

Request for Qualifications and Proposal for the SR316/Epps Bridge Parkway Corridor Study

**Oconee County Board of Commissioners
23 North Main Street
Watkinsville, Georgia 30677**



RFQP Control Number FY1709-11

September 15, 2016

Section 1: Background

1.1 Introduction

This request for qualifications and proposal (RFQP) for the **SR316/Epps Bridge Parkway Corridor Study (Project)** invites statements of qualifications including a sealed cost proposal (SOQP) according to the requirements set forth in this RFQP. The SOQPs will be reviewed and evaluated using the selection process described herein.

Upon completion of the evaluation process, **Oconee County Board of Commissioners (Owner)** will select a Respondent to award, or enter into negotiations for award of the Project.

This RFQP is subject to revision after the date of issuance via written addenda. Any such addenda will be posted on the Owner's web site (not distributed directly to potential Respondents). It is each Respondent's responsibility to obtain all RFQP addenda prior to submitting its SOQP.

The Owner will not be liable for any costs incurred by any Respondent or any other party in developing or submitting an SOQP.

1.2 RFQP Organization

This RFQP consists of the following Sections and Attachments:

- Section 1: Background
- Section 2: Project Overview
- Section 3: Consultant Services
- Section 4: Procurement Process
- Section 5: SOQP Submission Requirements
- Section 6: SOQP Evaluation and Selection
- Section 7: Conditions for Respondents
- Attachment A: Mandatory Forms

Section 3: Project Overview

2.1 Purpose

The purpose of this project is to evaluate the entire length of Epps Bridge Parkway/S.R. 316 within Oconee County and identify needed improvements, with an emphasis on updating and expanding upon the 2001 GDOT corridor study. The project will focus on addressing safety issues, congestion, economic development and other transportation improvements.

Emphasis will be placed on the following issues:

- Current road geometry and future road geometry
- Existing R/W and future R/W requirements
- Traffic analysis

- Future growth
- Utility corridors
- Culvert crossing evaluations

2.2 Projected Deliverables

- Study document that includes a description of the study’s technical activities, community meetings, findings, and recommendations. The document will also include a conceptual layout of the recommendations, including cost estimates.
- Electronic files of the transportation planning and simulation networks created for the study.

Section 3: Consultant Services

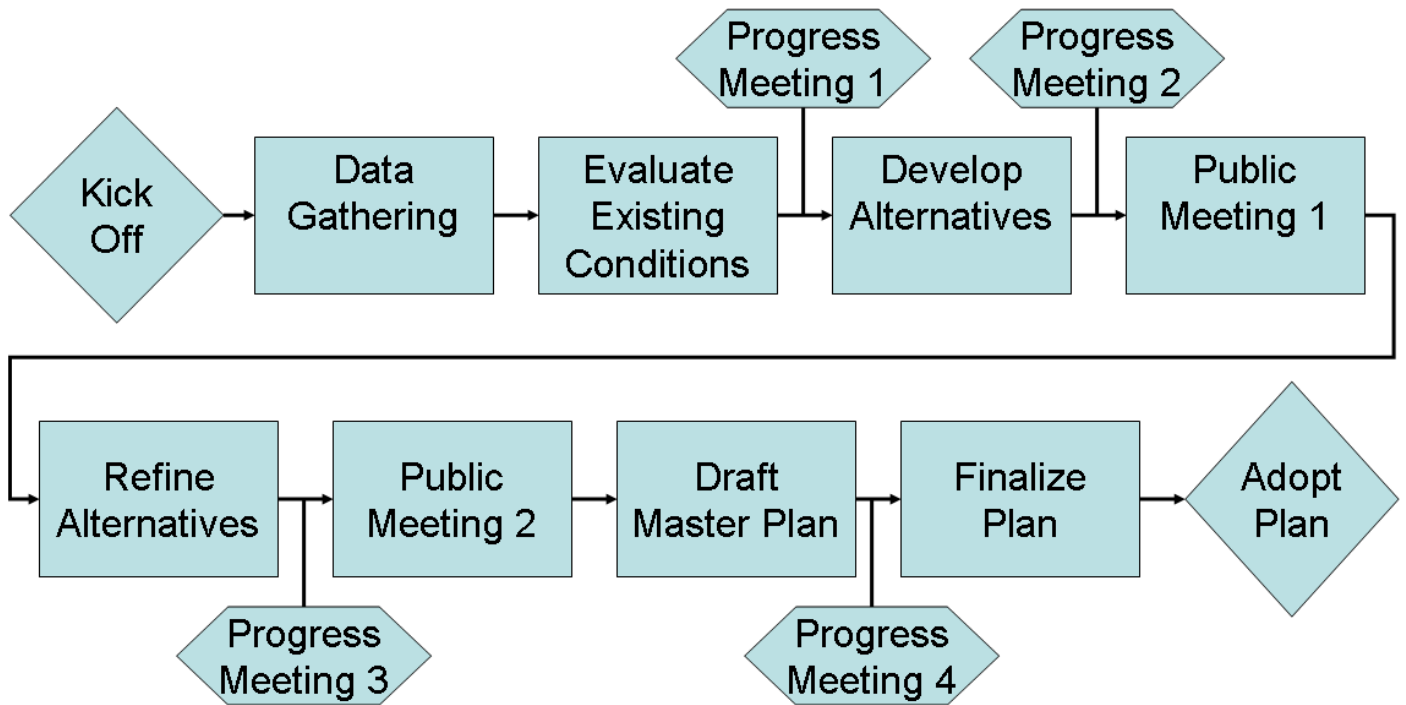
3.1 Scope of Services

The scope of services consists of the following tasks:

1. **Kick-off meeting and study area visit:** Conduct a kick-off meeting in which we will discuss the project approach, scope of work, schedule, deliverables, and immediate steps. The kick-off meeting will be followed by a visit to the study area.
2. **Data and information gathering:** Evaluate existing GDOT and Oconee County documents and data previously produced. Collect sufficient tube counts, turn movement studies, etc. to properly evaluate existing conditions if necessary.
3. **Summaries of Existing Conditions and Projected No-Build:** Analyze existing traffic operations, modify travel demand projections, and assess future traffic conditions. The assessment of future conditions will be based on anticipated growth along the corridor and will assume no improvements, other than those already included in the GDOT MACORTS funded projects list. Prepare summaries of the results.
4. **Alternative Development and Evaluation:** Develop potential improvements and perform an evaluation based on traffic needs and community desires. Summarize the results of the evaluation.
5. **Community Meeting No. 1:** Conduct a community meeting to present the results of task 3 and generalized alternates developed in task 4. We will receive input from the community regarding perceived problems and desired outcomes. At the meeting, we present generalized improvements to help the public express their desired outcomes. Document and summarize community input.
6. **Refinement, concepts, and costs:** Refine the potential improvements based on community input. We will prepare conceptual layouts and cost estimates. Evaluate the refined improvements and summarize results.
7. **Community Meeting No. 2:** We will present the refined improvements and corresponding evaluation results to the community. Receive, document, and summarize input.
8. **Finalization of the recommended improvements and preparation of study document:** Finalize the recommendations based on community input, finalize concepts and costs, and

prepare the study document. The document will be reviewed by Oconee County before it is finalized.

9. **Meetings and presentations:** Prepare presentation material, and conduct and summarize review meetings with Oconee County staff. We anticipate about 4 such meetings, in addition to the project kick-off meeting and final deliverable meeting. The meetings will take place between specified tasks to review completed work and prepare for the following tasks. The attached flow chart summarizes the project approach.



3.2 Roles and Responsibilities

Owner: The Owner will collaborate and cooperate with the Consultant and will fulfill its responsibilities in a timely manner to facilitate the Consultant’s timely and efficient performance of services. Owner responsibilities include:

- Conduct a mandatory pre-submittal “Kick-off” meeting and study area visit.
- Review submissions and provide comments to Consultant.
- Provide data and information regarding the Project that will assist the consultant in the Work.
- Fund the Project.
- Assist Consultant in obtaining governmental information as needed.

Section 4: Procurement Process

4.1 Communications and Owner Contacts

The Owner Contact(s) will act as the sole point of contact for this RFQP and shall administer the RFQP process. All communications shall be submitted by email, and shall specifically reference this RFQP. All questions or comments should be directed to the Owner Contact(s) as follows:

For Procurement Inquiries:

Ms. Karen Barnett, CPPB
Purchasing Officer
Oconee County Finance Department
23 North Main Street
Watkinsville, Georgia 30677

Phone: (706) 769-2944
Fax: (706) 310-3574

Email: kbarnett@oconee.ga.us

For Work Scope Inquiries:

Mr. Emil Beshara
Public Works Director
Oconee County Public Works Department
1291 Greensboro Highway
Watkinsville, Georgia 30677

Phone: (706) 769-2937
Fax: (706) 769-2939

Email: ebeshara@oconee.ga.us

Any explanation desired by a potential Respondent regarding the meaning or interpretation of the RFQP or associated attachments must be requested five (5) days prior to the opening, unless otherwise specified.

No oral communications from the Owner Contact(s) or other individual is binding. With the exception of the Owner Contact(s), no contact with Owner staff, board members or any public official concerning the Project during the procurement process is allowed. Violation of this provision may result in disqualification of Respondent.

The Owner's Contact(s) may designate alternate contacts, such as Owner's Representative or other County staff, in order to address specific inquiries.

4.2 Procurement Schedule

The current procurement schedule is as follows and is subject to change at any time:

Issue RFQP	September 15, 2016
Mandatory Pre-Submittal Meeting	September 30, 2016
Questions Deadline	October 7, 2016
Submit SOQP	October 14, 2016
Interviews (If required)	October 17-20, 2016
SOQP evaluation / selection	October 25, 2016
Award Consultant Contract	November 1, 2016

4.3 Mandatory Pre-Submittal Meeting

A mandatory pre-submittal meeting will be held at **2:00 PM on Friday, September 30, 2016** at the Commission Chambers, Suite 205, at the Oconee County Courthouse located at 23 N. Main Street, Watkinsville, Georgia 30677. All interested parties are required to attend. The purpose of this meeting is to allow potential Respondents an opportunity to present questions to staff and obtain clarification of the requirements of the proposal document. Because Oconee County considers such a meeting to be critical to understanding the proposal requirements, attendance at the pre-submittal meeting is mandatory to qualify as an Respondent. Minutes of the meeting will be published as an addendum and posted on the Oconee County Website.

Section 5: SOQP Submission Requirements

5.1 Submittal Place and Deadline

Five paper documents (one original and four copies), and 1 digital version of the SOQP (in PDF format on memory stick), must be mailed or hand-delivered with a cost proposal submitted in a separate sealed envelope no later than **October 14, 2016 at 2:00 p.m. local time**, addressed to:

Ms. Karen Barnett, CPPB
Purchasing Officer
23 North Main Street
Suite 206,
Watkinsville, Georgia 30677

Qualification Statements forwarded by facsimile or e-mail will not be accepted.

The County may choose not to accept a submittal of a Respondent who is in default on the payment of taxes, licenses or other monies due to the County.

Each Respondent assumes full responsibility for timely delivery of its SOQP at the required location. Any SOQP received after the submittal deadline will be deemed non-responsive and returned. The delivered package containing the SOQP documents must display "SOQP Enclosed – SR316/Epps Bridge Parkway Corridor Study" on the outside.

The Respondent shall furnish and sign all information required by the RFQP Documents. The person signing the documents must initial erasures or other changes. An authorized agent of the company

must sign documents.

Attach a sealed cost proposal inside the back cover page of the SOQP with the Project Name and “Cost Proposal” clearly marked on the outside of the envelope.

5.2 Submission Content

The content requirements set forth in this RFQP represent the minimum content requirements for the SOQP. It is the Respondent’s responsibility to include information in its SOQP to present all relevant qualifications and other materials. The SOQP, however, should not contain standard marketing or other general materials. It is the Respondent’s responsibility to modify such materials so that only directly relevant information is included in the SOQP.

The SOQP must include the following information in the order listed:

- Transmittal Letter
- Part 1 – Executive Summary
- Part 2A – Consultant Profile
- Part 2B – Project Team
- Part 3 – Experience
- Part 4 – Project Schedule
- Part 5 – Cost Proposal (Sealed Envelope)
- Appendix A – Resumes
- Appendix B – Required Forms

5.3.1 Transmittal Letter

Respondents must submit a transmittal letter (maximum one page) on the Respondent’s letterhead. It must be signed by a representative of the Respondent who is authorized to sign such material and to commit the Respondent to the obligations contained in the SOQP. The transmittal letter must include the name, address, phone number and e-mail address for the Respondent Contact, and must specify who would be the Consultant’s signatory to any contract documents executed with the Owner. The transmittal letter may include other information deemed relevant by the Respondent.

5.3.2 Part 1 – Executive Summary

The executive summary (maximum one page) must include a concise overview of the key elements of the SOQP and must summarize and refer to information in the SOQP.

5.3.3 Part 2A – Consultant Profile and Project Team Qualifications

A complete description of the Consultant team must be provided in Part 2A of the SOQP. Information concerning Key Personnel should be provided in Part 2B of the SOQP. The Consultant Profile should include the following information.

- **General**
Provide general information about the Consultant, such as lines of business and service

offerings, locations of home and other offices, number of employees (professional and non-professional), years in business, and evidence of required licenses, certifications and credentials.

- **Project office location**

Identify the proximity of the Consultant's office to the project area and any potential for conflict of interest.

- **Completion of contracts** - Has the Consultant failed to complete any contract, or has any contract been terminated for convenience or due to alleged poor performance or default within the past 10 years? If so, describe the circumstances.

- **Violation of laws** - Has the Consultant been convicted of any criminal conductor been found in violation of any federal, state, or local statute, regulation, or court order concerning antitrust, public contracting, employment discrimination or prevailing wages within the past 10 years? If so, describe the circumstances.

If any of the above questions are answered in a manner that indicates that any of these unfavorable factors or events are present, it is the Respondent's responsibility to: (1) describe in detail the unfavorable factor or event; and (2) provide sufficient information to demonstrate that the unfavorable factor or event will not adversely impact the Consultant's ability to perform its contractual commitments.

The Respondent must notify the Owner of any changes subsequent to submission of the SOQP and before the selection process is completed (and, in the case of the selected Respondent, before executing the County's Professional Service Agreement).

5.3.4 Part 2B – Project Team and Qualifications

The composition, organization, and management of the Project Team must be described in the subsection as follows:

Consultants:

- Identify any other firms (such as Subconsultants) included on the Project Team and responsibilities during the Project.

Key Personnel

- Identify all Key Personnel (and their firm affiliations) on the Project Team and describe their specific qualifications and responsibilities with regard to the Project.
- Indicate the commitment of all Key Personnel in terms of an estimated percentage of time during each phase of the Project.
- Provide resumes for all Key Personnel in Appendix A (Resumes). Resumes must be

limited to **two** pages per individual and include:

- Academic and professional qualifications
- Professional registrations (as applicable)
- Experience as it relates to the Project and to the individual's specified role on the Project.

5.3.5 Part 3 – Experience and Capabilities

The SOQP must describe the performance history and experience of the Firm and Project Team on similar projects. The Respondent shall submit descriptions of reference projects to demonstrate relevant experience. Provide a discussion on how the cumulative relevance of the referenced projects should lead the Owner to conclude that the Consultant has previous experience similar to all of the elements of the Project. The Consultant's experience and capabilities should include the following:

Experience-

- Previous relevant experience of Respondent (numbers of projects, sizes of projects)
- Previous relevant experience of Key Personnel
- Relevant past work of prospective firm and proposed sub-consultant(s)

Capabilities-

- The demonstrated ability to meet Owner's vision, scope, budget and schedule on previous projects
- Respondent's apparent resources and capacity to meet the needs of this project
- Past performance of firm and its proposed consultant(s)

5.3.6 Part 4 – Project Schedule

Provide a project schedule for the scope of work presented in the RFQP.

5.3.7 Part 5 – Cost Proposal

Provide a firm cost estimate for the scope of work presented in the RFQP. Provide a description of how the Consultant team expects to be compensated (hourly with estimated maximum, lump sum, etc.)

Section 6: SOQP Evaluation and Selection

6.1 General

The SOQPs will be reviewed and evaluated by the Owner's selection committee according to the requirements and criteria outlined in this Section. During the SOQP evaluation process, written questions or requests for clarifications may be submitted to one or more Respondents regarding its SOQP or related matters. Also, the Owner may require that one or more of the Respondents participate in an interview.

6.2 Responsiveness

Each SOQP will be reviewed to determine whether it is responsive to the RFQP. Failure to comply with the requirements of this RFQP may result in rejection of the SOQP as non-responsive. At its sole discretion, however, the selection committee may waive technicalities and informalities, and may request clarification or additional information to address any questions that may arise in regard to whether an SOQP is responsive.

6.3 Evaluation Criteria

The selection committee will evaluate and rank the responsive SOQPs that satisfy the Preferred Qualification Requirements by applying the weighted comparative evaluation criteria set forth below.

Criteria Description	Value
Team and Qualifications	10
Experience	40
Capabilities	30
Project Schedule	10
Cost Proposal	10

6.4 Selection

After the evaluation process is complete, the Owner will notify Respondents of the rankings. The top-ranked Respondent will be either selected for contract award on the basis of the Consultant Contract or offered the opportunity to negotiate the final terms of the Consultant Contract. If the Owner determines that the top-ranked Respondent’s proposed final terms of the Consultant Contract are not advantageous to the Owner, the Owner may choose to either select or negotiate with the next-ranked Respondent.

Section 7: Conditions for Respondents

7.1 Conflict of Interest

Identify any persons know to the Respondent who would be obligated to disqualify themselves from participation in any transaction from or in connection with the Project pursuant to Georgia general statutes regarding State and Local Government conflicts of interests.

7.2 Proprietary Information

All materials submitted to the Owner become public property and are subject to the Georgia Open Records Act (O.C.G.A. § 50-18-90 et seq.) If the SOQP contains proprietary information that the Respondent does not want disclosed, each page containing such information must be identified and marked “PROPRIETARY” at the time of submittal. The Owner will, to the extent provided by law, endeavor to protect such information from disclosure. Failure to identify proprietary information will

result in all unmarked sections being deemed non-proprietary and available upon public request. Respondents shall not be permitted to mark entire SOQP as proprietary.

7.3 Rights of the Owner

In connection with this procurement process, including the receipt and evaluation of SOQPs and award of the Consultant Contract, the Owner reserves to itself (at its sole discretion) all rights available to it under applicable law, including without limitation, with or without cause, and with or without notice, the right to:

- Cancel, withdraw, postpone, or extend this RFQP, in whole or in part, at any time prior to the execution of the Consultant Contract, without incurring any obligations or liabilities.
- Reject all proposals or any proposal that is nonresponsive or not responsible and to waive technicalities and informalities.
- Suspend and terminate the procurement process or terminate evaluations of SOQPs received.
- Permit corrections to data submitted with any SOQP.
- Hold meetings and interviews, and conduct discussions and correspondence, with one or more of the Respondents to seek an improved understanding of any information contained in an SOQP.
- Seek or obtain, from any source, data that has the potential to improve the understanding and evaluation of the SOQPs.
- Conduct an independent investigation of any information, including prior experience, included in an SOQP by contacting project references, accessing public information, contacting independent parties, or any other means.

7.4 Addenda

If any revisions to the RFQP or procurement process become necessary or desirable, the Owner may issue written addenda. **The Owner will not transmit addenda to potential Respondents.**

The Owner will post all addenda on the Owner Project website at the following address:

<https://vrapp.vendorregistry.com/Bids/View/BidsList?BuyerId=1def60c9-84e7-4661-be40-b4c46b28eeb1>

It is the Respondent's responsibility to obtain all addenda prior to submitting its SOQP.

7.5 Mandatory Forms

Respondents are required to complete the forms in Attachment A and return them with the SOQP package:

- W-9
- Contractor's Affidavit (E-Verify)
- Addendum Acknowledgement (if applicable)
- Drug Free Certificate
- Local Business Affidavit of Eligibility
- Respondent's Certificate and Statement of Non-Collusion

7.6 Georgia Security and Immigration Compliance Act

Consultants submitting a proposal in response to this RFQP must provide the following information in the submittal to indicate compliance with the Georgia Security and Immigration Compliance Act. The form is provided for completion.

- A statement that indicates the Consultant will conduct itself in compliance with O.C.G.A. §13-10-91 and Rule 300-10-.02 in the execution of the contract.

By completing the affidavit that is provided with this solicitation, the Consultant is attesting to the following:

- The affiant has registered with and is authorized to use the federal work authorization program;
- The user identification number and date of authorization for the affiant;
- The affiant is using and will continue to use the federal work authorization program throughout the contract period;
- Any employee, Consultant, or Subconsultant of such Consultant shall also be required to satisfy the requirements set forth in this paragraph; and

Upon contracting with a new Subconsultant, a Consultant shall notify Oconee County and shall deliver a completed Subcontractor Affidavit to Oconee County within five (5) working days of entering into a contract or agreement of hire with the Subcontractor before beginning work.

Failure to provide the completed and notarized affidavit with the Consultant's proposal will result in immediate disqualification as required by the Georgia Security and Immigration Compliance Act.

7.7 Exemption from Taxes

The Consultant shall not charge the County for Georgia State Sales or Use Taxes or Federal Excise Tax on the finished goods or services provided under the Agreement. Nothing in this section shall prohibit the Consultant from including its own sales tax expense in connection with the Agreement in its Agreement price.

7.8 Equal Employment Opportunity Clause (Incorporated by Reference)

“The Equal Employment Opportunity Clause required under Executive Order 11246, the affirmative action commitment for disabled veterans and veterans of the Vietnam era, set forth in 41 CFR 60-250.4, the affirmative action clause for handicapped workers, set forth in 41 CFR 60-741.4, and the related regulations of the Secretary of Labor, 41 CFR Chapter 60, are incorporated by reference in this RFQP. By submitting SOQP, vendor certifies that it complies with the authorities cited above and that it does not maintain segregated facilities or permit its employees to perform services at locations where segregated facilities are maintained, as required by 41 CFR 60-1.8.”

Attachment A

Mandatory Forms

The following forms must be completed and returned with the Respondent's proposal:

- W-9
- Contractor's Affidavit (E-Verify)
- Addendum Acknowledgement (if applicable)
- Drug Free Certificate
- Local Business Affidavit of Eligibility
- Respondent's Certificate and Statement of Non-Collusion

Exhibit A

Oconee County Insurance Requirements

Attachment A

Mandatory Forms

The following forms must be completed and returned with the Respondent's SOQP:

- W-9
- Contractor's Affidavit (E-Verify)
- Addendum Acknowledgement (if applicable)
- Drug Free Certificate
- Local Business Affidavit of Eligibility
- Respondent's Certificate and Statement of Non-Collusion

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
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or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: 1px solid black; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



RFQP#FY1709-11

**SR316/Epps Bridge Parkway Corridor Study
Georgia Security & Immigration Compliance (GSIC) Act Affidavit**

As per the Georgia Senate Bill 529 and Senate Bill 447, the Georgia Department of Labor has promulgated new rules for the implementation of Section 2. O.C.G.A. §13-10-91 and Chapter 300-10-01-.02 state that no Georgia Public Employer shall enter into a contract for *the physical performance of services within the State of Georgia* unless the Contractor registers and participates in a federal work authorization program to verify the work eligibility information of all of its new employees.

The Employment Eligibility Verification “E-Verify” site operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security is the electronic federal work authorization program to be utilized for these purposes.

The website is <https://e-verify.uscis.gov/enroll/>

By executing the attached Contractor Affidavit, Contractor verifies its compliance with O.C.G.A. §13-10-91 stating affirmatively that the individual, firm or corporation which is contracting with the Oconee County Board of Commissioners has registered and is participating in this federal work authorization program in accordance with the applicability provisions and deadlines established in this Statute.

Contractor further agrees that should it employ or contract with any Sub-Contractor(s) for the physical performance of services pursuant to the contract with the Oconee County Board of Commissioners, Contractor will secure from the Sub-Contractor(s) verification of compliance with O.C.G.A. §13-10-91 on a Sub-Contractor Affidavit and shall provide a copy of each such verification to the Oconee County Board of Commissioners at the time the Sub-Contractor(s) is retained to perform such services.

PLEASE COMPLETE THE ATTACHED AFFIDAVIT AND RETURN IT TO:

Karen T. Barnett, CPPB
Oconee County Purchasing Officer
23 N. Main Street, Suite 206
Watkinsville, GA 30677
Fax: (706) 310-3574
Email: kbarnett@oconee.ga.us



RFQP#FY1709-11

**SR316/Epps Bridge Parkway Corridor Study
Immigration and Security Form**

Georgia Security & Immigration Compliance (GSIC) Act Affidavit

Contractor's Name:	
County Solicitation Number	RFQP#FY1709-11

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the County, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the County at the time the subcontractor(s) is retained to perform such service.

EEV / E-Verify TM Company Identification Number

BY: Authorized Officer or Agent
(Contractor Name)

Date

Title of Authorized Officer or Agent of Contractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____ 20____

[NOTARY SEAL]

Notary Public

My Commission Expires:

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



RFQP#FY1709-11

**SR316/Epps Bridge Parkway Corridor Study
Immigration and Security Form**

Georgia Security & Immigration Compliance (GSIC) Act Affidavit

Contractor's Name:	
Subcontractor's (Your) Name:	
County Solicitation Number:	RFQP#FY1709-11

SUBCONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the County identified above has registered with and is participating in a federal work authorization program*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

EEV / E-Verify TM Company Identification Number

BY: Authorized Officer or Agent
(Subcontractor Name)

Date

Title of Authorized Officer or Agent of Subcontractor

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE _____ DAY OF _____ 20____

[NOTARY SEAL]

Notary Public

My Commission Expires:

*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



RFQP#FY1709-11
SR316/Epps Bridge Parkway Corridor Study
Addenda Acknowledgement

The Respondent has examined and carefully studied the Request for Proposal and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No./Date _____

Addendum No./Date _____

Addendum No./Date _____

Addendum No./Date _____

Authorized Representative (Signature)

Date

Authorized Representative/Title
(Print or Type)

Respondents must acknowledge any issued addenda. Proposals which fail to acknowledge the Contractor's receipt of any addendum may result in the rejection of the proposal if the addendum contains information that substantively changes the Owner's requirements.

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL



RFQP#FY1709-11
SR316/Epps Bridge Parkway Corridor Study
Drug-Free Workplace

I hereby certify that I am a principle and duly authorized representative of:

Whose address is:

And it is also that:

1. The provisions of Section § 50.24.1 through § 50.24.6 of the Official Code of Georgia Annotated, relating to the "Drug Free Workplace Act" have been complied with in full; and,
2. A drug free workplace will be provided for the CONTRACTOR'S employees during the performance of the contract; and,
3. Each subcontractor hired by the CONTRACTOR shall be required to ensure that the subcontractor's employees are provided a drug free workplace. The CONTRACTOR shall secure from that subcontractor the following written certification: "As part of the subcontracting Agreement with _____,

_____ certifies to the CONTRACTOR that a drug free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia Annotated Section § 50.24.3"; and,

4. It is certified that the undersigned will not engage in unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Date

Signature

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL



RFQP#FY1709-11

SR316/Epps Bridge Parkway Corridor Study

Local Business Affidavit of Eligibility

*Legal Name of Business: _____

1. Mailing Address:

Physical Address: (if different)

2. Year business was established in Oconee County: _____

3. Occupational Tax License number issued and County/City where issued: _____

4. Business Type (circle one): Corporation Partnership Sole Proprietorship

5. Does your business have more than one office in Oconee County? Yes No

If yes, specify the location(s): _____

6. Is your business' principal base of operations in Oconee County? Yes No

7. Does your business have any locations outside of Oconee County? Yes No

If yes, specify the locations(s): _____

8. Bank (branch in Oconee County): _____

CERTIFICATION: I hereby certify under penalty of perjury that the information, which I have provided, on this form is true, and correct, that I am authorized to sign on behalf of the business set out above, and if requested by the County will provide, within 10 days of notice, the necessary documents to substantiate the information provided on this form.

Attest: _____

*Authorized Signature: _____

Sworn to and subscribed before me this _____

*Print Name: _____

day of _____, 20_____

*Title: _____

Commission Expires: _____

(Seal)

*Non-Local Business _____
(Check Here)

Mandatory Document – Complete all areas above and return with your proposal. If your business is NOT local, please complete only those areas marked with an asterisk ()*



RFQP#FY1709-11
SR316/Epps Bridge Parkway Corridor Study
Respondent's Certificate and Statement of Non-Collusion

I _____ certify that this Proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a bid for the same services and is in all respects fair and without collusion or fraud. I understand that collusive bidding is a violation of state and Federal law and can result in fines, prison sentences, and civil damages awards.

I certify that this bid has been prepared independently and the price submitted will not be disclosed to another person.

I certify that there has been no contact or communication by the Contractor or the Contractor's associates with any County staff, or elected officials since the date this **RFQP #FY1709-11 SR316/Epps Bridge Parkway Corridor Study** was issued except: 1) through the Purchasing Office 2) at the Pre-Conference Meeting (if applicable) or 3) as provided by existing work agreement(s). **The County reserves the right to reject the proposal submitted by any Contractor violating this provision.**

I agree to abide by all conditions of this RFQP and certify that I am authorized to sign this RFQP.

COMPANY NAME: _____

Authorized Representative (Signature)

Date

Authorized Representative/Title
(Print or Type)

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL

Exhibit A

Oconee County Insurance Requirements

Exhibit A

Oconee County Insurance Requirements

The following recommended minimum insurance limits apply to vendors doing business with the Oconee County Board of Commissioners. The Standard Insurance Limits are recommended for all procurements of goods and ancillary services. The specific requirements for vendors providing high risk services supersede the Standard Insurance Limits. Coverage types and limits are recommended minimums and should be increased as appropriate based on contract value and potential risks to the County.

To achieve the appropriate coverage levels, a combination of a specific policy written with an umbrella policy covering liabilities above stated limits is acceptable.¹

Important:

All policies shall contain a provision that coverage afforded under the policies shall not be canceled, changed, allowed to lapse, or allowed to expire until thirty (30) calendar days after written notice has been given to the certificate holder on the certificate of insurance. All such coverage shall remain in full force and effect during the initial term of the agreement and any renewal or extension thereof.

All policies must be issued by an insurance company licensed to do business in the State of Georgia, with a minimum AM Best rating of A-, and signed by an authorized agent.

¹ For example: If appropriate limits are \$2 million per occurrence and \$2 million aggregate, acceptable coverage would include a specific policy covering \$1 million per occurrence and \$1 million aggregate written with an umbrella policy for an additional \$1 million.

-
- Certificate Holder should read:
Oconee County Board of Commissioners
23 North Main Street
Watkinsville, Georgia 30677
 - Certificates of Insurance, and any subsequent renewals, must reference specific bid/contract by projected name and project/bid number.
 - Contractor shall incorporate a copy of the insurance requirements as herein provided in each and every subcontract with each and every Subcontractor in any tier, and shall require each and every Subcontractor of any tier to comply with all such requirements. Contractor agrees that if for any reason Subcontractor fails to procure and maintain insurance as required, all such required Insurance shall be procured and maintained by Contractor at Contractor's expense.
 - No Contractor or Subcontractor shall commence any work of any kind under this Contract until all insurance requirements contained in this Contract have been complied with and until evidence of such compliance satisfactory to Oconee County as to form and content has been filed with Oconee County.

Exhibit A

- Compliance by the Contractor and all subcontractors with the foregoing requirements as to carrying insurance shall not relieve the Contractor and all Subcontractors of their liability provisions of the Contract.
- The Contractor and all Subcontractors are to comply with the Occupational Safety and Health Act of 1970, Public Law 91-956, and any other laws that may apply to this Contract.
- The Contractor shall at a minimum apply risk management practices accepted by the contractors' industry.

A. STANDARD INSURANCE LIMITS FOR GOODS AND ANCILLARY SERVICES

Workers Compensation (WC):	Statutory Limits – required in all contracts
Bodily injury by Accident – each employee	\$ 100,000
Bodily injury by Disease – each employee	\$ 100,000
Bodily Injury by Disease – policy limit	\$ 500,000
Commercial General Liability (CGL):	
Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000
Automobile Liability	
Combined Single Limit	\$ 1,000,000

B. HIGH RISK INSURANCE LIMITS

E: Consulting Services:

Workers Compensation (WC):	Required for all Contracts
	NO EXEMPTIONS

Exhibit A

Commercial General Liability (CGL):

Each Occurrence Limit	\$ 1,000,000
Personal & Advertising Injury Limit	\$ 1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000

Automobile Liability

Combined Single Limit	\$ 1,000,000
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Professional Liability

\$ 250,000

Additional Insured: The vendor shall add the "Oconee County Board of Commissioners, its officers, employees and agents" as an additional insured under the commercial general, automobile, and professional liability policies.
