

## **REQUEST FOR PROPOSAL**

The Peach County Board of Commissioners is issuing a Request for Proposals pertaining to the following:

To establish a contract with an independent provider of transportation services to manage and totally operate a rural public transportation program for social service agency clients and the general public who reside in Peach County.

### **Anticipated Schedule of Events:**

Issue Request for Proposal – March 22, 2017

Due Date for Notification of Interest – 4:30 p.m., Thursday, April 6, 2017

Proposal Due – 4:30 p.m., Thursday, April 27, 2017

Approval – 6:00 p.m., Tuesday, May 14, 2017

### **Inquiries for Technical Information should be directed to:**

Michaela Jones, Assistant Finance Director

Phone # 478-825-2535

FAX # 478-825-2678

Email: [michaela-jones@peachcounty.net](mailto:michaela-jones@peachcounty.net)

### **Return Notification of Interest to Address Listed Below by 4:30 p.m., Thursday, April 6, 2017**

ATTN: RFP #17-014 Notification of Interest – Transportation Services

Clarice Davis, Purchasing Manager

c/o Peach County Board of Commissioners

213 Persons Street

Fort Valley, Georgia 31030

Proposal Packages can be obtained by calling 478-825-2535

Peach County reserves the right to reject any and all proposals/bids, to waive informalities, to re-advertise and/or to award the contract in the best interest of the County, and to retain any and all Proposals/Bids for a period of thirty (30) days after opening.

**Technical Proposals: Seven (7) Copies - Sealed in one Envelope.**

**Cost Information: One (1) Copy - Sealed in Envelope Separate from Technical Proposal**

## TABLE OF CONTENTS

	<b>PAGE</b>
Summary of Desired Services .....	1
Objectives of This Request for Proposal .....	1
Proposal Deadline Date .....	1
Scope of Responsibilities .....	2
Scope of Services .....	2
Contract Terms .....	3
Operating Services .....	3
Service Delivery Procedures .....	3
Vehicle Maintenance .....	4
Vehicle Insurance and Liability Insurance Coverage .....	4
Other Insurance Coverage .....	5
Qualifications and Training Guidelines .....	5
Administrative Responsibilities .....	6
Auditing .....	6
Revenue and Expense Reports and Invoicing .....	6
Accident Reporting .....	7
Civil Rights Assurances .....	7
Service Criteria .....	7
Compliance with Laws .....	8
Proposal Format and Content .....	8
Proposal Evaluation Criteria .....	8
Questions to Answer .....	9
ATTACHMENT A: Sample Format for Notification of Interest Letter .....	11
ATTACHMENT B: Greetings Prospective Vendor .....	12
ATTACHMENT C: New Vendor Information .....	13
ATTACHMENT D: W-9 Identification Number and Certification .....	14
ATTACHMENT E: Contractor E-Verify Affidavit .....	15
ATTACHMENT F: Affidavit Verifying Status for Public Benefit .....	16
ATTACHMENT G: Subcontractor E-Verify Affidavit .....	17
ATTACHMENT H: Sole Proprietor Exemption Affidavit .....	18
ATTACHMENT I: Private Employer Exemption Affidavit.....	19
ATTACHMENT J: Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 .....	20
ATTACHMENT K: Form of Agreement .....	21

**REQUEST FOR PROPOSAL**

**THIRD-PARTY OPERATOR (TPO) TO OPERATE A 5311 RURAL PUBLIC TRANSPORTATION SERVICE  
FOR RESIDENTS OF PEACH COUNTY**

**SUMMARY OF DESIRED SERVICES**

The Peach County Board of Commissioners desires an independent provider of transportation services to manage and totally operate a rural public transportation program for social service agency clients and the general public who reside in Peach County.

**OBJECTIVES OF THIS REQUEST FOR PROPOSAL**

1. To identify a Third-Party Operator (TPO) who is prepared to work with Peach County to establish a new approach to meeting rural transportation needs and who has demonstrated such skills as necessary to achieve this goal;
2. To provide transportation services to the disadvantaged in Peach County to social services agencies.
3. To provide cost-effective transportation to medical services for those who are without transportation or have depended on more costly means of obtaining transportation.
4. To enhance the economic base of Peach County by providing transportation for shopping to grocery and other retail stores in the area.

**PROPOSAL DEADLINE DATE**

To be eligible for consideration, the original proposal for this request and three (3) copies must be received by the Board of Commissioners of Peach County, no later than **4:30 p.m. on Thursday, April 27, 2017. If you have problems/questions about this RFP, please contact this office.**

Submit Proposal To:

Peach County Board of Commissioners  
213 Persons Street  
Fort Valley, Georgia 31030  
(478) 825-2535

## **SCOPE OF RESPONSIBILITIES**

Peach County will provide to the successful TPO:

The local match for the capital equipment;

Vehicle insurance as prescribed by the GDOT on the transit vehicles;

Administrative Assistance as needed.

The successful TPO shall provide the following for the proper management and operation of the Peach County Transit System:

All administrative services for the operation of a complete Section 5311 Rural Public Transportation System of Peach County. Program must be operated a minimum of 8 hours per day for at least 260 days per year, which will exclude holidays in accordance with policies and procedures set by County and GDOT;

Day-to-day supervision of the Transit Drivers; to include strict enforcement of the Peach County Transit System Zero Tolerance Drug and Alcohol Testing Policy, and compliance with the Peach County Transit System Title VI Plan; both of which are in Final Draft and have been approved by DOT. In addition, provide required training as prescribed by GDOT and/or other service agencies which Peach County elects to enter into a Purchase of Services agreement.

Supervise the overall upkeep of the transit vehicles which includes preventative maintenance, cleaning, repair and component replacement as necessary.

Implementation of such service expansions or improvements as may be recommended by TPO and approved by County, or as may otherwise be agreed upon between the parties from time to time.

## **SCOPE OF SERVICES**

The TPO shall offer the following services:

Services will be demand response and fixed route transportation for all residents of Peach County, as approved by the Peach County Board of Commissioners. The aforementioned services are defined as follows:

1. Demand Response Service constitutes service with at least 24 hours' advance notice. Any advance notice less than 24 hours should be worked into regular schedule if feasible.
2. Fixed Route Service constitutes service with fixed origin and destination at pre-determined times with occasional route deviation.
3. Regular hours of service shall be from 7 a.m. to 4 p.m. Hours may be extended as needed to support needs of community but in no case, shall a passenger be refused service within the regular service hours unless extenuating circumstances exists.

4. **Passenger constitutes any resident of Peach County and a passenger-trip constitutes transporting one passenger one-way between two locations.**

### **CONTRACT TERMS**

The initial contract term is July 1, 2017 – June 30, 2018, with a potential for four (4) additional one (1) year option(s) to renew, July-June, which options shall be exercisable at the sole discretion of the Peach County Board of Commissioners. The contract may be amended in writing from time to time by mutual consent of the parties. The resulting contract does not guarantee volume or a commitment of funds.

### **OPERATING SERVICES**

The TPO shall provide all reservations and scheduling functions as outlined in the following (any schedule changes must be approved by the County):

1. **General Tasks - The TPO shall respond to telephone requests from 7 a.m. to 4 p.m., Monday thru Friday, except holidays, and maintain a daily log record of all telephone calls received;**
2. **Demand Responsive Services Reservation Procedures - The TPO shall accept reservations for demand response service up to 3 p.m. the day prior to the day of trip, Monday thru Friday. Reservations should be made on working day in advance of the trip. The dispatcher shall maintain a demand response reservation log, recording the name, address and telephone number of the caller and the requested pick-up times and locations for both the originating and the return trips. If the trip can be accommodated, the dispatcher will make the reservations, record method of payment, type of trip, and Medicaid number, if warranted. If trip cannot be accommodated, the dispatcher shall note this on the demand response log as designed by Contractor and County.**

### **SERVICE DELIVERY PROCEDURES**

The TPO shall adhere to the following service delivery procedures:

1. **The drivers must accept all trip requests related to him/her by the dispatcher so long as they are within his/her specified service area and within the specified service time. There shall be no right of refusal based on vehicles availability (except the passenger maximum load factor) or any consideration other than verifiable catastrophic mechanical failure of the vehicles in the fleet;**
2. **The vehicles must be on time, unless there are extenuating circumstances beyond the TPO's or driver's control. A 95% on-time performance rate is required. Notification must be given by the Contractor to the Patron in the event of unavoidable delays;**
3. **For social service clients, drivers must wait five (5) minutes after the appointed pick-up time before a passenger can be considered a no-show. (A no-show is a passenger who is not at the appointed pick-up location at the scheduled time and who has not informed the TPO in advance that he/she would be absent)**

4. Drivers shall offer assistance to all passengers as needed to board and depart from the vehicles; secure all wheelchairs, and request that all passengers buckle their seatbelts;
5. Drivers shall refrain from smoking, eating and drinking while passengers are in the vehicles. Drivers shall request passengers to refrain from smoking, eating, and drinking in the vehicles;
6. Drivers shall maintain daily records of mileage, time, type and number of trips, and passenger types as required by GDOT and the County. These records shall be turned in to Contractor on a weekly basis.
7. Drivers shall inform supervisors of any passenger complaints. Thereafter, the supervisors shall complete passenger complaint forms and send copies to the County for record purposes or for any appropriate action if necessary. The complaint shall be filed with County within one (1) week from the date of the occurrence.
8. The County, through the TPO, shall inform the appropriate social services agency representative regarding any difficulties experienced in transporting an agency client, whether related to safety, behavior, or other reason;
9. Drivers and TPO are prohibited from soliciting or accepting any tips or other forms of gratuity other than the approved fare from system riders.

#### **VEHICLE MAINTENANCE**

The vehicles under this agreement must be maintained in safe and good mechanical condition. Vehicles shall be subject to inspections by GDOT representatives. DOT inspections will occur on an annual basis and in accordance with the Vehicle Monitoring Form. The Contractor shall submit the invoices of any work to the County for subsequent submission to the GDOT. These invoices shall be part of the Monthly Reports. The payment for these repairs and component replacements shall be made by the TPO and charged to the current Section 5311 Program Budget. Vehicles utilized for the Section 5311 Program shall be parked overnight and on weekends at places to be designated by the County. Mechanics must meet all requirements for a safety-sensitive employee described in the County's Zero Tolerance Drug and Alcohol Abuse Policy.

#### **VEHICLE INSURANCE AND LIABILITY INSURANCE COVERAGE**

Unless otherwise specifically required, Peach County must maintain insurance on the transit vehicles that meets the following GDOT criteria:

1. Vehicles with maximum capacity of 15 passengers or less - Liability coverage in an amount of \$500,000 for death or injury of one person, \$700,000 in the event of injury or death of two or more persons in a single accident including liability to and employees engaged in operation of the vehicles, and \$50,000 for property damage.
2. Vehicles with capacity over 15 passengers - Liability coverage in an amount of \$2,000,000.00 for the death or injury of person, \$1,000,000.00 in the event of injury or death of two or more persons in a single accident including liability to any employees engaged in operation of the vehicles, and \$50,000 for property damage.

## **OTHER COVERAGE**

Peach County will maintain collision, fire, theft, and comprehensive coverage in an amount required to pay for any damages to the vehicles and equipment utilized to carry out the provision of services as required.

The TPO shall at all times during the term hereof and at TPO's sole cost and expense, maintain in force insurance, as herein provided, to protect TPO, its agents, employees, and the County, its agents, officials, and employees from all liability in connection with TPO's performance of services under this agreement. The TPO shall provide certificates of such insurance to the County, and the policy or policies of coverage shall be issued by reputable, credit worthy carrier's license to provide insurance in the State of Georgia. In no event, shall the limits of the policy or policies be considered as limiting the liability of the TPO under this Agreement.

The TPO shall maintain commercial general liability insurance of one million dollars per occurrence and two million dollars' annual aggregate. The policy shall be endorsed to add Peach County as an additional insured. The policy will also be endorsed to provide Peach County with a minimum of 30 days written notice in the event of cancellation for any cause other than non-renewal and 45 days written notice in the event of non-renewal. The policy should include coverage for loading and unloading of passengers.

The TPO shall maintain Workers' Compensation coverage for all employees of the TPO providing transit services on behalf of Peach County at all times during the term of this contract and at TPO's sole cost and expense, at a minimum payable amount of up to \$500,000 per occurrence.

## **QUALIFICATIONS AND TRAINING GUIDELINES**

The following qualifications and training guidelines must be met by the County and TPO:

1. **Drivers' Qualifications** – All drivers will be employed by the TPO. The TPO will assure that drivers have or will be able to obtain a valid Georgia License. A Class C Georgia Commercial License (CDL) will be required when County provides a vehicle that will transport more than 15 passengers (including drivers); be able to read, write and make correct change; have the ability to physically assist in loading and unloading of elderly and disabled passengers when necessary; have a minimum of five (5) years driving experience; have thorough knowledge of traffic safety and excellent driving record; have 20/20 vision (corrected) and be in good physical health; have the ability to deal effectively with the elderly, disabled, and general public; have ability to arrive at work on time; have favorable job history and satisfactory references; and meet all requirements for a safety-sensitive employees described in the Peach County Transit System Zero Tolerance Drug and Alcohol Testing Policy.
2. The TPO will design and provide a driver's training program that includes the following: use of equipment; defensive driving techniques; CPR training; Passenger Service and Safety (PASS) assistance techniques for proper care and handling of disabled riders; fare structure; system information; preventative maintenance requirements; and record keeping.
3. **Dispatcher Qualifications** - Dispatcher is to be employed by the TPO, should have the following qualifications: knowledge of county and city roads; verbal communication skills (good telephone manners); high school graduate or equivalent; experience in dispatching; favorable job history and satisfactory references; ability to coordinate

variable routing needs; and meet all requirements for a safety-sensitive employee described in the Peach County Transit System Zero Tolerance Drug and Alcohol Testing Policy.

4. **Dispatcher Training** - The TPO shall design and provide a dispatcher training program that includes the following: use of dispatching equipment; grouping of trips for more effective utilization of vehicles and resources; fare structures; system information; record keeping; and knowledge of special needs of social service agency clients.
5. TPO will agree to comply with and be responsible for implementing any drug testing program of all TPO's employees working on the Sections 5311 Program, full or part-time, if mandated by the GDOT and adopted by the County and to comply with the requirements of Federal Transit Administration 49 CFR Part 40 Drug and Alcohol Testing Program.

### **ADMINISTRATIVE RESPONSIBILITIES**

The TPO shall operate the Section 5311 Program services in accordance with the guidelines and policies set by GDOT. TPO will maintain appropriate books, records, documents, papers and other evidence pertaining to public transportation for inspection, upon request by the County and the GDOT, or their representatives for the contract period. These records must include work orders generated for maintenance and records of payments for said maintenance. The TPO will be responsible for completing GDOT monthly reports from information recorded by drivers and from information furnished by the County. These reports are to be sent to the County Administrator for review and approval. After review and approval, the County Administrator will submit reports to GDOT District 3, Thomaston, Georgia. The reports for the month ended shall be submitted to the GDOT District Office by the tenth (10th) of the following month.

### **AUDITING**

TPO will maintain an acceptable accounting system in accordance with Federal and State Regulations. TPO will be required to provide for an independent audit at the end of the contract period. This end-of-year audit also constitutes the final financial report. The audit shall be performed by a certified or licensed independent auditor. Further details are included in OMB Circular A-128.

### **REVENUE AND EXPENSE REPORTS AND INVOICING**

**Revenue:** There will be a fare structure established by the County for the Transit System. Social Service agency riders will be paid for by the social service agency. TPO will be responsible for billing of these agencies for expenses on a monthly basis. All fares and purchase of service income must be documented on the invoice submitted by the County. All POS Contracts must recover the cost of service based on the current fully allocated cost formula.

**Expenses and Invoicing:** TPO will submit monthly invoices to the Board of Commissioners of Peach County as part of the Monthly Operating Report. TPO will prepare the monthly GDOT Reimbursement Form, together with TPO's monthly invoice. The County Administrator will, after review and approval, sign and forward the Reimbursement Form to the GDOT District Office. TPO will make sure the Reimbursement Form is ready for signature in a timely manner. County will reimburse TPO in a timely manner for the services provided by TPO in accordance with the Contract, including any other incidental costs of the program that were approved by County and incurred by TPO.



## **ACCIDENT REPORTING**

The Drivers will report any accidents to the TPO and County within one (1) hour of the occurrence or, if the offices are closed, by 9 a.m. on the following workday. The drivers shall give TPO a copy of the investigating officer's accident report. The TPO will send copies of the report to the County and GDOT District Representative within three (3) work days from the date of the accident. The procedures required for a safety-sensitive employee described in the Peach County Transit System Zero Tolerance Drug and Alcohol Abuse Policy will be strictly followed.

## **CIVIL RIGHTS ASSURANCES**

The TPO must agree as a condition to receiving Federal assistance under Section 5311, as amended, that:

1. No person shall on the grounds of race, color, creed, national origin, sex, age, or handicap be excluded from participation in, or denied the benefits of, or be subject to discrimination under any project, program, or activity for which this recipient receives Federal Financial Assistance from the Federal Transit Act;
2. The TPO shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin, and shall take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin;
3. The TPO will not conduct any program or operate any facility that receives or benefits from Federal financial assistance administered by the Department of Transportation in compliance with all requirements imposed by or pursuant to 49 CFR Part 27, Non-discrimination on the Basis of Handicap in Federally Assisted Programs and Activities received or benefiting from Federal Financial Assistance;
4. The TPO will fully implement the Peach County Transit Title VI Program.

## **SERVICE CRITERIA**

The TPO shall use the following service criteria as a guide for evaluation of vehicle utilization:

1. The service should be complimentary and not duplicate other transportation services.
2. Monthly ridership should exceed 500 person trips per active vehicle in service.
3. Vehicle Utilization should exceed 120 hours per month per active vehicle.
4. Vehicles should be available for service during the approved hours of service.
5. Vehicle trips for contract service shall, at a minimum recover all costs.
6. Regular service ridership should exceed 0.5 passengers per vehicle service mile.
7. Total system utilization should at a minimum achieve 10% of its ridership from fare-paying non-agency passengers.

## **COMPLIANCE WITH LAWS**

The TPO must comply with relevant Federal and State Laws and regulations pertaining to FTA Section 5311 Program Funds to include the Office of Management and Budget Circular 74-7 in the Hatch Act.

## **PROPOSAL FORMAT AND CONTENT**

Contents to be submitted:

- 1) Complete Cover Page
  - a. Name of Organization, Business Address, Contact Person, and Telephone Number
  - b. Legal Status of Organization (Indicate whether organization is a for-profit corporation, partnership, sole proprietorship, non-profit, government, etc.)
  - c. Description of Organization (Provide a brief description of the major business functions, history, and organization structure.)
  - d. Federal Tax ID number
  - e. E-Verify number and date
- 2) Service Proposal - Answer the six questions with all of the above factors as reference.
- 3) Submit a list of at least three references for which you have provided transportation services for the past five years.
- 4) Submit any letters of recommendation that you might receive from current human service agencies you are servicing.
- 5) Submit fully executed Affidavit Verifying Status for Public Benefit Application Contracts for S.A.V.E. (Systematic Alien Verification for Entitlements).
- 6) Worker's Compensation Insurance covering TPO's employees is required. Certificate of verification must be presented to Peach County.
- 7) Certificate Verification of Other General Liability Insurance Requirements
- 8) Submit Completed W-9 Request for Taxpayer Identification Number and Certification

## **PROPOSAL EVALUATION CRITERIA**

The Board of Commissioners of Peach County reserves the right to reject or accept any and all bids received as a result of this RFP, to negotiate with any source it deems to be qualified, or to cancel this RFP in part or its entirety, if it is in the best interest of Peach County.

The selection of the successful bidder will be made by the Peach County Board of Commissioners.

1. Infrastructure:

- a. Experience in transportation service, emphasis on delivery experience with specialized service for the elderly and disabled;
  - b. Qualifications and experience of key project personnel (computer training, personnel management, etc.);
  - c. Fleet management capability
  - d. Financial stability and management;
  - e. Supplemental vehicles.
2. Administration:
- a. Ability to record and report, in a timely manner as required by the contracts, all information and reports required by the County, DHS and GDOT;
  - b. Ability to implement and enforce the County Zero Tolerance Drug and Alcohol Policy and the County Title VI Program;
  - c. Ability to maintain a clear and accurate recording, accounting and filing system.
3. Operations:
- a. Supervision of drivers and services;
  - b. Ability to Schedule, Dispatch, and Verify all trips requested;
  - c. Ability to handle and resolve all complaints;
  - d. Ability to insure satisfactory needs of DHS and public services
4. Familiarity with the area's needs and challenges both geographically and programmatically.
5. Flexibility to adapt to new needs, programmatic changes, and expansion or reduction of services.
6. Assurances to adhere to all GDOT and DHS regulations and policies as well as any other federal, state, or local laws, ordinances, regulations, or policies.

## **QUESTIONS TO ANSWER**

Answer these questions in paragraph form identifying all relative information to the establishment, administration, and operations of DHS and Public Transportation Services.

The sub-parts of these questions are to assist you with the answers; they are not intended to be the complete questions. Proposals should provide additional information as needed to clearly identify the proposer's potential and abilities.

### ⇒ **Question One (Infrastructure) (15%):**

Describe current and potential infrastructure (excluding vehicles to be received from the Section 5311 program), experience, and management abilities. Please make sure to include the following areas of information:

#### Infrastructure

- Supplemental Vehicle Inventory (type, age, mileage, mechanical assessment)
- Base of Operations – Office Equipment (copiers, fax, etc.), Communications Equipment, Computer Equipment, Internet Access, and Email Account

#### Experience

- Staff - Positions, Duties, Experience, Training, Education (any related courses taken)
- Drivers - Experience, Training, Education (any related courses taken)

#### Management Abilities

- Computer Experience Proficiency
- Financial understanding of 5311 Grant and operations budgeting
- Personnel and vehicle management
- Vehicle maintenance policies and procedures

⇒ **Question Two (Administration) (15%):**

Describe current and potential administration abilities and procedures. Please make sure to include the following areas of information:

- What will be the trip order and scheduling procedure?
- Describe how your company will ensure that all trips are provided.
- Describe the accounting system and procedures that will be used to accurately reflect revenues and expenses.
- Describe the filing system that will be used for accounting records, trip orders, drivers' trip manifests, maintenance, etc.

⇒ **Question Three (Operations) (15%):**

Describe current and potential service delivery strategy to performing operations for DHS and public services. Please make sure to include the following areas of information:

- Describe day-to-day scheduling and coordination.
- Describe how drivers will be instructed with day-to-day operations, such as trip manifests.
- What kind of contact will there be between the office and drivers (and other staff)?
- Describe how complaints will be handled internally. (Please exclude the DHS complaint procedure).
- Describe internal changes and actions that will be taken to ensure that the same kind of complaint does not recur.

⇒ **Question Four (Familiarity with the Area) (20%):**

Please discuss your familiarity with the geographic and programmatic needs and challenges or the area.

⇒ **Question Five (Flexibility) (20%):**

Please discuss your ability to accommodate changing needs, programmatic alterations, and any expansion or reduction of services that may be deemed necessary.

⇒ **Question Six (Assurances for Compliance) (15%):**

Please provide assurances that you are capable, adequately knowledgeable, and dedicated to adhering to all GDOT and DHS regulations and policies as well as any other federal, state, or local laws, ordinances, regulations, policies, or requirements.

⇒ **Explain proposed transition plan for existing Transit personnel.**

**ATTACHMENT A: SAMPLE FORMAT FOR NOTIFICATION OF INTEREST LETTER**

**Clarice Davis, Purchasing Manager  
c/o Peach County Board of Commissioners  
213 Persons Street  
Fort Valley, Georgia 31030**

**RE: Request for Proposal #17-014; Third Party Operator for Transportation Services**

**Dear Mrs. Davis,**

**Our agency, \_\_\_\_\_, is interested in submitting a proposal to provide transportation services to Peach County as a Third-Party Operator as part of the County's 5311 Rural Public Transportation Service for residents of Peach County.**

**We understand that the completed proposal and all required supplementary documents must be received in a sealed envelope by Peach County at 213 Persons Street, Fort Valley, Georgia, 31030, no later than 4:30 p.m., Thursday, April 27, 2017. We further understand that that the sealed envelope should be marked as "Request for Proposal #17-014; Third Party Operator for Transportation Services."**

**Sincerely,**

\_\_\_\_\_

**BOARD OF COMMISSIONERS**  
Meetings Second Tuesday

**MARTIN H. MOSELEY, JR.**  
Chairman

**WALTER SMITH**  
Vice-Chairman

**BETTY C. HILL**

**ROY LEWIS**

**WADE YODER**

**MARCIA W. JOHNSON**  
County Administrator

# Peach County

213 Persons Street,  
Fort Valley, Georgia 31030  
Phone 478-825-2535  
Fax 478-825-2678  
[www.peachcounty.net](http://www.peachcounty.net)

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

Greetings Prospective Vendor.

Georgia law has made it mandatory that all private employers enroll in and use the federal E-Verify system, not only for public contractors (including subcontractors and sub-subcontractors) providing labor to public projects, but also those companies providing services of any kind over \$2,499.99 in value, regardless of the number of employees a contractor has. This expands the E-Verify requirement to lots of small businesses that have contracts to perform labor or services with our county. A contractor or subcontractor may be exempt from this requirement if the contractor or sub-contractor has NO employees and does not hire nor intend to hire employees for the purpose of completing any part of the public contract.

E-Verify is a federal database that can be used to verify that an employee is authorized to work in the United States. The SAVE (Systematic Alien Verification for Entitlements Affidavit) program determines the immigration status of any person that receives a public benefit. The State of Georgia has determined that a public benefit is any contract, business license, occupational tax certificate, alcohol license, taxi permit, pawnbroker's license, billiard room license, precious metals/gems dealer's license, flea market license or insurance company license.

In keeping with compliance, we ask that you provide the following forms to do business with our agency:

- 1 New Vendor Information sheet (ALL CONTRACTORS MUST SUBMIT THIS FORM)
- 1 Form W-9 (Taxpayer Identification Number) (ALL CONTRACTORS MUST SUBMIT THIS FORM)
- 1 E-Verify Affidavit (ANY CONTRACTOR PROVIDING GOODS AND LABOR/SERVICE)
- 1 SAVE Affidavit (ANY CONTRACTOR RECEIVING PUBLIC BENEFIT OR THAT PROVIDES GOODS)
- 1 Subcontractor Affidavit (ANY SUBCONTRACTOR PROVIDING GOODS AND LABOR/SERVICES)
- 1 Certificate of Liability Insurance (ANY CONTRACTOR WHO DOES WORK ON OUR PROPERTY)
  - o Minimum Liability Insurance: \$2,000,000 aggregate, \$1,000,000 per occurrence
  - o Minimum Automobile Liability Insurance: \$2,000,000 aggregate, \$1,000,000 per occurrence
  - o Minimum Workers Compensation Insurance: \$500,000
- 1 Sole Proprietor Contractor Affidavit (ONLY USE IF YOU HAVE NO EMPLOYEES)
- 1 Photo Identification (PROVIDE ONLY IF A SOLE PROPRIETOR. SEE ATTACHED LIST OF ACCEPTABLE DOCUMENTS)
- 1 PRIVATE EMPLOYER EXEMPTION (USE ONLY IF SOLE PROPRIETOR)

Please note that some of the forms require notarization and will be considered incomplete and not processed. You may return the forms properly completed by fax, e-mail, US Postal Service or drop it off at our office: Peach County Board of Commissioners, Purchasing Department, 213 Persons Street, Fort Valley, GA 31030. If you need to register for the E-Verify program, go to [www.uscis.gov](http://www.uscis.gov) and follow the instructions. If you have any questions about E-Verify or any of these forms, please call the office.

Sincerely,

Peach County Accounting Department

# NEW 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

Form **W-9**  
(Rev. August 2013)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	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 *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
Employer identification number	

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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

- 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:

- 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:



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:  
\_\_\_\_\_

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:  
\_\_\_\_\_

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.

## Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

*Issued August 1, 2012 by the Office of the Attorney General, Georgia*

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

Any secure and verifiable document presented must not be expired. If expiration occurs during contract/benefit period, a current document must be presented to maintain compliance.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]