



RFQP NO. 22-08-001

**Request for
Qualifications/Proposal**

**CONSTRUCTION MANAGEMENT AT RISK (CMAR) SERVICES
Oconee County Administrative Building**



Oconee County Board of Commissioners

Notice for Request for Qualifications/Proposals No. 22-08-001

Administrative Building Construction Management at Risk (CMAR) Services

CLOSING DATE & TIME	September 2, 2021 at 2:00 PM
LOCATION	Commissioner's Chambers Oconee County Courthouse 23 N Main Street, Suite 205 Watkinsville, Georgia 30677
RFQP NUMBER	22-08-001
ACCEPTANCE PLACE/AGENCY	Oconee County Board of Commissioners Finance Department – Procurement Officer 23 N. Main Street, Suite 203 Watkinsville, Georgia 30677
PRE-PROPOSAL MEETING	August 17, 2021 at 10:00 AM Commissioner's Chambers Oconee County Courthouse 23 N Main Street, Suite 205 Watkinsville, Georgia 30677
QUESTIONS & RESPONSES	Questions regarding this RFQP shall be received in writing via email no later than 2:00 PM on August 23, 2021. Responses will be provided via addenda no later than 5:00 PM on August 27, 2021.
CONTACT	Jessica Ellis, Procurement Officer ocbids@oconee.ga.us

RFQP documents can be downloaded from our website: <https://oconeecounty.com>

Issue Date : August 6, 2021





**Oconee County Board of Commissioners
23 N. Main Street
Watkinsville, GA 30677**

**Request for Qualifications/Proposal
RFQP #22-08-001
Administrative Building Construction Management at Risk (CMAR) Services
Issue Date: August 6, 2021**

The Oconee County Board of Commissioners is seeking Statements of Qualifications/Proposals from contractors interested in providing Construction Management at Risk (CMAR) pre-construction and construction services for the Oconee County Administrative Building to be located at the intersection of US-441 S (Watkinsville Bypass) and Macon Highway. Please see the RFQP documents for full Scope of Services.

A pre-proposal meeting is scheduled for August 17, 2021 at 10:00 AM in the Oconee County Board of Commissioners' Commission Chambers, located at 23 N. Main Street, Suite 205, Watkinsville, GA 30677. Attendance is not required to qualify as a respondent.

Sealed Proposals will be accepted by the Oconee County Finance Department located at the Oconee County Courthouse, 23 N. Main Street, Suite 203, Watkinsville, Georgia, 30677 until 2:00 PM, September 2, 2021. At the time and date above, sealed bids will be publicly opened and the names read aloud in the Oconee County Board of Commissioners' Commission Chambers located at 23 N. Main Street, Suite 205, Watkinsville, GA 30677. Bids received after this time will not be accepted.

Each sealed envelope must be marked on the outside as "Administrative Building Construction Management at Risk Services" and should include the respondent's name and address.

Questions regarding this RFQP should be directed to Ms. Jessica Ellis, Procurement Officer via email at ocbids@oconee.ga.us and shall be received no later than 2:00 P.M. on August 23, 2021. Bid forms and Scope of Services may be obtained from the County's website on the "Doing Business" tab under "Bid Opportunities" and are available to view at the Finance Department.

The OCBOC reserves the right to cancel this solicitation and/or reject any and all proposals in whole or in part if Oconee County determines that cancellation and/or rejections are advantageous to the County. RFQPs are legal and binding upon the Respondent when submitted. It will also be the responsibility of each Respondent to obtain any addenda issued from the Purchasing Office. The written RFQP documents supersede any verbal or written prior communications between the parties.

By Oconee County Board of Commissioners
The Honorable John Daniell



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I. REQUEST FOR QUALIFICATIONS / PROPOSALS (RFQP)

A. GENERAL PROJECT INFORMATION

1. The Oconee County Board of Commissioners is seeking Qualifications/Proposals from contractors interested in providing Construction Management at Risk (CMAR) pre-construction and construction services for the new Oconee County Administrative Building to be located at the intersection of US-441 S (Watkinsville Bypass) and Macon Highway.
2. The County's Administrative Departments are located in the Oconee County Courthouse. Due to growth in the County and the County services, the Administrative Departments have outgrown the availability of space in the courthouse and will relocate to a new facility that is designed specifically for County Administrative functions.
3. Project: A new County government Administrative Building.
4. Building Size: Approximately 40,000 sq. ft.
5. Site Size: 7.635 acres.
6. Location: The intersection of US-441 S (Watkinsville Bypass) and Macon Highway.
7. Budget: \$12,500,000 total budget for all construction, furnishings, Architect/Engineer professional services fees and other fees such as Special Inspection, Geotechnical, NPDS and Survey.
8. Architect: Hill Foley Rossi & Associates | Duluth, GA
9. Survey: A preliminary survey is attached. The final survey is being completed and will be provided to the shortlisted firms.
10. Geotech: A geotechnical evaluation is being completed and the final report will be provided to the shortlisted firms.
11. See the entire RFQP solicitation documents for requirements.

B. CMAR RFQP SOLICITATION PHASES

1. The solicitation process shall be implemented in two (2) phases.
Step 1: Qualifications.
Step 2: Fee proposal based on CMAR cost of General Conditions.
2. Schedule: Refer to RFQP Schedule of Events in this RFQP.

C. PRE-PROPOSAL MEETING

1. A Pre-Proposal Meeting will be conducted.
2. Attendance is not required to qualify as a respondent.
3. The meeting will be conducted in person.
NOTE - There will not be a virtual, web based connection to the meeting.
Date & Time: As indicated in the Phase I Schedule provided within this solicitation.
Location: Oconee County Courthouse
23 N. Main Street | Commissioner Chambers | Suite 205
Watkinsville, GA 30677
4. Attendance Disclaimer for COVID-19:
 - a. By attending the Pre-Proposal Meeting, the attendee acknowledges the contagious nature of COVID-19 and voluntarily assume the risk the attendee may be exposed to or infected by COVID-19 by attending a pre-proposal meeting and that



such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Oconee County Courthouse may result from the actions, omissions, or negligence of myself and others, including, but not limited to, County employees, its elected officials, volunteers, and program participants and their families.

- b. The attendee voluntarily agrees to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attendance at the meeting. On the attendee's behalf, and on behalf of any Oconee County dependents, the attendee hereby releases, covenant not to sue, discharge, and hold harmless Oconee County, its elected officials, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.
- c. The attendee understands and agrees that attending the meeting this release includes any Claims based on the actions, omissions, or negligence of the County, its elected officials, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any meeting, visit or tour occurring at the meeting.

D. REQUEST FOR QUALIFICATIONS/PROPOSAL REQUIREMENTS

1. Construction Manager at Risk (CMAR) (Firm) Qualifications
 - a. Oconee County may make any investigations deemed necessary to determine CMAR's ability to perform the work, and CMAR shall furnish all information and data requested by the County.
 - b. The County reserves the right to reject any Qualifications/Proposal from any CMAR that the County considers not properly qualified to carry out agreement obligations or able to satisfactorily complete the work on schedule.
2. Examination of Qualifications/Proposal Documents
 - a. Before submitting Qualifications/Proposal, each CMAR shall: examine the qualifications/proposal document package thoroughly; become familiar with local conditions affecting cost and work progress or performance; become familiar with federal, state, and local laws, ordinances, rules, regulations affecting cost and work progress or performance; study and carefully correlate CMAR's observations with the Qualifications/Proposal document package; and notify the County concerning conflicts, errors, or discrepancies in the Qualifications/Proposal document package.
 - b. Qualifications/Proposal submission will constitute incontrovertible representation that firm understands and has complied with requirements contained in this article, and that the CMAR has read and understood the Qualifications/Proposal document package and hereby stipulates that the documents are sufficient in scope and detail to indicate and convey understanding for terms and conditions in order to perform work.

E. REQUEST FOR QUALIFICATIONS/PROPOSAL DOCUMENTS (RFQP)

1. Complete sets of the solicitation document package shall be used in preparing responses to the Request for Qualifications/Proposals.
2. The County assumes no responsibility for errors or misinterpretations resulting from using incomplete solicitation document package of the Qualifications/Proposal document package.
3. The County, in making the RFQP document package available on the above terms, does so only to obtain Qualifications/Proposals on work and does not confer license or grant for any other use.
4. Any part of the RFQP document package may be modified by addenda issued by the County.



F. QUESTIONS & CONTACT PERSON

1. Firms interested in this solicitation are encouraged to contact the county by email to clarify any part of the RFQP requirements.

Contact: Jessica Ellis, Procurement Officer

Email: ocbids@oconee.ga.us

2. All questions that arise prior to the DEADLINE FOR QUESTIONS due date indicated in the schedule shall be directed to the contact person in writing via email only.
3. Any unauthorized contact shall not be used as a basis for responding to this RFQP and also may result in the disqualification of the contractor's submittal.
4. CMARs may not contact any elected official or other county employee to discuss the Qualifications/Proposal process or Qualifications/Proposal opportunities except through the Procurement Officer named herein or as provided by existing work agreement(s).

This policy shall be strictly enforced, and the County reserves the right to reject the submittal of any vendor violating this provision.

G. ADDENDA AND INTERPRETATIONS

1. Oconee County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date posted on the County's website under the submittal information. Contractor should not rely on any representations, statements, or explanations other than those made in this RFQP or in any addendum to this RFQP. Where there appears to be a conflict between the RFQP and any addenda issued, the last addendum issued will prevail. Contractors are advised to check the website for addenda before submitting their submittals.
2. Contractors shall acknowledge any issued addenda by including the Addenda Acknowledgement Form with the submittal. Submittals that fail to acknowledge the receipt of any addendum may result in the rejection of the submittal if the addendum contains information that substantially changes the owner's requirements.
3. Addenda may be issued to modify the submittal document package as deemed necessary by Oconee County.

H. PROPOSAL/QUALIFICATIONS SUBMISSIONS

1. A total of five (5) Qualification Packages, one (1) unbound original and four (4) copies must be included in your submission received no later than the following:

Date & Time: As indicated in the Phase I Schedule provided within this solicitation.

Location: Oconee County Board of Commissioners
Oconee County Courthouse
Attn: Procurement Officer
23 N. Main Street | Suite 203
Watkinsville, GA 30677

2. Qualifications/Proposals must be submitted in a sealed envelopes or boxes with the following clearly labeled on the outside:

Project Title: "Administrative Building Construction Management at Risk Services"

RFQP NO: RFQP 22-08-001

Firm Name: CMAR's name and address.

Addressed to: Oconee County Board of Commissioners
Attn: Procurement Officer
23 N. Main Street, Suite 203
Watkinsville, GA 30677



3. Hard copies may be delivered to the above address ONLY between the hours of 8:00 AM and 5:00 PM EST, Monday through Friday, excluding holidays observed by the Oconee County Government up to the date and time stated in the schedule. Submittals must meet required specifications and must be of a quality that will adequately serve the use and purpose for which intended.
4. Submittals or modifications received after the due date and time will not be considered. Oconee County assumes no responsibility for the premature opening of submittals not properly addressed and identified and/or delivered to the proper designation. Late proposals properly addressed to the Oconee County Board of Commissioners shall be returned to the CMAR unopened.

I. FORMS

1. Each submittal shall contain the following completed County forms and documents.
 - a. Bidder's Information Form
 - b. Addenda Acknowledgement Form
 - c. COVID-19 Disclaimer Form
 - d. Partnership Certificate (if applicable)
 - e. Corporate Certificate (if applicable)
 - f. Individual Certificate (if applicable)
 - g. Local Business Affidavit of Eligibility
 - h. Certificate of Non-Collusion
 - i. Georgia Security and Immigration Compliance Affidavit (E-Verify)
 - j. S.A.V.E. Affidavit
 - k. Drug Free Workplace Certificate
 - l. W-9
2. More than one (1) submittal received for the same work from an individual, firm, partnership, corporation, or association under the same of different names will not be considered. Reasonable grounds for believing any applicant is interested in more than one submittal for the same work will cause the county to reject all submittals from the applicant. If the county believes collusion exists among applicants, submittals from participants in collusion will not be considered.
3. Conditions, limitations, or provisions attached by the applicant to the submittal forms may cause its rejection. Submittals containing items not included in the form of submittals will be considered irregular.
4. Refer to Checklist.

J. SUBMITTAL FORMAT & SIZE REQUIREMENTS

1. Proposals shall be fifty (50) single-sided pages or less. The page count shall not include front title page, up to a two (2) page cover letter/executive summary, one (1) page table of contents, or any forms requested by the County.
2. Font size shall not be less than 11 point Calibri.
3. CMARs are encouraged to make use of tables, diagrams, charts and graphs where possible to improve clarity and help limit page count.
4. Non-scored pass/fail items are to ensure affordability, financial fitness, and adequacy of safety program.



K. MODIFICATION AND WITHDRAWAL OF SUBMITTALS

1. Withdrawal prior to time for receiving submittals: Submittals may be modified or withdrawn by appropriate document duly executed and delivered to the place where submittals are to be submitted at any time prior to the deadline for submitting submittals. Submittal withdrawals will not prejudice applicant's rights to submit a new submittal prior to the deadline for submitting submittals.
2. Withdrawal after the time for receiving submittals: After the period for receiving submittals has expired, no submittal may be withdrawn, modified, or explained, except as provided for in the below article.

L. AWARD OF CONTRACT

1. To extent permitted by applicable state and federal laws and regulations, the county reserves right to reject any and all submittals, to waive any and all informalities, and to disregard nonconforming, non-responsive, or conditional submittals.
 - a. Submittals may be considered irregular and subject to rejection if they show serious omission, unauthorized form alterations, use of unauthorized forms, unauthorized alternate submittals, incomplete or unbalanced unit prices, or other irregularities.
 - b. In case of error in the extension of prices in the submittal, the unit price will govern. No submittal shall be altered, amended, or withdrawn, unless the acceptance date has expired, after the opening date of submittals.
2. Negligence on the part of the contractor in preparing the submittal confers no right for the withdrawal of the submittal after it has been opened. Any mistake, which is obviously a clerical one, such as an error in price extension, or in placement of decimal points, reversal of prices, FOB destination, FOB point of origin, etc., may be corrected by Oconee County after verification is made by the CMAR. However, under no circumstances can unit prices be changed.
3. Contract will be awarded by the county pursuant to applicable law. Nothing contained herein shall place duty upon the county to reject submittals or award submittals based upon anything other than the county's sole discretion as described herein.
4. The county will award the project at the county's discretion.

M. CONTRACT FORM

1. Contract: It is anticipated the contract form will be AIA A133-2019, Standard Form of Agreement Between Owner and Construction Manager as Constructor where the basis of payment is the Cost of the Work Plus a Fee with a Guaranteed Maximum Price.
2. General Conditions of the Contract: AIA Document A201-2017, General Conditions of the Contractor Construction.
3. Samples of these agreements are attached.
4. The County will edit these agreement forms and generate the contract.

N. SIGNATURE REQUIRED

1. Each CMAR shall furnish all information required by the submittal schedule. Each CMAR shall sign the submittal and print or type his or her name. The person signing the submittal must initial erasures or other changes. An authorized agent of the company must sign submittals.
2. A VALID SUBMITTAL OFFER MUST BE SIGNED.

O. ALTERATIONS OF SOLICITATION AND ASSOCIATED DOCUMENT

1. Alterations of county documents are strictly prohibited and will result in automatic disqualification of the CMAR's solicitation response.



P. DEFINITIONS

1. 'Alternate bids' means the amount stated in the bid or proposal to be added to or deducted from the amount of the base bid or base proposal if the corresponding change in project scope or alternate materials or methods of construction is accepted.
2. 'Architect' means the entity in a separate contract with the Owner that is responsible for the design and preparation of the Construction Documents and for Construction Administration. The Architect shall objectively interpret the terms of the Contract Documents when required by the Contract Documents and shall make decisions on or determinations of any issue, Claim, dispute, or demand arising out of the Contract Documents
3. 'Base bid' or 'base proposal' means the amount of money stated in the bid or proposal as the sum which the CMAR or proposer offers to perform the work.
4. Bid bond' means a bond with good and sufficient surety or sureties for the faithful acceptance of the contract payable to, in favor of, and for the protection of the governmental entity for which the contract is to be awarded.
5. 'Change order' means an alteration, addition, or deduction from the original scope of work as defined by the contract documents to address changes or unforeseen conditions necessary for project completion.
6. 'Competitive sealed bidding' means a method of soliciting public works construction contracts whereby the award is based upon the lowest responsive, responsible bid in conformance with the provisions of subsection (b) of Code Section 36-91-21.
7. 'Competitive sealed proposals' means a method of soliciting public works contracts whereby the award is based upon criteria identified in a request for proposals in conformance with the provisions subsection (c) of Code Section 36-91-21.
8. 'Construction Manager at Risk' (CMAR) means The Construction Manager project delivery system where the Constructor serves as an advisor to the owner during design and is called the preconstruction phase. The CMAR also provides construction of the project with a Guaranteed Maximum Price (GMP) for the construction phase.
9. 'Emergency' means any situation resulting in imminent danger to the public health or safety or the loss of an essential governmental service.
10. 'Governing authority' means the official or group of officials responsible for governance of a governmental entity.
11. 'Governmental entity' means a county, municipal corporation, consolidated government, authority, board of education, or other public board, body, or commission but shall not include any authority, board, department, or commission of the state, or a public transportation agency as defined by Chapter 9 of Title 32.
12. 'Guaranteed Maximum Price (GMP)' means a maximum cap of the Owner's total liability for the cost of construction, reimbursable costs and the contractor Fee. The GMP information is submitted to the Owner in detail. The Owner after review, may accept, reject, or negotiate the submitted GMP Upon the owner's acceptance and execution of the GMP Amendment, the CMAR becomes contractually bound to provide labor and materials for the project and to complete construction at or below the guaranteed maximum price and in accordance with the approved schedule.
13. 'Payment bond' means a bond with good and sufficient surety or sureties payable to the governmental entity for which the work is to be done and intended for the use and protection of all subcontractors and all persons supplying labor, materials, machinery, and equipment in the prosecution of the work provided for in the public works construction contract.



14. 'Performance bond' means a bond with good and sufficient surety or sureties for the faithful performance of the contract and to indemnify the governmental entity for any damages occasioned by a failure to perform the same within the prescribed time. Such bond shall be payable to, in favor of, and for the protection of the governmental entity for which the work is to be done.
15. 'Public works construction' means the building, altering, repairing, improving, or demolishing of any public structure or building or other public improvements of any kind to any public real property other than those projects covered by Chapter 4 of Title 32. Such term does not include the routine operation, repair, or maintenance of existing structures, buildings, or real property.
16. 'Responsible CMAR' or 'responsible offeror' or 'CMAR' means a person or entity that has the capability in all respects to perform fully and reliably the contract requirements.
17. 'Responsive CMAR' or 'responsive offeror' or 'CMAR' or 'CMAR' means a person or entity that has submitted a bid or proposal that conforms in all material respects to the requirements set forth in the invitation for bids or request for proposals.

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II. SCHEDULE OF EVENTS | EVALUATION CRITERIA | SUBMITTAL REQUIREMENTS

A. STEP 1 - QUALIFICATIONS:

1. Step 1 Schedule:

- a) The following Schedule of Events represents the Owner’s best estimate of the schedule that will be followed. All times indicated are prevailing times at the Oconee County Courthouse in Watkinsville, Georgia.

RFQP Issue	August 6, 2021
Pre-Proposal Meeting	August 17, 2021, 10:00 AM
Questions Due	August 23, 2021, 2:00 PM
Answers Posted	August 27, 2021, 5:00 PM
Bid Opening	September 2, 2021, 2:00 PM

- b) The Owner reserves the right to adjust the schedule as the Owner deems necessary.

2. Step 1 Evaluation Criteria:

- a) Qualifications are used to determine the most responsive and suitable CMAR. CMARs will be evaluated on the following criteria:

Business & Background as CMAR	20%
Similar Project Experience & Performance	30%
Management Team	25%
Management Plan	25%
Safety Rating	Pass/Fail
Financials	Pass/Fail
TOTAL	100.0%

NOTE: Non-scored pass/fail items are to ensure affordability, financial fitness, and adequacy of safety program.

3. Criteria

- a) **20%** - Business & Background as CMAR. Submit the following information:

1) Firm:

- a) Name of firm as registered in Georgia.
- b) Years in business.
- c) Business type (incorporated, partnership, etc.).
- d) Business size (number of employees, locations, etc.).
- e) Has the company, or a member thereof, ever been removed from a contract or failed to complete a contract as assigned? If yes, provide explanation.
- f) Has CMAR’s company been involved in any litigation in the past five (5) years? Describe experience with litigation with Owners and/or Architects. List any active or pending litigation and explain. List any claims against your firm or against Owners where your firm is named.



- 2) Contractor License: CMAR by submitting Step I, certifies they have all necessary, valid and current licenses including a valid and current Georgia General Contractor's License in accordance with the State of Georgia Licensing Board of Residential and General Contractors to do business in the State of Georgia.
 - a) Provide a valid copy of your Georgia General Contractor license, and a Georgia Certificate of Existence or Certificate of Authority demonstrating your firm has registered with the Georgia Secretary of State and is authorized to do business in Georgia.
- 3) Insurance
- 4) Bonding
- b) **30%** - Similar Project Experience & Performance:
 - 1) Provide five (5) examples of related projects of similar scope in the last ten years as generally described below.
 - 2) Submit project information as follows for each project - additional relevant Information as needed may be included.
 - a) Project Name.
 - b) Owner - Owner Contact Information - Owner Contact Name/Phone/Email
 - c) Project Location.
 - d) Project Initial Contract Value.
 - e) Value of Change Orders - do not include if changes were requested by Owner.
 - f) Final Contract Cost After All Change Orders.
 - g) Original Project Dates - Start/Substantial Completion/Final Completion.
 - h) Team Members - List team members involved that are included for this project.
 - i) Project Description - Build Square Footage / No. of Stories / Site Acreage Area.
 - j) Unique Features of Project and/or CMAR Approach Relevant to This Project:
 - k) Safety Items Considered.
- c) **25%** - Management Team. Provide the following information:
 - 1) For the CMAR's proposed team, provide the required information below. Examples should be over the most current six-year period:
 - a) Provide a CMAR Organization Chart.
 - b) Identify the individual who, *from project start to finish*, will be the leader of your construction team and the principal point of contact between your firm and the Owner, the Architect, and other consultants.
 1. Provide information on the qualifications of this individual and the direction, authority, and management tools that will be provided to the individual by the firm.
 2. Provide a minimum of three (3) references for this individual. Include the reference's name, company, associated project and contract information.

This individual's competence, his/her leadership, and his/her ability to achieve *customer satisfaction* will be heavily considered in the selection of a construction management firm.
 - c) List each team member that will be assigned to this project. Designate the specific individuals who will fill the key roles on your team and provide resumes that; 1) indicate



their past experience and relevance to this project, and 2) when they will become available to work on this project:

This will include, but is not limited to:

1. Project Executive.
 2. Project Superintendent.
 3. Project Manager.
 4. Project Director.
 5. Project Pre-Construction Services Manger
 6. Project Controls.
 7. Cost Estimator.
 8. Field Engineer.
 9. Safety Manager.
 10. Other (Describe any other members who will be assigned to the team)
- d) Designated team members are expected to be assigned to this project throughout the contract period.
- 1) **25%** - Management Plan - Include the following:
- a) Statement of your definition of the role and level of CMAR management responsibility and accountability for the project.
 - b) Process for efficiently resolving issues and maintaining project commitments working collaboratively with the Architect and Owner.
 - c) Procedures for solving of complex project issues.
 - d) Proposed CM communication process and procedures. Include a description of your proposed document management system and how long the firm has been using it..
 - e) Cost management plan for controlling costs on this project within the GMP during pre-construction and the construction phase.
 - f) Change management plan for managing cost and schedule exposures.
 - g) Procurement plan including details on your plan to engage local sub-contractor and suppliers opportunity.
 - h) Procurement approach of work and arrangement of the construction into bid packages in order to reach the schedule and budget objectives.
 - i) Schedule management tools and your to manage the project schedule.
 - j) Proposed alternatives recommended to be explored to shorten the schedule.
 - k) Subcontractor management plan including, contract document compliance procedures, project accounting procedures, and issue resolution.
 - l) Project closeout management plan for this project. Describe your systems and procedures to implement to support your closeout plan.
 - m) Test & Balance plan.
 - n) Coordination with furnishings and audio-visual equipment move in.
 - o) Quality control plan for this project and how your approach for validating quality, workmanship and compliance with the construction documents.
 - p) Waste Management Plan for this project.



- q) Safety and site logistics plan for this project. Describe your plan for working around ongoing construction activity and operations and for managing site access and site security.
- r) Any other services not specifically mentioned herein that can benefit this project. Explain the relevance of these services to this project and how they benefit the project.
- e) Safety Rating Pass/Fail
 - 1) Indicate your Experience Modification Rate (EMR) for the following years – 2018, 2019, 2020 and 2021.
 - 2) Indicate your average EMR for these years.
 - 3) Only CMARs with an average of EMR of 1.0 or less for the years indicated will be considered.
 - 4) Submit your current certificate indicating your current EMR.
- f) Financials Pass/Fail
 - 1) Submit recent financial condition (gross sales, general profitability).
 - 2) CMAR must show no more than six-page evidence their company has sufficient cash flow and adequate financial strength to undertake project.
 - 3) Provide current assets/ current liabilities ratio.
 - 4) The County reserves the right to disqualify CMARs based on its assessment of their financials.

B. STEP 2 – PROPOSAL REQUIREMENTS FOR SHORTLISTED FIRMS:

- 1. Notification to Shortlisted firms:
 - a) The county anticipates shortlisting approximately three (3) firms based on the Part I evaluations.
 - b) A notification letter will be sent to the shortlisted firms.
- 2. Interviews:
 - a) An interview agenda will be provided to short-listed firms at the date listed above.
 - b) Additional topic points may be assigned for the interview.
- 3. Step 2 Schedule:
 - a) The following Schedule of Events represents the Owner’s best estimate of the schedule that will be followed. All times indicated are prevailing times at the Oconee County Courthouse in Watkinsville, Georgia.
 - b) The Owner reserves the right to adjust the schedule as the Owner deems necessary.

Notice to Shortlisted Firms	September 7, 2021
Proposals Due	September 13, 2021
Interviews	September 20, 2021
Final Evaluation	September 27, 2021
Recommendation to Board of Commissioners	October 5, 2021
Notice of Intent to Award to Recommended Firm	October 6, 2021

- 4. Interview/ Presentation
 - a) An interview agenda will be provided to short-listed firms at the date listed above. Additional points shall be assigned for interview.



5. Step 2 Evaluation Criteria:

- a) Qualifications are used to determine the most responsive and suitable CMAR. CMARs will be evaluated on the following criteria:

Interview	10%
Project Price	35%
Project Schedule	30%
Project Work Plan	25%
TOTAL	100%

6. Criteria

- a) **20%** Project Schedule. Provide the following information: Provide a schedule of events.
- 1) Each task shall contain dates for the initiation of the tasks and the planned completion.
 - 2) The assigned individual responsible for each task.
 - 3) The critical path.
 - 4) Identify Substantial Completion.
 - 5) Identify Final Completion.
 - 6) Identify risk and mitigation strategies.
 - 7) Describe proposed schedule alternatives that may be explored to shorten the construction schedule.
- b) **20%** - Project Cost:
- 1) Cost of Pre-Construction Services.
 - 2) Expected project cost and supporting information.
 - 3) Submit pricing on the attached Pricing Form.
- c) **30%** - Project Work Plan. Provide a work plan supporting the requirements defined in the work description.
- 1) Each task shall define the objective, including the input required to initiate tasks, and the output project.
 - 2) Each task shall assign proposed responsibility for performing the work, which team member's input is necessary and who will approve the work.
 - 3) A site logistics plan/ diagram shall be provided that specifies how equipment will be laid out and the plan for working around existing operations.
 - 4) The critical path and all assumptions shall be identified.
 - 5) Provide your detailed plan for applying any services not specifically mentioned herein. Explain the relevance of these services to this project and how they benefit the project.

(The remainder of this page left blank intentionally)



III. BONDS & INSURANCE

A. INSURANCE:

The selected CMAR will be responsible for providing evidence of the insurance coverage as required in the provisions of this request for proposal, and for maintaining said insurance throughout the project.

1. Professional insurance will be required during the preconstruction phase.
2. Prior to the construction phase beginning, construction insurance will be required.
3. It will also be the responsibility of the awarded firm to maintain the appropriate level of insurance throughout the construction period.

B. BONDS:

1. Bid Bond: A Bid Bond is required for this proposal in the amount of 5% of the "Base Amount for Preconstruction Services" as indicated on the Cost/Fee Proposal page. Oconee County requests that the proposers use the form provided herein, a certified check or cashier's check.
2. Performance Bond: The successful contractor is required to furnish bonds covering faithful performance of the contract (a Performance Bond) and payment of obligations arising thereunder (a Payment Bond) as a condition for the execution of the contract. The bonds shall be in the forms contained in the solicitation document. The surety company providing the bonds must have an A.M. Best Rating of A-12 or higher.
3. Payment Bond: Within ten (10) days of the execution and acceptance of the Guaranteed Maximum Price for the Construction Manager's initial construction phase of the project, and prior to commencement of any work on the project, the Construction Manager shall provide Payment and Performance Bonds in the penal sum equal to one hundred percent (100%) of the contract sum. Examples of Increase Riders for the Performance Bond and Payment Bond are included in the Request for Proposal package.

IV. SCOPE OF WORK

A. GENERAL

1. CMAR services will include preconstruction services to assist the Architect and County in budgeting, scheduling/phasing of the project; and construction services under a Construction Manager at Risk (Guaranteed Maximum Price) delivery approach. The construction process is expected to involve open-book pricing exercises by the Construction Manager. The Construction Manager at Risk contract will be awarded with a fixed fee for preconstruction services, a fixed fee for General Conditions, and a percent of the Guaranteed Maximum Price (GMP) as the Contractor's Fee.
2. The Construction Manager's services are described at length and in detail in the sample Agreement between Owner and Construction Manager as Constructor included herein. All proposing construction management firms are urged to read this Agreement (and the scope of work detailed below) carefully, for they establish the scope of services required under this request for proposal.
3. The Construction Manager will actively participate with the Architect, the Owner, and their consultants during the preconstruction services. Anticipated preconstruction services under a lump sum fixed fee include, but are not limited to cost estimating, scheduling, and constructability analysis. The Owner expects attendance at design team meetings throughout the remaining design phase of the project.
4. The subsequent construction services to be provided by the Construction Manager will include all procurement, construction and construction management required to deliver the completed project based on a Guaranteed Maximum Price (GMP) basis.
5. Once a GMP Agreement has been reached, the GMP Agreement will be presented to the County Administrator for approval and authorization.



B. CMAR SCOPE OF WORK

The following is a listing of some, but not all, of the representative services to be provided by the Construction Manager:

1. Design and Preconstruction Phase

- a. Develop a provisional critical-path method (CPM) project schedule.
- b. Develop requirements for safety, quality assurance, and schedule adherence.
- c. Perform constructability and maintainability reviews.
- d. Provide detailed construction cost estimates to achieve the approved budget.
- e. Develop a construction budget (schedule of values) to be maintained throughout construction.
- f. Maintain and update the project schedule.
- g. Regularly attend project planning and coordination meetings with the Owner and Architect as required.
- h. Assist in permitting processes.
- i. Develop a Guaranteed Maximum Price (GMP) for construction.

2. Bidding and Award Phase

- a. Prepare bid packages and sample contracts for subcontractors.
- b. Develop requirements to ensure schedule, cost and quality control during construction.
- c. Provide a provisional CPM construction schedule for issuance with bid packages.
- d. Identify prospective CMARs.
- e. Schedule and conduct pre-bid conferences in conjunction with the Owner and the Architect.
- f. Advertise and distribute bid documents.
- g. Monitor CMAR activity.
- h. Review and analyze bids. Make recommendations for subcontractor selection for the Owner's approval.
- i. Award contracts to owner-approved subcontractors and suppliers.
- j. Maintain and update the project schedule.

5. Construction Phase

- a. Provide and maintain qualified and sufficient onsite staff, acceptable to the county for construction management at risk services.
- b. Manage the construction of the project.
- c. Establish and maintain coordinating procedures.
- d. Develop and maintain a detailed CPM schedule for submittals, materials delivery, testing and inspections, construction, and occupancy.
- e. Perform work by own forces and supervise the work of subcontractors.
- f. Provide a project safety plan to meet OSHA requirements. Monitor subcontractors' compliance without relieving them of responsibility to perform. Work in accordance with the best acceptable practices.
- g. Conduct and record job meetings.
- h. Prepare and submit change proposals and other change order documents for approval of the Architect and Owner.
- i. Maintain a system for review and approval of shop drawings.

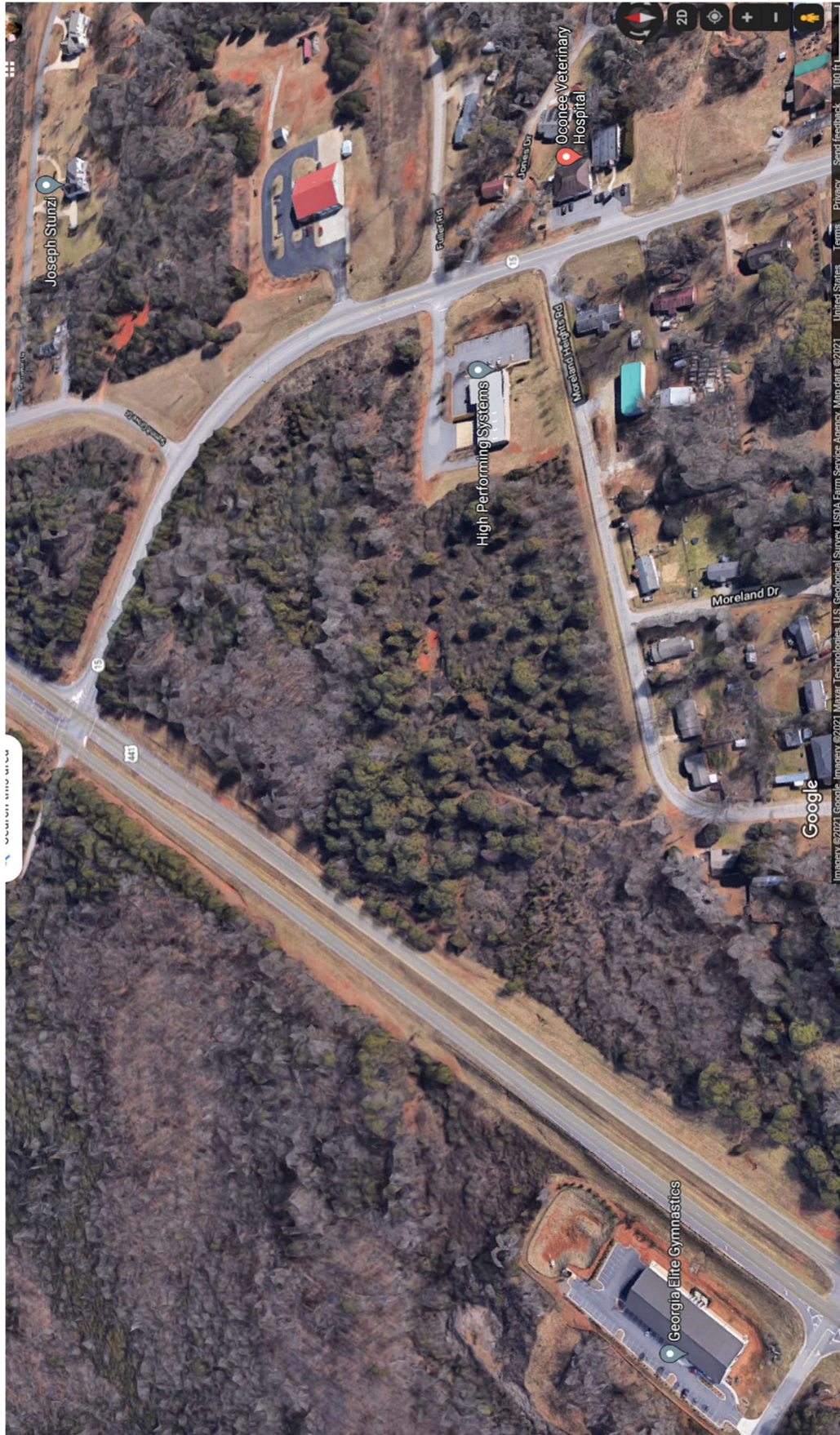


- j. Maintain records and submit daily reports, biweekly reports and formal monthly reports to the Architect and Owner.
 - k. Maintain quality control and ensure conformity to construction documents.
 - l. Provide a Quality Control Action Items List and include in each weekly project meeting.
 - m. Provide cost control through progress payment review and verifications according to the approved schedule and contract amounts.
 - n. Maintain record documents on site. Update on a continuous basis.
 - o. Maintain surrounding streets in full operation during the entire length of the construction project.
 - p. Coordinate construction staging plans with Owner and the Architect.
 - q. Coordinate and schedule the services of Owner provided independent testing laboratories and provide the necessary testing of materials to ensure conformance to contract requirements.
 - r. Develop as-built drawings and deliver to Architect for inclusion into a CAD disk to be submitted by the Architect for maintenance and operations use.
 - s. Manage testing and balance (T&B) efforts to have all building systems operating and communicating properly and ready for Fire Marshall inspection at Substantial Completion.
 - t. Coordinate post-completion activities including the assembly of guarantees, manuals, close-out documents, and training for Owner's final acceptance.
4. **Warranty Phase**
- a. Coordinate and monitor the resolution of remaining punchlist items.
 - b. Coordinate, monitor and resolve all warranty complaints to the satisfaction of Owner during the one-year general warranty period.
 - c. Participate in 11-month warranty walk-through with Owner and Architect and address warranty items as required to completion.

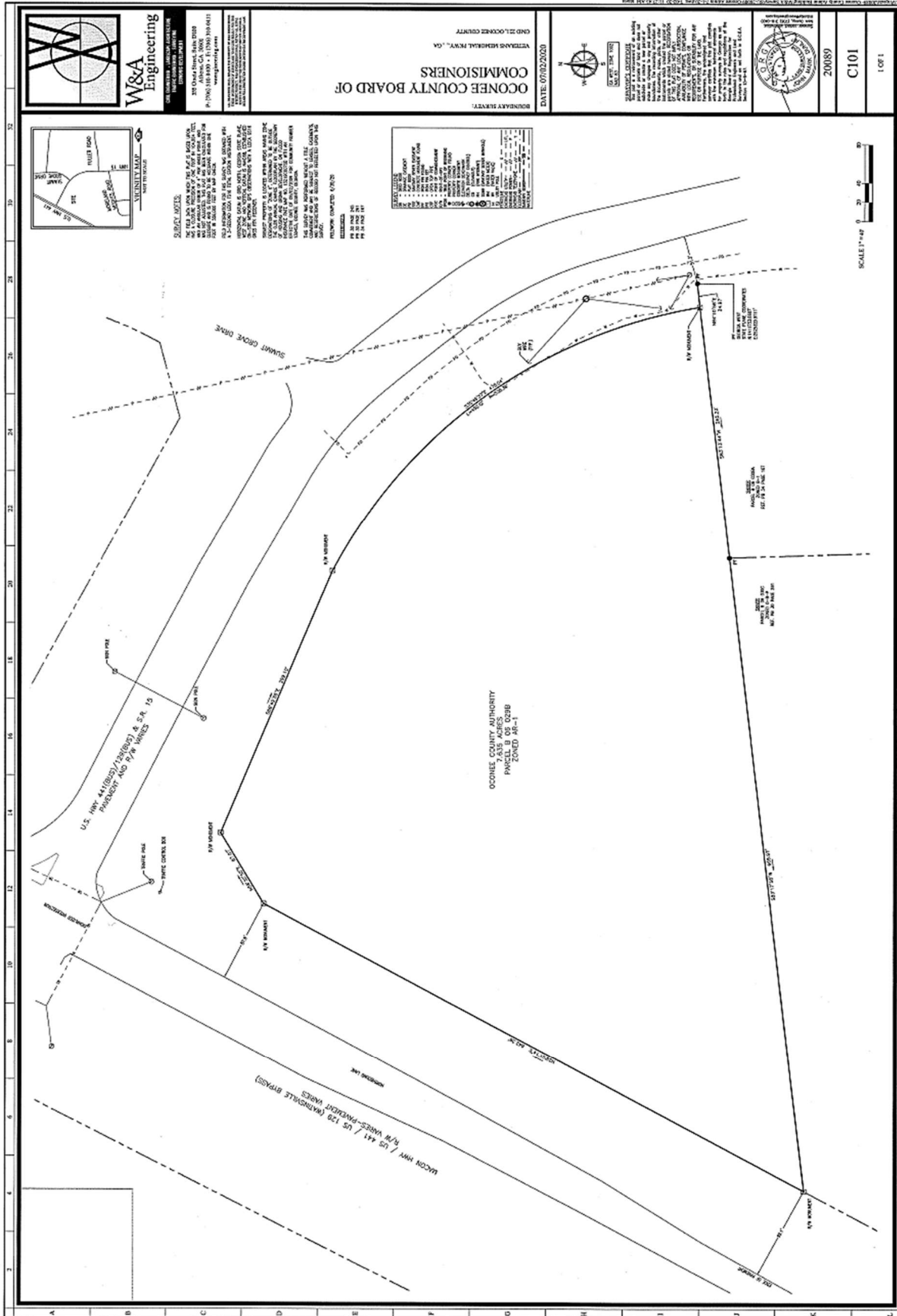
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ATTACHMENT 1 - AERIAL PROJECT SITE



ATTACHMENT 2 - PRELIMINARY SURVEY





RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services

BIDDER'S CHECKLIST PHASE I

Company Name _____

Please indicate you have completed the following documentation and submit them in the following order.

ITEM DESCRIPTION

Check

- Bidder's Checklist
- Bidder's Information
- COVID-19 Disclaimer Form
- Addenda Acknowledgement Form
- Partnership Affidavit (if applicable)
- Corporate Affidavit (if applicable)
- Individual Affidavit (if applicable)
- Local Business Affidavit of Eligibility
- Certificate of Non-Collusion
- Georgia's Security & Immigration Compliance Act Affidavit (E-Verify)
- S.A.V.E. Affidavit
- Drug-Free Workplace Certificate
- W-9

Authorized Signature

Date

Printed Name

Title

Email

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR BID



RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services

BIDDER'S INFORMATION FORM

LEGAL BUSINESS NAME _____ **TIN #** _____

INDICATE LEGAL FORM OF BUSINESS:

Corporation _____ Partnership _____ Individual _____ Other (specify) _____

ADDRESS _____

Street City State Zip Code

AUTHORIZED SIGNER _____

Name Title

PRIMARY CONTACT _____

Name Phone Email

SECONDARY CONTACT _____

Name Phone Email

COMPANY WEBSITE _____

BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

Street City State Zip Code

DO YOU HAVE AN OCCUPATIONAL TAX LICENSE IN THE STATE OF GEORGIA? Yes _____ No _____

LICENSED BY CITY/STATE? _____ **OCCUPATIONAL TAX LICENSE #** _____

HAS YOUR COMPANY EVER BEEN DISBARRED FROM DOING BUSINESS WITH ANY FEDERAL, STATE, OR LOCAL ENTITY?

YES _____ NO _____ IF YES, PLEASE STATE THE AGENCY NAME, DATES, AND REASON FOR DEBARMENT.



RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services
COVID-19 Disclaimer Form

A. By attending the Pre-Proposal Meeting, and all other meetings associated with this project the company and each member of the firm associated with this project acknowledges the contagious nature of COVID-19 and voluntarily assume the risk the attendee may be exposed to or infected by COVID-19 by attending a pre-proposal meeting and all other project meetings in Oconee County after that, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the Oconee County Courthouse, the project site or other Oconee County government buildings may result from the actions, omissions, or negligence of the attendees of the company and others, including, but not limited to, County employees, its elected officials, volunteers, and program participants and their families.

B. The company and each member of the company attending meetings in Oconee County for the purposes of the project voluntarily agrees to assume all of the foregoing risks and accept sole responsibility for any injury (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attendance at the meeting. On the attendees behalf, and on behalf of any Oconee County dependents, the attendee hereby releases, covenant not to sue, discharge, and hold harmless Oconee County, its elected officials, employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto.

C. The attendee understands and agrees that attending the pre-proposal meeting and any other meetings associated with the work that this release includes any Claims based on the actions, omissions, or negligence of the County, its elected officials, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any project related meeting, visit or tour occurring in association with the project.

Principal of the Company Signature

Date:

Title

Name Printed



**RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services**

ADDENDA ACKNOWLEDGEMENT

The Respondent has examined and carefully studied the Invitation to Bid and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum Number _____ Date _____

Addendum Number _____ Date _____

Addendum Number _____ Date _____

Addendum Number _____ Date _____

Authorized Signature

Date

Printed Name

Respondent must acknowledge any issued addenda. Bids which fail to acknowledge the Respondent's receipt of any addenda may result in the rejection of the bid if the addendum contains information that substantively changes the Owner's requirements.

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR BID



**RFQP# 22-08-001
Administrative Building
Construction Management at Risk
Services**

Partnership Certificate

STATE OF }
 }
 } SS
COUNTY OF }

On this day of _____, 20___ before me personally appeared _____
known to me to be the person who executed the above instrument, who, being by first duly sworn, did depose and say
the he is a general partner in the firm of _____ and that firm consists of himself
and _____ and that he
executed the foregoing instrument on behalf of said firm for the uses and purposes stated therein, and that no one except
the above named members of the firm have any financial interest whatsoever in said proposed contract.

PARTNER

PARTNER

PARTNER

PARTNER

Subscribed and sworn to before me, this ___ day of _____, 20___.

NOTARY PUBLIC

My Commission Expires:

(SEAL)

_____ (Date)

NOTE: if only one partner signs, a power of attorney executed by all other partners authorizing him to act in the name of the Company must be attached, otherwise, all partners must sign.



RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services

Corporate Certificate

I, _____, certify that I am the Secretary of the Corporation named as CONTRACTOR in the foregoing bid; that _____, who signed said bid on behalf on the CONTRACTOR was then _____ of said Corporation; that said authority was duly signed for and in behalf of said Corporation by authority of its Board of Directors, and is within the scope of its corporate powers; that said Corporation is organized under the laws of the State of _____.

This _____ day of _____, 20____.

CORPORATE SECRETARY

(SEAL)



**RFQP# 22-08-001
Administrative Building
Construction Management at Risk
Services**

Individual Certificate

STATE OF }
 } SS
COUNTY OF }

On this _____ day of _____, 20____, before me personally came and appeared _____ to me known, and known to me to the person described in and who executed the foregoing instrument and acknowledged that executed the same.

NOTARY PUBLIC
(SEAL)

My Commission Expires:
_____ (Date)



RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services

Local Business Affidavit of Eligibility

*LEGAL NAME OF BUSINESS _____

MAILING ADDRESS

Street City State Zip Code

PHYSICAL ADDRESS (if different)

Street City State Zip Code

YEAR BUSINESS WAS ESTABLISHED IN OCONEE COUNTY _____

OCCUPATIONAL TAX LICENSE # _____ COUNTY/CITY ISSUED _____

BUSINESS TYPE Corporation _____ Partnership _____ Individual _____ Other (specify) _____

DOES YOUR BUSINESS HAVE MORE THAN ONE OFFICE IN OCONEE COUNTY? YES _____ NO _____

IF YES, SPECIFY THE LOCATION(S) _____

IS YOUR BUSINESS' PRINCIPAL BASE OF OPERATIONS IN OCONEE COUNTY? YES _____ NO _____

DOES YOUR BUSINESS HAVE ANY LOCATIONS OUTSIDE OF OCONEE COUNTY? YES _____ NO _____

IF YES, SPECIFY THE LOCATION(S) _____

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 dates of notice, the necessary documents to substantiate the information provided on this form.

Attest _____

*Not a local vendor

Sworn to and subscribed before me this _____

*Authorized Signature _____

day of _____, 20_____

*Print Name _____

Commissioner Expires _____

*Title _____

(seal)

*Non-Local Business _____

(Initial Here)

**IF YOUR BUSINESS IS NOT LOCAL, PLEASE COMPLETE ONLY THOSE AREAS MARKED WITH AN ASTERISK (*)
MANDATORY DOCUMENT – COMPLETE AND SUBMIT WITH YOUR BID.**



**RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services**

CERTIFICATE OF NON-COLLUSION

**ADMINISTRATIVE BUILDING CONSTRUCTION MANAGEMENT AT RISK SERVICES
RFQP# 22-08-001
STATE OF GEORGIA
OCONEE COUNTY BOARD OF COMMISSIONERS**

Being first duly sworn, deposes and says that he is

(sole owner, partner, president, secretary, etc.)

the party making the forgoing Proposal or Bid; that such ITB is genuine and not collusive or sham; that said Respondent has not colluded, conspired, connived, or agreed, directly or indirectly, with any Respondent or person, to put in a sham Response, or that such other person shall refrain from Responding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the Response price of affiant or any other Respondent, or to fix any overhead, profit or cost element of said Response Price, or of that of any other Respondent, or to secure any advantage against Oconee County, or any other person interested in the proposed Agreement; and all statements in said Proposal or Bid are true; and further, that such Respondent has not, directly or indirectly, submitted this Response, or the contents thereof, or divulged information or data relative thereto any association or to any member or agent thereof.

(Affiant)

Subscribed and Sworn to before me this _____ Day of _____, 20____.

(Notary Public in and for)

(County)

My Commission expires _____, 20____.

(SEAL)

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR BID

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(I)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

Executed on _____, _____, 20____ 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 _____, 20_____.

NOTARY PUBLIC
My Commission Expires: _____

RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor 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 under a contract with (name of contractor) on behalf of (name of public employer) 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor 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 Subcontractor

Name of Project

Name of Public Employer

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:



**Affidavit Verifying Status for County Public Benefit Application
(SAVE AFFIDAVIT)
O.C.G.A. § 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a Business Occupation Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. § 50-36-1, from Oconee County, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) I am a United States citizen.
- 2) I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____
My card number is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above 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 O.C.G.A. § 16-10-2, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant: _____

Date: _____

Printed Name: _____

Date of Birth: _____

Subscribed and Sworn to before me, this
_____ day of _____, 20____

Notary Public

My Commission Expires: _____

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



**RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services**

Drug Free Workplace Certificate

By signature on this certificate, the contractor certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" has been complied with in full. The contractor further certifies that:

1. A drug-free workplace will be provided for the contractor's employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with (contractors name), (subcontractor's name) 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 O.C.G.A. Section 50-24- 3(b) (7)."

By signature on this certificate, the contractor further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this contract.

Contractor: _____

By: _____

Name (Printed): _____

Title: _____

Date: _____

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

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

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*, later, for further information.

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.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a) 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



RFQP# 22-08-001
Administrative Building
Construction Management at Risk Services

BIDDER'S CHECKLIST PHASE II

Company Name _____

Please indicate you have completed the following documentation and submit them in the following order.

ITEM DESCRIPTION

Check

- Bidder's Checklist
- Addenda Acknowledgement Form
- Cost/Fee Proposal Form (Page 1 of 3)
- Cost/Fee Proposal – General Conditions (Page 2 of 3)
- Cost/Fee Proposal – Signature Package (Page 3 of 3)

Authorized Signature

Date

Printed Name

Title

Email

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR BID

COST/FEE PROPOSAL FORM (Page 1 OF 3)

SUBMIT COST/FEE PROPOSAL FORMS IN A SEPARATE ENVELOPE WITHIN THE STEP 2 PROPOSAL PACKAGE

TOTAL COST

The proposer has carefully examined and fully understands the request for proposal, contract and other documents hereto attached, and has made a personal examination of the site of the proposed work, and is satisfied to the actual conditions and requirements of the work, and hereby proposes and agrees that if the proposal is accepted, will contract with Oconee County according to the proposal documents as well as the existing conditions of the project, and conditions affecting the work, and the undersigned proposes to furnish the Preconstruction Services and General Conditions as required by them in accord with said documents, for the sum as follows.

For evaluation purposes, this fee shall be applied to the estimated construction cost of \$12,000,000.00

1. (\$ _____) which sum is hereinafter called "**Base Amount for Preconstruction Services.**"

2. (\$ _____) which sum is hereinafter called "**Base Amount for General Conditions.**"

6. (_____ % _____) which sum of the percentage is hereinafter called "Services" and is in addition to the Base Amounts for Preconstruction Services and General Conditions, Proposer submits a percentage fee for Profit, Corporate Overhead, and Mark-ups to be included in the Guaranteed Maximum Price.

7. Insert amounts on next page 3 of 3.

(The remainder of this page left blank intentionally)

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR SUBMISSION



COST/FEE PROPOSAL FORM - GENERAL CONDITIONS COST/FEE PROPOSAL (Page 2 OF 3)

COST AREA	DURATION	UNIT COST	TOTAL COST
Project Director \$ \$			\$
Superintendent (full-time)			\$
Assistant Superintendent			\$
Senior Project Manager			\$
Project Manager/Project Engineer			\$
Field Engineering			\$
In-House Accounting			\$
On Site Safety Engineer			\$
Safety Materials Program			\$
Field Office Rental, Setup and Removal			\$
Storage Trailer Rental			\$
Dumpsters			\$
Temporary Toilets			\$
Job Signs	Lump Sum		\$
Copier, Fax Machine			\$
Telephone and Internet Costs and Setup			\$
Ice, Cups, Water			\$
Office Supplies			\$
Office Furniture	Lump Sum		\$
Jobsite Computers and Technology	Lump Sum		\$
Postage and Couriers			\$
Progress Photographs			\$
Final Photographs	Lump Sum		\$
Plan Printing and Copying	Lump Sum		\$
Cellphones and Radios			\$
Supervision Vehicles			\$
Project Management Vehicles and Travel			\$
Gas, Oil and Maintenance			\$
Builder's Risk Insurance	Lump Sum		\$
General Liability & Umbrella Insurance	Lump Sum		\$
Payment and Performance Bond	Lump Sum		\$
TOTAL GENERAL CONDITIONS			\$

Notes:

1. No direct CM labor may be billed as Cost of Work without prior written approval by the County.
2. A project duration of twelve (12) months has been assumed for proposal purposes. A shorter duration may be submitted in the CM's preliminary schedule and proposed General Conditions may be decreased accordingly.

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR SUBMISSION



COST/FEE PROPOSAL FORM – SIGNATURE PAGE (Page 3 OF 3)

I certify that the proposed costs(s) are accurate and reflect any applicable discounts, and that the company, which I represent, will deliver the services and related items for this proposed amount.

By submission of this response, I also certify that the CMAR has read and understands all of the requirements contained in this solicitation and agrees to be bound by all the terms and conditions contained in this solicitation without exception.

We have included all required documents required per the OWNER’S Instructions and Specifications. The CMAR has availed itself of every opportunity to understand the requirements of this solicitation.

Therefore, the undersigned respectfully submits this response and any attachments, if required.

DO YOU PLAN TO SUBCONTRACT ANY PORTION OF THIS PROJECT? Yes _____ No _____

THE UNDERSIGNED HEREBY CONFIRMS THE PROPOSED COST FOR THIS RFQP.

SCOPE	COST
BASE AMOUNT FOR PRECONSTRUCTION SERVICES TOTAL	\$
BASE AMOUNT FOR GENERAL CONDITIONS TOTAL	\$
GENERAL CONDITIONS COST (based on designated percentage)	\$
TOTAL AMOUNT	\$

WRITTEN TOTAL PRICE: _____

Firm/Company Printed	Address
Principal of the Company Name, Title -Printed	City State Zip Code
Signature	Phone
Date	email

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR SUBMISSION



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APPENDIX

APPENDIX 1:

Oconee County Board of Commissioners General Terms and Conditions

12 pages

APPENDIX 2:

Sample - AIA Document A133™ – 2019: *Standard Form of Agreement Between Owner and Construction Manager as Constructor where the basis of payment is the Cost of the Work Plus a Fee with a Guaranteed Maximum Price.*

24 Pages

APPENDIX 3:

Sample - AIA Document A201® – 2017: *General Conditions of the Contract for Construction.*

38 Pages

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SEE ATTACHED APPENDIX DOCUMENTS



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