



# PURCHASING DEPARTMENT

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

PHONE: 706.291.5118 • FAX: 706.290.6099 • [www.rome-floyd.com](http://www.rome-floyd.com)

Date: 26 July 2016

To: To Whom It May Concern

## **Request for Quote: 16-0812 Jail Shower Facility Epoxy Coating**

Floyd County is requesting quotes for 4 Jail shower facilities to be refinished with an epoxy coating.

A **Mandatory Site Visit** will be held at **2PM on 3 August 2016** at the Floyd County Jail located at 2526 New Calhoun Highway Rome Ga 30165. Meet at entrance

All quotes will be submitted on the attached quote sheet. Additional information may be submitted with quote.

Submissions must include a completed E-Verify Form (Contract Affidavit and Agreement). This form is provided in this RFQ. Companies that do not provide this will not be considered.

Quotes are due no later than **2pm 12 Aug 2016**. 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. Awards may be for all or part of what is submitted

Questions regarding this RFQ will be faxed 706 290-6099 or Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org)  
All questions are due no later than **5pm 5 Aug 2016**.

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

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

**Floyd County will pay by check within 30 days of receipt of a valid invoice. Supplier/contractor will be required to send a current W-9 prior to have a Purchase Order issued. The Issued Purchase Order will serve to initiate the order. Floyd County is Tax Exempt. An Tax exemption certificate can be provided 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 16-0812**  
**Jail Shower Facility Epoxy Coating**  
**Scope of Work**

The Floyd County Jail has 4 shower facilities that are to be refinished and coated in an aggregate epoxy coating. Floors, Ceiling and walls will be prepped and coated. Contractors must attend the site visit on 3 Aug 2016 at 2pm at the Floyd County Jail.

Specification of the epoxy coatings to be used is provided within this document. This is a minimum specification and contractors may quote comparable coatings meeting or exceeding this specification for quality and durability.

A sample drawing of one shower unit is provided.

The Floyd County Jail is a secure location. Contractors entering the facility are subject to search.

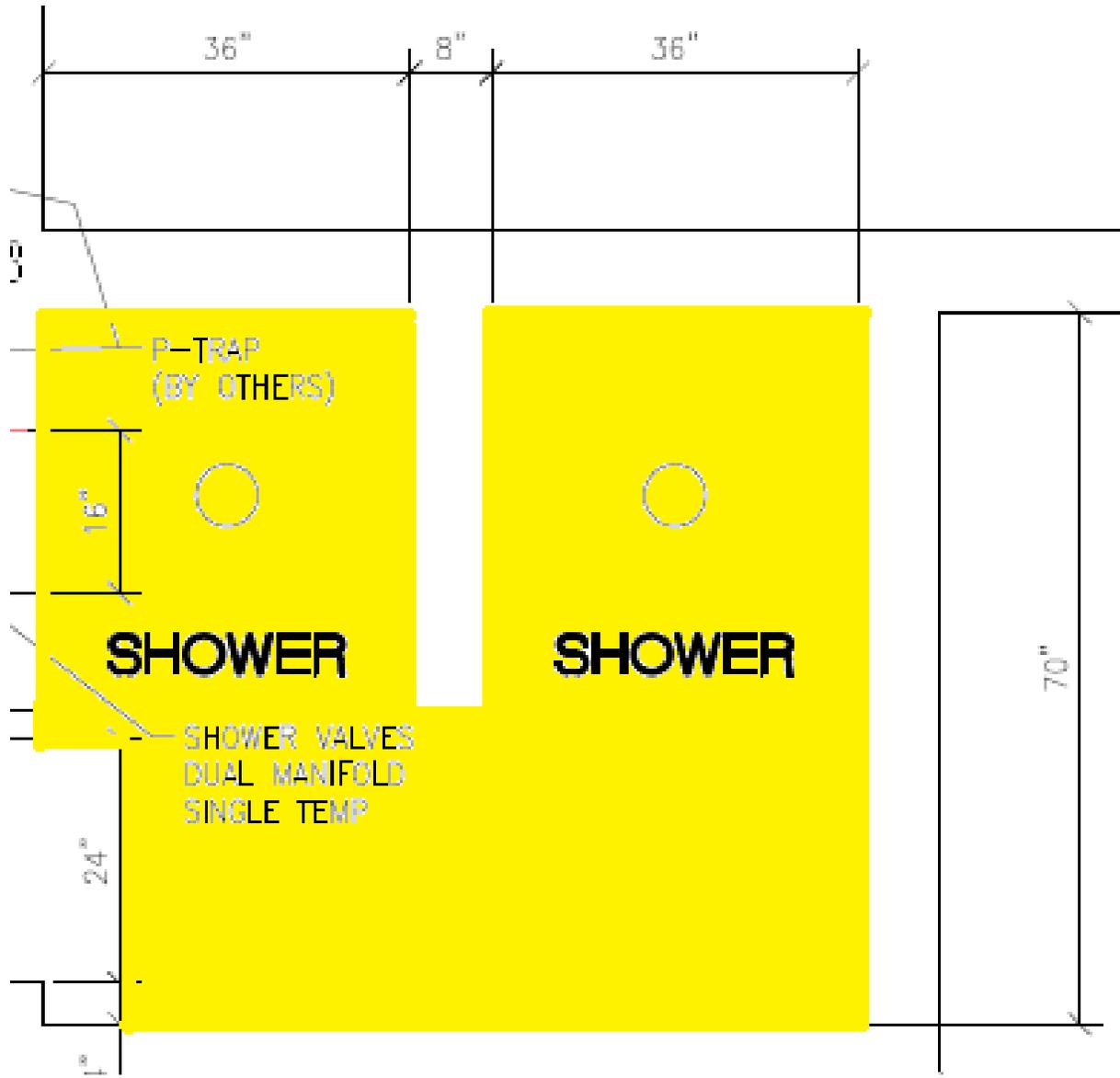
**CONTRACTOR WILL:**

- Provide all labor, tools and equipment, and supplies
- Follow the directions of Jail Personal at all times for safety and security
- Complete the project no later than 2 September 2016
- Follow manufactures guidelines of the specified coating
- Apply specified coatings to 4 shower facilities
- Be responsible for all measurements of the facilities
- Prepare all surfaces to ensure proper adhesion of the coating
- Coat floors, walls, and ceilings
- Not coat ferrous metals installed in concrete slabs, non-ferrous metals installed in or adjacent to concrete slabs. Pipe, conduit, floor drains, insulated conductors, or other electrical, mechanical or process-related equipment.
- Attend mandatory site visit at 2PM on 3 August 2016 at the Floyd County Jail located at 2526 New Calhoun Highway Rome Ga 30165. Meet at Entrance
- Conduct an acceptance inspection of the facility upon job completion with the County prior to invoicing the county for payment.

**FLOYD COUNTY**

- Provide access to the secure Jail facility up to 7 days a week during daylight hours. Non-daylight hour work will be arranged in advance.
- Ryan Davis Facilities Manager will be the project coordinator for Floyd County. Phone (678-733-1618) or Email [davisryan@floydcountyga.org](mailto:davisryan@floydcountyga.org)
- Color determination will be at the time of contract

**SAMPLE DRAWING OF ONE OF THE FOUR SHOWER FACILTIES**



**Floyd County Georgia**  
**RFQ 16-0812**  
**Jail Shower Facility Epoxy Coating**

**SPECIFICATION**

**1. Aggregate Filled Epoxy Floor Coating**

- a. **Compressive Strength: 12,400 psi after 7 days (ASTM C-579).**
- b. **Tensile Strength: 2,200 psi (ASTM C-307).**
- c. **Flexural Strength: 4,800 psi (ASTM C-307).**
- d. **Bond Strength: >400 psi or substrate failure (ASTM D-4541).**
- e. **Indentation: No indentation (MIL-D-3134F).**
- f. **Abrasion Resistance: 0.04 gm max. loss (ASTM D-4060, Taber Abrader).**
- g. **Hardness: 85-90 Shore D (ASTM D2240).**
- h. **Flammability: Self-extinguishing. Burning 0.25 inches max (ASTM D-635).**
- i. **Thermal Coefficient of Linear Expansion:  $3.5 \times 10^{-5}$  C (ASTM E-831).**
- j. **Water Absorption: 0.1% (ASTM C-413).**

**2. Wall & Ceiling Seamless System**

- a. **Compressive Strength: 11,700 psi (ASTM D-695-77).**
- b. **Tensile Strength: 3,900 psi (ASTM D638-77a).**
- c. **Tensile Elongation: 2% (ASTM D 638-77a).**
- d. **Flexural Modulus:  $1.8 \times 10^6$  psi (ASTM D 790-71).**
- e. **Flexural Strength: 10,400 psi (ASTM D 790-71).**
- f. **Water Absorption: 0.1% (ASTM C 413).**
- g. **Heat Resistance Limitation: Continuous exposure: 140 F; Intermittent spills 200 F.**
- h. **Abrasion Resistance: 0.03 gm. maximum weight loss (ASTM D 4060, Taber Abrader CS- 17 wheel, 1,000 gm load, 1,000 revolutions).**
- i. **Flammability: Self-extinguishing (ASTM D 635).**
- j. **Hardness: 88 Shore D (ASTM D 2240).**
- k. **Bond Strength: >400 psi or substrate failure (ASTM D4541).**
- l. **Product Composition.**
  - 1) **Must contain chopped fiberglass strands, premixed into the material.**
  - 2) **Must be spray applied.**
  - 3) **Must form a horizontal matrix within the finished coating.**
  - 4) **All coatings used must be 100% solids products.**
  - 5) **Color must be continuous throughout the entire system.**

The Specifications above came from



405 Oakwood Avenue  
Waukegan, IL 60085  
P- 847-362-5111  
F- 847-362-5149

**FLOYD COUNTY GEORGIA  
RFQ 16-0812  
Jail Shower Facility Epoxy Coating**

**QUOTE PAGE**

**Having inspected the work site, we the undersigned, agree to provide the coating services for the Floyd County Jail Shower Facilities in accordance with the specifications, scope of work, terms and conditions issued for the same for price of.**

**US DOLLARS: \$** \_\_\_\_\_

**Project Start Date** \_\_\_\_\_

**Project Completion Date** \_\_\_\_\_

**FLOOR COATING**

**Epoxy Paint Manufacturer** \_\_\_\_\_ **Product Code** \_\_\_\_\_

**WALLS AND CEILING COATING**

**Epoxy Paint Manufacturer** \_\_\_\_\_ **Product Code** \_\_\_\_\_

**COMPANY INFORMATION**

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

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

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

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

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

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

**Contract will be paid by check within 30 date of submitting a valid invoice**

**Contractor is to provide current W-9 with this quote**

**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)

## 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) ▶	
	Address (number, street, and apt. or suite no.)	Requester'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.

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

<b>Social security number</b>									
<b>Employer identification number</b>									

**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).

**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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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.

