



CITY OF
SANDERSVILLE

Request for Bids

RFB # 2024-06

Electric Department Restroom Project

Due Date: Tuesday, May 14, 2024 at 3:00 PM

**CITY OF SANDERSVILLE
REQUEST FOR BIDS
ELECTRIC DEPARTMENT RESTROOM PROJECT**

GENERAL

The City of Sandersville is seeking bids for the installation of an additional restroom for the Electric Maintenance Shop.

The City of Sandersville will reserve the right to accept or reject any and all bids and act in the best interest of the City of Sandersville.

SPECIFICATIONS

The project shall consist of the following:

The Contractor will be responsible for all materials, labor and equipment required to install a second restroom inside the Electric Maintenance Shop. The restroom will be adjacent to the existing restroom. The new structure will utilize a block wall between the two restrooms. The restroom will be approx. 80”x 80” and match the height of the existing restroom. The new structure will be studded out with 2x4’s and covered on the exterior and interior with sanded smooth plywood sheeting. The new structure will be trimmed out with 1x4’s and 1/4 x 1 ½ lattice strips. The Restroom will be painted white on the exterior and interior.

The Contractor will be responsible for assuring that the new facility is ADA Compliant with all regulations and rules required to give physical access to people with disabilities.

The Contractor will be responsible for installing (1) back flow toilet, (1) on demand water heater, (1) light, (1) vent fan, (1) sink, (1) paper towel dispenser, (1) grab bar, (1) liquid soap dispenser.

The Contractor will be responsible for any and all electrical & plumbing as needed to operate the new facility.

The Contractor will be responsible for making any repairs for any structural damage made during this project.

The Contractor will be responsible for proper disposal of debris from the work station.

The Contractor will acquire all permits and perform 811 locates as required for the purpose of this project and abide by all laws and legal dates.

INDEMNIFICATION AND INSURANCE

The Contractor agrees that he shall and will indemnify, hold harmless and defend the Owner, his agents, servants and employees from and against any and all losses, damages (by judgment or settlement), charges and expenses (including reasonable attorney’s fees) which they or any one or more of them may incur or sustain by reason of any claims or causes of action for personal injury or injuries, including death, to any person or persons whosoever (including the officers,

agents, servants or employees of the Contractor or of any subcontractor) including but not limited to such claims or causes of action arising out of, or in any way connected with, or occasioned by the work performed by the Contractor or subcontractors, their respective agents, servants or employees under or pursuant to this contract.

Without limiting his liability under this contract, the Contractor shall procure and maintain at his expense during the life of this contract insurance of the types and in the minimum amounts stated below:

1. Workmen's Compensation Insurance in full compliance with the Workmen's Compensation laws of the State of Georgia.
2. Comprehensive General Liability

Bodily injury, including death	\$1,000,000 per person \$1,000,000 each occurrence
Property Damage	\$1,000,000 each occurrence \$2,000,000 aggregate
3. Comprehensive Automobile Liability

Bodily injury, including death	\$1,000,000 per person \$1,000,000 each occurrence
Property Damage	\$1,000,000 each occurrence

Said insurance shall be written by a company or companies licensed to do business in the State of Georgia and satisfactory to the Owner. Before commencing any work hereunder, certificates evidencing the maintenance of such insurance shall be furnished to the Owner and shall contain the following statement:

Insurance evidenced by this certificate will not be canceled or altered except 10 days after receipt by the City of Sandersville, Georgia of written notice thereof.

Contractors shall not subcontract the performance of any part of the work without requiring the subcontractor to procure and maintain insurance in the forms and amounts approved by the Owner, and likewise said subcontractors shall pay wages specified by the Georgia Department of Labor.

CONTRACTOR'S RESPONSIBILITY

Nothing in these specifications shall be construed as placing the work under the specific direction or control of the Owner or relieving the Contractor from his liability as an independent Contractor and, as such, he shall be solely responsible for the method, manner and means by which he shall perform his work, including, but not limited to supervision and control of his own personnel and scheduling of the work required to insure its proper and timely performance and he shall exercise due care to prevent bodily injury and damage to property in the prosecution of the work.

It shall be the responsibility of the contractor to verify all quantities and measurements prior to bidding. No change orders will be accepted due to differences in the bid packet measurements and the amount of materials required to complete the scope of the project.

Until the work is accepted, it shall be in the custody and under the charge and care of the Contractor, and he shall take every necessary precaution against injury or damage to the work by the action of all the elements, or from any other cause whatsoever. The Contractor shall restore and make good at his own expense all injuries or damages to any portion of the work before its completion and acceptance. Issuance of any estimate or partial payment to the Contractor for any part of work done will not be considered as final acceptance of any work.

The Contractor agrees to assume and shall have full and sole responsibility for compliance with all Federal, State or Municipal laws and regulations in any manner affecting the work to be performed by the Contractor or subcontractors.

BID SUBMITTAL

Bids will be lump sum and include all cost of labor and materials to include delivery to the point of destination. The bids will be evaluated and awarded based on several factors to include cost, availability, suitability and quality.

1. Bids will be received until **Tuesday, April 30, 2024, at 3:00 P.M.** at which time the bid opening will take place – City Hall Conference Room, 141 West Haynes Street, Sandersville, GA 31082.

Any bids received after the deadline shall be null and void. The City of Sandersville reserves the right to accept or reject any or all bids and act in the best interest of the City of Sandersville.

2. All bids must be submitted in a sealed envelope clearly marked **“Electric Dept. Restroom Project”** All shipping materials must be clearly marked with the project name.

3. Three (3) copies of the bid with the required information must be submitted and received no later than above date to:

City of Sandersville
Attn: Travis Fort, Purchasing Agent
Electric Dept. Restroom Project
P.O. Box 71
141 W. Haynes Street
Sandersville, GA 31082

4. All bids must be submitted on the bid forms furnished and accompanied by:
 - **W-9 Form** – Please complete attached form, check appropriate box, fill in Social Security Number or Employer Identification Number, Sign and Date.
 - **Notarized E-Verify Contractor Affidavit** – Please complete attached form. (To enroll in e-verify, you may visit the website www.uscis.gov/everify.)

- **Notarized SAVE Affidavit** – Please complete attached form.
 - **Occupational Tax Certificate**
 - **General Public Liability and Property Damage Insurance Certificate** with a limit of liability of not less than \$1,000,000.
 - **Worker’s Compensation Proof of Insurance** – For more than three employees.
5. Bid should state the start date and the work should commence within three months after the bid award.

QUESTIONS

Questions will be answered until **4:30pm on Tuesday, May 7, 2024** by addendum posted on our website www.sandersvillega.org under the City Online, Bid Opportunities tabs. Questions must be directed in writing to:

City of Sandersville
Attn: Travis Fort, Purchasing Agent
P.O. Box 71
141 W. Haynes St.
Sandersville, GA 31082
tfort@sandersvillega.org



**BID FORM
ELECTRIC DEPARTMENT
ELECTRIC DEPT. RESTROOM PROJECT**

Return Date: **3:00 PM, Tuesday, May 14, 2024**

Return to: City of Sandersville, Attn: Travis Fort
141 W. Haynes Street, Sandersville, GA 31082

LUMP SUM BID AMOUNT \$ _____

EXPECTED START DATE: _____

ALL BID FORMS SHOULD INCLUDE THE FOLLOWING INFORMATION:

Company Submitting Bid: _____

Company Address: _____

Company Phone No: _____ Company Fax No. _____

Authorized Representative: _____

Signature _____ Date: _____

Print Name and Title _____ Phone: _____

Email address _____

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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. 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) ▶ _____		4 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>
	5 Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	6 City, state, and ZIP code		
	7 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 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.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													

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.

or

Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													

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.

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.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at 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.

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 the City of Sandersville 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

Name of Project

City of Sandersville

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:

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from the City of
Sandersville, the undersigned applicant verifies one of the following with respect to my
application for a public benefit:

- 1) _____ I am a United States 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: