

**CITY OF GRIFFIN, GEORGIA**

###### ****RESPONSE SUBMITTAL****

# BID #16-009

###### FOR

**MILLING & RESURFACING FY16**

**Submitted by:**

 Name of Company:

 Mailing Address:

 City/State/Zip:

 Phone (including area code):

 E-mail:

**Submittal Deadline:**

**Friday, December 18, 2015 at 2:00 P.M.**

**FAILURE TO RETURN THIS PAGE AS PART OF YOUR BID DOCUMENT MAY RESULT IN REJECTION OF BID.**

 **SUPPLIER DISCLOSURES**

**Respond with a YES or NO for each of the items below. On a separate sheet, detail the circumstances for any item with a YES response and attach to this sheet as part of your submittal. Reference to ‘Supplier’ denotes the organization submitting the response as well as the principal representing the organization.**

|  |  |
| --- | --- |
| **\_\_\_1** | **Conflict of interest**. A Conflict of Interest exists when personal interests interfere in any way with the best interest of the City. This can arise if any employee, agent of the City or their families will receive a monetary or other type of benefit based on the award of this project or if any supplier has an unfair competitive advantage over other suppliers. A conflict is also perceived if any previous history would make it impossible for the supplier to objectively fulfill the obligations associated with this project. Is there any known conflict of interest with the City or any employee or agent of the City?  |
| **\_\_\_2** | **Collusion.** CollusionSupplier affirms that this response submittal has not been prepared in collusion with any other supplier and the contents of the submission has not been communicated with other potential suppliers or with any agent of the City. |
| **\_\_\_3** | **Debarment.** Supplier certifies that neither it or its subcontractors is presently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from doing business with any government agency. Has the Supplier been deemed ineligible from participating in any business with any government agency in the past five (5) years? |
| **\_\_\_4** | **Litigation.** Within the past five (5) years, has the Supplier been the subject of or party to any civil or criminal proceedings or investigations based on wrongful death, fraud, theft, breach of contract, safety, misrepresentation or any other conduct?  |
| **\_\_\_5** | **Financial stability.** Financial stability demonstrates that the Supplier has the resources to complete and the ability to remain in business for the duration of the subsequent contract. Has any petition of bankruptcy, orders or judgment been filed against the supplier in the past five (5) years?  |
| **\_\_\_6** | **Liquidated Damages.** Liquidated Damages are types of compensation designed to reimburse the project owner (City) for certain problems or delays associated with a project; it serves as protection to both parties in the form of ‘contract completion insurance’. Has the Supplier been assessed any liquidated damages or defaulted on any project with a government agency in the past five (5) years?  |
| **\_\_\_7** | **OSHA.** Has the Supplier been cited for any OSHA violations in the past five (5) years?  |

**SUPPLIER ACKNOWLEDGEMENTS**

The Supplier has examined, carefully studied and hereby acknowledges the Specifications and any Addenda and agrees to provide the required services in accordance with this proposal. **The Supplier agrees to all specification items listed unless specifically noted on an Exceptions page**. The Supplier further certifies that they are not currently debarred from submitting proposals by any agency of the State of Georgia or the federal government.

Specifications . . . . . . . . . . . . . . . . . . . Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Addendum No. \_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_ Acknowledgement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Suppliers must acknowledge the Specifications and any issued addenda. Bids which fail to acknowledge the Supplier’s receipt of any addendum will result in the rejection of the bid if the addendum contained information which substantively changes the City’s requirements.***

**ADDITIONAL ACKNOWLEDGEMENTS** *(please initial)*

|  |  |
| --- | --- |
| **\_\_\_\_** | **Resources.** We agree that we have the resources needed for the satisfactory completion of the project. |
| **\_\_\_\_** | **Exceptions.** All deviations and exceptions to this RFP must be expressly stated in writing and attached as an Exception page. The absence of any exceptions assures the City of their full agreement and compliance with all specifications, terms and conditions, requirements and obligations of this RFP. |
| **\_\_\_\_** | **Occupational Tax License.** If a City of Griffin Occupational Tax License is needed in order to fulfill the project, we will obtain such license prior to the confirmation of contract. |
| **\_\_\_\_** | **Insurance.** We understand the insurance requirements noted and are prepared to supply the required insurance endorsements for these requirements prior to the confirmation of contract. |
| **\_\_\_\_** | **Terms and Conditions.** The specifications, as well as the terms and conditions of this Invitation to Bid shall be incorporated as an integral part of the final contract. |

 **BID RESPONSE SIGNATURE**

Please indicate organization type: Individual Partnership Corporation

I am registered (and compliant) with the City’s online registration system: Yes Not yet

 *The City cannot award to a supplier that is not registered and compliant.*

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* *cfay@cityofgriffin.com* *or fax to 678-692-0402 at any time prior to deadline.*

**FAILURE TO RETURN THIS PAGE AS PART OF YOUR BID DOCUMENT MAY RESULT IN REJECTION OF BID.**

**ITB 16-009**

**PRICE SUBMITTAL: MILLING & RESURFACING FY2016**

Company Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bid Price Valid Through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRICE STRUCTURE\*** – Complete the following and include associated information specifics for the cost quoted (pricing must be submitted on this form; additional pages to detail may be used as needed). The quantities below are estimates only; additional detail on the locations can be found on Attachments A and B, located at the end of this document. ***Bidders will be responsible for field verification and calculations.*** If any discrepancy exists between the unit price and the total price, the unit price will be used.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Itm** | **Ref** | **Description** | **Est Qty** | **UOM** | **Unit Price** | **Total Price** |
| 1 | 652-2401 | Solid Traffic Stripe, 4" White Edge | 2680 | LF |       |       |
| 2 | 652-2402 | Solid Traffic Stripe, 4 inch Yellow Double Lines | 2680 | LF |       |       |
| 3 | 653-? | Thermoplastic Pavement Marking, 4” White Lane Line | 204 | LF |       |       |
| 4 | 653-1704 | Thermoplastic Pavement Marking, 24” White TP SB | 230 | LF |       |       |
| 5 | 653-1084 | Thermoplastic Pavement Marking, 8” White TP SB Cross Walks | 18 | Each |       |       |
| 6 | 413-1000 | Bituminous Tack Coat | 1368 | Gal |       |       |
| 7 | 402-3100 | Recycled Asphaltic Concrete 9.5 MM Superpave, Type 1 Group 1  | 1520 | Tons |       |       |
| 8 | 150-1000 | Traffic Control | Lump | Lump |       |       |
| 9 |   | Mobilization | Lump | Lump |       |       |
| 10 |  | Miscellaneous – attach detail\* | Lump | Lump |       |       |
|  |  | **TOTAL PROJECT COST** | **$** |

*\*Any other fees, additional charges and prices that may be applicable to this project must be listed on a separate sheet and attached.*

Additional comments/recommendations:

*The City reserves the right to accept the BEST-EVALUATED BID as deemed by the Evaluation Committee, which may or may not be the lowest monetary bid.*

**COMPLETED BY:**

Company Name:

Contact Person:

(Signature) (Printed Name)

**FAILURE TO RETURN THIS PAGE AS PART OF YOUR BID DOCUMENT MAY RESULT IN REJECTION OF BID. THIS FORM MUST BE COMPLETED FOR EACH BID SUBMITTAL EVEN IF YOU ARE CONSIDERED TO BE A CURRENT SUPPLIER.**

**REFERENCES**

The City of Griffin requests a minimum of three references where work of a similar size and scope has been completed within the past 3-4 years.

**REFERENCE 1:**

Company Name:

Brief Description of Project:

Completion Date:

Contact Person:

Telephone: E-mail:

**REFERENCE 2:**

Company Name:

Brief Description of Project:

Completion Date:

Contact Person:

Telephone: E-mail:

**REFERENCE 3:**

Company Name:

Brief Description of Project:

Completion Date:

Contact Person:

Telephone: E-mail:

**COMPLETED BY:**

Company Name:

Contact Person:

(Signature) (Printed Name)

**STATE OF GEORGIA**

**CITY OF GRIFFIN**

**TAX COMPLIANCE FORM\*
*\*****Must be completed for all bids with an aggregate total of more than $99,000.00.*

**INSTRUCTIONS TO SUPPLIERS**

Please complete the following information:

* Supplier’s Name:
* Physical Location Address:
* Federal Identification Number (FEI):
* Have you ever been registered in the State of Georgia?
* If so, please provide the following information, if applicable:
	+ State Taxpayer Identification Number (STI):
	+ Sales and Use Tax Number:
	+ Withholding Tax Number:
* What type of service will you perform?
* Will you sell any tangible personal property or goods?
* Supplier’s Affiliate’s Name:
	+ FEI:
	+ STI:
	+ Sales and Use Tax Number:
	+ Withholding Tax Number:

If there is more than one affiliate, please attach a separate sheet listing the information above.

* Person responsible for handling supplier’s tax issues (such as the CFO, the company tax officer, etc.):
	+ Name:
	+ Telephone Number:
	+ E-mail Address:

**NOTICE TO SUPPLIER:**

In the event the supplier is considered for contract award, the information provided on this form will be submitted to the Georgia Department of Revenue (“DOR”) for a determination as to whether the supplier is a “prohibited source” (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.