

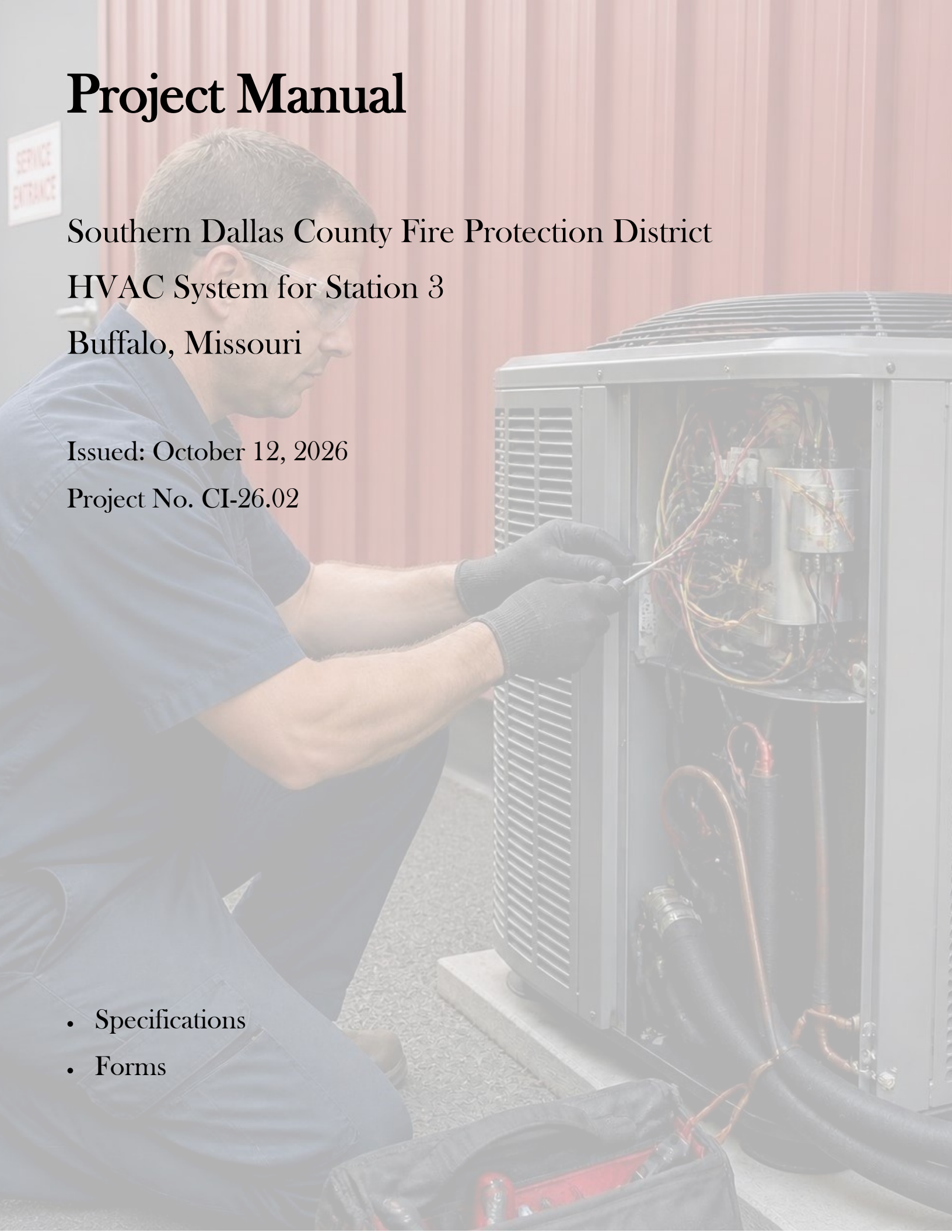
Project Manual

Southern Dallas County Fire Protection District
HVAC System for Station 3
Buffalo, Missouri

Issued: October 12, 2026

Project No. CI-26.02

- Specifications
- Forms



SECTION 02 – HVAC SYSTEM REQUIREMENTS

PART 1 - Project Description and Process

- 1.1 This project consists of providing and installing all materials and equipment necessary for a complete and functioning heating and cooling system in a 40-ft. by 84-ft. (3,360 square feet) new fire station building. The building will have three (3) personnel doors and four (4) sectional overhead doors. It will be insulated with closed cell spray foam providing a minimum insulation value of R-30. The ceiling throughout will be at a height of 18-feet (approximately) above the finished slab and will be finished in corrugated metal (Ag panels). The walls will be covered with painted OSB from floor to ceiling. The heating and cooling system will consist of a 5-ton heat pump outside the building with a 5-ton multi-speed air handler inside the building, and a wall mounted digital thermostat to control the system.
- 1.2 The project specifications and drawings are complimentary of each other. Examine and compare the drawings and specifications and report any discrepancies between them to the District, and obtain written instructions for changes necessary in the work. At time of bid, the most stringent requirements must be included in bid. All changes required in the work of the contractor caused by their neglect to mitigate discrepancies shall be made by them at their own expense.
- 1.3 Request for Information (RFI) Process: RFIs shall be used to document questions from the contractor during the construction process. RFIs shall be submitted in writing via e-mail. The District will review and provide a response within three (3) business days of receipt. RFIs shall become an official record and integral part of the contract documents. Questions presented in the field during a site visit by the construction manager may be answered on-site, but a confirming RFI (which includes the answer given) must be submitted before close of business that same day. If an RFI response results in a cost change (added cost or credit deduct) to the contract, a contract change order shall be prepared and executed by the parties. A template form for RFIs is included at the end of this document.
- 1.4 HVAC contractor shall be certified under EPA Section 608 of the Clean Air Act.
- 1.5 All electrical wiring shall be by others. Thermostat wiring shall be included as part of this scope.

PART 2 - Submittals and Samples

- 2.1 Submittals and samples will be required for any items indicated in the various Parts of this document below. Submittals and samples will be due at the District headquarters no later than 14-days after the award of contract. The District will review and provide approval or comments within 10-days of receipt. Contractor shall not procure any materials for which submittals or samples are required until the official written approval for that material has been received by the contractor. If materials are

SECTION 02 – HVAC SYSTEM REQUIREMENTS

purchased prior to receiving submittal approval, it shall be at the contractor's risk and the District shall not be liable for any payments on the materials if not accepted/approved by the District. In the event a submittal or sample is rejected, or a revision, or more information, is required, the contractor shall have 7-days to respond with a re-submittal or new sample.

- 2.2 Product Submittals shall be prepared on 8-1/2-inch by 11-inch standard 20-lb. white bond paper, printed in black and white or color, three-hole punched, and placed in a three-ring binder (or other form of binding, other than staples). Two copies shall be submitted, one of which will be returned to the contractor and kept on site for the duration of the project. Where there are multiple items on a page, submittals shall clearly indicate with highlighting or by an arrow which item on a page is the proposed product. The first page in the binder shall be the submittal transmittal, listing the products that are contained within the submittal, along with the contractor's name, date, and other pertinent information. A template form is included at the end of this document for convenience. The first submittal for any given product shall be numbered CI-26.02-001. Resubmittals shall be numbered CI-26.02-001.a, CI-26.02-001.b, etc. Subsequent submittals (for other products) shall follow in sequence, i.e. CI-26.02-002, CI-26.02-003, etc.
- 2.3 The approval of a submittal shall not relieve the Contractor from the responsibility to comply with the drawings and specifications, unless the Contractor has called the District's attention to the deviation, in writing, at the time of submission and the District has knowingly approved thereof. An approval of any such modification will be given only under the following conditions:
1. It is in the best interest of the District
 2. It does not increase the contract sum and/or completion time
 3. It does not deviate from the design intent
 4. It is without prejudice to any and all rights under the performance bond
- 2.4 Samples shall be actual physical samples of the product indicated and shall be identical in all characteristics to the product being reviewed. Samples shall be delivered to the District headquarters in person or by shipping carrier. Only one sample of each item listed is required. Samples will become the property of the District and will not be returned. Samples shall be accompanied by the same submittal transmittal listed in paragraph 2.2 above.
- 2.5 All products used on this project shall be new, free of defects, intended for the purpose, and shall be manufactured in the United States.
- 2.6 Substitutions: in the event the contractor encounters a procurement issue providing any product specified herein, a substitution request may be submitted for an alternate product, which shall be considered and reviewed by the District. If approved, the

SECTION 02 – HVAC SYSTEM REQUIREMENTS

substitute product shall be provided at no additional cost to the District, and shall not affect the project schedule. A Substitution Request template form is included at the end of this document.

PART 3 - Heating, Ventilation, Air Conditioning (HVAC) Equipment

- 3.1 Air Handler: the air handler shall be multi-speed capable and incorporate the following features:
- a. 5-ton, 14.3 SEER
 - b. 240-volts, single-phase
 - c. ENERGY STAR Certified – meets or exceeds federal guidelines for energy-efficient performance.
 - d. Configuration: horizontal install.
 - e. High-efficiency multi-speed ECM motor to adjust airflow for energy savings.
 - f. R-32 refrigerant.
 - g. Integrated humidity control.
 - h. Baked-on, corrosion-resistant finish.
 - i. All-aluminum coil to resist galvanic corrosion.
 - j. Galvanized-steel cabinet.
 - k. No-rust polymer drain pan to prevents standing water and microbial growth.
 - l. Electric heat kit with 20kW heat strips for backup heating.
 - m. Provide with service valves and overflow drain pan.
 - n. Plumbing for condensate and overflow pan drain lines to building exterior.
 - o. Acceptable manufacturers: Carrier, Trane, Lennox, Daikin, York, Goodman, Amana
- 3.2 Heat Pump: the heat pump shall be of the same manufacturer as the air handler and shall incorporate the following features:
- a. 5-ton, 14.3 SEER
 - b. 240-volts, single-phase
 - c. ENERGY STAR Certified – meets or exceeds federal guidelines for energy-efficient performance.
 - d. Nominal Cooling Capacity: 60000 Btu/H
 - e. Direct drive fan.
 - f. Baked-on powder-paint finish.
 - g. Polycarbonate top.
 - h. Rust-proof composite base pan.
 - i. R-32 refrigerant.
 - j. All-aluminum woven coil.
 - k. Galvanized-steel louvered panels.
 - l. Provide with service valves and risers.

SECTION 02 – HVAC SYSTEM REQUIREMENTS

- m. Acceptable manufacturers: Carrier, Trane, Lennox, Daikin, York, Goodman, Amana
- 3.3 Thermostat: 2 stage heat/1 stage cool, 5+1+1 Programmable
- a. Large numbers on easy-to-read backlit display
 - b. Intuitive temperature set-point buttons
 - c. 2 Sq. inch backlight display
 - d. Separate heating and cooling swing (cycle rate) adjustments
 - e. Room temperature calibration adjustments
 - f. 5 minute compress or delay protection (on or off)
 - g. Mounts on wall or junction box
 - h. Battery or 24v power
 - i. 5 year warranty
 - j. Preferred Manufacturer: VIVE Comfort TP-P-625
 - k. Acceptable Manufacturers: Honeywell, Nest, Emerson
- 3.4 Disconnect Switch: provide and install a fusible disconnect switch at the heat pump on the rear of the building. Disconnect shall be mounted to the left or right and clear of the heat pump at +48" to center above the top of concrete pad for heat pump. Provide weathertight flexible conduit whip with copper conductors from disconnect to heat pump; make all connections. Supply wiring to disconnect will be by others. Provide with fuses.
- a. Rating: 60-amp, 240-volt
 - b. Double pole, fusible
 - c. NEMA 3R (raintight)
 - d. Acceptable Switch Manufacturers: Eaton, Square D, Siemens, G.E.
 - e. Fuses shall be type RK5. Manufacturers: Bussman, Littelfuse, Fusetron
- 3.5 Ductwork: the extent of the ductwork for this project consists of a plenum box for return air and one for supply air attached to the air handler unit. Return plenum box shall be galvanized sheet metal, sized to fit air handler cabinet width and depth, and shall contain a filter rack. Supply plenum box shall be galvanized sheet metal, sized to fit air handler cabinet width and depth, with a 105-degree angled outlet to direct the airflow toward the center of the building. Plenum boxes shall be constructed of 24-gauge sheet metal or better. All seams shall be sealed with mastic or foil tape (UL 181B listed). Plenums wider than 18-inches or taller than 14-inches shall have cross-breaks or standing seams pressed into the panels for reinforcement.
- 3.6 Refrigerant Piping
- a. Refrigerant lines shall be Copper, Type ACR, annealed-temper tubing and wrought-copper fittings with brazed joints.
 - b. Refrigerant lines shall not transmit equipment vibration to any part of the structure.

SECTION 02 – HVAC SYSTEM REQUIREMENTS

- c. Refrigerant lines should be supported by isolation hangers.
- d. Refrigerant lines should NOT be left unsupported and free to touch the structure at any point.
- e. Where lines pass through walls, provide waterproof and weatherproof sleeve and seal.
- f. All piping shall be supported with hangers that can withstand the combined weight of pipe, fittings, refrigerant and insulation. The hangers must be able to keep the pipe in proper alignment, preventing any droop.
- g. Pipe work, including piping material, pipe routing, and installation shall include protection from physical damage in operation and service.
- h. Install all valves and specialties per manufacturer's instructions.
- i. Install piping as short and direct as possible, with a minimum number of joints, elbows, and fittings.
- j. Arrange piping to allow inspection and service of refrigeration equipment. Install valves and specialties in accessible locations to allow for service and inspection.
- k. Piping shall be evacuated, tested, adjusted, and charged in strict accordance with the equipment manufacturer's instructions.
- l. Pressure test refrigerant piping system at 300 psi for high side and 150 psi for low side. Maintain pressure for a minimum of 24 hours.
- m. Evacuate entire system with an approved high vacuum pump system to 500 microns.

3.7 Submittals: provide submittals for the following items:

- a. Air handler
- b. Heat pump
- c. Thermostat
- d. Disconnect switch and fuses

3.8 Warranties

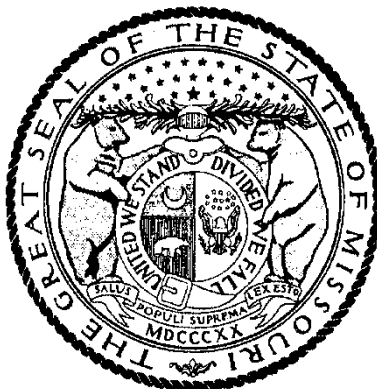
- a. Air handler and heat pump: 5-year minimum
- b. Other parts: 1-year minimum
- c. Installation: 1-year minimum

End of Section 02

Missouri

Division of Labor Standards

WAGE AND HOUR SECTION



MIKE KEHOE, Governor

Annual Wage Order No. 33

Section 030
DALLAS COUNTY

In accordance with Section 290.262 RSMo 2000, within thirty (30) days after a certified copy of this Annual Wage Order has been filed with the Secretary of State as indicated below, any person who may be affected by this Annual Wage Order may object by filing an objection in triplicate with the Labor and Industrial Relations Commission, P.O. Box 599, Jefferson City, MO 65102-0599. Such objections must set forth in writing the specific grounds of objection. Each objection shall certify that a copy has been furnished to the Division of Labor Standards, P.O. Box 449, Jefferson City, MO 65102-0449 pursuant to 8 CSR 20-5.010(1). A certified copy of the Annual Wage Order has been filed with the Secretary of State of Missouri.

Original Signed by

Logan Hobbs, Director
Division of Labor Standards

Filed With Secretary of State: March 10, 2026

Last Date Objections May Be Filed: April 9, 2026

Prepared by Missouri Department of Labor and Industrial Relations

DALLAS COUNTY

OCCUPATIONAL TITLE	**Prevailing Hourly Rate
Asbestos Worker	\$21.49*
Boilermaker	\$21.49*
Bricklayer - Stone Mason	\$21.49*
Carpenter	\$51.94
Lather	
Linoleum Layers & Cutter	
Millwright	
Pile Driver	
Cement Mason	\$21.49*
Plasterer	
Communication Technician	\$21.49*
Electrician (Inside Wireman)	\$53.37
Electrician (Outside Lineman)	\$21.49*
Outside - Groundman	
Outside - Groundman Tree Trimmer	
Outside - Lineman Operator	
Outside - Lineman Tree Trimmer	
Elevator Constructor	\$21.49*
Glazier	\$21.49*
Iron Worker	\$21.49*
Laborer	\$42.05
Laborer - First Semi-Skilled	
Laborer - General	
Laborer - Second Semi-Skilled	
Laborer - Skilled	
Mason	\$21.49*
Marble Finisher	
Marble Mason	
Terrazzo Finisher	
Terrazzo Worker	
Tile Finisher	
Tile Setter	
Operating Engineer	\$21.49*
Operating Engineer - Group I	
Operating Engineer - Group II	
Operating Engineer - Group III	
Operating Engineer - Group III - A	
Operating Engineer - Group IV	
Operating Engineer - Group V	
Painter	\$21.49*
Plumber	\$21.49*
Pipe Fitter	
Roofer/WaterProofer	\$21.49*
Sheet Metal Worker	\$21.49*
Sprinkler Fitter - Fire Protection	\$21.49*
Truck Driver	\$21.49*
Truck Control Service Driver	
Truck Driver, Teamsters Group I	
Truck Driver, Teamsters Group II	
Truck Driver, Teamsters Group III	
Truck Driver, Teamsters Group IV	

* The Division of Labor Standards received fewer than 1,000 reportable hours for this occupational title. The public works contracting minimum wage is established for this occupational title using data provided by Missouri Economic Research and Information Center.

**The Prevailing Hourly Rate includes any applicable fringe benefit amounts for each occupational title as defined in RSMo Section 290.210.

DALLAS COUNTY

OCCUPATIONAL TITLE	**Prevailing Hourly Rate
Carpenter	\$21.49*
Millwright	
Pile Driver	
Electrician (Outside Lineman)	\$21.49*
Outside - Groundman	
Outside - Groundman Tree Trimmer	
Outside - Lineman Operator	
Outside - Lineman Tree Trimmer	
Laborer	\$49.30
Laborer - General	
Laborer - Skilled	
Operating Engineer	\$55.88
Operating Engineer - Group I	
Operating Engineer - Group II	
Operating Engineer - Group III	
Operating Engineer - Group IV	
Truck Driver	\$21.49*
Truck Control Service Driver	
Truck Driver, Teamsters Group I	
Truck Driver, Teamsters Group II	
Truck Driver, Teamsters Group III	
Truck Driver, Teamsters Group IV	

Use Heavy Construction Rates on Highway and Heavy construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(3).

Use Building Construction Rates on Building construction in accordance with the classifications of construction work established in 8 CSR 30-3.040(2).

If a worker is performing work on a heavy construction project within an occupational title that is not listed on the Heavy Construction Rate Sheet, use the rate for that occupational title shown on the Building Construction Rate Sheet.

*The Division of Labor Standards received fewer than 1,000 reportable hours for this occupational title. Public works contracting minimum wage is established for this occupational title using data provided by Missouri Economic Research and Information Center.

**The Prevailing Hourly Rate includes any applicable fringe benefit amounts for each occupational title.

OVERTIME and HOLIDAYS

OVERTIME

For all work performed on a Sunday or a holiday, not less than twice (2x) the prevailing hourly rate of wages for work of a similar character in the locality in which the work is performed or the public works contracting minimum wage, whichever is applicable, shall be paid to all workers employed by or on behalf of any public body engaged in the construction of public works, exclusive of maintenance work.

For all overtime work performed, not less than one and one-half (1½) the prevailing hourly rate of wages for work of a similar character in the locality in which the work is performed or the public works contracting minimum wage, whichever is applicable, shall be paid to all workers employed by or on behalf of any public body engaged in the construction of public works, exclusive of maintenance work or contractual obligation. For purposes of this subdivision, "**overtime work**" shall include work that exceeds ten hours in one day and work in excess of forty hours in one calendar week; and

A thirty-minute lunch period on each calendar day shall be allowed for each worker on a public works project, provided that such time shall not be considered as time worked.

HOLIDAYS

January first;
The last Monday in May;
July fourth;
The first Monday in September;
November eleventh;
The fourth Thursday in November; and
December twenty-fifth;

If any holiday falls on a Sunday, the following Monday shall be considered a holiday.



SOUTHERN DALLAS COUNTY FIRE PROTECTION DISTRICT



Citizenship Affidavit

You must sign this form in the presence of District staff or a notary public.

Documentation of citizenship or immigration status is required. This form is for the collection of Department of Homeland Security or other citizenship/immigration documents.

Bidders must present a U.S. passport or an original valid government-issued photo ID along with their citizenship documentation. If notarized, the bidder must submit this original form along with copies of the documents presented at time of notarization.

Bidder Statement

I certify that I _____ am the individual signing this statement, and that I am providing a copy of my citizenship
BIDDER'S NAME

documents along with a valid government-issued photo identification bearing my portrait (or likeness). I certify that the attached documentation of citizenship and government-issued photo identification is the true, exact, and complete copy of the original issued to me. I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received based on the information and documents I have provided.

BIDDER SIGNATURE

DATE

LIST OF DOCUMENTS ATTACHED

Type of valid photo id

Expiration date of valid photo id

State authority of valid photo id

AND (if bidder does not have U.S. passport)

Type of citizenship and/or immigration documents

Expiration date (if any) of citizenship/immigration documents

OPTION 1: DISTRICT STAFF

☐

Original citizenship documentation and ID presented, and copies attached.

DISTRICT STAFF SIGNATURE

DATE

OPTION 2: NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ and City/County of _____.
STATE CITY/COUNTY

On _____, before me, _____, personally appeared, _____
DATE NOTARY'S NAME PRINTED NAME OF SIGNER

and provided to me on basis of identification _____ to be the above-named person who
TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED & COPY ATTACHED

signed the foregoing statement.

☐

COPIES ATTACHED

WITNESS MY HAND AND OFFICIAL SEAL

NOTARY SIGNATURE

DATE

My commission expires on: _____
DATE

Electronic signatures will not be accepted, and forms will be returned.



DIVISION OF LABOR STANDARDS

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS CONTRACTOR'S INFORMATION WAGE SURVEY

PROJECT INFORMATION

Contractor's

Name:

Address

City, State, ZIP:

Phone Number:

Dates of Work Reported Below

Beginning

Ending

____/____/____

____/____/____

Please Select One:

☐ Collective Bargaining Agreement Rate

☐ Non-Collective Bargaining Agreement Rate

County _____

Project Description _____

Type of Construction: ☐ Building ☐ Heavy and Highway

Email _____

Website _____

Occupational Title(s)	Total Hours	Basic Hourly Rate	Hourly Fringe Benefits Payments			
			H&W	Retirement	Paid Time Off	Training

The Contractor's Wage Survey must be submitted to the Division of Labor Standards by January 31. Surveys can be submitted monthly, however, it is strongly recommended they are submitted at least quarterly, within 31-days after the end of each quarter.

Certification

I am the Contractor for the above-named project. To the best of my knowledge, information and belief, I hereby certify that the number of hours, basic hourly rate, and fringe benefit payments listed above are true and correct and that the type of work performed by the number of employees identified above, relative to the Occupational Title(s) reported, is consistent with 8 CSR 30-3.060. I further recognize that any false statement or declaration made herein is punishable under Sections 290.340, 570.090, 575.050, and 575.060, RSMo.

Email completed form to: prevailingwage@labor.mo.gov

Or

Mail completed form to:

Missouri Department of Labor and Industrial Relations

DIVISION OF LABOR STANDARDS

Attn: Prevailing Wage Section

P.O. Box 449

Jefferson City, MO 65102-0449

Date _____

Signature /S/ _____

Printed Name _____

Title _____

Contact Information:

Phone: 573-751-3403

Email: prevailingwage@labor.mo.gov

Website: labor.mo.gov/DLS

The Division of Labor Standards requests your participation in our Prevailing Wage Survey. Surveys are conducted throughout the year to determine the prevailing wages paid to construction workers in all Missouri counties and the city of St. Louis. Your responses to this survey are your opportunity to participate in establishing the state's prevailing wages.

Please complete the survey form on the other side according to the instructions given below. Complete all spaces on the form or indicate "Not Applicable" or "Not Available" where appropriate. You must complete the Project Information entirely for your survey to be accepted.

- 1) Indicate the dates when the work was performed.
- 2) Indicate whether the work performed was paid at a Collective Bargaining Agreement Rate or a Non-Collective Bargaining Agreement Rate.
- 3) Indicate the type of construction (See 8 CSR 30-3.040)
 - BUILDING – sheltered enclosure with walk-in access for the purpose of housing persons, machinery, equipment or supplies.
 - HEAVY AND HIGHWAY – antenna towers, channels, levees, pipe lines, sewers, etc.

Hours worked on residential construction (single family homes or apartment buildings of less than four stories) and general maintenance should not be reported on this survey. Accordingly, wage data for ALL commercial construction SHOULD be reported.

- 4) Provide the project information for each project you are reporting. If you require additional forms, visit labor.mo.gov/media/pdf/ls-04-ai.
- 5) Please report only wages and fringe benefits paid for actual hours worked. We cannot accept wage information that is estimated or averaged.
- 6) Report hours worked in each occupational title. This must be consistent with the occupational titles identified in 8 CSR 30-3.060 (i.e., carpenter, plumber, electrician (inside wireman), operating engineer Group I, etc.). Multiple hourly rates paid to workers require a separate line for each occupational title and rate.

Wage rates should be reported only for journeyman workers. Do not include wages paid to apprentice and entry-level workers during on-the-job training periods. Supervisors that are working foremen (those that work with tools) may be reported at the journeyman rate for the hours that they are actually working with the tools, but only if they are receiving wages higher than the journeyman rate.

Only straight time hourly rates of pay should be reported. Do not include overtime rates of pay. All hours of work, including all overtime hours of work, must be reported at the straight time rate of pay.

- 7) Combine fringe benefits in the appropriate columns. H&W includes dental, health, vision, and life insurance. Retirement includes annuities, pension supplements, and 401K contributions. Paid time off includes holiday and vacation. Training includes apprenticeship and safety training. Percentages must be converted into hourly rates. Additional information can be found at dls-awo-form.labor.mo.gov.
- 8) In the space provided, include the printed name, title, and signature of the person preparing this report. By typing your name in the signature block you are certifying that the information you have provided is true and correct to the best of your knowledge.

Thank you for participating in this wage survey. We encourage you to continue to participate by periodically submitting additional reports. If you have any questions or suggestions, please contact us at 573-751-3403 or prevailingwage@labor.mo.gov.

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.

TDD/TTY: 800-735-2966 Relay Missouri: 711



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
CONTRACTOR PAYROLL RECORDS
(See Sections 290.210 to 290.340, RSMo and 8 CSR 30-3.010 to 8 CSR 30-3.060)

Name of ☐ Contractor ☐ Subcontractor		Address of Contractor or Subcontractor:		State:	ZIP:	Phone Number: () -													
Name of Public Body		Address of Public Body:		State:	ZIP:	Phone Number: () -													
Payroll No.	For Week Ending / /	AWO	Project and Location					Project or Contract No.											
1. Name and Address of Employee	2. Occupational Title ***	3. Day and Date							4. Total Hours	5. Hourly Rate	6. Gross Amt/ Project Week	7. Deductions				8. Net Wages Paid for Week			
		Day										FICA and Medicare	Federal and State Withhold- ing Tax	Other A	Other B		Total Deduc- tions		
		Date																	
		Hours Worked Each Day																	
			DT																
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*** If a worker performs work in more than one occupational title, you must separately list the hours worked per occupational title and wage rates. ***

FRINGE BENEFITS

In addition to the basic rates paid to each laborer or mechanic on the payroll, payments have been or will be made to appropriate programs for the benefit of these employees as shown in the following chart below. If fringe benefit amounts paid are the same for all employees, you may list the amount of each such identical fringe payment only once in the appropriate column; if the fringe benefit amounts vary by employee, list each employee's name and set out the amounts paid on behalf of each employee for each fringe benefit.

Employee Name	Health and Welfare (\$/hr)	Pension (\$/hr)	Vacation (\$/hr)	Holiday (\$/hr)	Appren- tice Training (\$/hr)	Other C (\$/hr)	Other D (\$/hr)	Total (\$/hr)	If “Other/Deduction” or Fringes, please explain. (Indicate Other A, B, C or D)	Identify by name, the plan, fund, or programs to which fringe benefits are paid. (Indicate H&W, Pension, etc.)

Date: _____

I, _____ (*Name of Signatory Party*), _____ (*Title*) do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____ (*Building or Work*); that during the payroll period commencing seven (7) days prior to the week ending date of _____ all persons employed on said project have been paid the full weekly wages stated above, that no rebates have been or will be made either directly or indirectly to or on behalf of _____ (*Contractor or Subcontractor*), from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than legally permissible deductions, that full and accurate records clearly indicating the names, occupations, and crafts of every worker employed by them in connection with the public work together with an accurate record of the number of hours worked by each worker and the actual wages paid for each class or type of work performed and deduction made for each worker have been prepared, that these payroll records are kept and have been provided for inspection to the authorized representative of the contracting public body and will be available as often as may be necessary and such records shall not be destroyed or removed from the state for the period of one year following the completion of the public work in connection with which the records are made.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage order incorporated into the contract; that the occupational title set forth herein for each laborer or mechanic conform with the work performed.

Name and Title	Signature
The falsification of any of the above statements may subject the contractor or subcontractor to criminal prosecution. See Sections 290.340, 570.090, 575.050, and 575.060, RSMo.	

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711

Request For Information (RFI)

Number: _____

Date of Request _____

Requesting Firm Name		Contact Name	
Address		Contact Title	
		Phone	
Project Name		Email	

Request Description

Proposed Solution

Response

Response Prepared By		Date	
Attachments?		Number of Pages	

SUBMITTAL TRANSMITTAL

SUBMITTAL NUMBER: _____

PROJECT NAME: _____

PROJECT LOCATION: _____

PROJECT NUMBER: _____

SUBMITTAL NAME:

Date: _____

TO:

FROM:

SUBMITTAL TYPE:

☐ Product Data	☐ Re-Submittal	☐ Information (Waiver)	
☐ Test Reports	☐ Shop Drawings	☐ Quality Control/Assurance	
☐ Design Data	☐ Certificate	☐ Contract Closeout	
	☐ Samples	☐ Other	

Specification Section Number and Title: _____

[illegible]

SUBSTITUTION REQUEST FORM

Project: _____ Substitution Request Number: _____
From: _____
To: _____ Date: _____
Client Project Number: _____
Re: _____ Contract For: _____

Specification Title: _____ Description: _____
Page Number: _____

Proposed Substitution: _____
Manufacturer: _____ Website URL: _____
Trade Name: _____ Model No.: _____
Installer: _____ Phone: _____

Differences between proposed substitution and specified product: _____

Reason for not providing specified item: _____

Similar Installation:

Project: _____ Architect: _____
Address: _____ Owner: _____
Does proposed substitution affect other Work? ☐ No ☐ Yes (explain) _____

Cost Savings: [Deduct] _____ Dollars \$ _____
Schedule Impact: [Add] [Deduct] _____ days.

THE UNDERSIGNED CERTIFIES:

- Proposed substitution has been fully investigated by the Contractor, and determined to be equal or superior in all respects to specified product.
- Contractor acknowledges that this proposed substitution must also meet the design intent expressed in the Contract Documents, as judged by the District and substantiated by the materials submitted herewith.
- Contractor will furnish the same warranty for proposed substitution as for specified product.
- Contractor has verified that the same level of maintenance service and similar availability of replacement parts, as applicable, is available.
- Contractor has verified that the proposed substitution will have no adverse effect on other trades, and will not affect or delay progress schedule.
- Cost data as stated above is complete. Claims for additional costs related to accepted substitution which may subsequently become apparent will be waived by the Contractor.
- Proposed substitution does not affect dimensions and functional clearances.
- Contractor will be responsible for changes to building design, including redesign, detailing, and construction costs caused by this substitution.
- Coordination, installation, and changes in the Work as necessary for accepted substitution will be completed by the Contractor in all respects.

Submitted By (Name): _____

Signature: _____

On Behalf of (Company): _____

Address: _____

Email: _____

Attachments: _____

DISTRICT'S REVIEW AND ACTION

- ☐ Substitution Approved - Make submittals in accordance with Specifications.
- ☐ Substitution Approved as Noted - Make submittals in accordance with Specifications
- ☐ Substitution Rejected - Use specified products/materials.
- ☐ Substitution Request received too late - Use specified products/materials.

Reviewed By (Name): _____

Signature: _____

Date: _____

END OF SUBSTITUTION REQUEST FORM