



# PURCHASING DEPARTMENT

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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: 27 Aug 2014

Subj: Request for Quote: 14-0910 Door Replacement

Floyd County is requesting quotes for door replacement at the main entrance to the Floyd County Administration building.

All quotes are to be submitted as FOB Destination (Rome Ga. 30161) All charges such as Freight/Shipping, Handling, Surcharges, or any other fees are to be included in the quoted price.

Please return quote sheet no later than 2pm 10 September, 2014. Quotes are accepted by Mail, Email or Fax. Mail: Floyd County Purchasing, 12 East 4<sup>th</sup> Ave, Suite 106 Rome Georgia 30161. Email: [Graye@floydcountyga.org](mailto:Graye@floydcountyga.org) Fax: 706 291-6099

Visa will be the preferred method of payment. If Credit Card order is not accepted than a Purchase Order will be issued and the invoice paid within 30 days of the date of the invoice. Vendors are requested to send a W-9 with the quote.

Questions or comments, please contact Everett Gray, 706 291-5118, [graye@floydcountyga.org](mailto:graye@floydcountyga.org)

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Floyd County Georgia  
Request for quote 14-0910 Door Replacement  
Quote due on or before 2pm 10 September 2014

**SCOPE OF WORK/SPECIFICATION**

**Contractor Requirements:**

Remove and replace main entrance double door to the Floyd County Administration Building. This is the handicap entrance to the building. The wooden door frame will remain in place as not to disturb the design of the building. The doors will be a store-front type made of dark bronze material to match existing as pictured. Doors measure 30"X7' and will need to fit inside a 60 1/2" opening. The glass will need to be tempered and tinted to match other building doors. Doors will need to be fitted with two pin latches and have a- First Choice Series 3690-2LA4 closer (or equal in style and performance). Old doors, door frame metal track, and threshold will be removed and disposed of.

New doors, door frame metal track, and threshold will be installed. In the course of the work if the doors cannot be installed in one day the opening must be made secure before leaving for the day. The Contractor will provide all permits if needed, labor materials and equipment at contractor's expense.

Pictures are attached for reference.

**Floyd County will:**

Replace or repair marble or patch concrete as necessary at threshold base.

Connect doors to existing automatic door opener as pictured.

**Site Visit:** A site visit can be conducted by contacting Ryan Davis

**Location of Work**

Floyd County Administration Bldg.  
12 E. 4<sup>th</sup> Ave.  
Rome, Ga. 30161

**Coordination**

Floyd County Facilities Department  
Attention Ryan Davis, Facilities Manager  
706-236-2486  
Ste. 10, 12 East 4<sup>th</sup> Ave. Rome Ga. 30161

**Handicap Entrance doors at Floyd County Administration Bldg. 12 E. 4<sup>th</sup> Ave. Rome, Ga. 30161**



Main Entrance Doors



Automatic Closer



Two Pin Latches at top



Threshold



Door Frame Metal Track

**Floyd County Quote Page**  
**RFQ 14-0826 – Door Replacement**  
**Quote Due not later than 2pm 10 Sept 2014**

We the undersigned agree to perform the door replacement in accordance with the Scope of Work and terms and conditions issued for the same for a total price of.

\$ \_\_\_\_\_

Estimated days to complete \_\_\_\_\_

Soonest available day to start if awarded project \_\_\_\_\_.

This may be considered in the award.

**Contractor information**

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

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

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

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

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

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

**Specify Preferred Payment Method**

**Check** (Paid within 30 days of invoice)

**Credit Card** (provided at shipment with no transaction fee)

**FORMS**

**\*\* Quotes exceeding 2499.99 for this service require the attached E-Verify form to be completed and submitted with this quote. Form is located on the next page.**

**\*\* Submit a W-9 with 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"/> 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		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																					
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 <i>How to get a TIN</i> 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.	<table border="1" style="margin: 0 auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table>	Social security number																		Employer identification number																	
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<b>Part II Certification</b>	
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 ▶ _____

**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.

