



PUBLIC WORKS DEPARTMENT

337 BLACKS BLUFF ROAD • ROME, GEORGIA 30161
PHONE: 706-236-2489 • FAX: 706.291-5283 • www.romefloyd.com

Date: June 3, 2015
To: To Whom It May Concern

RFQ 15-0611-2 INTERSECTION IMPROVEMENTS AT BARRON AND CALHOUN.

Floyd County is requesting quotes for INTERSECTION IMPROVEMENTS AT BARRON AND CALHOUN.

All quotes will be submitted on the attached quote sheet. Additional information may be submitted with quote. Quotes are to include all costs. Quotes submitted will be FOB Destination (Rome Ga. 30161).

Quotes are due no later than June 11, **2pm**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 291-5283 – Email: bollenr@floydcountyga.org

Questions regarding this RFQ will be faxed 706 291-5283 or Email: bollenr@floydcountyga.org until March 23,2015.

Quotes are to remain valid for a period of 30 days from the date of quote.

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.

Payment Options, Invoicing, and Terms and Conditions

If payment is made by check, Floyd County will pay invoice(s) within 30 days of receipt of a valid invoice. Supplier may 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 when payment is going to be made by check. If payment is made by credit card this information will be provided at the time of order, however, the successful suppliers must agree that no charge will be run until such time as the products have shipped or the service has been provided. A paid receipt or paid invoice will be provided to the card bearer.

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INTERSECTION IMPROVEMENTS AT BARRON AND CALHOUN

RFQ 15-0611-2

June 11, 2015 2:00PM

SCOPE OF WORK

Make intersection improvements per the attached specifications.

Contractor is to provide all labor, materials and equipment at contractor's expense.

Work to be performed at the intersection of Barron and Calhoun Roads, Rome, GA.

Contact Person: Michael Skeen, Director, Floyd County Public Works

Specifications and pdf of plans are provided in the following pages.

Floyd County will designate the work area.

A site visit may be requested by contacting Michael Skeen at 706-236-2476

QUOTES SUBMITTED WITHOUT E-VERIFY WILL NOT BE CONSIDERED – PLEASE SEE ATTACHED E-VERIFY FORM

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

INTERSECTION IMPROVEMENTS AT BARRON AND CALHOUN
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) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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.

Social security number								

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

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).

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.

Floyd County Quote Page
RFQ 15-0611-2
INTERSECTION IMPROVEMENTS AT BARRON AND CALHOUN
Quote Due not later than June 11, 2015 at 2pm

SPECIFICATION

This specification is for intersection improvements at Barron and Calhoun roads.

160 LF 30" Curb and Gutter	Per Foot_____	Total_____
DOT TYPE B HC RAMP (5'X37')	Per Sq yd_____	Total_____
DOT TYPE B HC RAMP (5'X28')	Per Sq yd_____	Total_____
CONCRETE PAD (5'X8')	Per Sq yd_____	Total_____
CONCRETE PAD (5'X20')	Per Sq yd_____	Total_____
RAISED MEDIAN	Per Sq yd_____	Total_____
DETECTABLE WARNING SURFACE	Per Sq Ft_____	Total_____

Bid Total_____

Work would start _____ **work days from notification of award. Estimated days to complete**_____

SUPPLIER BUSINESS INFORMATION

Contact Person: _____ (Print or Type Name)

Phone #: P _____ F _____ C _____

Email Address _____

Company Name _____

Billing Address _____

Signature _____ Date _____

Specify Preferred Payment Method

_____ **Check** - Paid within 30 days of invoice - Supplier is requested to provide a current W-9

_____ **Credit Card** - Will be provided at shipment with no transaction fee)