



PURCHASING DEPARTMENT

TWELVE EAST 4TH AVENUE, SUITE 106 • ROME, GEORGIA 30161
PHONE: 706.291.5118 • FAX: 706.290.6099 • www.romefloyd.com

To: Fire Sprinkler System Inspection Contractors
From: Nancy Lam, Purchasing Director
Date: June 12, 2015
Subj: Annual and Five Year Sprinkler Inspection

Floyd County is requesting quotes for Annual and Five Year Sprinkler Inspection in Floyd County Facilities. Annual inspections have been completed for 2015 but five year inspections are due. This will be a one year agreement with three one year renewal options. Prices to remain fixed for four years, unless annual increase agreed upon with a 60 day notice to Floyd County Purchasing. See attached quote form for list of buildings and approximate quantities.

Contact davisryan@floydcountyga.org if you would like to schedule a site visit. All questions are to be submitted by email to lamn@floydcountyga.org.

Contractor is required to notify 911 and Facilities Manager prior to testing.

Quotes for inspections are to include all labor, material and travel. Rates for repair labor, travel and trip charges for additional work are also requested. Quotes must be provided on attached form.

Sprinkler systems need to be inspected by a licensed contractor in accordance with current N.F.P.A. 25 requirements. Five year inspections must be performed according to current N.F.P.A. 25 requirements and include new gauges.

Floyd County may require a Criminal History check on all employees who will be performing the service. Participation in E-Verify is required, complete attached form.

Quotes must be received no later than **June 25, 2015 @ 2:00PM.**

Quotes accepted by; Email - lamn@floydcountyga.org
Mail - Floyd County Purchasing Dept, Suite 106, 12E 4th Ave, Rome Ga. 30161
Fax - 706 290-6099 or Hand delivered to this office.

Company _____ Ph _____

Contact _____ Fax _____

Email _____

Does your company accept Credit Cards for payment _____

BOARD OF COMMISSIONERS
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BID SHEET					
ANNUAL SPRINKLER INSPECTION					
LOCATION	#	TYPE	Sq Ft	UNIT	TOTAL
Prison	2	Wet Pipe System	53,750		
Prison	1	Dry Pipe System			
Forum	1	Wet Pipe System	72,120		
Law Enforcement Ctr	3	Wet Pipe System	60,372		
Health Dept	1	Wet Pipe System	75,884		
Recycle Center	2	Wet Pipe System	12,600		
Aviation Center	1	Wet Pipe System	31,061		
Jail	5	Wet Pipe System	256,000		
Jail	1	Dry Pipe System			
Judicial Building	3	Wet Pipe System	71,000		
Library	1	Wet Pipe System	75,000		
Work Release Center	1	Wet Pipe System	12,000		
GRAND TOTAL ANNUAL SPRINKLER INSPECTION					
2015 FIVE YEAR SPRINKLER INSPECTION					
LOCATION	#	TYPE	Sq Ft	UNIT	TOTAL
Prison	2	Wet Pipe System	53,750		
Prison	1	Dry Pipe System			
Forum	1	Wet Pipe System	72,120		
Law Enforcement Ctr	3	Wet Pipe System	60,372		
Health Dept	1	Wet Pipe System	75,884		
Recycle Center	2	Wet Pipe System	12,600		
Aviation Center	1	Wet Pipe System	31,061		
Jail	5	Wet Pipe System	256,000		
Jail	1	Dry Pipe System			
Judicial Building	3	Wet Pipe System	71,000		
Library	1	Wet Pipe System	75,000		
Work Release Center	1	Wet Pipe System	12,000		
GRAND TOTAL FIVE YEAR SPRINKLER INSPECTION					
ADDITIONAL CHARGES FOR WORK NOT COVERED IN INSPECTION					
HOURLY LABOR RATE			\$		
TRIP CHARGE			\$		
GAUGE REPLACEMENT (PARTS AND LABOR)			\$		
OTHER (SPECIFY)			\$		
SUPPLIER NAME _____ CONTACT _____					
PHONE _____ EMAIL _____					
AUTHORIZED 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.

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,

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)