



Julie Haywood
Sequoyah County Clerk

120 E. Chickasaw, Suite 105 Sallisaw, OK 74955 * P: 918-775-4516 * F: 918-775-1218 * seqcoclerk@diamondnet.us

October 21, 2026

RE: **Install a complete Silicone Roofing System at Sequoyah County Health Department**

Dear Sir/Madam:

Please find enclosed an invitation to bid to install a complete Silicone Roof Restoration System over the existing Metal Roofing System with manufacturer requirements for a 20-year No Dollar Limit (NDL) Warranty at the Sequoyah County Health Department. The bid must be received in the County Clerk's Office no later than 9:00am on Monday, November 23, 2026. The bids will be opened at the Sequoyah County Commissioner's meeting at 10:00am on Monday, November 23, 2026.

Should you have any questions, please feel free to contact us.

Thank you,

A handwritten signature in black ink that reads "Julie Haywood". The signature is written in a cursive, flowing style.

Julie Haywood
Sequoyah County Clerk

**SEQUOYAH COUNTY CLERK OFFICE
JULIE HAYWOOD, COUNTY CLERK
SALLISAW, OKLAHOMA
PHONE (918) 775-4516
FAX 918-775-1218**

INVITATION TO BID

PLEASE REVIEW THE TERMS & CONDITIONS AND BID REGULATIONS ON PAGES 2 & 3 RELATING TO SUBMISSION OF THIS BID.
NOTARIZED COMPLETIONS AND SIGNATURE REQUIRED ON PAGE 2 FOR VALID BID.

		DATE ISSUED: Monday, October 19, 2026
BID NUMBER 2027-3	BID CLOSING DATE AND HOUR: Monday, November 23, 2026 at 9:00 AM	
	BID OPENING DATE AND HOUR: Monday, November 23, 2026 at 10:00 AM	
PLEASE LIST FIRM NAME & ADDRESS BELOW		BID TOTAL
FIRM		
ADDRESS CITY STATE ZIP		
SEQUOYAH COUNTY WILL ACCEPT BIDS FOR INSTALLATION OF SILICONE ROOF RESTORATION OVER EXISTING METAL ROOFING AT: SEQUOYAH COUNTY HEALTH DEPARTMENT 612 N OAK STREET SALLISAW, OK 74955 *BID SPECIFICATIONS ARE ATTACHED. *CONTRACTOR MUST SUPPLY THREE REFERENCES FROM RECENT CUSTOMERS. *A NON-COLLUSION AFFIDAVIT MUST BE ATTACHED TO ALL BIDS. *MUST BE LICENSED AND BONDED. Interested bidders may contact the Sequoyah County Health Department with questions regarding the bid by calling Project Manager Greg Prewett (918) 775-6201. Please mark your bid envelope clearly, " BID 2027-3 " Return your bid to: Julie Haywood, County Clerk 120 East Chickasaw, Suite 105 Sallisaw, OK 74955		\$ _____

TERMS AND CONDITIONS

1. Sealed bids will be opened in the Commissioner's Conference Room, Sequoyah County Courthouse, Sallisaw, Oklahoma at the time and date shown on the "INVITATION TO BID" form.
2. Late bids will not be considered. Bids must be received in sealed envelopes (one to an envelope) with bid number and closing date written on the outside of the envelope.
3. Unit prices will be guaranteed correct by the bidder.
4. Firm prices will be F.O.B. destination.
5. Purchased by Sequoyah County, Oklahoma, are not subject to state or federal taxes.
6. This bid is submitted as a legal offer and any bid when accepted by the County, constitutes a firm Contract.
7. Oklahoma laws require each bidder submitting a bid to a county for goods or services to furnish an originally signed and notarized sworn "STATEMENT OF NON-COLLUSION". A form is supplied below. Bids without a notarized signature or seal will be rejected.
8. Bids will be firm until completion of Contract.

AFFIDAVIT: I, the undersigned, of lawful age, being first duly sworn on oath say that he (she) is the agent authorized by the bidder to submit the above bid. Affiant further states that the bidder has not been a party to any collusion among bidders in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding; or with any state official or employee as to quantity; quality or price in the prospective Contract or any other terms of said prospective Contract; or in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a Contract; that the bidder/Contractor has not paid, given or donated or agreed to pay, give or donate to any officer or employee of the State of Oklahoma (or other entity) any money or other thing of value, either directly or indirectly in the procuring of the award of a Contract pursuant to this bid.

Subscribed and sworn before me this _____ day of _____, 2026 (S E A L)

My Commission expires: _____

Notary Public (Clerk or Judge)

FIRM: _____

Signed by: _____

Please print name of signee

Address: _____

Telephone: _____

FAX: _____

F.I.D. #: _____

Return to:

Julie Haywood
Sequoyah County Clerk
120 E. Chickasaw, Suite 105
Sallisaw, OK 74955

NOTE: Other terms and conditions can be added at the discretion of the county officers.

INSTRUCTIONS FOR SUBMITTING BID PROPOSALS

1. Fill out the "INVITATION TO BID" form completely.
2. Sign the "TERMS AND CONDITIONS" form and have signature notarized.
3. Identify the outside of the sealed envelope as follows:

"SEALED BID # 2027 - 3 / CLOSING 11/23/2026, 9:00AM"

4. Make sure the company name and return address appears on the outside of the envelope.
5. File the bid proposal with the Sequoyah County Clerk, either by mail or in person, before 9:00am, Monday, November 23, 2026. Bids received after this time will be rejected and returned unopened. All bids will be opened at 10:00AM, Monday, November 23, 2026 during the County Commissioners' meeting held at 117 South Oak Suite 112, Sallisaw, Oklahoma.
6. All forms must be filled out completely. Any incomplete forms could result in rejection of bid if the Board of County Commissioners considers such action to be in the best interest of Sequoyah County.
7. The mailing address of the Sequoyah County Purchasing Department is as follows:
Julie Haywood, County Clerk
120 East Chickasaw
Suite 105
Sallisaw, OK 74955
8. All bid information shall be typewritten or legibly written in ink. The person signing the "TERMS AND CONDITIONS" form shall initial all corrections.
9. On all bids requiring services or contract labor, proof of liability insurance may be required. Read the bid specifications carefully.
10. For prompt payment of all invoices, please submit original invoice with reference to the Sequoyah County purchase order number, to the ordering agency. Upon receipt of properly executed invoice and receiving report are received by the County Clerk's Office by 11:00am on Fridays, payment will be processed for the following Monday. If the invoice totals \$25,000.00 or more, the attached SA&I Form 427 "AFFIDAVIT FOR PAYMENT IN EXCESS OF \$25,000.00" must be filled out, notarized and attached to the original invoice. Only one (1) "AFFIDAVIT FOR PAYMENT IN EXCESS OF \$25,000.00" is required per fiscal year (July 1 through June30). A new "AFFIDAVIT FOR PAYMENTS IN EXCESS OF \$25,000.00" dated July 1 or later must be submitted at the beginning of each new fiscal year.
11. If you have any questions regarding the bid specifications please contact Greg Prewett, Sequoyah County Health Dept. at (918) 775-6201. For questions regarding bid deadlines, opening or payment process please contact Sequoyah County Clerk Julie Haywood at (918) 775-4516.

NOTE: ALL BID PROPOSALS WILL BE DEEMED INVALID AND THEREFORE REJECTED WHICH DO NOT CONTAIN THE "INVITATION TO BID" AND THE SIGNED AND NOTARIZED "TERMS AND CONDITIONS".

Scope of Work Roof Coating

Sequoyah County Health Department

2026

612 N Oak Street, Sallisaw, Oklahoma

Scope

Provide all labor, materials, equipment, and supervision necessary to install a complete silicone roof restoration system over the existing metal roofing system in accordance with manufacturer requirements for a 20-Year No Dollar Limit (NDL) Warranty.

- Inspect existing metal roof and identify deficiencies requiring repair prior to coating installation.
- Remove loose debris, dirt, oils, oxidation, and other contaminants. Pressure wash and prepare the entire roof surface as required by the coating manufacturer.
- Remove and replace failed or deteriorated sealants as necessary.
- Tighten and/or replace loose, missing, or backed-out fasteners. Treat exposed fastener heads with manufacturer-approved silicone/sealant.
- Repair existing metal panels, penetrations, flashings, and other deficient areas as required to provide a suitable substrate.
- Treat all horizontal and vertical metal panel seams, end laps, transitions, penetrations, curbs, and flashing conditions with manufacturer-approved silicone sealant and/or reinforcing fabric as required.
- Address existing rust and corrosion with manufacturer-approved preparation and primer where required.
- Perform adhesion testing and apply manufacturer-approved primer where required by substrate conditions or warranty specifications.
- Apply silicone roof coating uniformly over the entire prepared metal roof surface at the manufacturer's required application rate and dry-film thickness necessary to qualify for the 20-Year NDL Warranty.
- Provide additional coating and detailing at seams, fasteners, penetrations, curbs, transitions, and other high-stress areas as required by the manufacturer.
- Maintain positive drainage and keep existing drains, gutters, scuppers, and drainage paths clear throughout installation.
- Complete final inspection, punch-list corrections, and manufacturer-required warranty inspection.
- Provide a 20-Year Manufacturer No Dollar Limit (NDL) Warranty upon successful completion, inspection, and acceptance of the roofing system.
- Provide new gutters and down spouts replacing existing ones, on the east and west sides of the building.

The following is a brief partial list for this project:

1. Pre-Scheduled onsite evaluation for project with project manager.
2. The contractor will be responsible for obtaining all clearance for existing utilities and permits required.
3. Clean up of work area.
4. Contractor shall be responsible for verifying the dimensions of the roof.
5. Warranty information should be included in the bid.
6. Timeline of completion of above scope must be given.
7. All work shall meet state and local codes.

Owner Note:

Any deviation from these specifications must be noted on the bid.

Any changes that need to be made during the installation process will need to be submitted in writing to and approved in writing by the owner's representative.

Constraints

Work may not begin until notice has been given by Project Manager.

Key people / Key stakeholders

Sequoyah County Health Department Leadership

Project manager

Greg Prewett GregP@health.ok.gov 918-775-6201

Request for Taxpayer Identification Number and Certification

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

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

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.	
	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.	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.

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									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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

SA&I 427

INVOICE # _____

P. O. # _____

AFFIDAVIT FOR PAYMENTS IN EXCESS OF \$25,000.00

STATE OF _____

COUNTY OF _____

The undersigned (Architect, Engineer, Contractor or Supplier), of lawful age, being first duly sworn, on oath says that this invoice or claim is true and correct. Affiant further states that the (work, services or materials) as shown by this invoice or claim have been (completed or supplied) in accordance with the plans, specifications, orders or requests furnished the Affiant. Affiant further states that (s) he has made no payment directly or indirectly to any elected official, officer or employee of the State of Oklahoma, any county or local subdivision of the state, of money or any other thing of value to obtain payment of the invoice or procure the Contract or purchase order pursuant to which an invoice is required.

(Architect, Engineer, Contractor or Supplier)

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public, Clerk or Judge)

My Commission Expires: _____

NOTE: A copy of this Affidavit must be attached to any invoice submitted by an Architect, Engineer, Contractor or Supplier of Material in excess of \$25,000.00, as required by 74 O.S. Supp. 2002, §3109.