

 <p>CLAYTON COUNTY Water AUTHORITY</p> <p>1600 Battle Creek Road, Morrow, GA 30260</p>	ON-DEMAND ENGINEERING SERVICES	
	ADDENDUM # 1	
	DATE	Tuesday, August 8, 2023
	PROPOSAL NUMBER	2023-PME-14
	PROPOSAL OPENING DATE	Tuesday, August 22, 2023 at 11:00 a.m. local time
PRE-PROPOSAL MEETING DATE	Tuesday, August 8, 2023 at 11:00 a.m. local time	
ADDENDUM MUST BE SIGNED AND INCLUDED IN YOUR PROPOSAL RESPONSE.		

REVISIONS:

1. **Replace Division 2 Section 2: Risk Management Requirements with the revised Division 2 Section 2 provided with this Addendum on pages 2-2.1R through 2-2.2R.**
2. **Replace Division 2 Section 3: Required Proposal Submittals with the revised Division 2 Section 3 provided with this Addendum on page 2-3.1R.**
3. **Replace Division 2 Section 4: Cost Proposal Form with the revised Division 2 Section 4 provided with this Addendum on pages 2-4.1R through 2-4.5R.**
4. **Replace pages 3-1.6 through 3-1.8 of Division 3 Section 1: Agreement Form with the revised pages 3-1.6R through 3-1.8R provided with this Addendum.**
5. **Include the Vendor Information Form provided with this Addendum as part of Attachment D of the Request for Proposal documents.**

QUESTIONS:

1. **I am curious about the two milestones entitled “Non-Mandatory Pre-proposal Meeting” and “Proposal Opening”. As I will not be available for those meetings, I fear, I am curious will they be available for watching or hearing after they have taken place?**

Answer: While non-mandatory conference meetings and bid/proposal openings are not recorded, the meeting sign-in sheet, as well as the bid/proposal opening tabulation are posted on our website and can be provided upon request.

2. **Non-Collusion Certificate: Is there a standard form to be used or would a signed statement suffice?**

Answer: The Non-Collusion Certificate is provided on page 3-4.1 of the Request for Proposal (RFP) documents. This is the form required to be submitted.

3. **Certificate of Absence of Conflict of Interest: Is there a standard form to be used or would a signed statement suffice?**

Answer: The Certification of Absence of Conflict of Interest is provided on page 3-5.1 of the Request for Proposal (RFP) documents. This is the form required to be submitted.

4. **Vendor Form (attachment D): Nothing to click to download and fill out.**

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Answer: See Revision #5 above.

- 5. Proposal submission: Notarization: Does each copy have to be originally signed and notarized?**

Answer: No. Only the original documents need notarization.

- 6. We fulfill both the MBE and SBE roles and are certified with CCWA. Do we need to add one to our team?**

Answer: Refer to Answer #10 below.

- 7. Required forms: Where within the proposal are the required forms listed on page 22, except for the cost proposal form, to be put within the proposal?**

Answer: Please refer to the RFP Table of Contents.

- 8. And do these forms count towards the 40-page limit?**

Answer: No.

- 9. From our review, there are two forms missing from the RFP: the Vendor Information Form and required SLBE Forms. Can these be provided in an Addendum?**

Answer:

On the Vendor Information Form, see Revision #5.

On the SLBE Forms, no SLBE forms are required. Refer to Answer # 10 below.

- 10. Is there a set SLBE goal for this contract?**

Answer: Although, there is not an SLBE Goal Incentive, CCWA encourages the use of SLBE Firms per Division 1 Section 2.7 Project Team. Utilization of SLBE Firms shall be evaluated in the Project Team Section of the Proposal Evaluation Criteria. A complete listing of CCWA SLBE Firms can be found on <https://www.ccwa.us/smalllocal-business-program/slbe-certified-list/>

- 11. Would CCWA consider extending the deadline by a few days to allow for responding to the final addendum (release date of 8/16/23)?**

Answer: No.

- 12. Does CCWA anticipate that geotechnical services will be needed for any of the categories?**

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Answer: Some projects, such as designs, may require geotechnical and/or materials testing services, which may be provided by the Firm directly or indirectly via a subcontract agreement.

- 13. Would CCWA allow electronic or scanned signatures for any of the forms? Specifically for the Subcontractor Affidavit Form, to ease the burden of gathering ink signatures.**

Answer: Electronic signatures are accepted, except when notarization is required.

- 14. Category E: Specialized Services includes technical support for “Architectural/Building Services” but no labor category was included in the RFP for architects or designers. Can we include Architect I/Designer/Interior Designer I through Architect III/Designer III /Interior Designer III?**

Answer: See Revision #3 above.

- 15. Will CCWA consider extending the due date of the proposals by at least one week?**

Answer: No.

- 16. The RFP indicates a Vendor Form (Attachment D) should be submitted. Can you please provide this form?**

Answer: See Revision #5 above.

<i>Acknowledgment of receipt of this addendum must be signed and included in your bid response.</i>	
COMPANY NAME	
SIGNATURE	
DATE	

Division 2 **Proposal Requirements**

Section 2: Risk Management Requirements – Revised

The insurance coverages and limits identified in this Agreement are minimums. The coverages and limits will be reviewed and confirmed or amended by the insurance requirements specified in each “Task Order.” ENGINEER will maintain throughout this AGREEMENT the following insurance:

- (a) Workers’ compensation as required by the State (Statutory) where the work is performed and Employers’ Liability in the amount of one million (\$500,000) Per Accident, Per Disease Each Employee and Per Disease. ENGINEER shall also indemnify and hold OWNER harmless for any such liability that may attach to OWNER as a “statutory employer” of any of ENGINEER’S employees, agents or subcontractors. “An Alternate Employer Endorsement” naming the OWNER as a protected Alternate Employer will be added to the Workers’ Compensation policy.
- (b) Automobile Liability insurance covering claims for injuries to persons and/or property arising from the use of motor vehicles, including onsite and offsite operations, owned, non-owned or hired vehicles, with a \$1,000,000 Combined Single Limit of Liability.
- (c) Commercial General Liability, Occurrence Form, including Contractual Liability, per Project General Aggregate Limit of Liability, losses covered on an ISO industry standard form CG2001 or newer (or similar). The OWNER shall be added as an Additional Insured using ISO Form CG 20-10 extended to include Products/Completed Operations, or an equivalent Blanket Additional Insured endorsement, either form must be acceptable to the OWNER. The coverage is primary as to the work of the ENGINEER for the OWNER and includes separation of insureds (cross liability). The Additional Insured status will be certified to the OWNER for a period of five (5) years following completion of the project. The General Liability shall cover claims for or to persons or damage to property arising out of any covered negligent act or omission of ENGINEER or of any of its employees, agents, or subcontractors.

The limits of coverage shall be:

\$ 1,000,000	Per Occurrence
\$ 1,000,000	Personal or Advertising Injury
\$ 1,000,000	Fire Damage
\$ 5,000	Medical Payments
\$ 2,000,000	General Aggregate
\$ 1,000,000	Products/Completed Operations Occurrence and Aggregate

In the alternative, the ENGINEER may substitute a claims made policy in the same amounts and for the same coverages, provided that it has full prior acts coverage and a five (5) year Extended Reporting Period included in the current policy.

Division 2

Proposal Requirements

Section 2: Risk Management Requirements – Revised

- (d) Professional liability insurance to include coverage for the Owner and all Subcontractors, Engineers and Design Consultants, with a minimum annual policy limit of \$5,000,000 per claim and in the aggregate. The Owner may increase the limit requirements where in the opinion of the OWNER such increase is desired. The policy shall contain a five (5) year Extended Reporting Period, or the Engineer will furnish the Owner evidence of continuing coverage for that same period of time after completion. The Retro-active date under the policy will predate any work for the Owner. Sixty (60) days prior written notice of cancellation or non-renewal shall be given to the Owner in the event of termination or non-renewal. The Owner may elect to obtain a PROJECT or Owner's policy on a primary or excess basis. The Engineer will amend their PRACTICE policy to provide primary or excess coverage to increase the combined limits of coverage. Deductibles included in the policies will be the responsibility of the Engineer.
- (e) An Umbrella policy, including Excess following form, will be provided with a minimum limit of \$5,000,000 Per Occurrence and Aggregate and will apply over underlying policies for Automobile Liability, Commercial General Liability and Employers Liability. The Umbrella policy limits may be combined with the underlying limits to obtain the total limits required.
- (f) ENGINEER will furnish a Certificate of Insurance to OWNER for coverages (1) Workers' Compensation/Employers Liability; (2) Automobile Liability; (3) Commercial General liability; (4) Professional Liability; and (5) Umbrella Liability. The certificates will include a copy of the endorsement on each policy, which requires written notice to the OWNER in the event of termination or non-renewal of at least (30) days.

The certificates for the Commercial General Liability will also include a copy of the endorsement naming the OWNER as an Additional Insured, providing primary coverage for Operations and Products/Completed Operations.

Waiver of Subrogation - ENGINEER waives subrogation against OWNER as to Workers' Compensation, Automobile and Commercial General Liability Policies.

- (g) Each and every policy required by this contract shall be with a company that is rated by Best as A- or better. Further, the OWNER shall not be responsible for any deductibles established by such policies.

END OF SECTION

Division 2

Proposal Requirements

Section 3: Required Proposal Submittals – Revised

3.1 Proposal submittals:

The following items are required to be included as part of the proposal submittal. Failure to provide any of these items may result in the proposal being deemed non-responsive. For your convenience, a check box is provided next to the required items, which include but are not limited to:

- A. Cost Proposal Form – Billing Rate Schedule – Revised: *This form must be submitted in a separate sealed envelope.*
- B. Proposer Qualification Information Form.
- C. Georgia Security and Immigration Compliance Act of 2006 form.
- D. Contractor Affidavit and Agreement form.
- E. Subcontractor Affidavit form.

If a Contractor/Subcontractor will not be performing any services under this contract, the Contractor/company submitting the bid MUST also complete, sign, date, and have both Affidavit forms notarized and make proper notation of "N/A" - Not Applicable.

CCWA cannot consider any bid which does not include completed affidavits. It is not the intent of this notice to provide detailed information or legal advice concerning the Georgia Security & Immigration Compliance Act of 2006, as amended on May 11, 2009. All Bidders intending to do business with CCWA are responsible for independently apprising themselves and complying with the requirements of that law and its effect on CCWA procurements and their participation in those procurements.

- F. DELETED.
- G. Non-Collusion Certificate.
- H. Certification of Absence of Conflict of Interest.
- I. W-9 Form. *Company name must match the Vendor Information Form and must be registered with the [Georgia Secretary of State](#).*
- J. Vendor Information Form. *Company name must match the W-9 Form.*
- K. Copies of all licenses required to perform the work (if applicable).
- L. Any other items as required in this RFP including but not limited to the items contained in the Instructions to Proposers.
- M. All addenda issued.

END OF SECTION

Division 2

Proposal Requirements

Section 4: Cost Proposal Form – Revised

Proposal of _____

Hereinafter "Proposer"), organized and existing under the laws of the State of _____, doing business as _____ (insert "a corporation," "a partnership," or "an individual" or such other business entity designation as is applicable).

To the Clayton County Water Authority (hereinafter "Owner").

In compliance with the Request for Proposals, Proposer hereby proposes to provide **On-Demand Engineering Services** in strict accordance with this Contract Documents as enumerated in the Request for Proposals, within the time set forth therein, and at the prices stated below.

By submission of this proposal, Proposer certifies, and in the case of joint proposal each party thereto certifies as to the party's own organization that this proposal has been arrived at independently, without consultation, communication, or agreement as to any matter relating to this proposal with any other Proposer or with any competitor. Proposer also certifies compliance with the Instructions to Proposers.

In submitting this proposal, Proposer certifies that he/she is qualified to do business in the State of Georgia as required by laws, rules, and regulations or, if allowed by statute, covenants to obtain such qualification prior to contract award.

CONTRACT EXECUTION:

The undersigned proposer agrees, if this proposal is accepted, to enter into an Agreement with Owner on the form included in the Documents to perform and furnish Work as specified or indicated in the Documents for the Contract Price derived from the proposal and within the times indicated herein and in accordance with the other terms and conditions of the Documents.

Proposer accepts the terms and conditions of the Documents.

INSURANCE:

Proposer further agrees that proposal amount(s) stated herein includes specific consideration for the specified insurance coverages.

TERM OF CONTRACT:

The initial term of this contract will be for thirty-six (36) months, with the option to extend up to two (2) twelve months renewal terms.

Division 2

Proposal Requirements

Section 4: Cost Proposal Form – Revised

LABOR RATE SCHEDULE

Proposer will be paid hourly rates for labor for work performed on each Task Order, according to their Billing Rate Schedule. On January 1st of each calendar year, each billing rate will automatically increase by 2.5%. These rates will be effective for all labor completed during the following calendar year.

PAYMENT:

Owner shall make payments by check net 30 days after receipt of an invoice and acceptance of services.

ADDENDA:

Proposer acknowledges receipt of the following Addenda:

Division 2 Proposal Requirements

Section 4: Cost Proposal Form – Billing Rate Schedule – Revised

COST PROPOSAL FORM – BILLING RATE SCHEDULE

Labor Category	Typical Qualifications	Billing Rate (1/1/2024 – 12/31/2024) ^a
Associate Engineer I	BS plus < 2 yrs. of experience	
Associate Engineer II	MS; BS and 2 to 4 yrs. of experience	
Staff Engineer I	PE	
Staff Engineer II	PE and > 4 yrs.; PE and MS plus >3 yrs. of experience	
Principal Engineer	PE and 7 to 10 yrs. experience	
Senior Principal Engineer	PE plus 10 to 15 yrs. of experience	
Chief Engineer	PE plus > 15 yrs. of experience	
Engineering Technician I	GED	
Engineering Technician II	GED with > 4 yrs. experience	
CAD Designer I	1 yr. of CAD experience	
CAD Designer II	> 5 yrs. of CAD experience	
Principal CAD Designer	> 10 yrs. CAD of experience	
Senior Principal CAD Designer	> 15 yrs. of experience	
Project Manager I	BS plus 1 to 5 yrs. of PM experience	
Project Manager II	BS plus 5 to 10 yrs. of PM experience	
Senior Project Manager	BS plus >10 yrs. of PM experience	
Scientist I	BS plus <3 yrs. of experience	
Scientist II	BS plus 3 to 5 yrs. of experience	
Scientist III	MS/BS 5 to 10 yrs. of experience	
Senior Scientist	MS/BS plus 10 yrs. of experience	
Inspector I	GED plus 1 to 2 yrs. of experience	
Inspector II	AS plus 2 to 5 yrs. of experience	
Senior Inspector	AS plus 5 to 10 yrs. of experience	
Construction Engineer I	AS plus 10 to 15 yrs. of experience, with >3 yrs. exp as inspector	
Senior Construction Engineer	AS plus >15 yrs. of experience, with >3 yrs. exp as construction engineer	

Division 2 Proposal Requirements

Section 4: Cost Proposal Form – Billing Rate Schedule – Revised

Labor Category	Typical Qualifications	Billing Rate (1/1/2024 – 12/31/2024) ^a
Administrative Assistant	GED plus < 5 yrs. of experience	
Sr. Administrative Assistant	GED plus > 5 yrs. of experience	
Subject Matter Expert	BS degree and/or > 10 yrs. of experience in subject matter	
Surveyor I	1 to 5 yrs. experience	
Surveyor II	5 to 10 yrs. experience	
Senior Surveyor	>10 yrs. experience, Registered Land Surveyor	
Graphic Designer I	1 to 5 yrs. of graphic design experience	
Graphic Designer II	5 to 10 yrs. of graphic design experience	
Senior Graphic Designer	>10 yrs. of graphic design experience	
Communications/ Public Outreach Consultant I	5 to 10 yrs. of communications experience	
Communications/ Public Outreach Consultant II	>10 yrs. experience in communications	
Utility Management/ Financial Consultant I	BS plus 5 to 10 yrs. experience	
Utility Management/ Financial Consultant II	BS plus >10 yrs. experience	
Architect I /Designer I /Interior Designer I	1 to 5 yrs. of design experience	
Architect II /Designer II /Interior Designer II	5 to 10 yrs. of design experience	
Architect III /Designer III /Interior Designer III	>10 yrs. of design experience	
<p>^a On January 1st of each calendar year, each billing rate will automatically increase by 2.5%. These rates will be effective for all labor completed during the following calendar year. BS – Bachelor of Science AS – Master of Science PE – Professional Engineer GED – General Education Development CAD – Computer-aided Design PM – Project Management</p>		

SUBMITTED BY: _____
 Company Name of Proposer Date

[Signature on Next Page]

Division 2 **Proposal Requirements**

Section 4: Cost Proposal Form – Revised

I have read and understand the requirements of this Request For Proposal and agree to provide the required services in accordance with these proposal documents.

Submitted by:

PROPOSER'S COMPANY NAME: _____

By: (OFFICER NAME) _____

SIGNATURE: _____

TITLE: _____

COMPANY ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

LICENSE # (If applicable): _____

DATE: _____

END OF SECTION

Division 3

Contract Forms

Section 1: Agreement Form

(d) ENGINEER shall conduct inspections to determine the dates of substantial completion and final completion, shall receive and forward to OWNER for OWNER'S review all written warranties and related documents required by the construction contract and assembled by the contractor, and shall, when appropriate, issue a final certificate for payment;

(e) ENGINEER shall, without additional compensation, promptly correct any errors, omissions, deficiencies or conflicts in ENGINEER'S work product.

4.7 Record Drawings

Record drawings, if required, will be prepared, in part, on the basis of information compiled and furnished by others, and may not always represent the exact location, type of various components, or exact manner in which the PROJECT was finally constructed. ENGINEER is not responsible for any errors or omissions in the information from others that are incorporated into the record drawings unless upon exercise of its best professional care and skill, ENGINEER could have discovered such errors or omissions. ENGINEER shall endeavor to observe defects and shall promptly bring same to the attention of OWNER in writing.

4.8 Access to ENGINEER'S Accounting Records

ENGINEER will maintain accounting records, in accordance with generally accepted accounting principles. These records will be available to OWNER during ENGINEER'S normal business hours for a period of three years after ENGINEER'S final invoice for examination to the extent required to verify the direct costs (excluding established or standard allowances and rates) incurred hereunder. OWNER may only audit accounting records applicable to a cost-reimbursable type compensation or in the event of a disputed claim with ENGINEER.

4.9 ENGINEER'S Insurance – Revised

The insurance coverages and limits identified in this Agreement are minimums. The coverages and limits will be reviewed and confirmed or amended by the insurance requirements specified in each "Task Order." ENGINEER will maintain throughout this AGREEMENT the following insurance:

(a) Workers' compensation as required by the State (Statutory) where the work is performed and Employers' Liability in the amount of one million (\$500,000) Per Accident, Per Disease Each Employee and Per Disease. ENGINEER shall also indemnify and hold OWNER harmless for any such liability that may attach to OWNER as a "statutory employer" of any of ENGINEER'S employees, agents or subcontractors. "An Alternate

Division 3

Contract Forms

Section 1: Agreement Form

Employer Endorsement” naming the OWNER as a protected Alternate Employer will be added to the Workers’ Compensation policy.

(b) Automobile Liability insurance covering claims for injuries to persons and/or property arising from the use of motor vehicles, including onsite and offsite operations, owned, non-owned or hired vehicles, with a \$1,000,000 Combined Single Limit of Liability.

(c) Commercial General Liability, Occurrence Form, including Contractual Liability, per Project General Aggregate Limit of Liability, losses covered on an ISO industry standard form CG2001 or newer (or similar). The OWNER shall be added as an Additional Insured using ISO Form CG 20-10 extended to include Products/Completed Operations, or an equivalent Blanket Additional Insured endorsement, either form must be acceptable to the OWNER. The coverage is primary as to the work of the ENGINEER for the OWNER and includes separation of insureds (cross liability). The Additional Insured status will be certified to the OWNER for a period of five (5) years following completion of the project. The General Liability shall cover claims for or to persons or damage to property arising out of any covered negligent act or omission of ENGINEER or of any of its employees, agents, or subcontractors.

The limits of coverage shall be:

\$ 1,000,000	Per Occurrence
\$ 1,000,000	Personal or Advertising Injury
\$ 1,000,000	Fire Damage
\$ 5,000	Medical Payments
\$ 2,000,000	General Aggregate
\$ 1,000,000	Products/Completed Operations Occurrence and Aggregate

In the alternative, the ENGINEER may substitute a claims made policy in the same amounts and for the same coverages, provided that it has full prior acts coverage and a five (5) year Extended Reporting Period included in the current policy.

(d) Professional liability insurance to include coverage for the Owner and all Subcontractors, Engineers and Design Consultants, with a minimum annual policy limit of \$5,000,000 per claim and in the aggregate. The Owner may increase the limit requirements where in the opinion of the OWNER such increase is desired. The policy shall contain a five (5) year Extended Reporting Period, or the Engineer will furnish the Owner evidence of continuing coverage for that same period of time after completion. The Retro-active date under the policy will predate any work for the Owner. Sixty (60) days prior written notice of cancellation or non-renewal shall be given to the Owner in the event of termination or non-renewal. The Owner may elect to obtain a PROJECT or Owner’s policy on a primary or excess basis. The Engineer will amend their PRACTICE

Division 3

Contract Forms

Section 1: Agreement Form

policy to provide primary or excess coverage to increase the combined limits of coverage. Deductibles included in the policies will be the responsibility of the Engineer.

(e) An Umbrella policy, including Excess following form, will be provided with a minimum limit of \$5,000,000 Per Occurrence and Aggregate and will apply over underlying policies for Automobile Liability, Commercial General Liability and Employers Liability. The Umbrella policy limits may be combined with the underlying limits to obtain the total limits required.

(f) ENGINEER will furnish a Certificate of Insurance to OWNER for coverages (1) Workers' Compensation/Employers Liability; (2) Automobile Liability; (3) Commercial General liability; (4) Professional Liability; and (5) Umbrella Liability. The certificates will include a copy of the endorsement on each policy, which requires written notice to the OWNER in the event of termination or non-renewal of at least (30) days.

The certificates for the Commercial General Liability will also include a copy of the endorsement naming the OWNER as an Additional Insured, providing primary coverage for Operations and Products/Completed Operations.

Waiver of Subrogation - ENGINEER waives subrogation against OWNER as to Workers' Compensation, Automobile and Commercial General Liability Policies.

(g) Each and every policy required by this contract shall be with a company that is rated by Best as A- or better. Further, the OWNER shall not be responsible for any deductibles established by such policies.

ARTICLE 5. OBLIGATIONS OF OWNER

5.1 OWNER-Furnished Data

OWNER will provide ENGINEER all data in OWNER'S possession relating to ENGINEER'S services on the Task Order. ENGINEER will reasonably rely upon the accuracy, timeliness, and completeness of the information provided by OWNER unless OWNER notifies ENGINEER otherwise. ENGINEER shall, however, endeavor to observe defects or deficiencies and shall promptly bring the same to the attention of the OWNER in writing.

5.2 Access to Facilities and Property

OWNER will make its facilities accessible to ENGINEER as required for ENGINEER'S performance of its services and will provide labor and safety equipment as required by ENGINEER for such access. OWNER will perform, at no cost to ENGINEER, such tests

FOR

VENDOR INFORMATION FORM

*The enclosed Vendor Information Form is used by the Clayton County Water Authority (CCWA) for adding vendors to its financial database system that are awarded procurement or service work. This form has two parts. **Part 1** is designed to obtain general company information. Completion of this part is required to successfully add the vendors to CCWA's financial database system. **Part 2** is intended for information gathering purposes only. While information requested on Part 2 is optional to the vendors, it will help the CCWA obtain business ownership classification description from its vendors.*

Product(s) / Service(s) Provided: Select a NIGP code from the drop-down menu. If the code is unknown, you can search it by clicking the link provided on the form. Go to page 5. At the same time, press CTRL-F. This will open a small FIND box on your screen. In the box, type the key word that best describes your goods or services and click NEXT until you find the best fit. **Write down the 5 digit code number and go to the drop-down menu of this Form to select the code.**

For the purposes of executing this document, the following definitions apply:

- **Small Local Business Enterprise (SLBE)** is one that is at least 51% owned by one or more of the applicant individuals identified and a citizen or lawfully admitted permanent resident of the United States. Independently owned and operated with average annual gross receipts for the previous three years not exceeding (1) Construction Firms- \$18,250,000 (2) Professional Services Firms - \$5,500,000, Architectural Firms - \$3,750,000, Engineering Firms- \$7,500,000 and Goods & Services – less than 250 employees. Locally based, meaning located and operating in Clayton County or the ten (10) counties of Cherokee, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale and Spalding for at least one year prior to submitting application for certification.
- **A Woman Business Enterprise (WBE)** is one that is at least 51% owned by a Female, who also controls and operates the business, and is a permanent resident of the State of Georgia. The business must have a permanent, functioning office within the State of Georgia and must be lawfully licensed within the relevant jurisdiction.
- **A Minority Business Enterprise (MBE)** is one that is at least 51% owned by one of the minority groups identified below, who also control and operate the business, and are permanent residents of the State of Georgia. The business must have a permanent, functioning office within the State of Georgia and must be lawfully licensed within the relevant jurisdiction.

Minority Groups:

- Hispanic American
 - African American
 - Native American
 - Asian American
 - Pacific Islander
- **A Disabled Citizen Enterprise (DCE) of the US** refers to a business that is at least 51% owned by one or more disabled US citizens, who also control and operate the business, and are permanent residents of the State of Georgia. The business must have a permanent, functioning office within the State of Georgia, and must be lawfully licensed within the relevant jurisdiction.

Vendor Information Forms should be submitted to the Procurement Department.

For questions related to the verification of certifications, please email

ccwa_slbe_program@ccwa.us



VENDOR INFORMATION FORM

Effective 5/1/19

PART 1

Vendor Name: _____

Phone Number: _____ Fax #: _____

E-Mail Address: _____

Mailing Address: _____

Pay to Address: _____

Same as above

ACH is a way to move money between banks electronically. If you are interested in ACH payments, please complete all of the information below, and attach a copy of a voided check confirming your account information:

Bank Name: _____

Routing No.: _____ Account No.: _____

Account Name: _____

Remittance to Email Address: _____

Vendors should send all invoices to: [CCWA Accounts Payable@ccwa.us](mailto:CCWA_Accounts_Payable@ccwa.us)

Entity Type: Individual/Sole Proprietor Employee Owned Company Partnership
 Privately Held Corporation/LLC Publicly Owned Company Attorney
 Other ... _____

Social Security or Tax Identification Number (TIN): _____

Payment Terms: NET 30 DAYS Other: _____

PRODUCTS / SERVICES PROVIDED:
Provide NIGP Code(s)

For help finding NIGP Codes, click here: [NIGP Code Listing](#)

Required: A signed W-9 form must be submitted with this form.

PART 2

(For information gathering purposes only. You are not required to complete PART 2).

COMPANY'S OWNERSHIP CLASSIFICATION - See Cover Sheet for additional information.

To participate in the Small Local Business Program, please complete the following section:

SLBE Are you certified? Yes No Certifying Agency _____

County of Primary Business Located: _____

If you are certified as one of the following classifications, please check the appropriate box:

WBE MBE * DCE

* IF MBE, PLEASE Hispanic American African American Pacific Islander

CHOOSE ONE ONLY: Native American Asian American

If "Publicly Owned Company" has been chosen, no other designation (Hispanic American, African American, Etc.) may be chosen. This option will serve as your company's classification.

Vendor Information Forms should be submitted to ccwa_slbe_program@ccwa.us.

If your company's ownership is certified as SLBE, WBE, MBE, or DCE with the State of Georgia (GDOT) Certification Program, Clayton County, DeKalb County or with the City of Atlanta, please submit a copy of your business certification (including your phone, fax, and email address) to: ccwa_slbe_program@ccwa.us Certification from any other entity is not needed at this time.