



## Jackson County Board of Commissioners

67 Athens Street  
Jefferson, Georgia 30549  
Phone: (706) 367-6309  
Fax: (706) 708-2505  
Email: [lbernat@jacksoncountygov.com](mailto:lbernat@jacksoncountygov.com)

TO: Doctors of Veterinary Medicine

DATE: September 12, 2016

SUBJECT: Request for Proposal for providing Veterinary Services to Jackson County in cooperation with the Jackson County Animal Shelter

**You are invited to submit a proposal to the Jackson County Board of Commissioners, Jefferson, Georgia for providing Veterinary Services in cooperation with the Jackson County Animal Shelter.**

Attached hereto are the general conditions, technical specifications, and submittal format.

The written requirements contained in this Request for Proposal (RFP) shall not be changed or superseded except by written addendum from Jackson County Purchasing Department. Failure to comply with the written requirements for this RFP may result in disqualification of the submittal by Jackson County.

Submittals are to be sealed, marked with the vendor's name and address and labeled:

**“RFP 6287-01”, “ANIMAL SHELTER VETERINARY SERVICES”** and delivered to:

Jackson County Board of Commissioners  
Attention: Purchasing Manager  
67 Athens Street  
Jefferson, GA 30549

not later than **THURSDAY, OCTOBER 13, 2016 AT 10:00 AM, local time prevailing.**

A qualified interpreter for the hearing impaired is available upon request at least 10 (ten) days in advance of the proposal receipt date. Please call (706) 367-6312 for more information for the hearing impaired. This service is in compliance with the Americans with Disabilities Act (ADA).

Jackson County reserves the right to reject any and all submittals, to waive any technicalities or irregularities and to award contracts based on the highest and best interest of Jackson County.

**Inquiries regarding this Request for Proposal (RFP) should be made to Len Bernat, Purchasing Manager at phone number (706) 367-6309, by fax at (706) 708-2505, or by email [lbernat@jacksoncountygov.com](mailto:lbernat@jacksoncountygov.com) .**

**JACKSON COUNTY GOVERNMENT**

**REQUEST FOR PROPOSALS**  
**FOR**  
**ANIMAL SHELTER VETERINARY SERVICES**

SUBMISSIONS ARE DUE AT THE ADDRESS SHOWN BELOW NO LATER THAN

**THURSDAY, OCTOBER 13, 2016 AT 10:00AM, local time**  
**prevailing**

JACKSON COUNTY BOARD OF COMMISSIONERS  
ATTENTION: PURCHASING MANAGER  
67 ATHENS STREET  
JEFFERSON, GA 30549

**RFP # 6287-01**

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THE RESPONSIBILITY FOR SUBMITTING A RESPONSE TO THIS RFP ON OR BEFORE THE STATED DATE AND TIME WILL BE SOLELY AND STRICTLY THE RESPONSIBILITY OF THE OFFEROR.

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ISSUE DATE: SEPTEMBER 12, 2016

**JACKSON COUNTY, GEORGIA  
REQUEST FOR PROPOSAL  
FOR  
ANIMAL SHELTER VETERINARY SERVICES**

**SECTION I - REQUEST FOR PROPOSAL OVERVIEW**

A. PURPOSE

Jackson County Board of Commissioners is issuing this Request for Proposal (RFP) to Doctors of Veterinary Medicine for providing Veterinary Services to Jackson County in cooperation with the Jackson County Animal Control Shelter.

B. INFORMATION TO VENDORS

1. RFP TIMETABLE

The anticipated schedule for the RFP is as follows:

RFP Available	SEPTEMBER 12, 2016
Deadline for questions	OCTOBER 6, 2016 AT 3:00 PM
Submittal deadline	<b>THURSDAY, OCTOBER 13, 2016, 10:00 AM, local time prevailing</b>

2. RFP SUBMISSION:

One (1) original and four (4) copies of the complete signed submittal must be received **THURSDAY, OCTOBER 13, 2016, by 10:00 AM, local time prevailing**. Proposals must be submitted in a sealed envelope stating on the outside, the vendor's name, address, the RFP Number 6287-01 and title (ANIMAL SHELTER VETERINARY SERVICES) to:

**Jackson County Board of Commissioners  
Attention: Purchasing Manager  
67 Athens Street  
Jefferson, GA 30549**

Hand delivered copies may be delivered to the above address ONLY between the hours of 8:30 a.m. and 4:30 p.m. ET, Monday through Friday, excluding holidays observed by the Jackson County Government.

Vendors are responsible for informing any commercial delivery service, if used, of all delivery requirements and for ensuring that the required address information appears on the outer wrapper or envelope used by such service.

The Submittal must be signed by a company officer who is legally authorized to enter into a contractual relationship in the name of the vendor.

3. CONTACT PERSON:

Vendors are encouraged to contact **Len Bernat, Purchasing Manager at (706) 367-6309, by fax at (706) 708-2505 or email lbernat@jacksoncountygov.com** to clarify any part of the RFP requirements. All questions that arise prior to the DEADLINE FOR QUESTIONS due date shall be directed to the contact person in writing via facsimile or email. Any unauthorized contact shall not be used as a basis for responding to this RFP and also may result in the disqualification of the vendor's submittal.

Vendors may not contact any elected official or other County Employee to discuss the proposal process or proposal opportunities. Contact of this nature will result in immediate disqualification of the vendor.

4. ADDITIONAL INFORMATION/ADDENDA

Jackson County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Vendors should not rely on any representations, statements or explanations other than those made in this RFP or in any addendum to this RFP. Where there appears to be a conflict between the RFP and any addenda issued, the last addendum issued will prevail.

**Vendors must acknowledge any issued addenda by including the Addenda Acknowledgement Form with the submittal. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contains information which substantively changes the Owner's requirements**

5. LATE SUBMITTAL, LATE MODIFICATIONS AND LATE WITHDRAWALS

Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. Jackson County Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the proper designation.

6. REJECTION OF PROPOSALS

Jackson County Government may reject any and all submittals and reserves the right to waive any irregularities or informalities in any submittal or in the submittal procedure.

***Submittals received after said time or at any place other than the time and place as stated in the notice will not be considered.***

7. MIMINUM RFP ACCEPTANCE PERIOD  
Valid submittals shall not be withdrawn for a period of 90 days from the date specified for receipt of submittals.
  
8. NON-COLLUSION AFFIDAVIT  
By submitting a response to this RFP, the vendor represents and warrants that such proposal is genuine and not a sham or collusive or made in the interest or in behalf of any person not therein named and that the vendor has not directly or indirectly induced or solicited any other vendor to put in a sham proposal, or any other person, firm or corporation to refrain from submitting and that the vendor has not in any manner sought by collusion to secure to that vendor any advantage over any other vendor.  
  
By submitting a proposal, the vendor represents and warrants that no official or employee of Jackson County Government has, in any manner, an interest, directly or indirectly in the proposal or in the contract which may be made under it, or in any expected profits to arise there from.
  
9. COST INCURRED BY VENDORS  
All expenses involved with the preparation and submission of the RFP to the Jackson County Board of Commissioners, or any work performed in connection therewith is the responsibility of the vendor(s).
  
10. AMERICANS WITH DISABILITIES ACT (ADA)  
A qualified interpreter for the hearing impaired is available upon request at least ten (10) days in advance of the proposal due date. This service is in compliance with the Americans with Disabilities Act (ADA). Please call (706) 367-6312 for more information for the hearing impaired.
  
11. RFP OPENING  
The names of vendors submitting a response to this RFP submittal prices will be read aloud publicly. A list of names of vendors responding to the RFP may be obtained from Len Bernat, Purchasing Manager, after the RFP due date and time stated herein.
  
12. TAXES.  
Selected vendor will be provided with Jackson County's Sales and Use Tax Certificate of Exemption number upon request.
  
13. VENDOR INFORMATION  
All submissions shall include a completed vendor master form and current W-9 and register as a vendor at [www.vendorregistry.com](http://www.vendorregistry.com) . Vendors whose place of business is other than the State of Georgia may be required to provide the Purchasing Manager with copies of your state's regulations and/or laws concerning the application of certain vendor preference requirements to vendors

whose place of business is in the applicable state. Failure to provide this information will result in the disqualification of the vendor from submitting a proposal.

14. INSURANCE

Selected vendor will be required to provide proof of liability and workman's compensation insurance before work can begin on this County project. Workman's Compensation Insurance should be as required by the State of Georgia. General Liability should cover \$1,000,000 per incident.

15. WARRANTEE

The services to be provided by the winning vendor will not have to be warranted but current insurance as required by State Law for Veterinary Services must be in place and proof of insurance provided to the County once a vendor has been selected.

16. TERMINATION

Federal, State, and other Local government agencies may terminate this Agreement in the event funds are not appropriated for it in future periods; provided, however, that funds are also not appropriated for equipment or services that replace those contracted for under this Agreement. Customer shall be obligated for any future annual period if Company is not notified in writing at least thirty (30) days prior to the beginning for the annual period for which non-appropriation is being claimed.

17. ANTI-DISCRIMINATION

By submitting a response to this RFP, all perspective contractors certify to Jackson County that they will conform to the provisions of the Federal Civil Rights Act of 1964, as amended.

18. ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT OF 2011

Vendors submitting a response to this RFP must complete the Contractor Affidavit under O.C.G.A. §13-10-91(b)(1) which is provided with the RFP package to verify compliance with the Illegal Immigration Reform and Enforcement Act of 2011.

A. The form must be signed by an authorized officer of the contractor or their authorized agent.

B. The form must be notarized.

C. The contractor will be required to have all subcontractors and sub-subcontractors who are engaged to complete physical performance of services under the final contract executed between the County and the contractor complete the appropriate subcontractor and sub-subcontractor affidavits and return them to the County a minimum of five (5) days prior to any work being accomplished by said

subcontractor or sub-subcontractor. Format for this affidavit can be provided to the contractor if necessary.

## **SECTION II - GENERAL CONDITIONS**

### **1. Purpose:**

Jackson County Board of Commissioners is issuing this Request for Proposal (RFP) to Doctors of Veterinary Medicine for providing Veterinary Services to Jackson County in cooperation with the Jackson County Animal Control Shelter.

### **2. Contract Period:**

Any contract resulting from this RFP is contingent on the Jackson County Board of Commissioners completing the negotiations and executing the purchase agreement for obtaining the Animal Control Shelter that is currently under consideration. If the sale becomes finalized, the initial contract for Veterinary Services shall begin on January 1, 2017 and will expire on December 31, 2017. The agreement may be renewed annually for four (4) additional one-year terms. Either party may terminate this agreement at any time without prejudice during the initial contract period or during any automatic renewal contract period by providing the other party a thirty (30) day written notice of the intent to terminate. The sample contract provided with this RFP will be used by the Board of Commissioners to engage the vendor selected as a result of this RFP process.

### **3. Project Scope:**

To be eligible to provide a proposal in response to this RFP, the vendor must have a Doctor of Veterinary Medicine on staff who is licensed by the State of Georgia to practice in the State. The vendor must supply the Veterinary License Number as requested on the RFP 6287-01 Price Proposal form and a copy of the actual License Certificate. This number will be validated through the Secretary of State's web site to ensure the license is current and valid.

The Jackson County Board of Commissioners will exercise the Local Vendor Preference provision of the Purchasing Manual when evaluating the proposals being submitted for the services outlined in this RFP. To be eligible to be awarded Local Vendor Preference, the vendor must provide a copy of their current business license issued by the Jackson County Public Development Department.

The Jackson County Board of Commissioners may select a primary vendor to provide services under this RFP and may select secondary/ternary vendors to provide backup services so that the primary focus remains the health and welfare of animals in the care/control of the Jackson County Animal Control Division. Each vendor will execute a separate contract with the County.

The vendor selected to provide the primary Veterinary Services under this agreement will be required to train all Jackson County Animal Control personnel on the proper and humane method of euthanasia and will provide the appropriate medications to the Animal Control Shelter to enable the trained personnel to administer these medications on an as needed basis in the performance of their duties and as outlined in the Jackson County Animal Control Ordinance. Therefore, the vendor must be able to extend their license authorizing the euthanizing of animals to the Jackson County Animal Control Shelter so that the Shelter is operating legally under the



laws of the State of Georgia. All animals euthanized for the Jackson County Animal Control Shelter by the vendor or by the authorized personnel at the Jackson County Animal Control Shelter shall be disposed of by the Jackson County Animal Control Shelter.

Services that each vendor must be able to provide are outlined on the RFP 6287-01 Price Proposal form. In addition, “as needed” services that are not outlined may be required. These services will be priced out at the time they become evident and the Jackson County Animal Control representative will be approved the services before said services will be provided.

Payment for Services Rendered. The vendor will invoice the County weekly for all services rendered under the agreement and will provide supporting documentation with each invoice to enable the County to approve the invoice. Payments will be made by check, electronic funds transfer (ETF), or by Purchasing Card depending upon the vendor’s desired method of payment.

Submission of Proposals. Each proposal submitted in response to this RFP should contain the following information:

- Cover letter providing an introduction to the vendor
- RFP 6287-01 Price Proposal form
- Copy of Veterinary License (required by all vendors) and Copy of Business License (for Jackson County businesses only)
- References – Vendors should provide a minimum of three (3) current references – other government agencies or business are preferred references but individual references are acceptable.
- All Jackson County Forms must be completed and returned with the proposal (Vendor Form, W-9, Execution of Proposal, Addenda Acknowledgement, and Immigration Affidavit).

Evaluation of Proposals. The proposals will be evaluated based upon the following criteria:

- Evaluation of introduction (10 points maximum)
- Evaluation of pricing (50 points maximum)
- Evaluation of references (20 points maximum)
- Local Vendor Preference (10 points if awarded based upon business license)
- Completed Jackson County Forms (10 points maximum)

After all proposals have been evaluated, Jackson County may interview and/or negotiate with vendors to finalize pricing and services. The final interviews, if deemed necessary, will help determine the primary, secondary, and tertiary vendors for submission to the Board of Commissioners for approval and contract award.

#### **4. Property Description:**

The new Jackson County Animal Control Shelter will be located at 29 Galilee Church Road, Jefferson, Georgia 30549. Veterinary Services that will be required by this RFP may be conducted on site at the Jackson County Animal Control Shelter or they may be conducted in the office of the vendor who is awarded the contract with Jackson County Animal Control personnel providing the transportation of the animal to and from the office of the vendor.

## **5. Administration:**

The project will be administered by the Jackson County Board of Commissioners through the Public Development Department Head who will be the main point of contact for all questions during regarding services being rendered and adherence to the agreement documents.

## **6. Procedures and Miscellaneous Items:**

- A. All questions shall be submitted in writing (e-mail is acceptable) and shall be communicated to all firms responding to this RFP.
- B. 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 Jackson County Board of Commissioners. All such materials shall remain the property of the Jackson County Board of Commissioners and will not be returned to the respondent.
- C. All respondents to this RFP shall hold harmless the Jackson County Board of Commissioners, and any of their officers and employees from all suits and claims alleged to be a result of this RFP. The issuance of this RFP constitutes only an invitation to present a proposal. The Jackson County Board of Commissioners reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this RFP. The Jackson County Board of Commissioners also reserves the right to seek clarifications, to negotiate with any vendor submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and schedule. In the event that this RFP is withdrawn or the project canceled for any reason, the Jackson County Board of Commissioners shall have no liability to any respondent for any costs or expenses incurred in connection with this RFP or otherwise.
- D. The RFP is subject to the provisions of the Jackson County Purchasing Manual and any revisions thereto, which are hereby incorporated into this RFP in their entirety except as amended or superseded herein.
- E. Failure to submit all the mandatory forms from this RFP package shall be just cause for the rejection of the qualification package. However, Jackson County reserves the right to decide, on a case by case basis, in its sole discretion, whether or not to reject such a bid as non-responsive.
- F. Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment less than 30 days, however.
- G. In case of failure to deliver goods in accordance with the contact terms and conditions, Jackson County, after due oral or written notice, may procure substitute goods or services from other sources and hold the contractor responsible for any resulting additional purchasing and administrative costs. This remedy shall be in addition to any other remedies which Jackson County may have.

- H. By submitting a qualification package, the vendor is certifying that they are not currently debarred from bidding on contracts by any agency of the State of Georgia, nor are they an agent of any person or entity that is currently debarred from submitting bids on contracts by any agency of the State of Georgia.
- I. Any contract resulting from this RFP shall be governed in all respects by the laws of the State of Georgia and any litigation with respect thereto shall be brought in the courts of the State of Georgia. Then contractor shall comply with applicable federal, state, and local laws and regulations.
- J. It is understood and agreed between the parties herein that Jackson County shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of this agreement.

### **7. Final Selection:**

Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to the Jackson County Board of Commissioners by the project representative. Following Commission approval, the County will complete contract negotiations.

The Jackson County Board of Commissioners reserves the right to accept the response that is determined to be in the best interest of the County. The County reserves the right to reject any and or all proposals.

Every vendor submitting a proposal must complete the form showing compliance with the **Illegal Immigration Reform and Enforcement Act of 2011, OCGA §13-10-90(b)(1)**. The form is provided with this RFP package.

**RFP 6287-01 PRICE PROPOSAL**

Veterinary License Number: \_\_\_\_\_

<u>Service</u>	<u>Basis</u>	<u>Rate</u>
<i>General Services</i>		
Professional Services, Animal Shelter Visits	per visit	\$ _____
Medical Examination at Veterinarian's Office	per hour	\$ _____
After Hours Emergency Service at Veterinarian's Office	per hour	\$ _____
After Hours Emergency Service at Animal Shelter	per hour	\$ _____
Boarding at Veterinarian Office – Small/Medium Canine (1 lb to 40 lbs)	per 24-hour period	\$ _____
Boarding at Veterinarian Office – Large Canine (40 lbs and over)	per 24-hour period	\$ _____
Boarding at Veterinarian Office – Feline	per 24-hour period	\$ _____
Microchip for Local Adoption/Rescue	per service	\$ _____
Microchip for out of State Adoption/Rescue With Health Certificate	per service	\$ _____
Prepare Euthanized Animals for Rabies Testing	per animal	\$ _____
Tranquilizing Medicine	per cc	\$ _____
<i>Canine Specific Services</i>		
Vaccination: Canine Rabies	per shot	\$ _____
Euthanasia: Large Canine	per cc	\$ _____
Euthanasia: Small Canine (25 lbs or less)	per cc	\$ _____
Sterilization: Large Canine (with boarding)	per animal	\$ _____
Sterilization: Small Canine (25 lbs or less) (with boarding)	per animal	\$ _____

*Feline Specific Services*

Vaccination: Feline Rabies	per shot	\$ _____
Immunization: Feline FCVRP	per shot	\$ _____
Euthanasia: Feline	per cc	\$ _____
Sterilization: Feline (with boarding)	per animal	\$ _____

**THESE PAGES MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.**

**EXECUTION OF PROPOSAL**

DATE: \_\_\_\_\_

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- \_\_\_ That this proposal was signed by an authorized representative of the firm.
- \_\_\_ That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- \_\_\_ That all labor costs associated with this project have been determined, including all direct and indirect costs.
- \_\_\_ That the potential Contractor agrees to the conditions as set forth in this Request for Proposal with no exceptions.

Therefore, in compliance with the foregoing **Request for Qualifications**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within sixty (60) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

\_\_\_\_\_  
Business Contact Representative

\_\_\_\_\_  
Operational Contact Representative

\_\_\_\_\_  
Vendor's Name Federal ID #

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Authorized Signature Date

\_\_\_\_\_  
Typed Name & Title

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

**ADDENDA ACKNOWLEDGEMENT**

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

Addendum No. \_\_\_\_\_

Addendum No \_\_\_\_\_

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative/Title  
(Print or Type)

\_\_\_\_\_  
Authorized Representative  
(Signature)

\_\_\_\_\_  
(Date)

**Vendors must acknowledge any issued addenda. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.**

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

*Illegal Immigration Reform and Enforcement Act of 2011*  
CONTRACTOR AFFIDAVIT UNDER O.C.G.A. §13-10-91(b)(1)

The Jackson County Board of Commissioners and Contractor agree that compliance with the Illegal Immigration Reform and Enforcement Act of 2011 are conditions of this Agreement for the physical performance of services.

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 the Jackson County Board of Commissioners 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 and 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:

\_\_\_\_\_  
E-Verify Employment Eligibility Verification User Identification Number

\_\_\_\_\_  
Date of Authorization to Use Federal Work Authorization Program

\_\_\_\_\_  
NAME OF CONTRACTOR

Jackson County Animal Control Veterinary Services  
Name of Project

Jackson County Board of Commissioners  
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: \_\_\_\_\_

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



**SAMPLE CONTRACT**

This Agreement made and entered into this \_\_\_\_ Day of \_\_\_\_\_, Two Thousand and Sixteen,

BETWEEN

The Owner:                               The Jackson County Board of Commissioners  
  Jackson County, Georgia  
  67 Athens Street  
  Jefferson, Georgia 30549

And the Contractor:                    Company Name  
  Company Address  
  City, Georgia Zip

**PROJECT: ANIMAL CONTROL SHELTER VETERINARY SERVICES**

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**WITNESSETH:** That said Contractor has agreed, and by these presents does agree, with the said County, for the consideration herein mentioned and under the provisions required by the Specifications outlined in the Jackson County Request for Proposal 6287-01 to furnish all equipment, tools, material, skill and labor of every description necessary to carry out and complete in a good, firm and substantial and workmanlike manner, proposal made by the Contractor, the Advertisement, the Instructions to Vendors, General Terms and Conditions and this Agreement, including all work shown on Plans and Technical Specifications and listed in the conditions, provisions and specification to wit:

**ARTICLE 1**

**The Contract Documents**

The Contract Documents consist of this Agreement, the Jackson County Request for Proposal (RFP) 6287-01, the supporting drawings and specifications, the Contractor's Response to RFP 6287-01, including the Contractor Affidavit and Agreement, Addenda issued prior to execution of this Agreement, and all Change Orders issued subsequent thereto. These form the Contract, and all are as fully a part of the Contract as if attached to this Agreement or repeated herein.

**ARTICLE 2**

**The Work**

The Contractor shall perform all work required by the Contract Documents for:

**PROJECT: ANIMAL CONTROL SHELTER VETERINARY SERVICES**

All Work performed under this contract is subject will be monitored and arranged by the Jackson County Animal Control Officers working under the direction of the Director of Public Development. It shall be the Contractor's responsibility to coordinate all services with these

Jackson County personnel. All Work shall meet or exceed all Federal, State, and local requirements.

### **ARTICLE 3**

#### **Georgia Illegal Immigration Reform and Enforcement Act of 2011**

Contractor agrees and acknowledges that compliance with the requirements of the Georgia Illegal Immigration Reform and Enforcement Act of 2011 are conditions of this Contract. The Contractor Affidavit and Agreement executed by Contractor pursuant to O.C.G.A. §13-10-91(b)(1) is hereby incorporated into this Agreement by reference and made a part of this Contract. By the execution of this Contract, the Contractor affirms that the Illegal Immigration Reform and Enforcement Act of 2011 Contractor Affidavit submitted with the response to RFP 6287-01 is still valid, that the Contractor's Federal Work Authorization Number has not changed, that the Contractor will utilize the Federal Work Authorization Program during the duration of this contract, that the Contractor will ensure that all subcontractors and sub-subcontractors working on the Project covered by this Contract are participating in the Federal Work Authorization Program and have completed the Subcontractors and/or Sub-subcontractor Affidavit, and that the Contractor will advise the Owner of hiring a new subcontractor and/or sub-subcontractor and will provide the Owner with a Subcontractor/Sub-subcontractor Affidavit attesting to the subcontractor's/sub-subcontractor's name, address, user identification number, and date of authorization to use the Federal Work Authorization Program within five (5) days of hiring before the subcontractor/sub-subcontractor begins working on the Project. The Contractor understands and will ensure that all subcontractors and sub-subcontractors understand that knowingly and willfully making a false, fictitious, or fraudulent statement in an affidavit submitted in compliance with O.C.G.A. §13-10-91 shall be guilty of a violation of Code Section §16-10-20 and, upon conviction, shall be punished as provided for in such Code Section. Additionally, any contractor and/or sub-contractor convicted for false statements based upon a violation of this Code Section shall be prohibited from bidding on or entering into any public contract for twelve (12) months following the conviction.

### **ARTICLE 4**

#### **Time of Commencement and Completion**

The initial contract for Veterinary Services shall begin on January 1, 2017 and will expire on December 31, 2017. The agreement may be renewed annually for four (4) additional one-year terms. Either party may terminate this agreement at any time without prejudice during the initial contract period or during any automatic renewal contract period by providing the other party a thirty (30) day written notice of the intent to terminate.

### **ARTICLE 5**

#### **Contract Price**

The Owner shall pay the Contractor, for the performance of the Work as provided in the Conditions of the Contract, in current funds, the amounts listed on the Price Proposal Form returned by the Contractor in response to the Request for Proposal. Prices may be renegotiated

with each contract renewal if the Contractor notifies the County in writing 90 days in advance of the end of Contract that negotiations are requested.

**ARTICLE 6**

**Warranty Period**

The services to be provided by the winning vendor will not have to be warranted but current insurance as required by State Law for Veterinary Services must be in place and proof of insurance provided to the County once a vendor has been selected.

**ARTICLE 7**

**Payment**

Payment for the Work as described in Article 5 above, shall be made upon completion and inspection of Work by the Owner to the Contractor within thirty (30) days after the completion of the Work, provided that the Work has been completed and the Contractor fully performed in accordance with the Contract Documents. Contractors may request a draw against completed work once every thirty (30) days if the contract is for a period of more than thirty (30) days. The Contractor shall complete and submit an invoice to the Purchasing Manager, 67 Athens Street, Jefferson, Georgia 30549. The Purchasing Manager will coordinate with the Project Manager for approval and will forward the invoice to Accounts Payable for payment. The invoice provided by the Contractor should include all necessary documentation to prove that all the requirements outlined in the Request for Proposal, all addenda, and all change orders have been completed and that the work has been properly inspected.

IN WITNESS WHEREOF, the parties have executed this Contract on the date first written above.

OWNER:  
Jackson County Board of Commissioners

CONTRACTOR:  
Company Name

\_\_\_\_\_  
BY: Tom Crow, Chairman

\_\_\_\_\_  
BY: Representative

ATTEST:

ATTEST:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public



**Jackson County Purchasing**  
**67 Athens Street**  
**Jefferson, Georgia 30549**  
 Fax: **706-708-2505**

Please complete the Vendor Master Form that will be compiled by the Purchasing Department to create a Bidder's List. By completing this form, your company will be added to the Jackson County Purchasing Vendor Master List.

VENDOR MASTER INFORMATION (Please check the box that applies) \_\_\_\_\_ VENDOR # \_\_\_\_\_ (Assigned)

Individual	Sole Proprietorship	Corporation	Partnership	Public Entity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR STATUS (Please check)

Principal Line of Business

Add	Active	Inactive	Change	Delete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR ORDER ADDRESS

Name		Phone number	(    )
Address		Fax number	(    )
		DBE/WBE <b>(Disadvantage Business Enterprise/Women Business Enterprise)</b>	Yes _____ No _____
City		Contact person/Title	
State		1099 Vendor	Yes _____ No _____ If marked Yes, Certificate of Insurance and Workmans Compensation Form shall be required to be presented to <b>Purchasing before work commences.</b>
		W9 Completed	Yes _____ No _____ <b>W9 shall be completed if 1099 Box is checked and return to Purchasing</b>
Zip Code			
Federal ID #		Social Security #	
E-Mail Address		Web site address	

REMITTANCE ADDRESS (If different from order address)

Name		Phone number	(    )
Address		Fax number	(    )
		Contact person/Title	
City			
State		E-Mail Address	
Zip Code		Web site address	

**PURCHASING AUTHORIZATION ONLY** (For questions, please call **Beth White**, Purchasing @ 706-367-6309 or email:

[bwhite@jacksoncountygov.com](mailto:bwhite@jacksoncountygov.com)

Dept/Div that will use vendor		Date entered by Purchasing	
Commodity Code		Entered by:	

## Accounts Payable Certification

As a vendor doing business with the Jackson County Government, I understand that all invoices are to be sent to the following address:

Jackson County Board of Commissioners  
Attention: Accounts Payable  
67 Athens Street  
Jefferson, GA 30549

Failure to send your invoice to this address may result in the invoice not being processed in a timely manner. However, no late fees will be paid if your invoice was not sent in compliance with these instructions.

Name Business: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific instructions on page 2.

Name (as shown on your Income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	Jackson County BOC 67 Athens Street Jefferson, GA. 30549
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

**Note.** If the account is in more than one name, see the chart on page 4 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).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an Individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

#### Purpose of Form

A person who is required to file an Information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



**JACKSON COUNTY**  
**FINANCE DEPARTMENT**

67 Athens Street  
Jefferson, Georgia 30549-1401

PHONE: (706) 367-6313 FAX: (706) 367-1505

Trey Wood  
DIRECTOR

December 16, 2015

To All Vendors

Dear Vendor:

The Jackson County Board of Commissioners is incorporating EFT (Electronic Fund Transfers) as a form of payment to our vendors. The EFT will be available at this time only for vendors with commercial bank accounts. Attached is the form that needs to be filled out in order to set up your company for EFT payments. Please note the bottom part of the form needs to be completed by your bank because some banks have different routing and transit numbers for ACH transactions. Having the bank complete this portion of the form will ensure the right information is being set up in our Financial Software. Before any payment gets processed through EFT, a pre-note will be sent to your bank. This normally shows a \$0.00 transaction on your account. If everything goes well with the pre-note, then we will start issuing EFT payments to your company. Each EFT vendor will receive an EFT Advice each time a payment gets issued. Once the form is filled out, you can e-mail it to [lbernat@jacksoncountygov.com](mailto:lbernat@jacksoncountygov.com) or fax it to my attention at (706) 367-1505.

Also for your convenience, the County created an e-mail account where all County invoices may be sent. This will help to expedite our Accounts Payable process, reduce your mailing costs, and minimize the chance of invoices being lost in the mail. The invoices should be sent to: [invoices@jacksoncountygov.com](mailto:invoices@jacksoncountygov.com).

If you have any questions, feel free to contact me at (706) 367-6306.

Sincerely,

A handwritten signature in blue ink, appearing to read "Trey Wood", is written over a light blue rectangular background.

Trey Wood  
Finance Director, Jackson County

**JACKSON COUNTY ACH ENROLLMENT FORM**

I (WE) \_\_\_\_\_ hereby authorize the Jackson  
(Name - Please print)

County Board of Commissioners, hereinafter called the COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking/savings account indicated below and the Financial Institution named below, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the Financial Institution a reasonable opportunity to act on it.

Vendor/Company Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

E-mail Address \_\_\_\_\_

\*I plan to e-mail my invoices to [invoices@jacksoncountygov.com](mailto:invoices@jacksoncountygov.com) \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*\*\*\*TO BE COMPLETED BY FINANCIAL INSTITUTION\*\*\*\*\***

Financial Institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing and Transit Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

\_\_\_\_\_ Personal Account \_\_\_\_\_ Commercial Account

Name of Bank Official \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Bank Official \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_