

SPALDING COUNTY

November 23, 2018

**REQUEST FOR PROPOSAL
FOR ARCHITECTURAL AND DESIGN SERVICES
OF THE ANIMAL SHELTER EXPANSION**



SPALDING COUNTY ADMINSTATIVE SERVICES

Terri Bass, Purchasing

119 East Solomon Street, Room 104

Griffin, GA 30223

770-467-4226

I. INTRODUCTION

The Spalding County Board of Commissioners is requesting professional services for an animal shelter design service for the expansion of the animal shelter. The consultant is tasked with providing viable options for the renovation and expansion of the County's existing shelter, located at 208 Justice Boulevard Griffin, Georgia 30224. The consultants shall examine the existing animal control shelter and its surrounding site to include the current construction, plumbing and electrical systems, foundation and prepare plans for renovation and/or expansion of the facility. A site walk will be held on Tuesday, December 4, 2018 at 10:00 AM, EST.

The purpose of this Request for Proposal (RFP) is to solicit submissions from experienced and interested architectural firms that have successfully completed similar projects including the programming, conceptual planning, full design and construction of new and/or expanded animal shelter facilities in Georgia. The successful firm will be expected to provide all documents necessary for the expansion and renovating of the current animal shelter.

Any questions and/or misunderstandings that may arise from this bid must be submitted in writing and forwarded to Terri Bass at the above address or by emailing tbass@spaldingcounty.com. ***NO PHONE CALLS***. It shall be the Bidders responsibility to seek clarification as early as possible prior to the due date and time.

Final written questions are due by Friday, December 7, 2018 at 5:00 P.M., EST.

Sealed Proposals are due: Friday, December 14, 2018, at 2:00 P.M., EST.

II. SUBMISSION OF PROPOSALS

Interested and qualified firms are invited to submit one (1) original, two (2) copies and one (1) electronic format submittal of their proposal and cost in a sealed envelope, clearly labeled '**RFP – Spalding County Animal Shelter Renovation/Expansion**'. The responses shall demonstrate the firm's experience in performing a project of this scale and complexity. **Documentation should include the items below:**

1. Brief summary of projects you have experience in that are similar to the project described in this solicitation
2. Brief summary of projects that show experience or ability to engage in value engineering to complete a project within budget
3. Brief general statement of qualifications that responds to the project introduction and description provided above
4. Brief summaries of recent projects
5. List of at least the last three (3) projects the firm has completed including the name of the project, client contact, owner's total initial budget, total project cost, date of bid, scheduled completion date

and actual completion date

6. County is interested in team's (including sub consultants) experience in Georgia regarding animal shelter planning, feasibility, design, and construction. Projects should be listed based on the consistency with the RFP, including planning, programming, expansion, and/or new construction for animal shelter facilities work completed. Particular emphasis should be placed on innovative, sustainable and cost effective solutions (construction and maintenance/operations);

7. The team's organizational structure, their understanding of the project issues and their approach to the project including technical and management factors that will lead to a quality design and operation shall be included. Respondents are encouraged to use this section of the submittal to address optional improvements to the scope of services requirements outlined in the RFP. Competitive advantages or special capabilities of project teams should be highlighted in this section as well as the intended methods to ensure:

- a.** Project design performance and product reliability
- b.** Cost effectiveness
- c.** Ability to meet budgets and schedules
- d.** Effective project management
- e.** Quality control

8. Contact information for at least four references

9. Provide name of firm, complete address, contact person, telephone number, fax number, and email address

10. Resumes of personnel who will be involved

11. A statement that the firm is available to begin work upon negotiation of a contract

III. NATURE OF SERVICES REQUIRED

The Spalding County Board of Commissioners is soliciting the services of qualified consulting architectural firms to accomplish the following needs assessment for the Spalding County animal shelter facility.

1. The selected firm will assess current requirements and consider technology advancement for efficient operation of the Spalding County animal shelter using criteria and standards required by the State of Georgia for animal shelters. This assessment will include site needs, space needs, functional relation, and priorities for the project, with interior spaces and exterior spaces such as outdoor kennels and dog runs as a component part and methods to minimize on site staffing requirements. Site needs include, but are not limited to, the examination of the current site to determine whether electrical and plumbing systems and foundation are suitable for expansion. Storm water

management, sediment, and erosion control should also be considered. Space needs include, but are not limited to, the room requirements, size, and function; outdoor space requirements, size and function; and support needs (office, storage, amenities), size and functional review.

2. The selected firm will lead the meetings and organize information between the team members assigned to this project.

3. The selected firm is to review and conduct visits to the site and to include that as part of the dialogue and final analysis.

IV. EVALUATION, SELECTION and TIMELINE

A. Evaluation

The proposals submitted will be evaluated by a committee consisting of Spalding County staff. During the evaluation process, Spalding County reserves the right, where it may serve Spalding County's best interest, to request additional information or clarifications from responders, or to allow corrections of errors or omissions.

The selection committee will evaluate and rank the responsive proposals that satisfy the qualification requirements by applying the weighted comparative evaluation criteria set forth below:

Criteria Description Value

Team and Qualifications 30

Experience and Capabilities 35

Project Understanding and Approach 35

B. Review of Proposals

1. The committee will review the proposals at its earliest convenience after the submittal deadline date.

2. The proposals will be reviewed and rated relative to the evaluation criteria established for this project.

3. If necessary, the committee will invite one or more responsive firms to make a presentation before the committee.

4. The committee will recommend the firm with the highest rated proposal to the Spalding County Board of Commissioners for consultant selection.

5. The Spalding County Board of Commissioners will consider the committee recommendation at its earliest convenience.

C. Tentative RFP Timeline

- RFP Issuance: November 23, 2018
- Question and Answer Period Ends: December 7, 2018
- Request for Proposal Received by Spalding County: December 14, 2018 no later than 2:00 P.M., EST
- Evaluation: December 17-21, 2018
- Interviews (if necessary) TBD
- Selection Approvals TBD

V. ADDITIONAL MATERIALS

Any information or material provided beyond that requested in this RFP may not be considered by the County.

VI. PROCUREMENT PROCESS

A. Requester Contact and Communications

1. The Requester Contact will act as the sole point of contact for this RFP and shall administer the RFP process. All communications shall be submitted by email, and shall specifically reference this RFP:

Terri Bass, GCPA
Purchasing
Spalding County Administrative Services
119 E. Solomon Street, Room 104
Griffin, GA 30223
Email: tbass@spaldingcounty.com

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

VII. CONDITIONS FOR RESPONDENTS

A. Mandatory Forms

Respondents are required to complete the forms in attachment "A" and return them with the proposal.

1. Georgia Security and Immigration Compliance Act

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

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

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

The affiant has registered with and is authorized to use the federal work authorization program

The user identification number and date of authorization for the affiant

The affiant is using and will continue to use the federal work authorization program throughout the contract period

Any employee, consultant, or sub-consultant of such consultant shall also be required to satisfy the requirements set forth in this paragraph

Upon contracting with a new sub-consultant, a consultant shall notify Spalding County and shall deliver a completed sub-consultant affidavit to Spalding County within five (5) working days of entering into a contract or agreement of hire with the sub-consultant before beginning work

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

2. Exemption from Taxes

The consultant shall not charge the County for Georgia State Sales or Use Taxes or Federal Excise Tax on the finished goods or services provided under the agreement.

4. Open Records

All materials submitted in connection with this RFP will be public documents and subject to the Open Records Act and all other laws of the State of Georgia, the United States of America and the open records policies of the Spalding County Board of Commissioners. All such materials shall remain the property of Spalding County and will not be returned to the Respondent.

If the consultant has notified the purchasing office that the consultant's submittal contains trade secrets and commercial or financial information, which is privileged and confidential, those portions of the submittal shall be protected and shall not be released outside of the government. The title page and each page containing proprietary information must be marked.

BID FORM

**FOR THE ARCHITECTURAL SERVICE FOR DESIGN SERVICES OF THE
RENOVATION/EXPANSION OF THE SPALDING COUNTY ANIMAL SHELTER**

FIRM NAME:

CONTACT INFORMATION:

BID AMOUNT:

AVAILABLE START DATE:

PROJECT LENGTH (IN DAYS)

THIS BID SHALL BE VALID FOR 90 DAYS:

SIGNATURE

DATE

TITLE

BID RESPONSE SIGNATURE

Please indicate organization type: ___ Individual ___ Partnership ___ Corporation

NAME OF COMPANY: _____

MAILING ADDRESS: _____

CITY /STATE/ZIP: _____

PHONE (including area code): _____

E-MAIL: _____

AUTHORIZED SIGNATURE

TITLE

NAME (PRINTED)

TITLE (PRINTED)

RESPONDING WITH 'NO BID'

Our company has elected to submit a 'NO BID' response for the following reason: _____

AUTHORIZED SIGNATURE

TITLE

NAME (PRINTED)

TITLE (PRINTED)

If you elect to submit a 'No Bid', you may email this page to tbass@spaldingcounty.com or fax to 770-467-4227 at any time prior to deadline.

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> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ▶ _____ Local Government </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> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

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								
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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 ▶
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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-DIV (dividends or 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.

EXHIBIT A
IMMIGRATION AND SECURITY FORM

O.C.G.A. § 13-10-91 requires contractors interested in public works contracts to file an affidavit that the contractor and its subcontractors have registered and participate in a federal work authorization program intended to insure that only lawful citizens or lawful immigrants are employed by the contractor or subcontractor.

In order to insure compliance with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act OCGA 13-10-90 et.seq., Contractor must warrant and affirm that Contractor has complied with the Immigration Reform and Control Act of 1986 (IRCA), D.L. 99-603 and the Georgia Security and Immigration Compliance Act by registering at <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>; and verifying information of all new employees; and by executing any affidavits required by the rules and regulations issued by the Georgia Department of Labor set forth at Rule 300-10-1-.01 et.seq.

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Spalding County, Georgia has registered with and is participating in a federal work authorization program [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91, and Contractor warrants that it will continue to use the federal work authorization program throughout the contract period.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with Spalding County, Georgia, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the Subcontractor Affidavit provided in Georgia Department of Labor Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to Spalding County, Georgia at the time the subcontractor(s) is retained to perform such service.

Signature

Title

Firm Name: _____

Street/Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Email: _____

Federal Work Authorization User Identification Number: _____

Date of Authorization: _____

EXHIBIT B
Affidavit Verifying Status
For County Public Benefit Application

By executing this affidavit under oath, as an applicant for the award of a contract with Spalding, County Georgia, I _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity] am stating the following as required by O.C.G.A. Section 50-36-1:

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant: _____ Date _____

Printed Name: _____

* _____
Alien Registration number for non-citizens

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

Notary Public
My commission Expires:

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.