



PURCHASING DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 106 • ROME, GEORGIA 30161

PHONE: 706.291.5118 • FAX: 706.290.6099 • www.romefloyd.com

Date: July 27, 2016

To: Hussey Bleacher Maintenance Providers

Request for Quote: 16-0817 Repairs and Maintenance Hussey Bleachers

Floyd County is requesting quotes to evaluate, repair and service the Hussey Bleachers at The Forum in Rome, Georgia. A site visit will be required prior to submitting a quote. Site visit may be scheduled by contacting Brent Poplin 706-252-1847.

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

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. W-9 is also to be submitted with quote.

Quotes are due no later than **2:00pm August 17, 2016**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 290-6099 – Email: lamn@floydcountyga.org
Quotes are to remain valid for a period of 30 days from the date of quote. Quote is to remain valid for 30 calendar days.

Questions regarding this RFQ will be faxed 706 290-6099 or Email: lamn@floydcountyga.org
questions must be received prior to 2:00pm August 9, 2016.

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.

Floyd County will pay invoice(s) within 30 days of receipt of a valid invoice.
Floyd County is Tax Exempt.

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Floyd County Georgia
RFQ 16-0817
Bleacher Repair and Maintenance
Quote Due not later than 2:00pm August 17, 2016

Scope of Work

Evaluate, repair, service and or replace as needed the following on the two (2) upper level and the three (3) lower level banks, (total 5 banks) of Hussey Bleachers. Perform operation check and return bleachers to normal working condition. Work is to include but not limited to the following.

<u>DESCRIPTION</u>	<u>COMMENT</u>
Clean trash and debris from under bleachers.	_____
Clean dust and debris from understructure, upper and lower rolling frames.	_____
Tighten loose hardware.	_____
Replace missing and incorrect hardware.	_____
Adjust all row locks mechanisms	_____
Secure all loose and missing wall and floor anchors.	_____
Lubricate all moving parts.	_____
Straighten and adjust cantilever arms.	_____
Tighten seat bolts and inspect.	_____
Adjust intermediate aisle steps.	_____
Review and inspect electrical components and motors.	_____
Remove and replace 2 motors, 2 friction rollers and 1 gearbox.	_____
Repair or replace broken seats.	_____
Replace missing seats.	_____

Additional Repairs and/or Maintenance included in price:

Additional comments _____

QUOTE PAGE

We the undersigned, agree to provide the above work in accordance with the specifications, scope of work, terms and conditions issued for the same.

Total Job Price \$ _____

Estimated calendars days to begin after receipt of Purchase Order _____ days

Estimated calendar days to complete _____ days

Contact Person: _____

(Print or Type Name)

Telephone Number(s): P _____ F _____ C _____

Email Address _____

Company Name _____

Billing Address _____

Signature _____ Date _____

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, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <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	Floyd County Board of Commissioners P.O. Box 946 Rome, GA 30161
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 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
or
Employer identification number

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

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.

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.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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 Numer

Date of Authorization

Name of Contractor

Address of Contractor

The Forum Bleacher Repair and Maintenance
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)