



PURCHASING DEPARTMENT

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

PHONE: 706.291.5118 • FAX: 706.290.6099 • www.rome-floyd.com

Date: June 12, 2014

To: To Whom It May Concern

Request for Quote: RFQ Vegetation Management Services

Floyd County is requesting quotes for Vegetation Management Services, per Scope of Work for Russell Regional Airport, 304 Russell Field Rd. NE., Rome, GA 30165.

All quotes will be submitted on the attached sheet. Providers may submit additional information with quote. **Contractor Affidavit (E-Verify) and W-9 must be included with submission.**

Quotes are to include all costs including labor, equipment, travel, material and supplies.

Quotes are due no later than **2pm June 27, 2014**. 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.

Any questions regarding this RFQ will be sent to Nancy Lam, Purchasing Director 706 291-5109 or lamn@floydcountyga.org, or Fax 706 290-6099

SITE VISIT will be held on June 20, 2014 @ 10:00AM, participants will meet in the Airport Terminal Building. This visit is not mandatory but highly recommended.

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

Specify Preferred Payment Method

Check (Paid within 30 days of invoice) **Credit Card** (provided at completion with no transaction fee)

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**SCOPE OF WORK
VEGETATION MANAGEMENT SERVICES
RUSSELL REGIONAL AIRPORT**

Fence line: The length of the fence is 20,000 feet, the cleared and treated area is eight feet inside the fence line and 4 foot buffer outside the fence line.

The initial agreement will be a one-time clearing with a minimum of two herbicide applications included. The applications will then be done twice a year for the remainder of the agreement.

Scope of work to include:

Initial work to be performed

Inside of fence line 8' feet to be mowed or ground (with skid steer & grinder head) or hand cleared to maintain access & visibility.

Remove any trees that have fallen onto fence line & creating a 4ft. buffer on the outside by herbicide application.

Two (2) herbicide applications, and follow up applications through 2014 as needed. Material is to be environmentally safe.

Follow up treatment

Minimum of two treatments per year with environmentally safe product to include follow up treatment if required. Year 2015 and 2016.

Include name and manufacture of material being used and provide MSDS _____

COST OF INITIAL WORK \$ _____

COST FOR 2015 \$ _____

COST FOR 2016 \$ _____

COMPANY NAME _____ CONTACT _____

PHONE _____ CELL _____ FAX _____

EMAIL _____ DATE _____

AUTHORIZED SIGNATURE _____ TITLE _____

Include your company standard sample agreement for review, for this type work. Certificate of Insurance will be required by successful vendor.

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

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, 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.

Note. If the account is in more than one name, see 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:

- 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.

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:

- 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.

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,