



# PURCHASING DEPARTMENT

TWELVE EAST 4<sup>TH</sup> AVENUE, SUITE 106 • ROME, GEORGIA 30161

PHONE: 706.291.5118 • FAX: 706.290.6099 • [www.romefloyd.com](http://www.romefloyd.com)

Date: 23 September, 2015

To: To Whom It May Concern

## **Request for Quote: 15-1007-3 Backstop Renovations**

Floyd County is requesting quotes for renovating 5 Backstops. Please see the attached Scope of Work and Quote Sheet.

All quotes will be submitted on the attached quote sheet. Additional information may be submitted with quote. Quotes are to include all costs including shipping and delivery. Quotes submitted will be FOB Destination (Rome Ga. 30161).

A site visit is scheduled for **10am Wednesday 28 September** at the Alto Park Softball Center for those companies that would like see the condition of all backstops. **NOT MANDATORY**

This RFQ requires the bidder to supply a completed Contractors Affidavit (AKA E-Verify). Failure to provide will result in the submission not being considered per state law.

Quotes are due no later than **2pm, 7 Oct 2015**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 290-6099 – Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)  
Quotes are to remain valid for a period of 30 days from the date of quote.

Questions regarding this RFQ will be faxed 706 290-6099 or Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)

Typically award notification will be by email. Tabulations will be posted to the Floyd County Website and the Georgia Procurement Registry in approximately 24hrs after the due date/time.

## **Payment, Invoicing, and Terms and Conditions**

**Payment will be made by check. Floyd County will pay invoice(s) within 30 days of receipt of a valid invoice. Supplier may be required to send a current W-9 prior to having a Purchase Order issued. The Issued Purchase Order will serve to initiate the order. Floyd County is Tax Exempt. A Tax Exemption certificate will be provide upon request.**

### BOARD OF COMMISSIONERS

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### ADMINISTRATION

NANCY LAM, CPPB, CPPO, PURCHASING DIRECTOR  
EVERETT GRAY, CPPB, PURCHASING AGENT

**Floyd County Georgia**  
**RFQ 15-1007-3 Backstop Renovations**  
**Quote Due not later than 2pm 7 Oct 2015**

**SCOPE OF WORK**

Renovate 5 backstops for the Floyd County Parks and Recreation Department at the Floyd County Softball Center at Alto Park located at 1014 Burnett Ferry Road, Rome, GA 30165

A Site visit is scheduled for **10am Wednesday 28 September** at the Alto Park Softball Center for those companies that would like see the condition of all backstops. This in **NOT MANDATORY**

**CONTRACTOR WILL**

Provide all labor, tools and equipment

Remove existing top panel of 8' high chain link fabric from existing backstops, approximately 60 LF per backstop.

Fabricate and install overhang framework to existing poles by welding in place. Install 8' high 9GA chain link fabric on framework. Overhang panels will extend 5'6" from backstop over playing surface at an angle of 45 degrees from vertical.

Remove approximately 20 LF of 8' high 9GA chain link fabric at ground level on each backstop and replace with 20 LF of 6GA chain link fabric. These panels are the center sections behind home plate.

Turn over removed fencing material to the Floyd County Park and Recreation Department

Clean job site when project is complete.

Conduct a final inspection with the Floyd County Park and Recreation Department

See attached pictures for reference.

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**FLOYD COUNTY WILL**

Provide all Fencing and Hardware Materials to complete 5 Backstop Renovations

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**CERTIFICATE OF INSURANCE:** Successful bidder will be required to furnish a Certificate of Liability insurance in an amount not less than Five Hundred Thousand Dollars (\$500,000.00) per occurrence to protect the Floyd County throughout the life of the contract against "**ALL RISKS**". Coverage to include but not limited to General Liability: Comprehensive Form, Premises/Operations, Products/Completed Operations, Broad Form Property Damage, Personal Injury, and Automobile/Vehicle Liability. Worker's compensation and Employer's Liability are to be statutory amounts. On all contracts for vehicle repair of any kind, the successful shall provide at least Five Hundred Thousand Dollars (\$500,000.00) of Garage Liability insurance in addition to the insurance stated above. The Certificate must be furnished within Ten (10) calendar days of a "**NOTICE OF AWARD**" being issued.

**Floyd County Georgia**  
**QUOTE SHEET**  
**RFQ 15-1007-3 Backstop Renovations**  
**Quote Due not later than 2pm 7 Oct 2015**

To: Floyd County Georgia  
Purchasing Department  
12 East 4<sup>th</sup> Ave, Suite 106  
Rome Ga. 30161

Date: 7 Oct 2015

**OFFER**

**We the undersigned, agree to provide renovation services for 5 backstops in accordance with the Scope of Work/Specifications and terms and conditions issued for the same for the price of;**

\$ \_\_\_\_\_ (US Dollars)

Days to start from Notice of Award or Notice to Proceed \_\_\_\_\_ (Calendar Days)

Days to Complete all 5 Backstop Renovations \_\_\_\_\_ (Calendar Days)

Contact Person: \_\_\_\_\_ (Print or Type Name)

Telephone Number(s): P \_\_\_\_\_ F \_\_\_\_\_ C \_\_\_\_\_

Email Address \_\_\_\_\_

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

Billing Address \_\_\_\_\_

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

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Floyd County Georgia has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
Address of Contractor

\_\_\_\_\_  
Name of Project

**FLOYD COUNTY GEORGIA**

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_ in 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME**

ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
(Notary Seal or Stamp Required)



**Current Backstop Configuration**



**Expected Completed Backstop Renovation**

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <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"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
		<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

### 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).

**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 on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶ _____		Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

