



## MEMORANDUM

TO: Prospective Bidders

FROM: Johnna M. Allen, Purchasing Director

RE: Request for Bid 040-19

DATE: October 1, 2019

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The City of Rome, Georgia is requesting proposals from qualified firms to provide **printing and mailing of utility, landfill, and solid waste bills**. This proposal must include postage and the ability to include extra information as requested. The goal is to more efficiently process the bills and provide additional information to customers as needed. The system proposed should be able to handle an XML input file from the current ERP vendor, MUNIS (Tyler Technologies). The application and process to be provided shall include but are not limited to the printing and mailing of utility, landfill, and solid waste bills. All postal updates should be part of this solution, as well as, confirmation of received files and completed processing, and technical communication with City of Rome Office of Technology Services. The City of Rome reserves the right to accept, reject, and/or negotiate any or all proposals as determined by them to be in the City's best interest. **The City intends that the successful firm be awarded a contract that includes the chosen system, as well as, extended maintenance if applicable.**

Interested parties may receive a copy of the proposal package by logging on to the City of Rome Georgia Website at [www.romefloyd.com](http://www.romefloyd.com) or by contacting the City of Rome Purchasing Department at 706-236-4410. Interested parties should visit the website frequently for receipt of any new information that may be posted.

Proposals shall be received until **3:00 p.m. on October 24, 2019** in the City of Rome Purchasing Department, City Hall, 601 Broad Street, Rome, Georgia 30161, at which time and place all Proposals will be publicly opened and acknowledged.

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Johnna M. Allen  
Purchasing Director

## INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **October 24, 2019 at 3:00 p.m.**

II. Bids must be delivered to:

City of Rome  
Attn: JOHNNA M. ALLEN  
601 Broad Street  
P.O. Box 1433  
Rome, Georgia 30162

III. Bids must be sealed and marked:

**“040-19 Bill Printing and Mailing Services”**

IV. Bids must be complete and include:

- A. Completed Bid Proposal Form
- B. Executed Bidder's Declaration
- C. Executed Certificate of Non-Discrimination
- D. Executed Affidavit of Non-Collusion
- E. Prompt Payment Affidavit
- F. Request for Taxpayer I.D. Number
- G. Drug-Free Workplace Certification
- H. E-Verify Compliance Affidavit
- I. SAVE Compliance Affidavit

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

Bidder shall submit all required forms and information simultaneously with sealed bids, which forms and information become a part of the property of the City of Rome and will not be returned to bidders unless a written request to withdraw is received prior to **October 24, 2019 @ 3:00 p.m.**

V. Payment:

When contracts are awarded, payment by the City of Rome will be the normal 30-day cycle. However, the City does make every effort to honor all discounts.

## REQUIREMENTS FOR BIDDERS

These items apply to and become a part of the terms and conditions of the bidders bid. Any exceptions must be in writing.

Notice is hereby given that the City of Rome will receive sealed bids from interested parties until **October 24, 2019 at 3:00 p.m.** at its offices located at 601 Broad Street, Rome, Georgia 30161.

Any bids received thereafter will not be considered.

Bids will be publicly opened and read at the City of Rome Purchasing Department located at 601 Broad Street on the day and at the hour specified.

The purchaser may be consider as non-responsive, any bid in which there is an alteration of, or departure from the bid form hereto attached.

The bid will be awarded to the lowest reliable bidder complying with the conditions of the invitation for bid. The bidder to whom award is made will be notified at the earliest possible date. The purchaser reserves the right to reject the bid of a bidder who has previously failed to perform properly or complete on time, contracts of a similar nature, or the bid of a bidder who, in the sole opinion and discretion of the purchaser is not in a position to perform the contract, or whose name appears on the United States Comptroller General's list of ineligible contractors.

Bids may be withdrawn by written or faxed request, provided such withdrawals are received prior to bid opening date.

NOTE: Unless stated on the bid form the bid submitted will assume all specifications will be met. Please note on the bid form all exceptions.

# **SPECIFICATIONS**

## **Bid 040-19**

### **Bill Printing and Mailing Services**

#### **Background**

The City of Rome Water Billing Department is currently charged with the responsibility of reading meters, processing bills weekly, taking payments, and establishing new accounts for the City of Rome.

The Solid Waste Department is currently charged with the responsibility of the service of front load dumpsters, processing bills on a 28-day cycle, and establishing new accounts for the City of Rome.

The Landfill is currently charged with the flow of waste into the landfill, weighing in customers, taking payments for non-charge accounts, billing charge customers monthly, and establishing new accounts for the City of Rome.

In an effort to streamline the bill processing, the City of Rome is looking for a complete bill printing and mailing solution.

#### **Scope of Services**

The following outlines the task and function desired. The successful firm will provide the following services as required by this request for proposal.

A. A completely all-encompassing bill printing and mailing solution.

- Bills printed on 8 ½ x 11 paper
- Mailing envelope - #10
- Return envelope - #9
- Ability to add additional mailings upon request
- Ability to add inserts to bill mailings
- Secure file transfer
- File transfer acknowledgement
- Technical contact for interaction

Bidder's Response: \_\_\_\_\_

### Submittal Requirements

Each bidder must submit six (6) copies of their Proposal, enclosed in a sealed envelope or box, addressed to Johnna Allen, Purchasing Director, 601 Broad Street, Rome, Georgia, 30161, and labeled “**Bill Printing and Mailing Services (Proposal No. 040-19)**”. Proposals shall be received until **3:00 p.m. on October 24, 2019** in the City of Rome Purchasing Department at City Hall, 601 Broad Street, Rome, Georgia 30161, at which time and place all proposals will be publicly opened and acknowledged.

**Bidder’s Response:** \_\_\_\_\_

### Qualifications and Experience

Proposals must provide the following information to establish the qualifications and experience of the Bidder:

- 1) A brief description of the firm, including a short history of the company, comments regarding the type of work normally performed by the company, the size of the company’s professional, technical, and support staff, the resources that are available to the company pertinent to the Proposal, and the number of years the company has been in existence.
- 2) Certification that the Bidder or its officers or any predecessor companies are not under any part of the Bankruptcy Act nor ever filed under the Bankruptcy Act within the previous seven years.
- 3) Provide a listing of relative experience with projects and related services similar in nature, with emphasis on projects similar in scope or characteristic to that proposed for the City of Rome.
- 4) Provide a minimum of three references from previous work activities with local governments. Provide the name of a contact person with a telephone number or other contact information.
- 5) Provide a summary of qualifications, specific and general, of the company and the resume of the person to be assigned to the project.

Bidder’s Response: \_\_\_\_\_

### Cost Proposal

The cost proposal should include an itemized billing including an hourly billing rate schedule for all staff positions that are anticipated to be involved in the project. The Proposal should state any service that will not be provided but may be necessary to complete all activities as required by this Requests for Proposal. Invoicing will be after implementation and acceptance by The City of Rome Billing Departments. The submitting firm must state how monthly cost are calculated and their expected payment terms.

Bidder’s Response: \_\_\_\_\_

## Insurance

Before any work begins the successful firm must provide a certificate of Insurance in the amount of \$2,000,000 in liability coverage with the City of Rome listed as the additionally insured.

Bidder's Response: \_\_\_\_\_

## Questions and Interpretations

### **Interpretations**

No inquiries or interpretation of meaning concerning this Request for Proposal will be made to any interested party orally. Every inquiry or request for interpretation should be made in writing via e-mail. All inquiries and requests for interpretation should be sent via e-mail simultaneously to Johnna Allen at [jallen@romega.us](mailto:jallen@romega.us) and [purchasingdepartment@romega.us](mailto:purchasingdepartment@romega.us). All questions and all answers will be posted on the website [www.romefloyd.com](http://www.romefloyd.com). Click on administration and then bids and RFPs. It will be the responsibility of interested parties to periodically check the website for any new information. **All questions must be submitted by 5:00 p.m. on October 17, 2019.**

Bidder's Response: \_\_\_\_\_

## Scoreable Mandatory Requirements

After submitted proposals are reviewed scoring will be according to the following evaluation criteria:

1. All proposals will be evaluated individually on their technical merits prior to examining the price.
2. The technical evaluation will consist of a qualitative review of the following factors, each with a 10 point maximum.
3. History and experience of the submitting firm abilities and experience of the individuals and/or firms that will be providing the services. (10 Points)
4. Capability to provide required services in a timely manner. (10 Points)
5. References--- provide the name and contact information of at least (3) three references (10 Points)
6. Provide examples of projects of a similar nature that the firm or firm personnel has completed in the last 24 months (10 Points)
7. Proposed implementation schedule (10 Points)
8. Budget---Ability of amount submitted to fit into the existing operations budget. (10 Points)

### **Evaluation and selection process**

Proposal will be evaluated by a team consisting of key City of Rome Georgia Staff members. Team members will review the proposals individually and collectively to determine total points and rank them accordingly.

The team may choose to interview the top candidate or more.

It is the policy of the City of Rome to prohibit discrimination against any person or business in pursuit of business opportunities on the basis of race, color, sex, religion, national origin or geographic location and to conduct its contracting and conducting so as to prevent such discrimination. The submittal must describe the firm's plan to utilize disadvantaged, minority owned and woman owned business enterprises in the executing the project if the opportunity is present. Proposed staff and team members must be the actual project resources who will serve the City on this project.

**BID FORM**

TO: City of Rome – Purchasing Department  
ATTN: JOHNNNA M. ALLEN  
P.O. Box 1433  
601 Broad Street  
Rome, Georgia 30162-1433

**BID PKG. “040-19 Bill Printing and Mailing Services”**

TOTAL COST OF PROCESSING \$\_\_\_\_\_

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and to be considered only at the discretion of the Purchasing Department.

\_\_\_\_\_  
Name of Individual, Partner  
or Corporation

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

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

\_\_\_\_\_  
Company phone number

Please Attach a Business Card for Company Contact:

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

- That the bidder has carefully read and fully understands the full scope of the specifications.
- That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.
- That the bidder has liability insurance and a declaration of insurance form is included in the bid package.
- That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **October 24, 2019 at 3:00 p.m.** but may not be withdrawn after such date and time.
- That the City of Rome reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. The City of Rome reserves the right to waive any technicalities and formalities in the bidding.
- That by submission of this bid the bidder acknowledges that the City of Rome has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.
- If a partnership, a general partner must sign.
- If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

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BIDDER

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SIGNATURE

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TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF

COUNTY OF

Owner, Partner or Officer of Firm

Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

## 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.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:  <input type="checkbox"/> Individual/sole proprietor or single-member LLC            <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) ▶ _____  <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  <input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):          Exempt payee code (if any) _____          Exemption from FATCA reporting code (if any) _____  <i>(Applies to accounts maintained outside the U.S.)</i></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) _____</p> <p><b>6</b> City, state, and ZIP code _____</p> <p><b>7</b> List account number(s) here (optional) _____</p>	<p>Requester's name and address (optional) _____</p>

### 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>								
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or								
<b>Employer identification number</b>								
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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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**CITY OF ROME**

**DRUG-FREE WORKPLACE CERTIFICATE**

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By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the “Drug-Free Workplace Act” will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder’s employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: “As part of the subcontracting agreement with (contractor’s name), (subcontractor’s name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor’s employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7).”

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

CITY OF ROME, GEORGIA  
**E-VERIFY COMPLIANCE AFFADAVIT**

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 the City of Rome, 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  
(Not Required if Less than 10 Employees)

\_\_\_\_\_  
Signature (if less than 10 employees)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor/Company

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ 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 \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

CITY OF ROME, GEORGIA  
**SAVE COMPLIANCE AFFADAVIT**  
**O.C.G.A § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United State citizen.
  
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
  
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: \_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_(city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: