

**From:** [Stephens, Jesse](#)  
**To:** [Perkins, Drew](#)  
**Subject:** Issuing an RFQ to conduct a user rate study for BCRSD - Item I)(7)  
**Date:** Friday, September 12, 2025 6:20:33 PM  
**Attachments:** [image001.png](#)  
[Proposal #07-2025; 2025 User Rate Study FINAL 09122025.pdf](#)

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Dear Board of Trustees,

I'm seeking a motion to authorize the interim executive director to advertise and solicit proposals for a user rate study as identified in RFP #07-2025



***Jesse Stephens, Facilities Engineering Manager***  
Boone County Regional Sewer District (BCRSD)  
1314 N. 7th St., Columbia, MO 65201  
C: 573.239.4025 | O: 573.443.2774  
e: [jstephens@bcrsd.com](mailto:jstephens@bcrsd.com) | w: [www.bcrsd.com](http://www.bcrsd.com)



**Request for Proposal (RFP) for User Rate Study  
For Boone County Regional Sewer District  
(BCRSD)**

***Proposal #07-2025***

**Submittal Deadline:  
not later than 2:00 P.M. CST  
October 15<sup>th</sup>, 2025**

**Direct Responses To:**

**Jesse Stephens  
Interim Executive Director**

**jstephens@bcrsd.com  
P: (573) 443-2774  
bcrsd.com**

**Issued Date: September 17<sup>th</sup>, 2025**

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## **NOTICE OF REQUEST FOR PROPOSAL**

Boone County Regional Sewer District (BCRSD) is accepting proposals in response to this Request for Proposals (RFP) for the following:

### **RFP for User Rate Study – Boone County Regional Sewer District**

A virtual pre-proposal meeting will occur at **2:00 p.m. central standard time (CST) on Thursday, October 2<sup>nd</sup>, 2025** at the BCRSD office located at 1314 N. Seventh Street, Columbia, MO 65201. Interested Offerors are encouraged to attend in order to ask questions of our staff. A virtual attendance link will be provided to those who cannot appear in person. This will be posted on our website at [www.bcrsd.com](http://www.bcrsd.com)

Offerors shall e-mail [jstephens@bcrsd.com](mailto:jstephens@bcrsd.com) by **5:00 p.m. on Wednesday October 8<sup>th</sup>, 2025** indicating their intent to submit a proposal and list any questions they have about the proposal. Failure to indicate intention to submit a proposal response may result in the Offeror not receiving addenda or other critical updates for the proposal submission.

Answers to questions received will be e-mailed to all interested Offerors by **Friday, October 10<sup>th</sup>, 2025** and will also be available upon request. Answers to questions received after 5:00 p.m. on Friday, October 10<sup>th</sup>, 2025 will not be provided.

Sealed proposals will be accepted until **2:00 p.m. CST on Wednesday, October 15<sup>th</sup>, 2025**, at the office of the BCRSD located at 1314 North Seventh Street, Columbia, MO 65201. Proposals received after that time will not be opened.

Request for Proposals are available from the BCRSD and requests for copies may be made by phone (573) 443-2774 or e-mail: [jstephens@bcrsd.com](mailto:jstephens@bcrsd.com)

## **REQUEST FOR PROPOSAL FOR UTILITY USER RATE STUDY**

The Boone County Regional Sewer District (BCRSD), of Columbia, Missouri, invites your firm to submit a proposal to perform a user rate study to update the user rate study that was completed in 2019. We are currently preparing a 20-year Capital Improvement Plan (CIP), and it will be necessary to project user rates to finalize recommendations within the CIP. A draft copy of the CIP is currently available on our website for review.

### **SUBMITTAL DEADLINE:**

DATE: October 15th, 2025

TIME: 2:00 P.M.

Please provide one (1) hard copy of the proposal along with a thumb drive containing an electronic version of the proposal.

Boone County Regional Sewer District  
Jesse Stephens  
Interim Executive Director  
1314 North 7<sup>th</sup> Street  
Columbia, MO 65201  
[jstephens@bcrsd.com](mailto:jstephens@bcrsd.com)  
(573) 443-2774

The BCRSD will not accept any proposals received after 2:00 P.M., October 15<sup>th</sup>, 2025 and will return such late proposals to the Offeror.

### **GENERAL REQUIREMENTS:**

The study should perform an initial analysis of the 20-year CIP to demonstrate how the capital projects will affect the user rates and discuss with BCRSD staff how to minimize rate impacts. This draft or preliminary study will be used to help finalize the CIP.

After the preliminary user rate study is complete, and after the CIP has been approved by the Board of Trustees and the Clean Water Commission, a final user rate study should be completed. The final User Rate Study must review and update projected balance sheets, statements of income, cash flow and user rates for 2026 through 2030 using a minimum debt service ratio of 1.1

**SCOPE OF SERVICES:**

1. Analysis and review of audited financial statements including balance sheets, income statements, and statements of cash flow for the last year.
2. Analysis and review of year-to-date financial statements.
3. Analysis and review of current rate structure and customer classifications.
4. Update and review of capital assets including historical costs, accumulated depreciations and estimated useful life.
5. Analysis and review of year-to-date billing reports by customer classification.
6. Update and review of current debt and payment schedules.
7. Update and review of water usage data by customer classification.
8. Update, review and incorporate most current projected timing of CIP projections.
9. Review and incorporate alternative funding options in the model.
10. Conduct a rate study work session with BCRSD staff as needed.
11. Prepare a draft rate study and submit one electronic copy for review by BCRSD. The respondent shall identify in their proposal how long it will take to prepare the preliminary/draft user rate study after notice to proceed has been given by BCRSD. Also, the respondent shall identify how long it shall take to prepare the final user rate study once authorized by BCRSD staff to proceed with the final study.
12. Incorporate BCRSD staff comments into the rate study as needed.

**BCRSD RESPONSIBILITIES:**

BCRSD shall provide electronic copies of all requested financial documents needed by the respondent in order to perform the work. Such information will be provided within 5 business days of request.

**MEETINGS AND TIMING:**

The firm selected will be required to conduct a kick-off conference with District staff to discuss the scope of the user rate study at an appropriate time mutually acceptable to all parties involved. The meeting may be in-person or virtual.

**REQUIRED INFORMATION TO BE SUBMITTED WITH PROPOSAL:**

1. Evidence of the firm's qualifications to provide the requested services.
2. Background and experience in performing user rate studies.
3. A written description of the user rate study approach and methods, or examples of user rate studies to be prepared.
4. Describe the experience of personnel assigned to BCRSD and of your firm as a whole in performing user rate studies.

5. A proposed timeline for a preliminary study and a final user rate study.
6. Disclose any potential conflict of interest that may occur because of acceptance of this engagement.
7. Is your firm currently involved in any litigation, mainly in the area of government, where your professional services are being challenged in court? If yes, explain in detail.
8. Has the Federal Government ever found a Single Audit that your office performed to be deficient according to federal guidelines? If yes, explain in detail.
9. References and contact information from at least three comparable clients.
10. A separate price proposal that includes the following items:
  - a. A firm, lump sum price for the 2025 User Rate Study, required reports, preparation and printing the 2025 User Rate Study.
  - b. Hourly Rates for Additional Services.

#### **EVALUATION PROCESS:**

Quotations and required information submitted will be reviewed by BCRSD staff. A recommendation will be made to the BCRSD Board for their review and final approval will be made by October 21<sup>st</sup>, 2025.

The BCRSD reserves the right to accept or reject any and all proposals, or to request any firm to give a pre-award interview.

## Appendix A – Offeror Response and Signature Page

*(The Offeror should complete and return this with the proposal)*

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies. When providing a Contact Name and E-Mail Address below, the Contact and E-Mail address provided must be a person who has the legal authority to contractually bind the Offeror's company in a contract with the BCRSD.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name and E-Mail Address:

\_\_\_\_\_

**NOTE:** The Offeror must clearly state in writing any restrictions or deviations from specifications and requirements stated herein. In the absence of such statement, the BCRSD will assume that all items/services offered are in strict compliance with specifications stated in the RFP, including all technical and cost requirements, terms and conditions. The Offeror must agree that the proposal, if selected for award by the BCRSD, will be included as part of the final contract with the BCRSD.



## Appendix B – Offeror Experience, Expertise & Reliability Questionnaire

*(The Offeror should complete and return this with the proposal)*

The following information must be provided by the Offeror to assist BCRSD in evaluating the Offerors' experience, expertise and reliability. The BCRSD reserves the right to use this information, including information gained from any other source, in the evaluation process.

Failure to submit requested information may negatively impact the evaluation of the proposal. The BCRSD is under no obligation to obtain information from the Offeror not submitted with the proposal that may impact the subjective evaluation of the Offeror's proposal.

### B.1 Company History:

The Offeror should describe in the available space, or attach additional pages, with the company's background in the provision of information technology-related services, e.g., when the company was founded, how long the company has been serving the Missouri market, etc.:

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### B.2 Offeror's References:

Provide at least three (3) references for whom the Offeror has performed IT-related service in the past three (3) years:

#### Reference 1

Company/Entity Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone Number and Area Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Description of Equipment/Services Furnished: \_\_\_\_\_

Availability of Reference: \_\_\_\_\_

**Reference 2**

Company/Entity Name:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Contact Title:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_

Telephone Number and Area Code:\_\_\_\_\_

E-mail Address:\_\_\_\_\_

Description of Equipment/Services Furnished:\_\_\_\_\_

Availability of Reference:\_\_\_\_\_

**Reference 3**

Company/Entity Name:\_\_\_\_\_

Contact Name:\_\_\_\_\_

Contact Title:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_

Telephone Number and Area Code:\_\_\_\_\_

E-mail Address:\_\_\_\_\_

Description of Equipment/Services Furnished:\_\_\_\_\_

Availability of Reference:\_\_\_\_\_

### B.3 Personnel Expertise Summary

Expertise of **key personnel** who will be assigned tasks as defined herein will be considered in the subjective evaluation of proposals. The Offeror should identify the names and provide a brief description of the background and work experience of key personnel who will be assigned to perform the 2025 User Rate Study.

1) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Background &  
Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Background &  
Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Background &  
Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### B.4 Signature and Identity of Offeror

The undersigned states that the correct LEGAL NAME and ADDRESS of (1) the individual Offeror, (2) each partner or joint venture (whether individuals or corporations, and whether doing business under fictitious name), or (3) the corporation (with the state in which it is incorporated) are shown below; that (if not signing with binding intent to become the responsible and sole Contractor) the signing party is the agent of, and duly authorized in writing to sign for the Offeror or Offerors; and that the signatory is signing and executing this (as indicated in the proper spaces below) as the proposal of a:

( ) sole individual                      ( ) partnership                      ( ) joint venture

( ) corporation, incorporated under laws of the state  
of \_\_\_\_\_

Dated \_\_\_\_\_, 20\_\_

Name of individual, all partners, or joint ventures:

Address of each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doing business under the name of:

Address of principal place of business in  
Missouri:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If a corporation - show its name above)

ATTEST:

\_\_\_\_\_  
(Secretary)

\_\_\_\_\_  
(Title)

NOTE: If the Offeror is doing business under a FICTITIOUS NAME, the Proposal shall be executed in the legal name of the individual, partners, joint ventures, or corporation, with the legal address shown, and the REGISTRATION OF FICTITIOUS NAME filed with the Secretary of State, as required by Section 417.200 to 417.230, RS Mo. shall be attached. If the Offeror is a CORPORATION NOT ORGANIZED UNDER THE LAWS OF MISSOURI, it shall procure a CERTIFICATE OF AUTHORITY TO DO BUSINESS IN MISSOURI, as required by Section 351.570 and following, RS MO. A CERTIFIED COPY of such Registration of Fictitious Name or Certificate of Authority to do Business in Missouri shall be filed as requested by the BCRSD.

## Appendix C – Statement of Qualifications

(The Offeror should complete and return this with the proposal)

Name of Offeror: \_\_\_\_\_

Business Address: \_\_\_\_\_

When Organized: \_\_\_\_\_

When Incorporated: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

If not under present firm name, list previous firm names and types of organizations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of years engaged in business under present firm name: \_\_\_\_\_

If the Offeror has done business under a different name, please give name and business location under that name: \_\_\_\_\_

Percent of work to be done by directly-employed staff: \_\_\_\_\_

Has the Offeror ever failed to complete any work awarded to the Offeror's company? Yes or No (Circle One)

If so, where and why? \_\_\_\_\_

Has the Offeror ever defaulted on a contract or been in litigation for services performed? Yes or No (Circle One). If "Yes", give details:

(a) Number of contracts on which default was made: \_\_\_\_\_

(b) Description of defaulted contracts and reason therefore: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated at this \_\_\_\_\_ day of \_\_\_\_\_ 2025

Name of Organization(s) \_\_\_\_\_

By (Name and Title of person signing) \_\_\_\_\_

(Signature) \_\_\_\_\_

## Appendix D – Work Authorization Information

(The Offeror should complete and return this with the proposal)

### INSTRUCTIONS FOR COMPLIANCE WITH HOUSE BILL 1549

House Bill 1549 addresses the Department of Homeland Security's and the Social Security Administration's E-Verify Program (Employment Eligibility Verification Program) that requires the BCRSD to verify "lawful presence" of individuals when we contract for work/service; verify that contractor has programs to verify lawful presence of their employees when contracts exceed \$5,000; and a requirement for OSHA safety training for public works projects.

The BCRSD is required to obtain certification that the Offeror awarded the attached contract participates in a federal work authorization program. To obtain additional information on the Department of Homeland Security's E-Verify program, go to:

<https://www.e-verify.gov/employers>

Please complete and return form Work Authorization Certification Pursuant to 285.530 RS MO if the contract amount is in excess of \$5,000. Attach to this form the E-Verify Memorandum of Understanding that the Offeror completed when enrolling. Information on that form is available at

[www.e-verify.gov/sites/default/files/everify/memos/MOUforEVerifyEmployer.pdf](http://www.e-verify.gov/sites/default/files/everify/memos/MOUforEVerifyEmployer.pdf)

If the Offeror is an Individual/Proprietorship, then the Offeror must return the attached Certification of Individual Offeror. On that form, the Offeror may do one of the three options listed. Be sure to attach any required information for those options as detailed on the Certification of Individual Offeror. If the Offeror chooses option number two, then the Offeror will also need to complete and return the attached form Affidavit.

(The Offeror should complete and return with the proposal)

**WORK AUTHORIZATION CERTIFICATION**  
**PURSUANT TO 285.530 RS MO**  
**(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of \_\_\_\_\_ )  
 ) ss  
 State of \_\_\_\_\_ )

My name is \_\_\_\_\_. I am an authorized agent of \_\_\_\_\_  
 \_\_\_\_\_(Offeror). This business is enrolled and participates in a federal work authorization  
 program for all employees working in connection with services provided to the BCRSD. This business  
 does not knowingly employ any person that is an unauthorized alien in connection with the services  
 being provided. Documentation of participation in a federal work authorization program is attached  
 hereto.

Furthermore, all subcontractors working on this contract must affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, must not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

\_\_\_\_\_  
Affiant

\_\_\_\_\_  
Date

---

Printed Name \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public

**CERTIFICATION OF INDIVIDUAL OFFEROR**

Pursuant to Section 208.009 RS MO, any person applying for or receiving any grant, contract, loan, retirement, welfare, health benefit, post-secondary education, scholarship, disability benefit, housing benefit or food assistance who is over 18 must verify their lawful presence in the United States. Please indicate compliance below. Note: A parent or guardian applying for a public benefit on behalf of a child who is citizen or permanent resident need not comply.

**Options**

\_\_\_\_\_1. I have provided a copy of documents showing citizenship or lawful presence in the United States. (Such proof may be a Missouri driver’s license, U.S. passport, birth certificate, or immigration documents). Note: If the applicant is an alien, verification of lawful presence must occur prior to receiving public benefit.

\_\_\_\_\_2. I do not have the above documents but provide an affidavit (copy attached – see following page) which may allow for temporary 90-day qualification.

\_\_\_\_\_3. I have provided a completed application for a birth certificate pending in the State of \_\_\_\_\_. Qualification must terminate upon receipt of the birth certificate or determination that a birth certificate does not exist because I am not a United States citizen.

_____	_____	_____
Applicant	Date	Printed Name



**AFFIDAVIT**  
**(Only Required for Certification of Individual Offeror (Option #2))**  
*– see previous page -*

State of Missouri                    )  
  ) ss  
County of \_\_\_\_\_ )

I, the undersigned, being at least eighteen years of age, swear upon my oath that I am either a United States citizen or am classified by the United States government as being lawfully admitted for permanent residence.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number  
or Other Federal I.D. Number

\_\_\_\_\_  
Printed Name

On the date above written \_\_\_\_\_ appeared before me and swore that the facts contained in the foregoing affidavit are true according to his/her best knowledge, information and belief.

\_\_\_\_\_  
Notary Public

My Commission Expires:

## Appendix E – BCRSD Standard Terms and Conditions

1. Responses shall include all foreseeable charges (unless otherwise specified) to BCRSD.
2. The BCRSD has the right to accept or reject any part or parts of all proposals, to waive technicalities, and to accept the offer the BCRSD considers the most advantageous to the BCRSD. BCRSD reserves the right to award this bid on an item-by-item basis, or an “all or none” basis, whichever is in the best interest of the BCRSD. BCRSD reserves the right to reject any or all bids, may re-issue a request for proposals for the services described herein as determined to be in the best interest of the BCRSD in the sole discretion of BCRSD, to waive informalities or minor deficiencies contained in a bid, and to award a contract to other than the bidder submitting the lowest cost proposal.
3. The BCRSD reserves the right, when only one proposal has been received by the proposal closing date, to delay the opening of proposals to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) proposal received will be retained unopened until the new Closing date, or at request of the Offeror, returned unopened for re-submittal at the new date and time of proposal closing.
4. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the BCRSD from them.
5. The delivery date and project delivery schedule will be taken into consideration in awarding the proposal.
6. The BCRSD reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Offeror must notify the BCRSD.
7. Failure to deliver as guaranteed may disqualify the Offeror from future bidding.
8. Prices must be as stated in units of quantity for all anticipated costs that are not one-time project development costs. One time project costs should be clearly identified.
9. No bid transmitted by fax machine or e-mail will be accepted.
10. Should an audit of Offeror’s invoices during the term of the Agreement, and any renewals thereof, indicate that the BCRSD has remitted payment on invoices that constitute an over-charging to the BCRSD above the pricing terms agreed to herein, the Offeror shall issue a refund check to the BCRSD for any over-charges within 30 days of being notified of the same.