



Request for Proposals (RFP)
Mountain Bike Track and Facility Design
For the
Mattie Wells Community Center

Issue Date: Thursday, October 1, 2020

JONES COUNTY BOARD OF COMMISSIONERS
166 INDUSTRIAL BLVD./P.O. BOX 1359
GRAY, GA 31032
PHONE: (478) 986-6405
ATTN: JASON RIZNER, COUNTY ADMINISTRATOR
Jason.rizner@jonescountyga.org

PROPOSALS WILL BE RECEIVED UNTIL OCTOBER 29, 2020 AT 3:30 P.M.

PROPOSALS ARE TO BE SEALED AND MAILED VIA USPS, FEDEX OR UPS TO THE ABOVE ADDRESS OR HAND DELIVERED TO THE COUNTY ADMINISTRATOR'S OFFICE LOCATED IN THE JONES COUNTY GOVERNMENT CENTER AT 166 INDUSTRIAL BLVD., GRAY, GA 31032. ENVELOPES SHOULD BE MARKED WITH "SEALED BID – BIKE TRACK DESIGN."



INVITATION TO BID

The Jones County Board of Commissioners is accepting sealed proposals for a professional trail design company to develop a design for a mountain bike facility (to include a mountain bike trail) at the Mattie Wells Community Center property located at 512 Georgia Highway 49, Macon, GA 31217. Sealed proposals will be accepted until 3:30 PM on Thursday, October 29, 2020 when they will be opened and read aloud in the Government Center Conference Room, 166 Industrial Blvd. Gray, GA 31032. Any questions should be directed to Leslie Faulk via e-mail at leslie.faulk@jonescountyga.org.

Overview

The proposed project area is on a section of land currently known as the Mattie Wells Community Center in Jones County. The site currently includes a gym and an outdoor basketball court, and these uses will remain a part of the site. The property is located on Georgia Highway 49 approximately two miles from the Macon-Bibb County line. GPS Coordinates for the site are 32.892109, -83.531320. The site is approximately 29.50 acres (see maps below), and 18 acres of that has been set aside for mountain bike trail development.

The company should have expertise in master plan development, sustainable trail design, and sustainable trail building to create a design for the Mattie Wells Community Center site. We are looking for the plan to maximize the available acreage.

Scope of Work

We are looking for a company to develop a detailed plan that can act as catalyst for grant submissions related to trail funding opportunities (i.e. Recreational Trails Program (RTP) Grants), and serve as the basis for the trail construction Request for Proposals (RFP). The trails should focus on sustainability while taking into account the natural and aesthetic features of the property. Even though the trails are being proposed for the purpose of mountain biking, other user groups such as hikers, backpackers, nature observers, and trail runners should be considered as we anticipate them making up a significant portion of the trail users. The following should be a part of the master plan:

1. Determination of what amenities are possible and recommendations of what and where they should be located, including size. This includes: trailheads, trailhead features, and other amenities that may be identified during master plan development.
2. The project should include general description of the proposed trails, features, and amenities.
 - a) Provide an electronic copy of the Master Trail Plan, to include
 - i. Maps of overall plan, including trails, trail connectors, and trailheads, identifying trail phases and designed trail difficulty.



- ii. Map of each phase, including trails, trail connectors, and trailheads.
 - iii. Conceptual drawings of a potential trailhead(s) and/or amenities along with one of what trail may look like.
 - iv. Detailed schedule of all trails and trailheads, including amenities and features.
 - v. Itemized cost estimate of all proposed amenities and features.
 - vi. Estimated cost per mile for the trail build.
 - vii. Detailed list of trail build considerations, assumptions, and recommendations.
 - viii. Provide a PDF version of all documents and maps.
 - b) Provide a map(s) with the location of trails and amenities. This should include digital PDF maps, and GIS shape files.
 - c) Provide details on any special features or other considerations.
 - d) Provide a general design and build budget.
 - e) Utilizing the IMBA Ride Center criteria, the trails should be developed with approximately 10-15% beginner trails, 10-15% advanced trails, and the remaining 70-80% should be intermediate trails. The percentages are approximate and the Ride Center criteria should drive the trail mileage breakdown.
3. The following considerations should be made in the proposal
- a) Identify how the trail integrates and connects with the surrounding communities and other biking infrastructure.
 - b) Expectation of at least two site visits
 - i. Plan one site visit for stakeholders meetings and on-the-ground work at the property. Plan a second site visit to present the master plan to the stakeholders. If you believe more visits are needed, please explain.
 - c) We assume there will be 3-5 revisions made to the proposal based on feedback.
 - d) If additional site visits or revisions are needed beyond what is assumed above, please indicate the approximate cost for each.
 - e) The budget should be broken down into the appropriate line items, including but not limited to:
 - i. Design
 - ii. Renderings (per one)
 - iii. Field Time
 - iv. Map Development/GIS
 - v. Map Print Costs
 - vi. Stakeholder meetings (per meeting)
 - vii. Binder Print Costs

Assumptions

We will provide the following:



- GIS information on project
- General specifications on trail design parameters.

We are making the following assumptions:

- Connector trails to communities should be considered and included.
- Other parts of the Mattie Wells Community Center site will continue to be managed for other uses.

Project Time Frame

Proposed project timeframe:

- RFP submitted by October 29, 2020
- Company selection by November 17, 2020
- Master Plan development including site visit(s) – 30 to 45 days
- Master Plan submission by December 31, 2020.

Submission Requirements

In order to be considered for selection please submit the following information as part of your proposal (including sub consultants):

1. The firm's qualifications to undertake this project.
2. A description of the proposed process and/or approach including a detailed timeline of critical project tasks.
3. A listing of projects (of similar type and size) that demonstrate the firm's capabilities in master/build and design planning development of sustainable natural trails.
 - a) Include contact information of the client or project contact;
 - b) Length of time to complete the project;
 - c) Approximate project cost;
 - d) Examples of completed master/build and design plans would be highly valued.
4. Profiles of key personnel who will be involved with the various phases of the project, including their relevant experience and training (may attach resumes if helpful).
5. A statement of current workload and the ability to complete the project within the specified timeframe.
6. The firm's experience with budget and cost control, including the results of the firm's activities for similar projects.



7. Additional information that you believe would be useful in evaluating the firm's qualifications.
8. Detailed budget for the proposal.

*All proposals should be submitted by 3:30 PM on October 29, 2020 to Jason Rizner at the Jones County Government Center 166 Industrial Blvd Gray, GA 31032.

Selection Process

Criteria for selection will be based on:

1. Experience in the design, construction, and maintenance of sustainable natural trails.
2. Demonstrated success in past projects of similar nature and size.
3. The degree to which the proposal addresses the scale, context, and other aspects of the RFP and the goals for the project.
4. Demonstrated ability to keep the project within the allotted timeframes.
5. Quality and depth of experience of the contractor's team and team leader.
6. Past business performance and viability of the firm.
7. Current and projected workloads.
8. Comments by previous customers.
9. Comments by references.
10. Total cost for the work described in this RFP.



Proposal Submission Form

Checklist

- ☐ Contractor complies with insurance requirements
- ☐ References attached
- ☐ Subcontractor information and references attached (if applicable)
- ☐ E-Verify Affidavit attached
- ☐ Application for Public Benefit attached

I understand that I will need to provide a certificate of insurance as outlined in the attached insurance requirements prior to beginning work. I further understand that I will be required to submit the attached Prime and Subcontractor's Work Authorization Certification and affidavit verifying status for County Public Benefit Application (copy attached), prior to beginning work.

I certify that the bid below includes all work described in these bid documents and meets all specifications outlined in the bid documents:

<u>Item</u>	<u>Cost/Item</u>	<u>Estimated Quantity</u>	<u>Item Total</u>
Design (per hour)	\$		\$
Renderings (per one)	\$		\$
Field Time	\$		\$
Map Development/GIS	\$		\$
Map Print Cost (per page)	\$		\$
Stakeholder Meetings (per meeting)	\$		\$
Binder Print Costs	\$		\$
Other	\$		\$
Total			\$

Company: _____

Address: _____

Contact: _____ E-mail Address: _____

Phone: _____ Fax: _____

Signature of Company Official: _____



References

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:



Contractor Insurance Requirements

Contractor's Insurance Provisions: During the life of the contract and for such additional time as may be required, the contractor will provide, pay for, and maintain in full force and effect the insurance outlined here for coverage at not less than the prescribed minimum limits of liability, covering the contractor's activities, those of any and all subcontractors, or anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable.

Certificate of Insurance: Before starting work, the contractor will give the owner a certificate of insurance completed by a duly authorized representative of their insurer certifying that at least the minimum coverage required here are in effect and specifying that the liability coverage are written on an occurrence form and that the coverage will not be canceled, non-renewed, or materially changed by endorsement or through issuance of other policy(ies) of insurance without 60 days advance written notice to:

Jones County Board of Commissioners
P. O. Box 1359
Gray, Ga. 31032

Failure of the owner to demand such certificate or other evidence of full compliance with these insurance requirements or failure of the owner to identify a deficiency from evidence provided will not be construed as a waiver of the contractor's obligation to maintain such insurance.

The acceptance of delivery by the owner of any certificate of insurance evidencing the required coverage and limits does not constitute approval or agreement by the owner that the insurance requirements have been met or that the insurance policies shown in the certificates of insurance are in compliance with the requirements.

If the contractor fails to maintain the insurance as set forth here, the owner will have the right, but not the obligation, to purchase said insurance at the contractor's expense. Alternately, the contractor's failure to maintain the required insurance may result in termination of this contract at owner's option.

Insurance Primary: All coverage required of the contractor will be primary over any insurance or self-insurance program carried by the owner.

No Reduction or Limit of Obligation: By requiring insurance, the owner does not represent that coverage and limits will necessarily be adequate to protect the contractor. Insurance affected or procured by the contractor will not reduce or limit the contractor's contractual obligation to indemnify and defend the owner for claims or suits which result from or are connected with the performance of this contract.

Duration of Coverage: All required coverage will be maintained without interruption during the entire term of this contract and following final acceptance of the property by the owner.



Subcontractor's Insurance: The contractor will cause each sub-contractor employed by contractor to purchase and maintain insurance of the types specified below. When requested by the owner, the contractor will furnish copies of certificates of insurance evidencing coverage for each subcontractor.

Insurance Limits and Coverage: To the extent applicable, the amounts and types of insurance will conform to the minimum terms, conditions, and coverage of Insurance Service Office (ISO) policies, forms, and endorsements.

If the contractor has any self-insured retentions, or deductible under any of the following minimum required coverage, the contractor must identify on the certificate of insurance the nature and amount of such self-insured retentions or deductible and provide satisfactory evidence of financial responsibility for such obligations. All self-insured retentions or deductible will be the contractor's sole responsibility.

Commercial General Liability: The contractor will maintain commercial general liability insurance covering all operations by or on behalf of the contractor on an occurrence basis against claims for personal injury (including bodily injury and death) and property damage (including loss of use). Such insurance will have these minimum limits and coverage:

Minimum limits: \$1,000,000 each occurrence
 \$2,000,000 general aggregate with dedicated limits per project site
 \$2,000,000 products and completed operations aggregate

Worker's Compensation: Contractor's that have employees, sub-contractors, helpers, assistants, or individuals providing assistance on the contract work will maintain workers' compensation covering them during the term of this contract.

Minimum limits: Workers' compensation –Statutory Limit
 Employer's liability:
 \$100,000 bodily injury for each accident
 \$100,000 bodily injury by disease for each employee
 \$500,000 bodily injury disease aggregate



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

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 engaged in the physical performance of services on behalf of (Jones County) 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 contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical 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(b). Contractor 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 Contractor

Name of Project

Name of Public Employer

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

Executed on _____, ___, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires:



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 (Jones County) 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 of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five business days of receipt, a copy of such 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 _____, ___, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires:



Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)

By executing this affidavit, the undersigned sub-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 for

(_____ -name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract) and

(_____ name of contractor) on behalf of (Jones County) 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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-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 Sub-subcontractor

Name of Project

Name of Public Employer

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

Executed on _____, __, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires:



**Affidavit Verifying Status
County Public Benefit Application
Jones County Board of Commissioners**

By executing this affidavit under oath, as an applicant for a Jones County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Jones County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____ . [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

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:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__

*

Alien Registration number for non-citizens

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 alien 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:



OPTIONAL — FOR NON-BIDDERS ONLY

**JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
NO BID STATEMENT**

In an effort to make the procurement of goods and services for the County as competitive as possible, we are soliciting information from contractors and/or vendors who cannot bid. Your responsiveness and constructive comments will be appreciated. Completion of this form will assist us in evaluating factors which relate to the competitiveness of our bids. Please check any of the boxes below which may apply. Please explain any issues that you feel needs to be addressed.

- ☐ Specifications - Restrictive, too light", unclear, specialty item, geared toward one (1) brand or manufacturer only. *(Please explain in detail below).*
- ☐ Manufacturing - Unique item, production time for model has expired, etc.
- ☐ Bid Time - Insufficient time to properly respond to bid or proposal.
- ☐ Delivery Time - Specified delivery time cannot be met.
- ☐ Payment - Payment terms unacceptable. *(Please be specific)*
- ☐ Bonding - We are unable to meet bonding requirements.
- ☐ Insurance - We are unable to meet insurance requirements.
- ☐ Removal - Remove our firm from your bidders list for the particular commodity or service.
- ☐ Keep - Please keep our company on your bidders list for future reference.
- ☐ Project is: ____/ Too Large ____ / Too Small ____/ Site or Location is Too Distant
- ☐ Miscellaneous - Do not wish to bid, do not handle this type of item(s) or services, unable to compete, Contract clauses are unacceptable, etc. *(Please be specific)*
- ☐ Our company would only be interested in this project as a subcontractor or supplier.

VENDOR STATEMENT:

Bid Description: _____

Company Name: _____

Company Official Name: _____

Company Official Signature: _____

Telephone Number: _____

Email Address: _____

**JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
(478) 986-6405 x 1161**

leslie.faulk@jonescountyga.org



Map of Mattie Wells Community Center

