



213 Persons Street
Fort Valley, Georgia 31030
P: 478-825-2535 F: 478-825-2678
www.peachcounty.net

We grow everything sweeter!™

Board of Commissioners

Meetings Second Tuesday

Martin H. Moseley, Jr.
Chairman

Betty C. Hill
Vice-Chairman

Shanita D. Bryant

Roy Lewis

Wade Yoder

Michaela Jones
County Administrator

April H. Hodges
Assistant County Administrator/
County Clerk

County Officials

Kim Wilson
Probate Judge

Joe Wilder
Clerk of Superior Court

Terry Deese
Sheriff

W. L. Brown
Tax Commissioner

Kerry Rooks
Coroner

Laurens C. Lee
Magistrate

REQUEST FOR QUALIFICATIONS RFQ No. 20-009 Architecture Services Peach County Health Department Improvements.

The Peach County Board of Commissioners will be accepting Sealed Qualifications Statements pertaining to design and construction management of improvements to the County Health Department building to be funded through state and local funds including the Community Development Block Grant (CDBG) program.

Closing date for Sealed Bids responding to Request for Qualifications (RFQ) No. 20-009 shall be July 14, 2020 at 2:30 p.m. local time. Qualification Statements received after this date and time or at any other location will not be considered. Qualification Statements will be opened in public on July 14, 2020 at 2:45 p.m. local time, at the Peach County Board of Commissioner's Office, 213 Persons Street, Fort Valley, GA 31030.

Section 3

This is a Section 3 contract opportunity. This project is covered under the requirements of Section 3 of the HUD Act of 1968. This project must ensure that employment and other economic opportunities generated by CDBG funds shall, to the greatest extent feasible, and consistent with federal, state and local laws and regulations, be directed toward low and very low-income persons, particularly those who are recipients of government funding for housing, and to business concerns which provide economic opportunities to low and very low-income persons in coordination with the Section 3 provisions of the Housing and Urban Redevelopment Act of 1968 – 24CFR Part 135.

Fair Housing

This project must affirmatively further fair housing and steps must be taken to analyze impediments to fair housing choice in Peach County and take steps to overcome any identified impediments in efforts to promote fair housing for Peach County residents.

Section 504

This project must ensure that no qualified individual with a disability shall, by reason of such disability, be excluded from the participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination of any such entity as prescribed by law in the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended.



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A pre-submittal meeting will be conducted July 2, 2020 at 10:00 a.m. at the Peach County Board of Commissioners Office conference room located at 213 Persons Street Fort Valley, GA 31030. Attendance at the pre-submittal meeting is not required to submit a qualification statement but is highly recommended.

The complete RFQ package will be available by contacting Daniel Garcia Flores at (478) 827-3150, by email at daniel-garciaflores@peachcounty.net, or by visiting www.peachcounty.net.

Peach County reserves the right to reject all bids, to waive informalities, to re-advertise and/or to award any bid that is in the best interest of Peach County.

Peach County is an equal opportunity employer.

Mail or deliver Sealed Bids to:

Daniel Garcia Flores, Purchasing Manager
Peach County Board of Commissioners
ATTN: RFQ # 20-009
213 Persons Street Fort Valley,
GA 31030



Request for Qualifications No. 20-009
PEACH COUNTY
GEORGIA
Architecture Services
Peach County Health Department Improvements

PURPOSE:

The PEACH COUNTY BOARD OF COMMISSIONERS is soliciting a statement of qualifications from companies to provide Architecture Services for the Peach County Health Department Building 503 Blue Bird Blvd, Fort Valley, GA 31030.

By issuing this Request for Qualifications (RFQ), Peach County is requesting a statement of qualifications (hereafter referred to as a "response") for Architecture Services (RFQ 20-009). Instructions for preparation and submission of a response are contained in this packet. Responses must be typed or printed in ink.

SCHEDULE:

Responses will be received in the Peach County Board of Commissioners' Office, 213 Persons Street, Fort Valley, Georgia 31030, until July 14, 2020 at 2:30 p.m. local time. Responses shall be opened in public to verify completeness July 14, 2020 at 2:45 p.m. local time. Any responses received after July 14, 2020 at 2:30 p.m. local time or at any location other than the 213 Persons Street, Fort Valley, Georgia 31030 will not be considered.

INTENT:

The Peach County Board of Commissioners intends to qualify one architectural firm for architectural services related to the remodel and possible addition to the Peach County Health Department Building.

BACKGROUND:

Peach County has received grant funding to assist with improvements to the county Health Department. The County is seeking an architecture firm with broad experience to provide design and construction supervision for this project that will utilize funds primarily from the CDBG grant program. These grants are funded by the federal government and administered at the state level by the Georgia Department of Community Affairs. Therefore, all activities must be performed in strict adherence to applicable federal and state regulations. All project activities will be coordinated with Paul Schwindler, P.E., Peach County Engineering Services, Director.

PROJECT TITLE FOR IDENTIFICATION PURPOSES:

Peach County Health Department Improvements

SCOPE:

The initial work documents required of the selected firm will consist of the preparation of comprehensive architectural plans, including cost estimates within the established. These must be prepared in close communication with Peach County. The contact for the project is Paul Schwindler, P.E., Peach County Engineering Services, Director who can be reached a t(478) 827-3532 or by e-mail at Paul-schwindler@peachcounty.net. The following architectural services must be provided at a minimum:

1. Preparation of final design, plans, and specifications.

2. The securing of all necessary permits and clearances as applicable to comply with state and federal mandates. For this project the architect will be required to provide architectural plans/drawings showing all dimensions drawn to current design standards and the required plans in order for the contractor to apply for permits.
3. Preparation of bid and contract documents, including advertising and bidding procedures, holding the pre-bid conference in partnership with the County, attend bid openings, and evaluations of bids as a member of the County's bid evaluation committee.
- 4 Post-award services, including securing the construction firm's certifications and review of specifications, submittals, warranties, operation manuals, and as-built drawings.
- 5 Construction services including supervision/administration of construction, review of payment requests, change orders, and other coordination with the construction firm. Periodic construction review (at least one visit per week during regular working hours), monthly owner, architect, and contractor (OEC) meetings at the project site, and other work as required in assuring proper execution of the work. Periodic construction review must ensure that the construction firm's methods of construction provides for the same.
6. Construction close-out, final inspection, project certification, and coordination with Peach County and the Middle Georgia Regional Commission to provide periodic updates to satisfy CDBG program requirements.

ADDITIONAL INFORMATION / ADDENDA:

The County reserves the right to amend this RFQ. Any changes to the RFQ will be communicated via Peach County web site. It is the responder's responsibility to check for any addendum issued for this RFQ prior to submitting the response.

Respondents that are planning to respond to this RFQ are asked to contact the Peach County Purchasing Manager to submit their contact information for a responders list.

All questions concerning this invitation and all questions arising before the evaluation of responses are to be addressed to the Peach County Purchasing Manager at the following address, email address, or fax number:

Peach County Board of Commissioners Office
Purchasing Department
Attn. Daniel Garcia Flores
213 Persons Street, Fort Valley, GA 31030
Email: daniel-garciaflores@peachcounty.net
Phone: 478-827-3150

To maintain a "level playing field" and to assure that all respondents receive the same information, respondents are requested to NOT contact anyone other than the Peach County Purchasing Manager until after the Peach County Board of Commissioners chooses the successful firm.

The County will recognize only communications which are in writing and signed. The County shall not be responsible for oral interpretations given by any County employee, representative, or others. The issuance of addenda is the only official method whereby interpretation, clarification, or additional information can be given.

All questions or requests for additional information must be received five (5) days prior to the RFQ closing to allow ample time to post any addenda or changes if necessary. The County will

provide written answers to all questions it receives via addenda posted on the Peach County Web Site.

Respondents should check with the Purchasing Office or the Peach County website frequently during the process to verify that they have received all issued addendums. Respondents have the responsibility of making sure that they have received all issued addendums. Addendums are posted on the website at www.peachcounty.net.

RESPONSE SUBMITTAL:

Responses shall clearly indicate the legal name, address, e-mail address, and business telephone number of the Respondent (company, firm, partnership, or individual). All expenses for responses to this RFQ are to be borne by the Respondent. Peach County reserves the right to retain all responses submitted.

Two bound paper copies and one flash drive with an electronic computer file of the complete response in Adobe PDF format shall be submitted in one sealed package, clearly marked on the outside "RFQ # 20-009 Peach County Health Department Improvements" addressed to:

Peach County Board of Commissioners
Purchasing Department
Attn: Daniel Garcia Flores
213 Persons Street
Fort Valley, Georgia 31030

Responses may be mailed or hand delivered to the Peach County Board of Commissioners Office. All terms stated in the responses to this RFQ shall remain valid for a period of not less than sixty (60) days from the date of the RFQ opening.

Any respondent that fails to provide required information outlined below and elsewhere in the RFQ may have its response rejected for being non-responsive.

WITHDRAWAL OF RESPONSE:

A respondent may withdraw its response before the deadline, without prejudice to the respondent, by submitting a written request of withdrawal to the Peach County Purchasing Office.

REJECTION OF RESPONSE:

The Peach County Board of Commissioners (BOC) may reject any and all responses, and must reject a response of any party who has been delinquent or unfaithful in any formal contract with Peach County. The County reserves the right to waive any formalities or irregularities in any response in the classification procedure

The Peach County BOC in its absolute discretion, may reject any response of a respondent that has failed, in the opinion of the Board, to complete or perform a Peach County contracted project in a timely fashion or has failed in any other way, in the opinion of the Board, to perform a prior contract in a satisfactory manner, and has directed the Peach County Purchasing Manager to emphasize this condition to potential respondents.

All responses must be received and in-hand at the deadline. Each respondent assumes the responsibility for having its response received at the designated time and place of the deadline. Responses received after the deadline may be subject to rejection without consideration, regardless of postmark. Peach County accepts no responsibility for mail delivery.

Peach County is an Equal Opportunity Employer.

QUALIFICATIONS OF RESPONDENTS:

In evaluating responses, the County may seek additional information from any respondent regarding its qualifications to perform the expected services.

Respondents are requested to include letterhead pages immediately behind the cover letter that briefly, directly, and exactly answers the following evaluation criteria questions:

1. Your firm's experience, particularly with CDBG grants as well as other grant projects. Please refer to specific pages in the proposal that answer each category of experience. References must include the names and telephone numbers of local governments, personnel involved, and a brief description of the projects.
2. our firm's prior experience with Peach County. Please refer to specific pages in the proposal that answer each category of experience.
3. At a minimum, the architecture firm's proposal should also provide the following information:
 - a. A brief history of the architecture firm and its principal personnel including resumes of the principals.
 - b. The length of time the firm has been providing the specific kind of architectural services requested herein.
 - c. The name(s) and professional experience of the firm's key personnel who will be assigned to this project. Firm must also state how much direct experience the personnel assigned to this project has had with CDBG-funded projects.
 - d. Cost schedules for general services, in addition to cost schedules for additional services.
 - e. Fees for reimbursable expenses, if applicable.
 - f. The firm must provide a professional services contract. (Note: The contract will be written as "direct costs plus a fixed fee, not to exceed a lump sum." If the architecture firm is contracted for the project, the contract must include additional clauses pertaining to federal regulations that will be supplied by Peach County. The firm should also include the percentage fee that it normally charges for design and construction supervision on this size project and a list of other services included under contract.
 - g. A proposed plan to implement the project.
 - h. A written release authorizing all investigations necessary.
 - i. The attached Section 3 solicitation package, if Section 3 preference is being claimed.
4. Respondents must have a current business license and a Professional Engineering license in Georgia and provide a copy of those licenses with the submittal of its response.
5. Responses from any respondent that is in default on the payment of any taxes, license fees, or other monies due to Peach County will not be considered.
6. Respondents must certify that they do not and will not maintain or provide for their employees any facilities that are segregated on a basis of race, color, creed, or national origin.
7. Respondents shall provide insurance certificate(s) as proof that the respondent carries the minimum insurance required of all contractors doing business on site in Peach County. The following minimum limits must be met:
 - a. Worker's Compensation and Employer's Liability insurance in an amount of not less than \$500,000.00 each accident, each disease, to protect the Contractor from any liability or damages for any injuries (including death and disability) to any of its employees, volunteers, or subcontractor, including any and all liability

- or damage which may arise by virtue of any statute or law in force within the State of Georgia, or which may be herein after enacted.
- b. Comprehensive General Liability insurance in an amount of not less than \$1,000,000.00 per occurrence, \$2,000,000.00 Policy Limit to protect the Contractor, its subcontractors, and the interest of the County, against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation under the Contract or in connection with the contracted work. The General Liability insurance shall also include the Broad Form Property Damage Liability endorsement, in addition to coverage for explosion, collapse, and underground hazards, where required.
 - c. Business Auto Liability insurance in an amount of not less than \$1,000,000.00 per occurrence, \$2,000,000.00 Policy Limit to protect the Contractor, its subcontractors, and the interest of the County, against any and all injuries to third parties, including bodily injury and personal injury, wherever located, resulting from any action or operation of automobiles or vehicles.
 - d. Professional Errors and Omissions insurance in an amount of not less than \$1,000,000.00 per occurrence, \$2,000,000.00 Policy.

The County reserves the right to verify the accuracy of any information provided in the response. Any respondent that intentionally exaggerates, omits, or otherwise falsifies information in its response will be removed from consideration, have its prequalified status revoked, or have its contract terminated, depending upon when the offense is discovered.

PROPRIETARY INFORMATION:

Careful consideration should be given before submitting confidential information to Peach County. The Georgia Open Records Act permits public scrutiny of most materials collected as part of this process. Please clearly mark any information that is considered a trade secret, as defined by the Georgia Trade Secrets Act of 1990, O.C.G.A. §10-1-760 et seq., as trade secrets are exempt from disclosure under the Open Records Act. Peach County does not guarantee the confidentiality of any information not clearly marked as a trade secret.

EVALUATION METHODOLOGY:

Procedures for selection of an individual/firm will be in accordance with the RFQ package and local procurement requirements, as well as the requirements of the Uniform Administration Requirements (“the common rule”) 24 CFR Part 85. All qualifications will be evaluated in terms of project approach, quality of work, experience, capacity to perform, mobility, and project familiarity. Past performance on other projects may also be assessed in terms of timeliness, completing within budget, and other factors. All complete responses will be evaluated according to the following factors:

Factor	Evaluation Weight
Project Approach	20%
Quality of work	20%
Experience	10%
References	5%
Capacity to Perform	10%
Mobility	5%
Project Familiarity	10%

Past Performance	20%
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GENERAL INFORMATION:

No responses received after the deadline or at any place other than the submittal location stated in the RFQ shall be considered. No responsibility shall attach to Peach County for the premature opening of a response not properly addressed and identified.

Peach County may make such investigations deemed necessary to determine the ability of the respondent to perform the work and ensure there is no conflict of interest as it relates to the project. The respondent shall furnish to the County any additional information and financial data for the purpose as the County may request.

Addendum and Supplement to Request - If it becomes necessary to revise any part of this RFQ, or if additional data are necessary to enable an exact interpretation of provisions of this RFQ, an addendum will be issued. It is the responsibility of the party submitting the proposal to ensure that they have received all addendums prior to submitting a response. **All addendums must be initialed and attached to the response.** Failure to include addendums may be ample cause for rejection of the response as non-responsive.

Miscellaneous Requirements - The County will not be responsible for any expenses incurred by the Respondent in preparing and submitting a response. All responses shall provide a straightforward, concise delineation of the Respondent’s capabilities to satisfy the requirements of this RFQ. Emphasis should be on completeness and clarity of content.

SUBMISSION OF RESPONSE:

Sealed responses must be received by the Board of Commissioners Office Purchasing Department **BEFORE** 2:30 p.m., on July 14, 2020. Responses may be mailed or hand delivered to the Peach County Board of Commissioners Office, Purchasing Department, Attn. Janet Smith, 213 Persons Street, Fort Valley, Georgia 31030.

Pre-Submittal Meeting:

A pre-submittal meeting will be conducted July 2, 2020 at 10:00 a.m. at the Peach County Board of Commissioners Office conference room located at 213 Persons Street Fort Valley, GA 31030. The purpose of the meeting is to provide further information regarding the requested scope of work and services desired by Peach County and to help the potential respondents determine if they possess the required expertise required to meet Peach County’s needs and requirements. Attendance of the pre-submittal meeting is not mandatory, but is recommended.

Section 3:

This is a Section 3 contract opportunity. This project is covered under the requirements of Section 3 of the HUD Act of 1968. This project must ensure that employment and other economic opportunities generated by CDBG funds shall, to the greatest extent feasible, and consistent with federal, state and local laws and regulations, be directed toward low and very low-income persons, particularly those who are recipients of government funding for housing, and to business concerns which provide economic opportunities to low and very low-income persons in coordination with the Section 3 provisions of the Housing and Urban Redevelopment Act of 1968 – 24CFR Part 135.

Fair Housing:

This project must affirmatively further fair housing, take steps to analyze impediments to fair housing choice in Peach County, and take steps to overcome any identified impediments in efforts to promote fair housing for city residents.

Section 504:

This project must ensure that no qualified individual with a disability shall, by reason of such disability, be excluded from the participation in or be denied the benefits of services, programs, or activities of a public entity, or be subjected to discrimination of any such entity as prescribed by law in the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. 794, as amended.

Georgia Department of Community Affairs

60 Executive Park South, NE, Atlanta, GA 30329

Mandatory Section 3 Solicitation Package

This mandatory solicitation package has been developed in accordance with DCA's Section 3 Policy for Covered HUD Funded Activities. DCA encourages all recipients, sub-recipients, contractors, and sub-contractors to review this policy prior to completion of the solicitation package. For those solicitations that meet the applicable Section 3 thresholds, this package must be returned in accordance with the applicable instructions to the contracting entity prior to award **or at the time of submission of a bid/proposal/response/response in order to claim a Section 3 preference**. The Section 3 Clause, required forms, and instructions are included in this package.

To be considered for a contract award exceeding \$100,000, the entire solicitation package must be satisfactorily completed and submitted prior to award. In order to claim a preference for a contract award exceeding \$100,000, the Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification portions of the solicitation package must be satisfactorily completed and submitted at the time of submission of a bid/proposal/response.

For Section 3 Covered Assistance of \$100,000 or less, the solicitation package must be made available to bidders/offerors in accordance with DCA's Section 3 Policy; however, bidders/offerors are not required to submit the solicitation package unless a preference is being claimed. In this case, only the Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification must be completed at the time of submission of a bid/proposal/response

Any bid/proposal/response claiming a preference must include the completed and signed Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification, and be submitted by the bid/proposal/response deadline.

The following Section 3 forms must be completed and returned as instructed:

- Section 3 Self Certification and Action Plan
- Previous Section 3 Compliance Certification
- Assurance of Compliance Certification

Additionally, if the contractor is claiming certification as a 51% Resident Owned Business (ROB) or is certifying as a 30% employer, the Resident Self-Certification and Skills Data Form must be returned for all employees who meet the low- or very low-income requirement as well as the appropriate Section 3 Business Certification.

DCA Mandatory Section 3 Solicitation Package October 1, 2017 Page 2

Section 3 Solicitation Overview and Instructions for Contractors

The DCA Section 3 Policy requires that, when the **Section 3 regulation is triggered**, every effort within the contractor's disposal must be made, to the greatest extent feasible, to offer all available employment and contracting opportunities to Section 3 residents and Section 3 businesses based on the compliance methods below.

All Contracts and All Contractors must meet Section 3 compliance by:

1. Giving notice of any and all opportunities for employment and contracting to residents of the local Public Housing Authority (PHA), and other low and very low-income area residents and businesses, by posting the opportunity in community sources generally available to low income residents and the general public. Exercising a minimum of three (3) of the following listed sources must be completed prior to offering employment to anyone not covered by Section 3 requirements:
 - a. The local community newspaper
 - b. The most widely distributed newspaper
 - c. Company or agency website
 - d. The management office of the local housing authority/homeless service agency/local low-income housing community
 - e. Local Workforce Board (i.e. Department of Labor)
 - f. Local office of the Georgia Division of Family and Children Services
 - g. 7.Dodge Room <http://www.construction.com/dodge/dodge.asp>
 - h. 8.Other locations as approved by DCA
2. The recipient, sub-recipient or contractor must check the HUD Section 3 Business Registry to determine if there are any Section 3 businesses in the County where the work will be performed. If there are Section 3 businesses in the County that may be able to perform the work, the recipient, sub-recipient or contractor must provide a copy of the contracting opportunity(ies) (e.g., bid notices) to the Section 3 businesses. See the HUD Section 3 Business Registry at: <https://portalapps.hud.gov/Sec3BusReg/BRegistry/What>.
3. Clearly stating in notices that the position is a "Section 3 covered position under the HUD Act of 1968 and that Section 3 Residents and Business Concerns are encouraged to apply."
4. Placing the Section 3 Clause provided in Appendix B in ALL solicitations.
5. When possible, other activities may be done to demonstrate effort to comply with the Safe Harbor Limits. These other efforts are listed in the appendix to part 135 of the Code of Federal Regulations—24 CFR Part 135 and include:
 - a. Distributing or posting flyers advertising positions to be filled; DCA Mandatory Section 3 Solicitation Package October 1, 2017 Page 3
 - b. Contacting the local government or housing authority for a list of residents who have expressed interest in Section 3 employment;
 - c. Holding job informational meetings for residents, contractors, etc...;
 - d. Contacting agencies administering HUD Youth Build programs and requesting their assistance in recruiting HUD Youth Build program participants for training and employment positions.
6. Linking residents or businesses to local resources that may be available to help prepare them for applying for and achieving the opportunity.

7. Working with DCA, the recipient, sub-recipient or contractor as applicable in developing a communication and follow up process to track and report all Section 3 applications and hiring activities to ensure the reporting of compliance efforts, and that contracting and sub-contracting are accurate. Provide preference in hiring and contracting to Section 3 applicants and contractors when employment or contracting opportunities are offered and all requirements are met and remain equal. Contractors must:
 - a. Provide this package to all sub-contractors when soliciting bids for all contracts or sub-contracts;
 - b. Meet all the same processes in A-E; and
 - c. Provide Preference to all sub-contractors meeting the definitions as stated in Section VI of DCA's Section 3 Policy for Covered HUD Funded Activities.
8. In order for Preference as a Section 3 Contractor to be factored into the award decision, all elements of the solicitation criteria must be equal between contracts. This means price and all other factors must be equal. Then the contractors that elect Preference on the Certification and Action Plan form that meet that Preference criterion will be provided Preference in the award of the contract as provided in Part VI., Preferences and Eligibility of DCA's Section 3 Policy for Covered HUD Funded Activities.

Example:

Bill's electrical and Sue's Electrical bid a job where the housing authority has a budget of \$500,000. Bill bids \$480,000 and elects a Preference as a Section 3 business concern because he qualifies as a 51% Resident Owned Business. Sue bids \$450,000 but does not elect any Preference. Both companies met all the other requirements. Sue will be awarded the contract because Bill's bid was higher.

Important items to remember about receiving Preferences in contract award:

All contractors and/or subcontractors that elect a Preference and are awarded a contract must be in compliance prior to the issuance of a Notice to Proceed by DCA, the recipient, sub-recipient, or the contractor based on the policies established for the applicable DCA funding program. The contractor and/or subcontractor must maintain the elected Preference standard during the entire contract or risk having the contract terminated for failure to comply. **See Appendix C for further details.**

When a contractor and/or subcontractor that elected a Preference is unable to identify a Section 3 resident or a Section 3 business for employment or contracting opportunities, the contractor then must offer employment related training to the Section 3 residents in the county. The training must be provided according to Part VII – Other Economic Opportunities in DCA's Section 3 Policy.

RESPONSE FORM FOR RFQ # 20-009

Instructions: Complete all THREE parts of this bid form.

PART I: Bid Summary

Not Applicable

PART II: Addenda Acknowledgements (if applicable)

Each respondent is responsible for determining that all addenda issued by the Peach County Purchasing Department have been received before submitting a response.

Addenda	Date Received	Initials
"1"		
"2"		
"3"		
"4"		
"5"		
"6"		

PART III: Respondent Information:

Business Entity Name	
Address	
Telephone	
E-Mail	
Designated Representative's Printed Name	
Designated Representative's Signature	
Date Submitted	

Respondent's

(Signature)

Name of Signer (Print)

Title of Signer (Print)

Date

Appendix A

Peach County Forms

Submit the following completed documents with the Response packages. **Responses not containing the following completed documents will be considered “non-responsive” and may be rejected for consideration:**

- Response Form (completed and signed)
- Certification by Contractor, Non-Segregated Facilities (Signed and Dated)
- Certification by Contractor, Drug-Free Workplace Act (Signed and Dated)
- Non-Collusion Affidavit or Prime Contractor (Signed, notarized, and dated)
- Conflict of Interest Certification (Signed and Dated)
- Vendor Information Sheet (Completed, Signed and Dated)
- Form W9 (Taxpayer Identification Number)
- SAVE Affidavit (all contractors, or vendors) (Signed, notarized, and dated)
- Sub-Contractor E-Verify Affidavit (all contractors, subcontractors or vendors that are not sole proprietors with zero employees) (Signed, notarized, and dated)
- Insurance Certificate(s) verifying required insurance:
 - Certificate of Liability Insurance
 - Certificate of Workers Compensation Insurance
 - Certificate of Automobile Liability Insurance
- Sole Proprietor Contractor Affidavit (only contractors or vendors with no employees) (Signed, notarized, and dated)
- Photo Identification (only if vendor or contractor is a Sole Proprietor)(see attached list of acceptable documents)
- Addendum acknowledgement initialed by Contractor if applicable

CERTIFICATION BY CONTRACTOR

Regarding: NON-SEGREGATED FACILITIES

The **Contractor** certifies that he does not, and will not, provide and maintain segregated facilities for his employees at his establishments and, further that he does not, and will not, permit his employees to perform their services at those locations, under his control, where segregated facilities are provided and maintained. Segregated facilities include, but are not necessarily limited to, drinking fountains, transportation, parking, entertainment, recreation, and housing facilities; waiting, rest, wash, dressing, and locker rooms, and time clock, **Work**, storage, restaurant, and other eating areas which are set apart in fact, or by explicit directive, habit, local custom, or otherwise, on the basis of color, creed, national origin, and race. The **Contractor** agrees that, except where he has obtained identical certifications from proposed subcontractor for specific time periods, he will obtain identical certifications from proposed subcontractor prior to the award of subcontracts exceeding \$10,000.00 which are not exempt from the provisions of the Equal Opportunity clause, and that he will retain such certifications in his files.

The **Contractor** agrees that a breach of this certification is a violation of the Equal Opportunity clause in this Contract. The penalty for making false statements is prescribed in 18 U.S.C. 1001.

Contractor (Print)

(Signature)

Name of Signer (Print)

Title of Signer

Date

CERTIFICATION BY CONTRACTOR

Regarding: Drug-Free Workplace Act

The Contractor certifies that provisions of Sections 50-24-1 through 50-24-6 of the Official Code of Georgia annotated, relating to the “Drug-Free Workplace Act” have been, and will be, complied with in full. Including compliance by sub-contractors performing work under this agreement.

Contractor (Print)

(Signature)

Name of Signer (Print)

Title of Signer

Date

NON-COLLUSION AFFIDAVIT OF PRIME CONTRACTOR

State of _____, County of _____

_____, being first duly sworn, deposes and says that:

1. He/She is _____ (Owner, Partner, Officer, Representative, or Agent) of the **Contractor** that has submitted the attached **Bid**;
2. He/She is fully informed respecting the preparation and contents of the attached **Bid** and of all pertinent circumstances respecting such **bid**;
3. Such **Bid** is genuine and is not a collusive or sham **Bid**;
4. Neither the said **Contractor** nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other **Contractor**, firm or person to submit a collusive or sham **Bid** in connection with the Contract for which the attached **Bid** has been submitted to or refrain from Proposing in connection with such Contract, or has in any collusion or communication or conference with any other **Contractor**, firm or person to fix the price or prices in the attached **Bid** or of any other **Contractor**, or to fix any overhead, profit or cost element of the **Bid** price or the **Bid** price of any other **Contractor**, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against Peach County or any person interested in the proposed Contract; and,
5. The price or prices bid in the attached **Bid** are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the **Contractor** or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signature _____

Name (Print) _____

Title (Print) _____

Subscribed and sworn to before me

This _____ day of _____ 20__

_____ (SEAL)

Title

CONFLICT OF INTEREST CERTIFICATION

By signing and submitting this Bid I hereby certify that employees of this company or employees of any company supplying material or subcontracting to do **Work** on this Contract will not engage in business ventures with employees of Peach County or Peach County Consultants nor shall they provide gifts, gratuities, favors, entertainment, loans, or other items of value to employees of Peach County.

Also, by signing and submitting this Contract, I hereby certify that I will notify Peach County through its Director of Public Works of any business ventures entered into between employees of this company or employees of any company supplying material or subcontracting to do **Work** on this Contract with a family member of Peach County employees.

Contractor

(Signature)

Name of Signer

Title of Signer

Date

VENDOR INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____ TITLE: _____

BUSINESS ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

TYPE OF BUSINESS: (CIRCLE ONE) CORPORATION PARTNERSHIP SOLE PROPRIETOR

Have you done business with Peach County in the past? (circle one) YES NO

Do you participate in the E-Verify Program? (circle one) YES NO

Do you have a Federal Tax ID number? (circle one) YES NO

The information contained in this document is true to the best of my knowledge and I understand that giving false, misleading or deceptive information is considered unlawful and may be punishable by penalties of prosecution based on Georgia law.

Signature

Date

Revised August 2014

Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	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) ▶ _____					
	Exemptions (see Instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____					
	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.						
		Social security number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
		Employer identification number <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> </table>				
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.						
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 ▶				
General Instructions						
Section references are to the Internal Revenue Code unless otherwise noted. Future developments. The IRS has created a page on irs.gov for information about Form W-9, at www.irs.gov/w9 . Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.						
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, payments made to you in settlement of payment card and third party network transactions, 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, and 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.						
Note. If you are a U.S. person and 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:						
<ul style="list-style-type: none"> • 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.						

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (OCGA 13-10-91)

CONTRACTOR E-VERIFY AFFIDAVIT

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 **PEACH COUNTY BOARD OF COMMISSIONERS** 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 OCGA § 13-10-91. Furthermore, the undersigned contractor will continue to use E-Verify 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 OCGA § 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
(4-6 digit number can be found on MOU)

Date of Authorization

Name of Contractor

Name of Project

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

Executed on _____, _____, 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:

Revised August 2014

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT (OCGA 13-10-91)

SUBCONTRACTOR E-VERIFY AFFIDAVIT

SUBCONTRACTOR'S NAME: _____

CONTRACTOR'S NAME: _____

By executing this affidavit, the undersigned Subcontractor verifies its compliance with OCGA § 13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of PEACH COUNTY BOARD OF COMMISSIONERS has registered with and is participating in the E-Verify program in accordance with the applicability provisions and deadlines established in OCGA 13-10-91.

Federal Work Authorization User Identification Number
(4-6 digit number can be found on MOU)

Date of Authorization

Name of Project

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

Executed on _____, _____, 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: _____

Revised August 2014

SOLE PROPRIETOR EXEMPTION AFFIDAVIT

The undersigned sole proprietor of _____ verifies that they are exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has no employees other than themselves and is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions.

In making this 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 Code Section 16-10-20 of the Official Code of Georgia.

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

Executed on _____, _____, 201__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Type of secure and verifiable document provided
(Attach copy i.e., driver's license, passport etc.)

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__

NOTARY PUBLIC
My Commission Expires: _____

Revised August 2014

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm, or corporation has NO employees that you are the sole proprietor of _____ and are not required to register with and/or utilize 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. § 36-60-6.

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, __, 201__ in _____ (city), _____ (state).

Printed Name of Exempt Private Employer

Signature of Exempt Private Employer or
Authorized Officer or Agent

Printed Name and Title of Person Executing Affidavit

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC
My Commission Expires: _____

* This affidavit is for submissions made on or after to July 1, 2013.

Revised August 2014

Appendix B

Section 3 Clause

Training and Employment Opportunities for Residents in the Project Area (Section 3, HUD Act of 1968; 24 CFR 135)

1. The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing
2. The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 135, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 135 regulations.
3. The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to hire, availability of Section 3 apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.
4. The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 135.
5. The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 135.
6. Noncompliance with HUD's regulations in 24 CFR Part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.

Appendix C

Section 3 Contract Non-Compliance Cure /Termination Processes

This language is a component of contract compliance with the work to which you are responding in this solicitation. The full requirements are provided in the Section 3 Clause found elsewhere in this package and in DCA's Section 3 Policy for Covered HUD Funded Activities.

Any recipient, sub-recipient or contractor claiming Preference **must be in compliance prior to issuance of a notice to proceed by DCA, recipient, sub-recipient, or contractor based on the policies established for the applicable DCA funding program. This preference can be met by any of the three qualifications:**

1. Resident Owned Businesses (ROBs) owned and operated at 51% by Section 3 Residents.
2. Businesses that employ Section 3 residents at no less than 30% of the contractors aggregate full time staff.
3. Contractors that at the time of bid show evidence (meaning the specific name and preference met) of their intent to award no less than 25% of their total award to Section 3 business concerns.

The recipient, sub-recipient or contractor must maintain compliance throughout the life of the contract. The contractor understands and agrees that a compliance management firm may be used to conduct routine and certified payroll reviews to ensure compliance. The Contractor agrees to provide the payroll data in an Excel or Word format each time the payroll is processed throughout the contract.

Failure to meet the Section 3 requirements will result in penalties up to and including contract termination. Any contractor triggering the regulation by doing any hiring or contracting once they are awarded the contract through execution must comply with the Section 3 requirements by executing the efforts on their Certification and Action Plan in accordance with DCA's Section 3 Policy.

DCA, the recipient, sub-recipient or contractor shall execute these remedies to achieve compliance in this order:

NON-COMPLIANCE CURE PROCESS

1. Based on the first observation or report of non-compliance with Section 3, the recipient, sub-recipient or contractor will be sent an e-mail by the compliance manager notifying them of their non-compliance issue. The recipient, sub-recipient or contractor will have until the next payroll or 10 business days, whichever is less, to bring the contract into compliance and/or justify in writing why they cannot meet compliance requirements.
2. DCA, the recipient, sub-recipient or contractor must render a response to the violating party within 10 business days of receipt of the violating party's letter of reason for non-compliance. If DCA, the recipient, sub-recipient, or the contractor deems the reason to be unacceptable, at its option, DCA, the recipient, sub-recipient, or the contractor can

extend the response period one time for up to 5 business days to allow the violating party to identify and secure other compliance options.

NON-COMPLIANCE TERMINATION PROCESS

If the violating party fails to take any corrective action to bring the contract into compliance within the allotted time, or DCA, the recipient, sub-recipient, or the contractor rejects any of the corrective plans and justifications for non-compliance, DCA, the recipient, sub-recipient, or the contractor will either terminate the contract immediately or impose liquidated damages equal to \$100 a day for every day out of compliance. At DCA's determination, any liquidated damages received must be paid to the recipient, sub-recipient or DCA, at DCA's determination, and be used to promote economic opportunities for Section 3 Residents and Business Concerns.

DCA, the recipient, sub-recipient, or the contractor will hold **all funds due to the violating party until such time that a financial workout is completed.**

Additionally the violating party may be banned by DCA, the recipient, sub-recipient, and the contractor on future HUD funded projects.

Appendix D
Section 3 Forms

I am Certifying as a Section 3 Business Concern and requesting Preference accordingly (Select only One Option):

Option 1

- A business claiming status as a Section 3 Resident-Owned Business Concern (ROB) entity:

_____ Initial here to confirm selection of this option

Option 2

- A business claiming Section 3 status, because at least 30% of the existing or newly hired workforce for this specific contract will be Section 3 residents throughout the entire contract period. If a Prime or General Contractor is electing this option, the 30% employment requirement will be for the entire project including all the sub-contractors' employees:

Check all methods you will employ to secure Section 3 Residents/Persons

Posting the position in community sources that are generally available to low income residents and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

_____ Initial here to confirm selection of this option

I anticipate my total number of employees for this contract to be ____ and ____ will be qualified Section 3 Residents/persons.

Option 3

- A business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business:

Attach a list of intended subcontract Section 3 business(es) with subcontract amount.

Attach certification & all supporting documentation for each planned subcontract Section 3 Business.

_____ Initial here to confirm selection of this option

I am NOT Requesting Preference under Section 3:

- I am NOT certifying as a qualified Section 3 Business Concern and I am not requesting a preference. However if I do trigger the regulation by doing any sub-contracting or hiring, I will comply by meeting all requirements of DCA's Section 3 policy and am committing to do the outreach as specified below.

Check all methods you will employ to secure Section 3 Residents/Businesses

Posting the position/contract opportunity in community sources that are generally available to low income residents and Section 3 Businesses and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

_____ Initial here to confirm selection of this option

Signature: _____

Printed/Typed Name: _____

Title: _____

Date: _____

Notarial Affidavit

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Notarial Seal)

**Required Submittal - Assurance of Compliance Certification
Section 3 Action Plan
Housing and Urban Development Act of 1968
(12 U.S.C. 1701 U)**

Contract/Solicitation Name or Number:

DCA Funding

Program: _____

Entity Receiving DCA Funding Award: _____

Purpose: To ensure that regulations promulgated under 24 CFR Part 135 Employment Opportunities for Businesses and Lower Income Persons in Connection with Assisted Projects and the Section 3 Policy of DCA, its recipients, sub-recipients and contractors to the greatest extent feasible is adhered to, and to serve as the "assurance of compliance" certification and action plan as required in the bid documents, supplemental general conditions, and required forms for the contract for any HUD work funded by DCA.

Description of the project's work detail: The project work will be as listed in the final scope of work in the contract with DCA, its recipients, sub-recipients and contractors including any change orders. List all known subcontractors below:

Subcontractor(s): _____

Subcontractor(s): _____

Subcontractor(s): _____

Subcontractor(s): _____

Subcontractor(s): _____

Subcontractor(s): _____

Subcontractor(s): _____

Subcontractor(s): _____

Use an additional sheet if required.

Note: If subcontractors are unknown at this time, print UNKNOWN on the line above. Also, the contractor must notify DCA or recipient or sub-recipient if subcontractors are added or changed during the contract. Any changes to this certification requires a resubmission of this form to DCA or recipient or sub-recipient.

Preliminary Statement for Work Force Needs:

DCA intends to meet Section 3 compliance at the highest level and it is our intent to identify any short-term and long-term employment or contracting opportunities for qualified Section 3 persons and Business Concerns during the course of the contract funded by DCA via its recipients or sub-recipients and contractors. Please list the status of all planned employment positions and opportunities for this contract. **Preference for all opportunities must be given to low and very low-income residents if they qualify. If awarded a contract, regardless of whether your firm has elected a preference, you are required to provide a list of your aggregate workforce on this project. Any changes to that workforce during the project will constitute NEW hires. You must notify DCA, its recipient, sub-recipient or contractor (respectively) overseeing your contract of any new hire opportunities that arise during the life of your contract. The anticipated workforce list may be provided on a separate sheet or in a different format.**

<u>List All Employees</u>	<u>Date Hired</u>	<u>Section 3 Resident (Yes/No)</u>	<u>Job Title/Trade</u>	<u>Salary Range</u>
Name: Address: City, ZIP:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				

Use additional pages as needed.

“To the Greatest Extent Feasible”:

The Contractor has identified ___ # of **OPEN** positions with respect to this contract. The positions are filled by the _____ (Position title) of the Contractor.

Should the scope of work or duties of the contractor change to a degree requiring a modification of the work force needs, the contractor shall put forth a reasonable effort to fill vacant positions with eligible Section 3 residents.

Documentation of “To the Greatest Extent Feasible”:

The contractor will work with DCA, its recipients, sub-recipients, and contractors staff to notify residents of any opportunities afforded under the contract. The contractor will partner with DCA, its recipients, sub-recipients, and contractors by giving preference of any employment opportunities to the Section 3 persons or businesses.

The contractor shall recruit or attempt to recruit from the Section 3 area the necessary number of low-income and very low-income residents and Section 3 businesses, as applicable. The contractor must also document their recruiting efforts and any impediments to compliance with DCA’s Section 3 policy and the requirements of this solicitation package. This documentation must be submitted to the recipient or sub-recipient.

1. DCA, its sub-recipients and contractors shall: Maintain a list of all low-income area residents who have applied, either on their own or from referral from any source, and employ such person if otherwise eligible and if a trainee vacancy exists.
2. Conduct solicitation in accordance with DCA’s Section 3 policy and the requirements outlined in the solicitation package.

The contractor shall review all employment applications and determine if low-income and very low-income residents or Section 3 businesses meet minimum hiring or contracting qualifications. If these applicants meet such minimum qualifications, but are not hired due to lack of employment opportunities or for other reasons, they will be placed on a priority list and offered positions/contracts upon the occurrence of the first available appropriate opening.

Utilization of Section 3 Businesses Located Within the County:

The recipient, sub-recipient or contractor does ___ does not ___ intend to subcontract any of the work identified in the scope of work cited in the bid specifications, scope of work or General Conditions. Should the scope of work or needs of the contractor change, the contractor shall, to the greatest extent feasible, assure that subcontracts be awarded to business concerns within the Section 3 covered area, or to business concerns owned in the substantial part (at least 51%) by persons residing in the Section 3 covered area.

Record Keeping:

The recipient, sub-recipient, contractor or subcontractor, as applicable, shall maintain on file all records related to employment and job training of low-income and very low-income residents or other such records, advertisements, legal notices, brochures, flyers, publications, assurances of compliance from sub-contractors, etc., in connection with this contract. If a report is needed in the future, the recipient,

sub-recipient, contractor or subcontractor, as applicable, agrees to provide all records upon request. The contractor shall, upon request, provide such records or copies of records to HUD, DCA, their recipients, sub-recipients, contractors, staff, or agents. Records shall be maintained for at least three (3) years after the close of the contract.

Reports:

The recipient, sub-recipient or contractor shall provide reports as required in connection with the contractor specifications. All certified and regular payrolls shall clearly detail which employees qualify under Section 3.

Certification:

The recipient, sub-recipient or contractor will certify that any vacant employment positions, including training positions that filled:

- 1) After the recipient, sub-recipient or contractor is selected but before the contract is executed, and
- 2) With persons other than those to who the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the subcontractor's obligations under 24 CFR Part 135.

Grievance and Compliance:

The recipient, sub-recipient, contractor or subcontractor hereby acknowledges that they understand that any low-income and very low-income resident of the project area, for him/her or as representatives of persons similarly situated, seeking employment or job training opportunities in the project area, or any eligible business concerns seeking contract opportunities may file a grievance if efforts to the greatest extent feasible were not executed. The grievance must be filed with HUD not later than one hundred eighty (180) calendar days from the date of the action (or omission) upon which the grievance is based.

I attest that the information on the preceding pages is true and correct.

Signature

Date

Print Name

Title

RESIDENT SECTION 3 SELF-CERTIFICATION AND SKILLS DATA FORM



The purpose of this form is to comply with HUD Section 3 administration and certification regulations.

Certification for Section 3 Residents or other Low-Income Persons Seeking Employment, Training or Contracting

I, _____, am a legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Resident as defined within this Certification.

My home address is: _____
Must be a Street address not a P O Box #
Apt Number

City
State
Zip
Home #
Cell #

 County of Residence

Graduated High School or GED (month/year): _____ I Read and Speak English Fluently: Yes or No

Attended College, Trade, or Technical School: Yes or No Graduated? Yes or No Year Graduated: _____

Check the Skills, Trades, and/or Professions in which you have been employed or contracted to do for others:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Drywall Hanging | <input type="checkbox"/> Drywall Finishing | <input type="checkbox"/> Interior Painting | <input type="checkbox"/> Framing |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Electrical | <input type="checkbox"/> Interior Plumbing | <input type="checkbox"/> Exterior Plumbing |
| <input type="checkbox"/> Siding | <input type="checkbox"/> Cabinet Hanging | <input type="checkbox"/> Door Replacement | <input type="checkbox"/> Trim/Carpentry |
| <input type="checkbox"/> Stucco | <input type="checkbox"/> Window/Door Replacement | <input type="checkbox"/> Construction Cleaning | <input type="checkbox"/> Exterior Framing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Sales | <input type="checkbox"/> Telephone Customer Service |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Personal Care Aide | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> CDL License | <input type="checkbox"/> Roofing | <input type="checkbox"/> Concrete/Asphalt Work | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Metal/Steel Work | <input type="checkbox"/> Welding | |
| <input type="checkbox"/> Other | | <input type="checkbox"/> Other | |

I am certifying as a Section 3 Resident: Person seeking Training or Person seeking employment

(Check all that apply):

I am a public housing or section 8 Leaseholder I live in the service area

My total annual household income is \$_____. There are a total of _____ people living in my household.

I certify that all of the information given on this Certification is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I attest under penalty of perjury that my total household income annually, based on my total household size as listed above is at or below the income amount for that specific size at the time of this document is being signed and notarized. I understand that proof of this statement may be requested in the future.

 Signature

 Date

Printed Name: _____

**RESIDENT SECTION 3 SELF-CERTIFICATION
AND SKILLS DATA FORM
AFFADAVIT**

STATE OF _____

County of _____

I, _____, a Notary Public of the City/County of _____,
State of _____, do hereby certify that, _____, whose
name is signed to the writing above bearing date on the _____ Day of _____,
20____, has acknowledged the same before me in my State aforesaid.

Given under my hand and official seal, this the _____ day of _____, 20____.

Signature of Notary Public

Printed Name of Notary Public

Commission Expiration Date: _____

(Notarial Seal)

SECTION 3 BUSINESS CONCERN SELF CERTIFICATION

The Georgia Department of Community Affairs (DCA) is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations which promote contract, employment and training opportunities for State of Georgia residents, DCA has instituted a Section 3 Self Certification process.

Businesses seeking certification must complete and submit the attached Section 3 Business Concern Self Certification forms as follow:

1. If your company is qualified because it is owned (51% or more) by one or more Section 3 residents, then complete **Form A, "Section 3 Business Concern – Resident Business Owner(s) Verification"**;

OR

2. If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents*, then complete **Form B, "Section 3 Business Concern – 30% + Workforce"**.

OR

3. If more than 25% of all subcontract work to be awarded shall be performed by Section 3 business concerns as described above, then complete **Form C, "Section 3 Business Concern-Subcontractor"**.

Please answer all questions, sign the completed forms, and notarize the affidavit.

Completed packets must be returned to the sub-recipient or contractor as follows:

Name of sub-recipient/contractor: _____

Attn: _____

Mailing Address: _____

If you have any questions or require assistance, please contact:

Name: _____

Phone Number: _____

Email Address: _____

Form A
SECTION 3 BUSINESS CONCERN
Resident Business Owner(s) Verification

A business can be certified as a Section 3 Business Concern if the business is owned (51% or more) by Georgia Section 3 Resident(s).

Name of Owner: _____

Home Street Address: _____

Home City, County, & Zip Code: _____

Name of Business: _____

Percentage of Ownership: _____%

Low- to – Moderate Income (80% of Median)

Check the appropriate box for your family size and income *if your total household income is equal to or less than the Gross Household Income Maximum amount listed for your appropriate household size:*

Check Box	# of Persons in Household	Gross Household Income Maximum
<input type="checkbox"/>	1 Individual	
<input type="checkbox"/>	2 Individuals	
<input type="checkbox"/>	3 Individuals	
<input type="checkbox"/>	4 Individuals	
<input type="checkbox"/>	5 Individuals	
<input type="checkbox"/>	6 Individuals	
<input type="checkbox"/>	7 Individuals	
<input type="checkbox"/>	8 Individuals	

(Effective _____, 2013)

If the business is owned by more than one Section 3 resident, list each owner below and each should submit a separate Resident Business Owner Verification Form (Form A).

Please list additional Section 3 Resident owners of the business below:

Name	Position	% Percentage of Ownership

I certify that I am a resident of the State of Georgia and my total household income last year was not more than the amount shown above for my family size. I further certify the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print: _____ Signature: _____ Date: _____



Form B
SECTION 3 BUSINESS CONCERN
30% + Workforce

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of the first employment with the business. You may also certify as a Section 3 Business Concern if, for this award, you will hire Section 3 residents for at least 30% of your permanent, full-time employees for this specific project. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent, full-time employees.**

You may attach additional copies of this chart, if necessary.

List All Employees	Date Hired	Section 3 Resident	Job Title/Trade	Salary Range
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Total Number of Employees:	<u>Full-Time:</u>	<u>Part-Time:</u>	<u>Contract:</u>	
Number of Section 3 Residents:				
Section 3 % of Total Workforce:				

I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 Business Concern.

Print Name: _____

Title: _____

Company Name: _____

Signature: _____

Date: _____



Form C
SECTION 3 BUSINESS CONCERN
Subcontractor Awarded

A business can be certified as a Section 3 Business Concern if the firm makes a commitment to subcontract in excess of twenty-five percent (25%) of the total amount of subcontracts to be awarded to: A) Section 3 Resident Owned Businesses; or B) Businesses for which 30% or more of their permanent full-time workforce is comprised of Section 3 Residents.

List all work performed by Section 3 Business Concerns Identified (This Form is to be updated as Section 3 Business Concerns are awarded through the completion of the project):

Name of Business	Qualifying Conditions	Total Contract Award

All identified Section 3 Business Concerns listed above are required to complete a Section 3 Self Certification Application (Forms A – C as appropriate) or provide proof of Section 3 Certification status. Attach all required documents to this form.

I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 business concern.

Print Name: _____

Title: _____

Company Name: _____

Signature: _____

Date: _____

