


BIBB COUNTY SCHOOL DISTRICT
APPENDIX II

Offeror Affirmation Form

Company Name: _____

RFP Name: _____

RFP Number: _____

After careful examination of the solicitation document in its entirety, _____ and any addendum(s) issued, the undersigned proposes to satisfy all requirements in accordance with said documents.

For Consideration of this proposal, the undersigned hereby affirms that:

1. He/She is a duly authorized official of the Offeror.
2. NO changes were made to the original RFP document,
3. The proposal is being submitted on behalf of the offeror in accordance with any terms and conditions set forth in this document.
4. The Offeror will accept any awards made to it as a result of the proposal submitted here in for a minimum of one hundred and twenty (120) days following the date of submission.
5. The Offeror will accept the terms and conditions set forth in the contract template attached here.

If notified in writing by mail or delivery of the acceptance of the award, the undersigned agrees to furnish and deliver to the assigned procurement professional within five (5) days of the request, a certification of insurance indicating the coverage specified within this solicitation.

A contract shall be established which will set forth the terms of this agreement. The contract shall be interpreted, constructed, and give effect in all respects according to the laws of the State of Georgia.

Nondiscrimination in Employment: We, the supplier of goods, materials, equipment and services covered by this bid or contract, have not discriminated in the employment, in any way, against any person or person, or refused to continue the employment of any person or persons on account of their race, color, sex, religion, national origin, marital status, sexual orientation, age, or disability.

Respectfully Submitted,

Company Name

Authorized Official Name

Signature

Title:

Date:

E-mail Address: _____

The legal name of the bidder is _____

PLEASE PRINT OR TYPE RESPONSE


BIBB COUNTY SCHOOL DISTRICT
APPENDIX III

Non-Collusion Affidavit

(Form must be completed and returned with bid.)

Bibb County Board of Education, Macon, GA 31201

I state that I am _____ of _____

Title

Name of Company

and that I am authorized to make this affidavit on behalf of my firm, and its owners, directors, and officers. I am the person responsible in my firm for the price(s) and the amount of this bid and I state that this bid is made in good faith.

I state that:

1. The price(s) and amounts of this bid have been arrived at independently and without consultation, communication or agreement with any other contractor, bidder, or potential bidder; neither the approximate price(s) have been disclosed nor will they be disclosed before bid opening to any other contractor, bidder or potential bidder.

2. No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complimentary bid.

_____, its affiliates, subsidiaries, officers,

Name of Company

Directors and employees are not currently under investigation by any government agency and have not in the last three years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract.

I understand and my firm understands that any misstatement in this affidavit is and shall be treated as fraudulent concealment from the Bibb County Board of Education of the true facts relating to submission of bids for this contract.

Name/Date

Title or Position

Signature



BIBB COUNTY SCHOOL DISTRICT
APPENDIX IV

Offeror's Checklist

PROPOSAL NO.: _____

- All copies as indicated in this RFP
- The proposal has been signed by an authorized principal or authorized official of the firm.
- No conditions, restrictions or qualifications have been placed by the company on this proposal that would have the proposal declared non-responsive.
- We are prepared to provide the insurance required in this solicitation.
- All forms
- E-verify Affidavit

COMPANY NAME

TYPE OR PRINT NAME OF PERSON COMPLETING CHECKLIST

SIGNATURE OF PERSON COMPLETING CHECKLIST

DATE

COMPANY FEDERAL ID NUMBER

COMPANY E-MAIL ADDRESS

READ AND COMPLETE THIS CHECKLIST BEFORE SUBMITTING THE PROPOSAL

RETURN WITH PROPOSAL



BIBB COUNTY SCHOOL DISTRICT
APPENDIX V

**Certificate Regarding Debarment, Suspension, Ineligibility
(Form must be completed and returned with bid.)**

The Bibb County School District is a recipient of Federal monies. As such, we require that participating vendors not be debarred, suspended, ineligible or excluded from doing business with the federal government or any agency thereof.

The prospective participant certifies, by submission of the bid, that neither it, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from participation in this transaction by any Federal department or agency.

Organization Name

Name(s) and Title(s) of Authorized Representative(s)

Signature(s)

Date


BIBB COUNTY SCHOOL DISTRICT
APPENDIX VII

Vendor Affidavit under O.C.G.A § 13-10-91(b) (1)

By executing this affidavit, the undersigned Vendor 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 Bibb County School District has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned Vendor will continue to use the federal work authorization program throughout the contract period and the undersigned Vendor will contract for services in satisfaction of such contract only with sub Vendors who present an affidavit to the Vendor with the information required by O.C.G.A. § 13-10-91(b). Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number	Date of Authorization
_____	(_____)
Name of Vendor	Name of Project

Bibb County School District

Name of Public Employer

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

Executed on _____, ____, 202__ 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 _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____