirements, and health department standards.

A. Core Service Requirements

- **Full Evacuation:** Complete pump-out of all contents, including grease, wastewater, and settled solids
- **No Decanting or Skimming:** These practices are strictly prohibited
- **Thorough Cleaning:** Scrape all interior walls, baffles, and components to remove fats, oils, and grease (FOG)
- **Inspection:** Evaluate structural integrity, including baffles, sanitary tees, and manhole gaskets

B. Compliance & Service Frequency

- **25% Rule:** Service must occur when grease and solids reach 25% of trap capacity
- **Minimum Frequency:** At least every 90 days (more frequent service may be required based on usage)
- **Licensing:** Contractor must be a certified grease waste hauler permitted in the State of Alabama

C. Documentation & Disposal

- **Grease Disposal Manifest:** Required for every service; copies must be provided to the University
- **Record Retention:** Contractor must support compliance with required 3-year recordkeeping
- **Authorized Disposal:** All waste must be transported to and disposed of at an approved Alabama facility

D. Safety & Site Maintenance

- **Spill Prevention:** Contractor must maintain spill containment materials on-site during service
- **Sanitation:** All lids, gaskets, and covers must be properly reinstalled immediately after service

Additional University Requirements

- Emergency pumping services must be available within **24 hours**
- Contractor shall provide **minor maintenance recommendations and reporting** following each service
- **Line jetting**, if required, must be **pre-approved** by a representative of Capital Planning & Facilities

Bid Requirements

Bids should include the following:

- Company qualifications and experience
- Proof of licensing and certifications
- Description of equipment and capabilities
- References (preferably higher education or similar facilities)
- Pricing structure (per service, per gallon, or contract-based)
- Emergency service rates
- Any additional services offered

Bid Evaluation and Award

1. Reputation of the vendor and their services.
2. Quality of the vendor's services.
3. Extent to which the services meet the University's needs.
4. Delivery based upon the university's needs.
5. Vendor's past relationship with the University.
6. Total long-term cost to the University for retaining the vendor's services.
7. Any other relevant factors provided in response to this request.

Intent to Award

Unless all bids are rejected, the University will issue an "Intent to Award" before a final award is made. The "Intent to Award" will continue for a period of five (5) calendar days, after which the award will be final provided there are no protests. A detailed explanation of this process may be reviewed in the Alabama Administrative Code, Chapter 355-4-6-.01. All protest communications filed via email must be sent to: purchasing@jsu.edu.

Form of Bid

All bids must be sealed when received. Electronic bids will not be considered.

Requests for Clarification

Bidders desiring further information or interpretation of bid requirements must make requests in writing to Shasta Platt, Director of Procurement and Fixed Assets, 700 Pelham Road North, Room 324, Jacksonville, AL 36265 or by email to purchasing@jsu.edu, at least seven (7) calendar days prior to bid opening. Answers to such requests will be given to all recorded bidders.

Terms

The awarded vendor must agree to accept a purchase order as a contract for the service or equipment purchase. JSU does not agree to pre-pay or pay a deposit on equipment orders. The vendor should invoice JSU upon equipment delivery and completion of other services.

Amendments to Bid

The receipt of all amendments must be acknowledged by bidders. Price Negotiation after a bid has been opened, with the exception of price negotiations with the lowest responsible bidder, no changes in bid prices or other provisions of bids prejudicial to the interest to the University or fair competition shall be made.

Modification or Withdrawal of Bids

Bids may be modified or withdrawn by written notice if received at the place designated for receipt of bids, prior to the bid due date and time.

Late Bids, and Late Withdrawals

Any bid submission or withdrawal received after the specified due date and time at the place designated for receipt of bids will be considered late.

Responsibility and Responsiveness

Bids will only be considered by a bidder who has submitted a bid which confirms in all material aspects to the Invitation to Bid.

Bid Submission

One (1) original and one (1) copy of all documents must be submitted. The bid number, opening date and time must be listed on the outer envelope. It is the responsibility of the respondent to ensure that the bid packet arrives in the Procurement and Fixed Assets office on time. No late bids are allowed to be accepted per Alabama State Bid Law. To ensure timely receipt, the bid packet should be hand delivered or sent by commercial carrier to:

Jacksonville State University
Attn: Shasta Platt
Procurement and Fixed Assets
700 Pelham Rd N
324 Angle Hall
Jacksonville, AL 36265

Include in your sealed bid envelope:

1. Bid Form
2. Response Sheet or Quote
3. All necessary licensures and certifications
4. Original State of Alabama Disclosure Statement
5. Memorandum of Understanding as documentation of vendor registration with the Federal E-Verify system (contact your company's Human Resources Department or visit <https://www.e-verify.gov> to register)
6. W-9 form from IRS
7. Certificate of Compliance with Ala. Code 41-16-5
8. Certificate of Compliance with Ala. Code 31-13-1
9. Certificate of Compliance with Ala. Code 41-16-160

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**CERTIFICATE OF COMPLIANCE WITH THE BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT
(Ala. Code § 31-13-1)**

RE: Contract/Grant/Incentive (describe by number or subject): _____
by and between _____ **(“Contracting Party”)** and
Jacksonville State University.

The undersigned hereby certifies to Jacksonville State University as follows:

The undersigned holds the position of _____ with the Contracting Party named above and is authorized to provide representations set out in this Certificate as the official and binding act of that entity and has knowledge of the provisions of Ala. Code § 31-13-1, known as The Beason-Hammon Alabama Taxpayer and Citizen Protection Act (“Act”).

The Contracting Party is a business entity or employer as those terms are defined in Ala. Code §31-13-3(2) and (5).

The Contracting Party certifies that it has not knowingly employed an unauthorized alien within the State of Alabama and hereafter it will not knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama.

The Contracting Party certifies that it is enrolled in E-Verify and will continue to be enrolled in E-Verify for the duration of the contract/agreement.

Contracting Party Name (Printed)

E-Verify User Identification Number

By: Authorized Officer or Agent of Contracting Party (Signature)

Title of Authorized Officer or Agent of Contracting Party

Printed Name of Authorized Officer or Agent of Contracting Party

CERTIFICATE OF COMPLIANCE WITH ALA. CODE 41-16-5

RE: Contract _____ (describe by number or subject), by and between Jacksonville State University and _____ (“Contracting Party”)

The undersigned hereby certifies and agrees as follows:

1. The undersigned holds the position of _____ with the Contracting Party named above, is authorized to provide the verification as the official and binding act of that entity and has knowledge of Ala. Code § 41-16-5.
2. The Contracting Party is a corporation, partnership, limited liability company, organization or other legal entity conducting or operating any trade or business in Alabama OR is a corporation, organization, or other legal entity operating in Alabama that is exempt from taxation under Section 501(c)(3) or (4) of the Internal Revenue Code.
3. The Contracting Party represents that it is not currently engaged in, and will not engage in, the boycott of a person or an entity based in or doing business with a jurisdiction with which this state can enjoy open trade. Boycott is defined as “to blacklist, divest from, or otherwise refuse to deal with a person or business entity when the action is based on race, color, religion, gender, or national origin of the targeted person or entity or is based on the fact that the boycotted person or entity is doing business in a jurisdiction with which this state can enjoy open trade and with which the targeted person or entity is doing business.”

Verified this _____ day of _____, 20_____.

Signature of Contractor’s Authorized Representative

Printed Name and Title of Contractor’s Authorized Representative

CERTIFICATE OF COMPLIANCE WITH ALA. CODE 41-16-160

RE: Contract _____ (describe by number or subject), by and between Jacksonville State University and _____ (“Contracting Party”)

The undersigned hereby certifies and agrees as follows:

1. The undersigned holds the position of _____ with the Contracting Party named above, is authorized to provide the verification as the official and binding act of that entity and has knowledge of Ala. Code § 41-16-160.
2. The Contracting Party is a for-profit entity, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or limited liability company with 10 or more full-time employees.
3. The Contracting Party, without violating controlling law or regulation, does not and will not, during the term of the contract, engage in economic boycotts. Without an ordinary business purpose, the Contracting Party does not and will not refuse to deal with, terminate business activities with, or otherwise take any commercial action that is intended to penalize or inflict economic harm on a company solely because the company, without violating controlling law or regulation, does any of the following:
 - a) Engages in the exploration, production, utilization, transportation, sale, or manufacturing of fossil fuel-based energy, timber, mining, or agriculture.
 - b) Engages in, facilitates, or supports the manufacture, import, distribution, marketing or advertising, sale, or lawful use of firearms, ammunition, or component parts and accessories of firearms or ammunition.
 - c) Does not meet, is not expected to meet, or does not commit to meet environmental standards or disclosure criteria, in particular to eliminate, reduce, offset, or disclose greenhouse gas emissions.
 - d) Does not meet, is not expected to meet, or does not commit to meet corporate employment or board composition, compensation, or disclosure criteria.
 - e) Does not facilitate, is not expected to facilitate, or does not commit to facilitate access to abortion or sex or gender change surgery, medications, treatment, or therapies.

Verified this _____ day of _____, 20_____.

Signature of Contracting Party’s Authorized Representative

Printed Name and Title of Contracting Party’s
Authorized Representative

Form **W-9**
 (Rev. March 2024)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

| | | | |
|--|-----------|---|---|
| Print or type. See Specific Instructions on page 3. | 1 | Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) | |
| | 2 | Business name/disregarded entity name, if different from above. | |
| | 3a | Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ |
| | 3b | If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> | (Applies to accounts maintained outside the United States.) |
| | 5 | Address (number, street, and apt. or suite no.). See instructions. | Requester's name and address (optional) |
| | 6 | City, state, and ZIP code | |
| | 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.

| | | | | | |
|--|---|---|---|---|--|
| Social security number | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | - | | - | |
| | - | | - | | |
| or | | | | | |
| Employer identification number | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 85%; border: 1px solid black; height: 20px;"></td> </tr> </table> | | - | | | |
| | - | | | | |

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

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 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 |
|------------------|--------------------------|------|

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



State of Alabama Disclosure Statement

Required by Article 3B of Chapter 16 of Title 41, Code of Alabama 1975

ENTITY COMPLETING FORM

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

STATE AGENCY/DEPARTMENT THAT WILL RECEIVE GOODS, SERVICES, OR IS RESPONSIBLE FOR GRANT AWARD

ADDRESS

CITY, STATE, ZIP

TELEPHONE NUMBER

This form is provided with:

- Contract
 Proposal
 Request for Proposal
 Invitation to Bid
 Grant Proposal

Have you or any of your partners, divisions, or any related business units previously performed work or provided goods to any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify below the State Agency/Department that received the goods or services, the type(s) of goods or services previously provided, and the amount received for the provision of such goods or services.

| STATE AGENCY/DEPARTMENT | TYPE OF GOODS/SERVICES | AMOUNT RECEIVED |
|-------------------------|------------------------|-----------------|
| | | |
| | | |
| | | |

Have you or any of your partners, divisions, or any related business units previously applied and received any grants from any State Agency/Department in the current or last fiscal year?

- Yes
 No

If yes, identify the State Agency/Department that awarded the grant, the date such grant was awarded, and the amount of the grant.

| STATE AGENCY/DEPARTMENT | DATE GRANT AWARDED | AMOUNT OF GRANT |
|-------------------------|--------------------|-----------------|
| | | |
| | | |
| | | |

1. List below the name(s) and address(es) of all public officials/public employees with whom you, members of your immediate family, or any of your employees have a family relationship and who may directly personally benefit financially from the proposed transaction. Identify the State Department/Agency for which the public officials/public employees work. (Attach additional sheets if necessary.)

| NAME OF PUBLIC OFFICIAL/EMPLOYEE | ADDRESS | STATE DEPARTMENT/AGENCY |
|----------------------------------|---------|-------------------------|
| | | |
| | | |
| | | |

