



# 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: 7 September 2016

To: To Whom It May Concern

## **Request for Quote 16-0930 TRANSPORTATION SERVICES**

On behalf of the Rome Circuit Mental Health Court, the Floyd County Board of Commissioners is accepting quotes for transportation services for participants in the Mental Health Court. The funds for this service is available through a \$12,376 Transportation Grant for fiscal year 2017 from the Criminal Justice Coordinating Council. Quotes must be submitted to the Floyd County Purchasing Department, 12 East 4<sup>th</sup> Avenue, Rome, Georgia 30161, or by e-mail to Everett Gray ([graye@floydcountyga.org](mailto:graye@floydcountyga.org)) or fax to (706) 290-6099, no later than **2 p.m. on 30 September, 2016** Late proposals will not be accepted.

A Pre-Bid meeting will be held at **4pm on 21 September 2016**. Companies are highly encouraged to attend to discuss the details and requirements of this service. Meeting location will be at the Floyd County Judicial Building, 3 Government Plaza, Rome Ga. 30161. Meet at the entrance and you will be escorted in. **Upon entering the building all persons are subject to search. Do not bring in cell phones. Please leave them in your car. Weapons of any kind are not allowed.**

The successful Company will be required to provide proof of general liability insurance, workers' compensation insurance and professional liability insurance of \$1,000,000/\$3,000,000 aggregate as well as proof of automobile liability coverage of \$1,000,000.00 and include bodily injury coverage. All policies must remain current for the entire duration of this contract.

Questions or requests for additional information should be submitted by e-mail to Everett Gray ([graye@floydcountyga.org](mailto:graye@floydcountyga.org)) or by fax to (706) 290-6099. No questions or requests for additional information will be accepted after **5 p.m. on 26 September, 2016**.

### BOARD OF COMMISSIONERS

LARRY MAXEY, CHAIRMAN  
RHONDA S. WALLACE, VICE-CHAIRMAN  
IRWIN BAGWELL  
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SCOTTY HANCOCK

### ADMINISTRATION

NANCY LAM, CPPB, CPPO, PURCHASING DIRECTOR  
EVERETT GRAY, CPPB, PURCHASING AGENT

## **RFQ 16-0930 TRANSPORTATION SERVICES**

Each quote submission must include a notarized contract affidavit providing your E-Verify Federal Work Authorization Identification number, a W-9 and the Floyd County vendor information form. If allowed in the contract, should the contractor use subcontractors, the contractor will secure from each subcontractor an attestation of compliance with O.C.G.A. Section 13-10-90 *et seq.* The contractor agrees to provide the Floyd County Board of Commissioners with an affidavit from any subcontractor engaged to perform services under any contract between the contractor and the Floyd County Board of Commissioners within 5 business days of the subcontractor being hired. These forms are located within this document.

The successful company will be required to show proof that all employees/staff have submitted and passed a criminal background check (GCIC).

The successful Company shall indemnify and hold harmless Rome Circuit Mental Health Court and the Floyd County Board of Commissioners and their agents, servants and /or employers from all claims, actions, lawsuits, damages, judgements or liability arising out of the transportation services provided.

Floyd County reserves the right to reject, in whole or in part, any and all quotes received. Floyd County will not pay for any information herein requested, nor will Floyd County be responsible for any costs incurred by the proposer. All quote submission shall become the property of Rome Circuit Mental Health Court and the Floyd County Board of Commissioners. Floyd County reserves the right to negotiate final prices subsequent to the submissions from the selected qualified companies.

## **RFQ 16-0930 TRANSPORTATION SERVICES**

### **1. INTRODUCTION**

The Rome Circuit Mental Health Court (hereinafter "Court") is seeking a qualified vendor to provide transportation services to qualified participants in the Court. Funds for these services will be provided through a grant from the Criminal Justice Coordinating Council for the fiscal year of 2017.

### **2. BACKGROUND INFORMATION**

The Court represents a coordinated effort of justice system and treatment professionals. The Court is designed to coordinate intensive intervention with judicial oversight through enhanced supervision and individual accountability. Participants undergo an intensive regimen of treatment, drug testing and community supervision while reporting for regularly scheduled status hearings before the Judge. Often, the participants lack transportation required to report to treatment locations, drug testing and court attendance.

### **3. SCOPE OF WORK**

Transportation provider must provide transportation services for qualified Court participants through 6/30/2017; beginning immediately upon award of the contract. Participants will need transportation services to and from two treatment provider locations, to and from court sessions and random drug screenings held at the Rome Circuit Community Supervision. Participants utilizing transportation services will reside in Floyd County.

#### **Provider Services**

- 3.1 Provider shall furnish in totality all labor, materials, and other equipment/vehicles necessary to provide transportation to participants.
- 3.2 Provider shall ensure transportation services are available during the hours of 8:00 a.m. through 5 p.m. Monday through Friday and 8:00 a.m. through 2:00 p.m. on Saturdays.
- 3.3 Participants must be able to call Transportation provider Monday through Saturday during the above stated times on any day they are called for random test to schedule transportation to and from government center as required. Daily drug testing is done during the hours of 8:00 a.m. 5:00 p.m. Saturday testing is scheduled during the hours of 8:00 a.m. 2:00 p.m.
- 3.4 Participants attend court sessions based upon the respective court's calendar; therefore, participants will know and be able to schedule in advance when rides are required to and from court sessions. Mental Health Court hearings are held every Thursday at 10:00 a.m. The length of court varies, but most sessions last between one and two hours.
- 3.5 Provider must be able to provide transportation to and from treatment and Court sessions held at: 14 Professional Court, Rome, Georgia, 100 Marable Way, Rome, Georgia, and 3 Government Plaza, Rome, Georgia.

Mental Health Court sessions are held at various appointment times Monday – Friday at 3 Government Plaza, Rome, Georgia. The Court retains the right to modify treatment schedules if necessary during the term of the contract.

- 3.6 Provider shall maintain a detailed log of all trips and must submit log to the Court by the 10th of the month following service in order to obtain reimbursement for service and for grant reporting purposes.
- 3.7 Provider shall ensure availability of transportation services for approximately 3 (three) approved participants at a given time.
- 3.8 Provider shall assist the Court in design and preparation of voucher system to be used by participants for services. Provider shall perform tasks as required to administer and track vouchers and then submit monthly invoice to the Court.
- 3.9 Provider must provide a local telephone number for participants' use in scheduling rides.

#### **4. PROPOSAL SUBMISSION REQUIREMENTS**

- 4.1 Proposer must clearly demonstrate that they are capable of providing the transportation services as outlined above.
- 4.2 Proposer must submit a proposal which clearly defines services to be provided and rates for service for the above required transportation trips to/from the locations indicated.
- 4.3 Proposer must provide proof of insurance coverages as stated above.
- 4.4 Proposer's overall capability, reputation, past performance for similar services, ability to perform services and fee schedule will be considered in the award decision.
- 4.5 Proposer must include in your proposal:
  - a. A statement as to whether the entity operates as a sole proprietorship, individual partnership, or corporation and the State in which the entity is incorporated or licensed to operate.
  - b. A description of any and all vehicles that will be used to provide the service, including model and year of each vehicle and evidence of good operating condition.
  - c. A list of drivers of all vehicles and their driver's license numbers.
  - d. The proposal must be signed by a person with the ability to bind the proposing entity and must submit the name of the central contact person along with their phone numbers and any cellular phone number, pager number, and/or fax number.
  - e. References if available for services of this nature that proposer has provided in the past, include reference name, address and telephone number and description of services provided.

#### **5. CONTRACT TERM AND AWARD**

- 5.1 The term of the contract award will be through 06/30/2017 or until all grant funds have been used, and shall commence immediately upon award of contract.

**RFQ 16-0930 TRANSPORTATION SERVICES**  
FOR FLOYD COUNTY ACCOUNTABILITY COURTS  
Due 2pm 30 September 2016

**QUOTE PAGE**

Having been afforded the opportunity to discuss the transportation needs of the Floyd County Mental Health Court and understanding the Scope of Work contained herein, terms and conditions issued for the same, we the undersigned agree to provide the transportation services at the following pricing.

Total Price for Round Trip 10 Miles or Less \_\_\_\_\_

Price Per Mile for Each Additional Mile \_\_\_\_\_

Maximum Wait Time on Random Testing Pick Up \_\_\_\_\_

**Alternative pricing methods will be considered if submitted. (Please use a separate sheet)**

COMPANY INFORMATION

Company \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_

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

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

Print Name \_\_\_\_\_

**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)

Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-subcontractor 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 under a contract for \_\_\_\_\_(name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and \_\_\_\_\_(name of contractor) on behalf of FLOYD COUNTY, GA 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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor 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/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) ▶ _____	
	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 ▶

### 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.

