VENDOR SELECTION FORM

For purchases over $10,000

In order to provide open and free competition and to obtain the maximum value for each dollar expended, Mineral Area College has a competitive bidding policy for purchases over $10,000 according to Board Policy: Article VIII – Business Procedures 8.51 – Purchasing Policy Over $10,000

This completed form should be submitted to the Executive Director of Finance.

Competitive Bids – In the table below, please provide quote information relating to the requested service / product. Please attach copies of these quotes with the completed form. Forms will be approved within 3 business days.

Vendor Name & Contact Person	Quote #	Date of Quote	Total $ Amount
Neel Construction LLC Shawn Neel	Est #1755	5/12/2025	$138,000.00
Rosener Roofing LLC	Est #E123	6/2/2025	$103,500.00

The College shall take all affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible.

Awarded Bid – Please check the method used for vendor selection.

Selected Vendor:

Neel Construction LLC

Bids are only good for the Fiscal Year in which they are approved.

☐ Lowest bid awarded. This is applicable when the competitive bidding process was utilized, and selection was based on the lowest price.

☒ Bid awarded on other criteria. This is applicable when the competitive bidding process was utilized and selection was based on criteria other than lowest price. Examples for selection include, but are not limited to: feasibility, availability, or quality.

- Please provide an explanation of how the awarded bid was selected: The lower bid did not provide proof of prevailing wages nor proof of insurance/bonding info.

- Please provide a price justification in Section III of this form.

☐ Selected Source awarded. A selected source is applicable when other vendors exist in the marketplace, however, a vendor is selected without competitive bids based upon: technical requirements of the requested product; past performance by other vendors, or a current or historical relationship between the selected vendor and the College.

- Please provide an explanation of how the awarded bid was selected:

- Please provide a price justification in Section III of this form.

☐ Single Source awarded. A sole source selection is applicable when no other vendor is capable of providing the requested service or product. Please provide an explanation of:

- Reason the purchase is considered to be "sole source":

- Description of the selection process:

- Explanation of how the price was determined to be "reasonable":

Determination of Reasonable Price

Please select the statement below that best reflects how the price of the awarded bid was considered "reasonable."

☐ Competitive bidding – Lowest price was selected.

- [x] Competitive bidding – Lowest price was not selected, however, based on other selection criteria and full comparison, price was determined to be reasonable.
- [ ] Price comparison: Reasonable price as compared with like or similar items purchased previously through the College. Please reference the previous PO number.
- [ ] Reasonable price as compared with like or similar items available in a catalog, website, or advertisement. Please provide a copy of the source.
- [ ] Rate / cost negotiated with an approved vendor per an existing contract or agreement.
- [ ] Please reference the date of agreement.
- [ ] Other: Please provide an explanation.

If using a credit card, this form will suffice for a Visa Purchase approval form once all signatures are completed.

This purchase will be completed with?

- [ ] **Credit Card**
- [x] **Purchase Order**

Please email this form and electronic/scanned Bids to rjenkins@mineralarea.edu

Dr. Joe Gilgour/President
Requestor's Printed/Typed Name and Title

10/30/2025
Date


Requestor's Signature

Dean or VP Signature

Date

ESTIMATE

Prepared For

Mineral Area College
5270 Flat River Road
Park Hills, Missouri 63601

Neel Construction
Custom Homes & Roofing

Neel Construction LLC

1162 BUS 67
FREDERICKTOWN, MO 63645
Phone: (573) 783-1114
Email: neelco@hotmail.com

Estimate # 1755
Date 05/12/2025

Description	Total
Remove and Replace Roof on North College Center	$138,000.00

Remove all Shingles and Install Certainteed Landmark Shingles. The Landmark includes a 40 year manufacturer warranty.
Includes all drip edge, synthetic felt underlayment, nails, pipe boots, vented ridge, ridge cap, & clean up.
Ice and water sheild will be installed on all valleys, rakes, eaves, and around penetrations.
Includes all Materials, Labor, and waste fees.

Upgrade to a Landmark Pro with Max Def color and a 50 year manufacturer warranty for $7200

Any deteriorated decking will be replaced at a cost of $75 per 4x8 sheet of 1/2" plywood. including materials and labor.

All Labor will be paid at prevailing wage scale.

All exhaust vents will have new flashing.

Subtotal	$138,000.00
Total	**$138,000.00**

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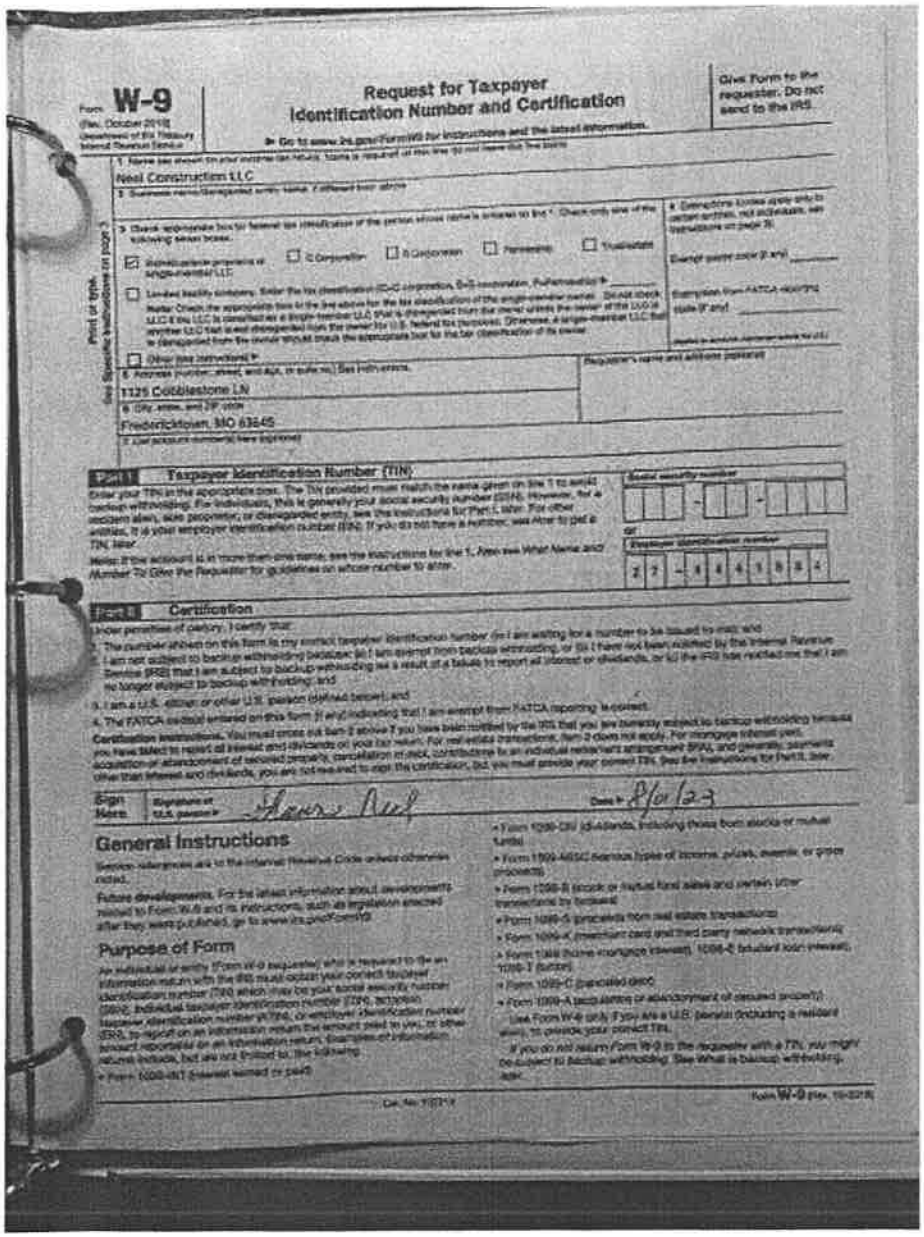


Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

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.
Neal Construction 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.
1125 Cobblestone LN

Requester's name and address (optional)

6 City, state, and ZIP code
Fredericktown, MO 63645

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 - 4 8 4 1 5 5 4

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 ▶ Aaron Neal | Date ▶ 8/6/27

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.

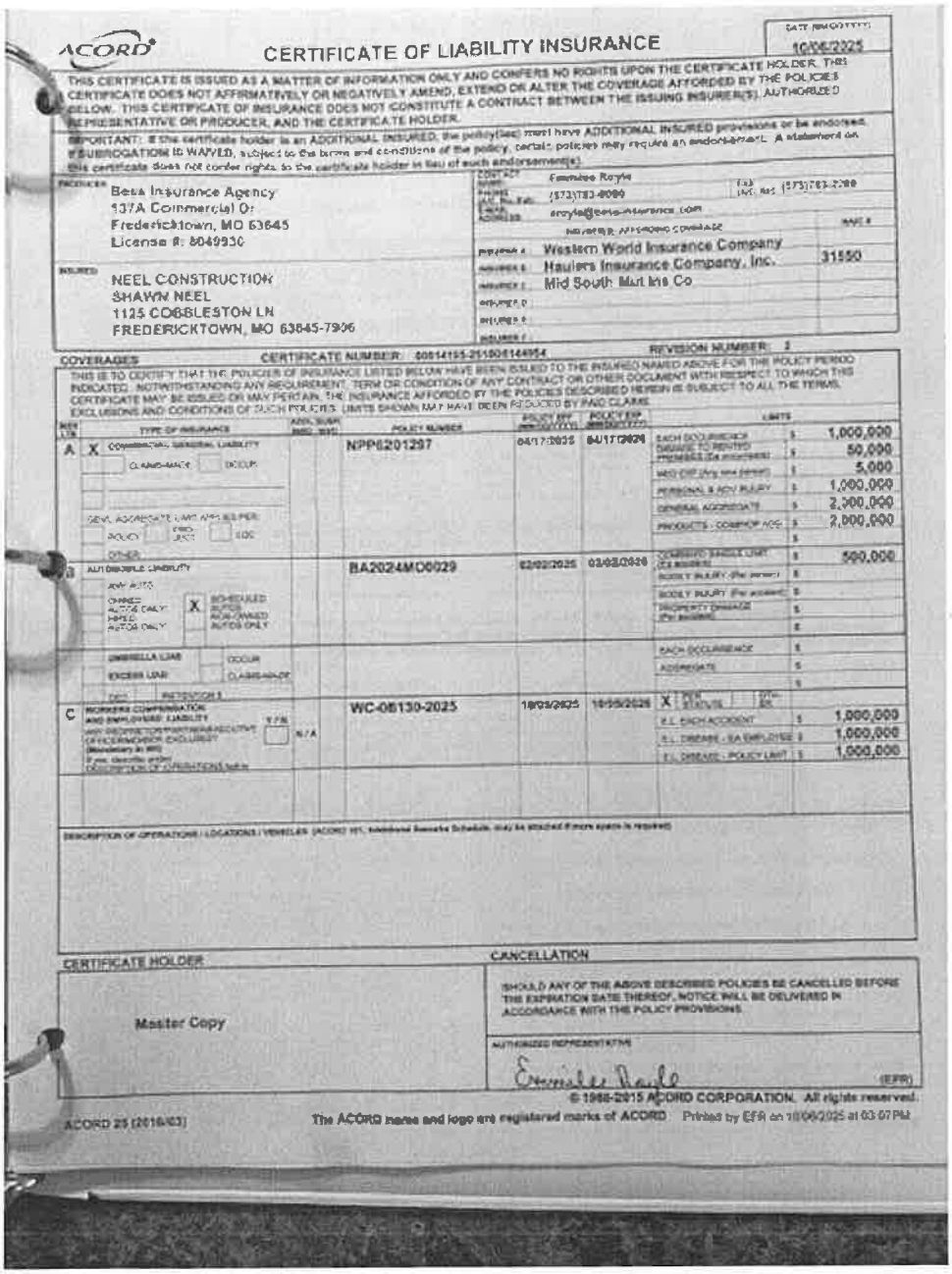
Purpose of Form

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.



ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Bess Insurance Agency
137A Commercial Dr
Fredericktown, MO 63645
License #: 8049930

CONTACT NAME: Emmilee Royle
PHONE (A/C, No, Ext): (573)783-8080
FAX (A/C, No): (573)783-2280
E-MAIL ADDRESS: emoyle@bess-insurance.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: Western World Insurance Company — 31550
INSURER B: Haulers Insurance Company, Inc.
INSURER C: Mid South Mut Ins Co
INSURER D:
INSURER E:
INSURER F:

INSURED
NEEL CONSTRUCTION
SHAWN NEEL
1125 COBBLESTON LN
FREDERICKTOWN, MO 63645-7906

COVERAGES CERTIFICATE NUMBER: 00514155-25150614495A REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			NPP6201297	04/17/2025	04/17/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
B	AUTOMOBILE LIABILITY			BA2024MC0029	02/02/2025	02/02/2026	COMBINED SINGLE LIMIT (Ea accident)	$ 500,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC-06130-2025	10/03/2025	10/03/2026	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Master Copy

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Emmilee Royle (EFR)

Printed by EFR on 10/06/2025 at 03:07 PM

ROSENER ROOFING LLC
PO BOX 344
PARK HILLS MO 63601
573-631-9887

Estimate

Number	E123
Date	6/2/2025

Bill To
MAC
N COLLEGE CENTER
rresinger@MineralArea.edu
5270 FLAT RIVER RD
PARK HILLS, MO, 63601

Ship To
MAC
N COLLEGE CENTER
rresinger@MineralArea.edu
5270 FLAT RIVER RD
PARK HILLS, MO, 63601

Description	Amount
TEAR OFF SHINGLE ROOF, INSTALL NEW SYNTHETIC FELT, DRIP EDGE, AND LIMITED LIFETIME ARCHITECTURAL SHINGLES. INSTALL NEW PIPE BOOTS AND VENTED RIDGE.	$103,500.00

ANY DECKING REPAIR TO BE $60.00 PER HOUR PLUS MATERIAL.

CLEAN UP AND DISPOSAL INCLUDED

5 YEAR LABOR WARRANTY

Amount Paid	$0.00
Amount Due	$103,500.00

Sub Total	$103,500.00
Total	$103,500.00

ROSENER ROOFING LLC
PO BOX 344
PARK HILLS MO 63601