ROME
G·E·O·R·G·I·A
EST 1834
Purchasing Department

MEMORANDUM

TO: Prospective Bidders

FROM: Johnna M. Allen, Purchasing Director

RE: Request for Bid - #033-16

DATE: October 21, 2016

Enclosed you will find the necessary information for preparing and submitting your bid for **HVAC Service Contracting** for the City of Rome.

The deadline for submitting your bid is **November 22, 2016 at 3:00 p.m. Local time.**

If you have further questions, please e-mail any inquiries to Johnna Allen at jallen@romega.us. All questions and answers will be posted on the website www.romefloyd.com. It will be the responsibility of interested parties to visit the website frequently to insure receipt of any new information that may be made available.

Johnna M. Allen
Purchasing Director

601 Broad Street • PO Box 1433 • Rome, Georgia 30162-1433
phone: 706/236-4410 • *fax:* 706/236-4549
www.romega.us

INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **November 22, 2016 at 3:00 p.m.**
II. Bids must be delivered to:

City of Rome Purchasing Department
Attention: Johnna M. Allen
601 Broad Street
P.O. Box 1433
Rome, Georgia 30162

III. Bids must be sealed and marked:

033-16 "HVAC Service Contracting"

IV. Bids must be complete and include:

A. Completed Bid Form
B. Executed Bidder's Declaration
C. Executed Certificate of Non-Discrimination
D. Executed Affidavit of Non-Collusion
E. Request for Taxpayer I.D. Number
F. Drug-Free Workplace Certificate
G. E-Verify Compliance Affidavit
H. SAVE Compliance Affidavit.

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

Bidder shall submit all required forms and information simultaneously with sealed bids, which forms and information become a part of the property of the City of Rome and will not be returned to bidders unless a written request to withdraw is received prior to **November 22, 2016 @ 3:00 p.m.**

V. Payment:

When contracts are awarded, payment by the City of Rome will be the normal 30-day cycle. However, the City does make every effort to honor all discounts.

REQUIREMENTS FOR BIDDERS

A certificate of insurance in the amount of $2,000,000 Liability with the City of Rome shown on the certificate as the additionally insured will be required.

These items apply to and become a part of the terms and conditions of the bidders bid. Any exceptions must be in writing.

Notice is hereby given that the City of Rome will receive sealed bids from interested parties until **November 22, 2016 at 3:00 p.m**. at its offices located at 601 Broad Street, Rome, Georgia 30162-1433.

Any bids received thereafter will not be considered.

Bids will be publicly opened and read at the City of Rome Purchasing Department located at 601 Broad Street on the day and at the hour specified.

The purchaser may consider as non-responsive, any bid in which there is an alteration of, or departure from the bid form hereto attached.

The bid will be awarded to the lowest reliable bidder complying with the conditions of the invitation for bid. The bidder to whom award is made will be notified at the earliest possible date. The purchaser reserves the right to reject the bid of a bidder who has previously failed to perform properly or complete on time, contracts of a similar nature, or the bid of a bidder who, in the sole opinion and discretion of the purchaser is not in a position to perform the contract, or whose name appears on the United States Comptroller General's list of ineligible contractors.

Bids may be withdrawn by written or faxed request, provided such withdrawals are received prior to bid opening date.

NOTE: Unless stated on the bid form the bid submitted will assume all specifications will be met. Please note on the bid form all exceptions.

SPECIFICATIONS

HVAC Service Contracting

This proposal is for a total maintenance program for all the City's Central Heating and Air Conditioning Systems. The successful bidder will be required to furnish all the parts and labor to maintain the equipment to its maximum operating capacity. The successful bidder will perform monthly inspections on all the equipment and provide the purchasing department with a detailed copy of the inspection sheet on each piece of equipment. It will also show the type of maintenance performed for instance; lube motors, changed belts, changed filters, recharged system etc. The successful bidder will be required to respond to a repair request by giving it top priority, including evenings, weekends and holidays.

This contract will be for one year with the option to renew for an additional year at the same price.

Note: If a unit has reached its usefulness and needs to be replaced, a written request will be given to the Purchasing Director so a request for replacement to be entered as a capital budget request.

The second proposal is for a written layout map for all locations of each individual HVAC unit and ductwork schematics as well as controlling thermostats for each unit and their location.

HVAC INVENTORY

LOCATION	BRAND	TYPE OF EQUIPMENT	MODEL #	SERIAL #	AGE
Senior Citizen's Center	Carrier	Indoor	FB4ANF036	4196A26650	20
	Carrier	Outdoor	38YKC036300	3896E00759	20
	Carrier	Indoor	FB4NF036	4196A26654	20
	Carrier	Outdoor	38YKC036300	3896E0778	20
	Goodman	Indoor	ARUF363616BA	908224624	16
	Goodman	Outdoor	GSH130361BB	908139110	16
	Carrier	Indoor	FB4ANF018	4496A19096	20
	Carrier	Outdoor	38YKC018300	41496E20556	20
	Trane	Indoor	2TEC3F24B1000AA	8263KRKIV	8
	Trane	Outdoor	38YKC024300	3796E21666	20
	Carrier	Indoor	25HCE448A300	4715E10134	1
	Carrier	Outdoor	FB4CNP048	0616A87435	1
200 Vaughn Road	Goodman	Coil	CAPF486OC6DB	1507510234	1
	Goodman	Furnace	GMS810005CNBC	15015364079	1
	Bryant	Furnace	394GAD060125AFEA	3491A00538	25
	Bryant	Coil	518CXX04800MCA	1191X99467	25
	Bryant	Furnace	394GAD060125AFEA	3591A01671	25
	Trane	Outdoor	TWR042C100B2	P115X612F	17
	Trane	Outdoor	2TTB3048A1000CA	132812P34F	3
	Trane	Indoor	TWE042C140C6	3324S031V	13
100 Vaughn Road	Goodman	Furnace	GMH81005CNBB	1510078441	1
	Daikin	Outdoor	DX13SA0603AB	1601272479	1
	Mini Split	Outdoor	A0U24RLXFW	KTN038178	
	Mini Split	Outdoor	A0U48RLXFZ1	LWN003914	
	Goodman	Outdoor	GSX140601KB	1U07031198	1
	Goodman	Evap Coil	ACHOF4860D6DB	1601384848	1
	Goodman	Furnace	GMS81005CNBD	1607298479	1
	Goodman	Evap Coil	CAPF3033C6DA	1101527748	5
	Goodman	Furnace	GMH950904CXAE	1107587960	5
	Goodman	Coil	CAPF4860C6DB	1603L84278	1
	Trane	Outdoor	TTB030C100A2	R335LXNBF	16

HVAC INVENTORY

LOCATION	BRAND	TYPE OF EQUIPMENT	MODEL #	SERIAL #	AGE
	Mini Split	Indoor	ASU18RLF	KSA062544	
Civic Center	Trane	Furnace	TUD100C960KA	4481XXC1G	12
	Carrier	Outdoor	38AKS016--510--	1197F59860	19
	Trane	Outdoor	TTA090A300CB	L335PSEAH	20
	Trane	Outdoor	TTA090A300CB	L335PHPAH	20
	Trane	Furnace	TUD100C948H3	L291LM31G	20
	Trane	Furnace	TUD100C948H3	L244LK61G	20
	Trane	Furnace	TUD1D100A9721AB	11253GE6G	4
	Trane	Furnace	TUD1D100A9721AB	11253FWL1G	4
	Trane	Furnace	TUD100C960KA	448XRY1G	12
Civic Center - Administration	Goodman	Indoor	MBVC1200-1AD	1504388753	1
	Goodman	Outdoor	GSZ140301KA	1503386465	1
	Goodman	Coil	CAPF3030C6DB	1409121825	2
	Goodman	A/H	NO #'S	NO #'S	
	Goodman	Outdoor	CPKE18-1B	9606086544	20
Civic Center - Caboose		Indoor	BWV024A100D2	X28449323	32
	Goodman	Outdoor	CPKE24-1B	9602113073	20
	Trane	Outdoor	4TWB3030C1000AA	14022MAJ4F	20
	Trane	Furnace	TUD100C9448H3	L394J201G	20
	Trane	Furnace	TUD100C948H3	L316H8D2	20
Eco Center	Carrier	Indoor	50RHR036SCC51110	2609V81464	7
	Carrier	Outdoor	50RHR060ECC50110	2609V81481	7
	Carrier	Indoor	50RHR060ECC50110	2609V81480	7
	Carrier	Outdoor	50HQL072SCC511A1	2690V81899	7
	Carrier	Indoor	50HQL072SCC511A1	260V8198	7
Stonebridge	Carrier	Indoor	FB4CNF060	2110A85774	6
	Trane	Indoor	4TEC3F60B1000AA	10265LPMIV	6
	Trane	Indoor	TWA060C300A1	J34239879	22

HVAC INVENTORY

LOCATION	BRAND	TYPE OF EQUIPMENT	MODEL #	SERIAL #	AGE
	Trane	Outdoor	TAM4A0C60S51SDA	15095UB3AV	1
	Trane	Outdoor	4TEC3F60B100AA	1113L525SV	5
	Trane	Outdoor	4TTWA3060B3000AA	15074LRN4F	1
	Trane	Outdoor	4TTWA3060B3000AA	15144K114F	1
	Trane	Outdoor	TWA060C300A1	J34239878	22
Auditorium & Offices	Lennox	Indoor	B24Q3.5-3P	5894K17829	22
	Trane	Indoor	TAM4A0C48S41SDA	14Z94J2KAV	2
	Trane	Indoor	BWC060G300AA	B3611808D	29
	Carrier	RTU	NOT AVAILABLE	7.5 - 10 TON	
	Carrier	RTU	50TCQA06A2A5A0A0A0	0914C80690	2
	Carrier	RTU	38ARQ008-501--	1406G40076	10
	Trane	Indoor	TWE090D100AB	16223LTTBA	2 Mos.
	Lennox	Indoor	TAA090S4D-14	5614CO2487	2
	Lennox	Outdoor	CB29M-S1-1P	5802D87289	14
	Lennox	Outdoor	CB30M-41-4P	5807J04617	9
	Lennox	Outdoor	CB29M-51-1P	5802D87291	14
	Lennox		CPH120XXX3BXXAA	807732861	9
	Lennox	Outdoor	TPA090S4SN1Y	5614C05299	14
	Lennox	Outdoor	HP29-036-7Y	5807G26606	9
	Lennox	Outdoor	13ACD-048-230-01	5802H05265	2
	Lennox	Indoor	CB30M-64-4P	5807J30078	8
	Trane	Outdoor	4TWA3048B3000BA	14374KCB4F	2
	Trane	RTU	WSCO36ER0AOH00000000000	831100858L	8
	York	Indoor	N2AHD16A06C	MFWS369063	27
Fire Station John Davenport		Outdoor	38BR060320	0797E01189	19
		Indoor Furnace	58WAV136-20	4496A07478	20
		Coil	CD5BXA06000AAAA	4096X67223	20
Fires Station #7	Carrier	Coil	CNPVT6024ATAACAA	1411X18629	5
	Carrier	Furnace	58STA110---14122	1511A17447	5
	Carrier	OD	24ABB360A320	2811E02040	5

HVAC INVENTORY

LOCATION	BRAND	TYPE OF EQUIPMENT	MODEL #	SERIAL #	AGE
Fire Training		OD	4TWR3060A1000AA	8401LWM2F	8
		OD	4TWR3060A1000AA	838223RF	8
		OD	4TWR3060A1000AA	83416L24F	8
		ID	4TEC3F60B1000AA	829318X2V	8
		OD	4TEC3F60B1000AA	82323U82V	8
		ID	4TEC3F48B1000AA	829318Y2V	8
Fire Station Cave Spring Dr.		OD	2YCC3060A1120AA	7072NEX9H	9
		ID	YSC060A1EMA2700000000000	547100730L	11
Transit Department			BTA090C400MA	S31193156	30
			2TTB3048A1000BA	12185TSN4F	4
			BTA090C400MA	S31193153	30
		Coil	3HF025R1F20.3		
			CCDB08AB0F	V5A5R01LOAG	
		Coil	3HF10F		
			CCDB03AB0F		
		Coil	3HF20F		
			CCDB08AB0F		
Water Filter Plant	Peerless	Boiler	211A-08-W/S-I	553242-201012	6
	LG	PTAC	LP123HD3A		6
	Trane	Mini Split	4MXW6518A10N0BA	151100421X	6
	Trane	Mini Split od	4TXK6518A10N0BA	150601523X	1
Walker Mtn. Landfill		Outdoor	TWP018C100A3	R205WJK4F	16
		Indoor	TWP056C100A3	R2535593F	16
		Outdoor	TWC056C140B0	R133UDB1V	16
Firing Range	Daikin	Outdoor	DZ13SA0603AA	1501034145	1
	Daikin	Outdoor	DZ13SA0603AA	1501034129	1
	Lennox		12HPB060-10P	5802C39830	14
	Lennox		HP29-048-74	5806C34391	10

HVAC INVENTORY

LOCATION	BRAND	TYPE OF EQUIPMENT	MODEL #	SERIAL #	AGE
	Lennox		HP29-048-74	5806C34392	10
Waste Water Treatment - Control Bldg.	Lennox	RTU	TGA060BZD51G	5608B11032	8
	Carrier	RTU	48TCDA06AA206A0A0A	3810G10226	6
Waste Water Treatment - Admin. Bldg.	Carrier	RTU	48TCDD16A2A6A0A0A0	0912G10319	4
	Trane	RTU	TSC120F4ADA00G00A1	11421173L	5
Fire Station #6	Carrier	Outdoor	10ACC-060-230-02	5803H16503	13
	Carrier	Furnace	G40UH-60D-135-05	5803H0841	13
	Carrier	Coil	C33-60D-2F-1	6003F40725	13
Fire Station #10	Nordyne	Outdoor	FT4BD-036K	FTD080701237	8
	Nordyne	Indoor	B5BM-X36K-B	B5D080900433	8
Fire Station #3	Trane	Package	YSC060E3ELA1GO-12	131311548L	3
	Trane	Package	YSC090F3EMA020-12	131111805L	3
	Trane	Package	VSC12OF3EMA040-12	131110806L	3
Fire Station #8	Trane	Outdoor	4TTB3060D1000DA	143225005F	2
	Carrier	Furnace	58WAV155-20	0896A05966	20
	Trane	Coil	4TXCD061BC3HCVA	142711K5G	2

BID FORM

TO: City of Rome – Purchasing Department
P.O. Box 1433
601 Broad Street
Rome, Georgia 30162-1433
ATTN: JOHNNA M. ALLEN

BID PKG. 033-16 "HVAC Service Contracting"

	Monthly Amount	**Annual Amount**
Annual Service Contract	$_____	$_____
Unit Layout Diagram w/Thermostats	$_____	

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and to be considered only at the discretion of the Purchasing Department.

_____ _____
Name of Individual, Partner or Corporation — Company

_____ _____
Title — Address

_____ _____
Authorized Signature — City, State, Zip Code

_____
Company phone number

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the specifications.

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form is included in the bid package.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **November 22, 2016 at 3:00 p.m.** but may not be withdrawn after such date and time.

That the City of Rome reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. The City of Rome reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that the City of Rome has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

_____ _____

Name Title

_____ _____

Name Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

_____

BIDDER

_____

SIGNATURE

_____

TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF

COUNTY OF

Owner, Partner or Officer of Firm

Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this_____ day of 20__

_____

NOTARY PUBLIC

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.

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; 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. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member 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.)

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 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

☐☐☐ - ☐☐ - ☐☐☐☐

or

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); and
4. 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 on page 3.

Sign Here | **Signature of U.S. person ▶** | **Date ▶**

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

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?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

CITY OF ROME

DRUG-FREE WORKPLACE CERTIFICATE

By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder's employees during the performance of the contract; and

2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with (contractor's name), (subcontractor's name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7)."

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: _____

By: _____

Name Printed: _____

Title: _____

Date: _____

CITY OF ROME, GEORGIA

E-VERIFY COMPLIANCE AFFADAVIT

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 the City of Rome, 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
(Not Required if Less than 10 Employees)

_____
Signature (if less than 10 employees)

_____
Date of Authorization

_____
Name of Contractor

_____
Name of Project

_____
Name of Public Employer

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

Executed on _____, ____, 20____ 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 _____, 20_____

_____
NOTARY PUBLIC
My Commission Expires:

CITY OF ROME, GEORGIA

SAVE COMPLIANCE AFFADAVIT

O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United State citizen.

2) _____ I am a legal permanent resident of the United States

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____(city), _____ (state).

_____
Signature of Applicant

_____
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20___

_____
NOTARY PUBLIC
My Commission Expires: