



PURCHASING DEPARTMENT

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

PHONE: 706.291.5118 • FAX: 706.290.6099 • www.romefloyd.com

Date: April 07, 2017

To: Interested Firms:

Request for Quote 17-0414 HVAC Removal & Replacement, Historic Courthouse

The Floyd County Board of Commissioners is requesting quotes to remove existing three (3) HVAC units and replace with new 10 ton heat pump split (gas/electric) HVAC systems at the Floyd County Historic Courthouse, 3 Government Plaza, Rome Georgia 30161

All pricing will be submitted on the attached quote sheet. Additional information may be submitted with quote.

Quotes are due no later than **4p.m. April 14, 2017**. Quotes may be submitted by Email, Fax, US Mail or hand delivered to this office. Fax 706 290-6099 – Email: Penny Hale, halep@floydcountyga.org. Quotes are to remain valid for a period of 30 days from the date of quote. Awards may be for all or part of what is submitted

A Mandatory Site Visit is scheduled for **10 am on 11 April, 2017**. Contractors will meet at the Front Steps of the Historic Courthouse located at 3 Government Plaza, Rome Ga. 30161

Questions regarding this RFQ will be faxed 706 290-6099 or Email: halep@floydcountyga.org.

Submissions **must include** a completed E-Verify Form (Contract Affidavit and Agreement). This form is provided in this RFQ. Companies that do not provide this will not be considered.

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. Floyd County is Tax Exempt.

BOARD OF COMMISSIONERS
RHONDA S. WALLACE, -CHAIR
SCOTTY HANCOCK, VICE CHAIR
ALLISON WATTERS
WRIGHT BAGBY
LARRY MAXEY

ADMINISTRATION
BILL GILLILAND, CPPB PURCHASING DIRECTOR
PENNY HALE, PURCHASING AGENT

FLOYD COUNTY GEORGIA

HVAC Replacement

Request for Quote 17-0414

Scope of Work: The contractor is required to provide all labor, tools, equipment and materials to remove and dispose of 2 existing 15 Ton HVAC units and replace with (2) two, Ten (10) ton split pack HVAC units. The new units will be installed at the same location. The purpose will be to cool office space currently supplied by the old units. The existing courtroom will have automatic damper to allow conditioned air to the courtroom only when needed. To do this an automated process will be required. This will make the office space the primary conditioned space and the courtroom secondary. TIME IS OF THE ESSENCE. The contractor shall provide the earliest possible date that the Units can be installed. The contractor will provide and install new condensers, air handlers, and a line sets for new system. Existing duct work may be reused if feasible. Contractor will be responsible for repair to any openings used to install equipment. Thermostats will need to be replaced in existing thermostat locations and new wiring must be pulled if necessary.

Contractor will

- Attend the Mandatory Site Visit
- Provide all labor, equipment and materials.
- Provide a safe work zone during installation.
- Submit a completed Contract affidavit (E-Verify)
- Acquire and pay for all necessary permits(should be included in the quote)
- Remove and properly dispose of any work debris created. Work are must be left in a trash free condition.
- Provide a current insurance certificate with Floyd County shown as the additionally insured.

EXECUTION

Coordination with owner must be completed prior to installation. Contractor may assume normal working hours for installation. The area will be inspected and approved by a representative of Floyd County when the work is complete and before contractor personnel leave the site.

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"/> 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 <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="width: 100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																		Employer identification number																	
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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.