



**Request for Qualifications**

**To Provide**

**Engineering Design of Roundabout on SR 53**

**RFQ 23-03-011**

**Qualifications Due: May 4, 2023**

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

# REQUEST FOR QUALIFICATIONS

23-03-011

## Engineering Design of Roundabout on SR 53

### I. General Project Information

#### A. Overview

The Oconee County Board of Commissioners is soliciting SOQs from qualified firm(s) or organization(s) to provide design consultant services for a roundabout on SR 53 located at the intersection of Clotfelter Road & Cole Springs Road. The proposed project will convert the existing intersection into a modern single-lane roundabout.

This Request for Qualifications (RFQ) seeks to identify potential providers for the Scope of Services for the project/contract listed in Exhibit I. Firms that respond to this RFQ, and are determined by Oconee County to be sufficiently qualified, may be deemed eligible, and invited to offer a technical approach and/or possibly present and/or interview for these services. All respondents to this RFQ are subject to instructions communicated in this document, and are cautioned to completely review the entire RFQ and follow instructions carefully. Oconee County reserves the right to reject any or all Statements of Qualifications or Technical Approach, and to waive technicalities and informalities at the discretion of Oconee County.

#### B. **IMPORTANT- A RESTRICTION OF COMMUNICATION IS IN EFFECT FOR THIS PROJECT.**

From the advertisement date of this solicitation until successful respondents are selected and the award is made official and announced, firms are not allowed to communicate about this solicitation or scope with any staff of Oconee County including the Commissioner and Board Members, except for the submission of questions as instructed in the RFQ, or with the contact designated in **RFQ Section VIII.C.**, or as provided by any existing work agreement(s). For violation of this provision, Oconee County reserves the right to reject the submittal of the offending respondent.

#### C. **The Georgia Department of Transportation Board has adopted a 15% overall annual goal for DBE participation on all federally funded projects. This goal is not to be considered as a fixed quota, set aside or preference. The DBE goal can be met by prime contracting, sub-contracting, joint-venture or mentor/protégé relationship.**

Georgia Department of Transportation will monitor and assess each consultant services submittals for their DBE participation and/or good faith effort in promoting equity and opportunity in accordance with the state of Georgia, Department of Transportation Disadvantage Business Program Plan.

For more information on the GDOT DBE Program please contact:

Georgia Department of Transportation  
Equal Opportunity Division  
One Georgia Center, 7<sup>th</sup> Floor  
600 West Peachtree Street, NW  
Atlanta, Georgia 30308  
Phone: (404) 631-1972

#### D. Scope of Services

Under the terms of the resulting Agreement, the selected consultant will provide roundabout engineering design services for the Oconee County Project identified. The anticipated scope of work for the project/contract is included in **Exhibit I**.

#### E. Contract Term and Type

Oconee County anticipates one (1) Project Specific contract to be awarded to one (1) firm, for the project/contract identified. Oconee County anticipates that the Contract Type will be paid via Cost Plus Fixed Fee methodology.

## F. Contract Amount

The Project Specific contract amount will be determined via negotiations with the County. If the County is unable to reach an agreement for the services to be provided, the County reserves the right to terminate negotiations with the highest scoring finalist and begin negotiations with the next highest scoring finalist.

## II. Selection Method

### A. Method of Communication

All general communication of relevant information regarding this solicitation will be made via the Georgia Procurement Registry (GPR) under RFQ 23-03-011. All firms are responsible for checking the GPR on a regular basis for updates, clarifications, and announcements. Oconee County reserves the right to communicate via electronic-mail with the primary contact listed in the Statements of Qualifications. Other specific communications will be made as indicated in the remainder of this RFQ.

### B. Phase I - Selection of Finalists

Based on the Statements of Qualifications submitted in response to the projects/contracts listed in this RFQ, the Selection Committee will review the **Experience and Qualifications** and **Resources and Workload Capacity** listed in **Section IV. Selection Criteria for Phase I**. The Selection Committee will discuss the top submittals and the final rankings of the top submittals will be determined. From the final rankings of the top submittals, the Selection Committee will identify three (3) to five (5) firms which will be shortlisted.

All firms must meet the minimum requirements as listed in **Section IV.A.** below.

### C. Finalist Notification for Phase II

Firms selected and shortlisted as finalists will receive notification and final instructions from Oconee County regarding the **Phase II – Technical Approach** response.

### D. Phase II - Finalists Response on Technical Approach and Past Performance

Oconee County will request a **Technical Approach** of the three (3) to five (5) finalist firms for the project/contract. Oconee County reserves the right to request a presentation/interview on any project/contract as determined in its best interests; however, this additional requirement shall typically be reserved for the most complex projects. Each finalist firm shall be notified in writing and informed of the Technical Approach due date. Any additional detailed Technical Approach instructions and requirements, beyond that provided in **Section V. Selection Criteria for Phase II**, for the finalists will be provided in the Finalist Notification. All members of the Selection Committee will review the Technical Approach (and will attend the presentation/interview if so chosen). **Firms shall not address any questions, prior to the award announcement, to anyone other than the designated contact.**

### E. Final Selection

Final selection will be determined by carrying the scores from **Phase I** forward for each Finalist and by evaluating the **Technical Approach** and **Past Performance** criteria for **Phase II**. The Selection Committee will discuss the Finalist's Phase II Responses and the final rankings will be determined.

Negotiations will then be initiated with the top-ranked firm(s) to finalize the terms and conditions of the contract(s), including the fees to be paid. In the event a satisfactory agreement cannot be reached with the highest-ranking firm(s), Oconee County will formally terminate the negotiations and possibly enter into negotiations with the second highest-ranking firm, and so on in turn until a mutual agreement is established and Oconee County awards a contract. The final form of the contract shall be developed by Oconee County.

### III. Schedule of Events

The following Schedule of Events represents Oconee County's best estimate of the Schedule that will be followed. All times indicated are prevailing times in Watkinsville, Georgia. Oconee County reserves the right to adjust the Schedule as Oconee County deems necessary.

| PHASE I   | DATE      | TIME     |
|---|-----------|----------|
| a. Oconee County issues public advertisement of <b>RFQ 23-03-011</b>                                  | 4/3/2023  | -----    |
| b. Deadline for submission of written questions and requests for clarification                        | 4/17/2023 | 5:00 PM  |
| c. Deadline for submission of Statements of Qualifications  | 5/4/2023  | 10:00 AM |
| PHASE II  |           |          |
| d. Oconee County completes evaluation and issues notification and other information to finalist firms | TBD       |          |
| e. Deadline for submission of written questions from finalists  | TBD       | 10:00 AM |
| f. Phase II Response of Finalist firms due  | TBD       | TBA      |

### IV. Selection Criteria for Phase I - Criteria for Evaluation of Statements of Qualifications

#### A. Area Class Requirements and Certification

Presented teams must be prequalified in the indicated Area Class(es) in order to be evaluated. Required proof of prequalification shall be submitted as indicated in **Section VI.B.4.** below. All Submittals will be pre-screened to verify that the Prime consultant has the required Area Class(es) and that the overall team has the required Area Class(es). Any submittal in which the Prime consultant or the overall team area class requirements are not met will be disqualified from further consideration.

Each submittal will require a certification to allow the County to analyze risks in determining if any Firm should be ineligible for award. The certification shall cover a wide variety of information. Any firm which responds in any potentially concerning manner must provide additional information as directed herein for consideration by Oconee County to determine if Firm is eligible for award.

#### B. Project Manager, Key Team Leader(s) and Prime's Experience and Qualifications – 30%

The Selection Committee will evaluate all firms on their Experience and Qualifications, which shall account for a total of thirty percent (30%) of the total evaluation. **The following criteria for scoring Phase I of the evaluation will be utilized to determine which firms are shortlisted:**

1. Project Manager education, registration, relevant engineering experience, relevant project management experience, relevant experience in utilizing GDOT specific processes, manuals, or guidance.
2. Key Team Leaders' education, registration, relevant technical experience, and relevant experience in utilizing GDOT specific processes, manuals, or guidance.
3. Prime Consultant's experience in delivering projects of similar complexity, size, scope, and function.

#### C. Project Manager, Key Team Leader(s) and Prime's Resources and Workload Capacity – 20%

The Selection Committee will evaluate all firms on their Resources availability and Workload Capacity which shall account for a total of twenty percent (20%) of the total evaluation. **The following criteria for scoring the Resources and Workload Capacity will be utilized to determine which firms are shortlisted:**

1. Project Manager Workload
2. Workload capacity of Key Team Leader(s)
3. Resources dedicated to delivering project
4. Ability to Meet Project Schedule

## **V. Selection Criteria for Phase II - Criteria for Evaluation of Technical Approach and Past Performance**

### **A. Technical Approach – 40%**

The Selection Committee will evaluate the shortlisted firms (Finalists) on their Technical Approach, which shall account for a total of forty percent (40%). The Selection Committee shall utilize the following additional criteria for scoring Phase II of the evaluation to determine the highest ranked/most qualified (**NOTE: Scores from Phase I will be carried forward and combined with the scores from the Phase II to determine the final ranking of Finalists**):

1. Provide any unique technical approaches your firm offers relative to addressing anticipated design concepts, use of alternative methods for delivery (if applicable), and/or management of the project.
2. Identify any unique challenges of the project and how your firm intends to mitigate these challenges, including quality control, quality assurance procedures. Provide any specific qualifications, skills, knowledge which your firm has which could benefit the project, and your ability and willingness to meet time requirements.

### **B. Past Performance – 10%**

The Selection Committee may consider information provided via references provided for relevant projects, knowledge any selection committee member has of performance on relevant projects, and performance evaluations or knowledge presented on Oconee County projects. The Selection Committee will consider all factors in their totality and score from 0 to 10 when arriving at a final score for the Past Performance.

## **VI. Instructions for Content and Preparation of Statements of Qualifications – Phase I Response**

The Statements of Qualifications submittal must be submitted in accordance with the instructions provided in Section VIII, and must be **organized, categorized using the same headings (in red), and numbered and lettered** exactly as outlined below, and must be responsive to all requested information. For the sections in which page number limits are stated, each section with a stated limit must begin on a new page and end on the last page allowed for the section. **It is not allowed to begin new sections on a page allowed for a previous section, if applicable. This will enable the County to ensure compliance with the page limitations.**

**Cover page** – Each project/contract submittal must have a separate cover page for each copy of each submittal for each project/contract and each must list the RFQ#, RFQ Title, proposing firm's full legal name and the specific project contract being submitted on to include the Project Numbers, PI Numbers, County(ies), and Description.

### **A. Administrative Requirements**

It is required to submit the information below for each copy of each submittal. This is general information and will not be scored but may be used to determine eligibility for selection. **Under Administrative Requirements section, only submit the information requested; additional information will be subject to disqualification of your firm.**

1. **Basic company information:**
  - a. **Company name.**
  - b. **Company Headquarter Address.**

- c. **Contact Information** - Name and all contact information (telephone number(s) and e-mail address) of primary proposing contact (this will be the individual with whom the County will direct all communications).
  - d. **Company website** (if available).
  - e. **Georgia Addresses** - Identify and provide addresses for the offices located in the State of Georgia.
  - f. **Staff** - List the number and disciplines of staff members employed in each office in the State of Georgia.
  - g. **Ownership** - Provide form of ownership, including state of residency or incorporation, and number of years in business. Is the Offeror a sole proprietorship, partnership, corporation, limited liability Corporation, or other structure?
2. **Certification Form** - Complete the Certification Form (*Exhibit "II" enclosed with RFQ*), and provide a notarized original within the firm's Statement of Qualifications. This is to be submitted for the Prime **ONLY**.
  3. **Georgia Security and Immigration Compliance Act Affidavit** – Complete the form (*Exhibit "III" enclosed with RFQ*), and provide a notarized original within the firm's Statement of Qualifications. This is to be submitted for the Prime **ONLY**.
  4. **Addenda** - Signed cover page of any Addenda issued for the Prime **ONLY**.

## **B. Experience and Qualifications**

1. **Project Manager** - Provide information pertaining to the project manager, including but not limited to:
  - a. **Education**.
  - b. **Registration** (if necessary and applicable.)
  - c. **Relevant engineering experience**.
  - d. **Relevant project management experience** for projects of similar complexity, size, scope, and function.
  - e. **Relevant experience utilizing GDOT specific processes, manuals, or guidance** [Plan Development Process (PDP), Design Policy, etc.].

**This information is limited to two (2) pages maximum.**

2. **Key Team Leaders** - Provide experience of Key Team Leaders (defined as those individuals who oversee project areas determined as particularly important to each specific project, refer to the Project Description in **Exhibit I, specifically Section 7**) for the list of Key Team Leaders for the Project. For each Key Team Leader identified provide:
  - a. **Education**.
  - b. **Registration** (if necessary and applicable.)
  - c. **Relevant technical experience** in the applicable resource area of the most relevant projects.
  - d. **Relevant experience utilizing GDOT specific processes, manuals, or guidance** (PDP, Design Policy, Environmental Procedures Manual, etc.) which are specific to the key team leader's area.

**This information is limited to one (1) page maximum for each Key Team Leader identified in Section 7 of each Exhibit I. Respondents submitting more than one (1) page for each Key Team Leader identified will be subject to disqualification. Respondents who provide more Key Team Leaders than what is outlined in the requirement will be subject to disqualification as this would provide an advantage over firms who complied with the requirement and had the required number of Key Team Leaders. Respondents who do not provide the required Key Team Leaders will be subject to disqualification as this does not meet the requirements of the project and therefore would deem the respondent and its team unqualified for the award.**

3. **Prime Experience** - Provide information on the prime's experience and ability in delivering effective services for projects of similar complexity, size, scope, and function, which demonstrate the firm's capabilities to provide services for Oconee County. For each project, the following information should be provided:
  - a. **Client name, project location and dates** during which services were performed.
  - b. **Description of overall project and services performed** by your firm.
  - c. **Duration of project services provided** by your firm, and overall project budget.
  - d. **Experience utilizing GDOT specific processes, manuals, or guidance** (PDP, Design Policy, Environmental Procedures Manual, etc.)
  - e. **Client(s) current contact information** including contact names, email address and telephone numbers.
  - f. **Involvement of Key Team Leaders** on the projects.

**This information is limited to two (2) pages maximum.**

4. **Area Class Summary Form and Notice of Professional Consultant Qualifications** - Prime Consultants are defined as the firm submitting the Statement of Qualifications and the firm with whom Oconee County will contract. The Team is defined as the Prime Consultant and their sub-consultants, who are considered team members. Prime Consultants and their sub-consultant team members must meet the Area Class requirements listed in Exhibit I for each project on which they apply. In regards to the required Area Classes, for each project/contract on which they apply, respondents should submit a summary form (example provided in Exhibit IV) which details the required area classes for the Prime Consultant and all sub-consultants or joint-venture of consultants on the team listed in the Statement of Qualifications. The area classes and firm's meeting the area classes listed on the summary form must meet all required area classes or the team will be disqualified. If a team member's prequalification will expire prior to the due date of the SOQs, documentation must be provided which shows that the firm has submitted its application for prequalification prior to the SOQ due date. The team must maintain its prequalification certification in order to be considered eligible for award if selected. **Additionally, respondents should submit the Notice of Professional Consultant Qualifications (for the Prime Consultant and all sub-consultants for each project) issued by Oconee County and attach after the Area Class summary form.**

**This information is limited to the one page for the Area Class table (unless the project needs require an extensive list of area classes) and the required Notice of Professional Consultant Qualifications.**

**C. Resources/Workload Capacity**

1. **Overall Resources** - Provide information regarding the overall resources dedicated to delivering the specific project, including:
  - a. **Organizational chart** which identifies the project manager, prime, Key Team Leaders, support personnel, and reporting structure. **This chart may be submitted on a 11" x 17" page. (Excluded from the page count)**
  - b. **Primary Office** - Identify and discuss the primary office which will be responsible for handling the specific project and the number and types of staff within the office and how this office could benefit the project and promote efficiency. **This information to be included on the one (1) page allowed with the Narrative on Additional Resource Areas and Ability.**
  - c. **Narrative on Additional Resource Areas and Ability** – Respondents are also allowed one page to provide information regarding additional resource areas identified as important to the project, to discuss how the key areas will integrate and work together on the project, to discuss any information which is pertinent to these areas, to provide a narrative regarding how the organization of the team, including the PM and Key Team Leaders can deliver the project on schedule given their workload capacity. (Oconee County recognizes that some individuals may be able to meet the schedule while carrying heavier project loads.) Respondents may discuss the advantages of your team and the abilities of the team members which will enable the project to meet the proposed schedule as identified in **Exhibit I** (where applicable). If there is no proposed schedule, discuss the advantages of the team and the abilities of the team members which will enable the project to move as expeditiously as possible. **Respondents submitting more than the one (1) page allowed (combined for C.1.b and C.1.c.), will be subject to disqualification.**
2. **Project Manager Commitment Table** - Provide a list of ALL projects (GDOT, other governments and private contracts – Information may be validated and any firm determined not to be listing all projects may be subject to disqualification) on which the proposed project manager is currently committed, to enable the County to ascertain the project manager's availability. Utilize a table similar to the following format with a minimum of all criteria indicated to provide the requested information:

| Project Manager | PI/Project # for GDOT Projects/Name of Customer for Non-GDOT Projects | Role of PM on Project | Project Description | Current Phase of Project | Current Status of Project | Monthly Time Commitment in Hours |
|-----------------|---|-----------------------|---------------------|--------------------------|---------------------------|----------------------------------|
|                 |   |                       |                     |                          |                           |                                  |
|                 |   |                       |                     |                          |                           |                                  |
|                 |   |                       |                     |                          |                           |                                  |

3. **Key Team Leader Project Commitment Table** - Provide a table similar to the below, with a minimum of all criteria indicated, which identifies ALL projects the Key Team Leaders (refer to the Project Description in **Exhibit I**, specifically **Section 7** for the list of Key Team Leaders for each Project) are committed on to enable the County to ascertain the available capacity.

| Key Team Leader | PI/Project # for GDOT Projects/Name of Customer for Non-GDOT Projects | Role of Key Team Leader on Project | Project Description | Current Phase of Project | Current Status of Project | Monthly Time Commitment in Hours |
|-----------------|---|------------------------------------|---------------------|--------------------------|---------------------------|----------------------------------|
|                 |   |                                    |                     |                          |                           |                                  |
|                 |   |                                    |                     |                          |                           |                                  |
|                 |   |                                    |                     |                          |                           |                                  |

**This information is limited to the organization chart (excluded from page count), one (1) page combined of text (for both the Primary Office and Narrative on Additional Resource Areas and Ability), and the tables.**

**VII. Instructions for Submittal for Phase I - Statements of Qualifications**

- A. A total of five (5) bids, one (1) original and four (4) copies are required for submittal. The Submittal must follow the format and meet the content requirements identified in **Section VI**, entitled **Instructions for Content and Preparation of Statements of Qualifications – Phase I Response**. See **Attachment 1** for a summary of how the submittals should be prepared. Submittal must be sealed and clearly labeled with RFQ #, RFQ Title, and Company’s name and address.
- B. Submittals must be typed on standard (8½” x 11”) paper. The pages should be numbered, however, submittal pages will be counted by section to determine compliance with page limits. Responses are limited to the page counts indicated in each section using a minimum of size 11 font. Page counts will be determined by pages with print on them, not by the physical piece of paper. Each Statement of Qualifications shall be prepared simply and economically as indicated above. Colored displays, and promotional materials are not desired. Emphasis must be on completeness, relevance, and clarity of content.

**NOTE: Additional pages other than what has been specified above in each section should not be included and will be grounds for disqualification.** Submittals are limited to the information requested in Section VI. Instructions for Content and Preparation of Statements of Qualifications - Phase I Response only.

**Statements of Qualifications must be received by Oconee County prior to the deadline indicated in the Schedule of Events (Section III of RFQ).**

**No submittals will be accepted after the time and date set for receipt.**

All expenses for preparing and submitting responses are the sole cost of the party submitting the response. Oconee County is not obligated to any party to reimburse such expenses. All submittals upon receipt become the property of Oconee County. Labeling information provided in submittals “proprietary” or “confidential”, or any other designation of restricted use will not protect the information from public view. Subject to the provisions of the Open Records Act, the details of the proposal documents will remain confidential until final award.

Oconee County reserves the right, in its sole discretion, to waive any technicalities associated with this submittal if deemed in the best interest of the State.

**C. Questions and Requests for Clarification**

Questions about any aspect of the RFQ, or the project, shall be submitted in writing via e-mail to: **Jessica Ellis, e-mail: [ocbids@oconee.ga.us](mailto:ocbids@oconee.ga.us)**. The deadlines for submission of questions relating to the RFQ are the times and dates shown in the (**Schedule of Events- Section III**). From the issue date of this solicitation until a successful proposer is selected and the award is made official and announced, respondents are subject to the Restriction of Communication in **Section I.B**.



## **VIII. Instructions for Preparing Technical Approach and Past Performance Response – Phase II Response**

The following information will only be requested of the shortlisted firms. The Selection Committee will evaluate the shortlisted firms using the information provided as requested below (NOTE: Scores from Phase I will be carried forward to Phase II):

The Phase II response must be submitted in accordance with the instructions provided in Section IX, and must be **organized, categorized using the same headings (in red), and numbered and lettered** exactly as outlined below, and must be responsive to all requested information. For the sections in which page number limits are stated, each section with a stated limit must begin on a new page and end on the last page allowed for the section. **It is not allowed to begin new sections on a page allowed for a previous section, if applicable. This will enable the County to ensure compliance with the page limitations.**

**Phase II Cover page** – Each submittal must have a separate cover page for each copy of each Phase II submittal and each must indicate the response is for Phase II, list the RFQ#, RFQ Title, proposing firm's full legal name and the specific project contract being submitted on to include the Project Numbers, PI Numbers, County(ies), and Description.

### **A. Technical Approach**

1. Provide any unique technical approaches your firm offers relative to addressing anticipated design concepts, use of alternative methods for delivery (if applicable), and/or management of the project.
2. Identify any unique challenges of the project and how your firm intends to mitigate these challenges, including quality control, quality assurance procedures. Provide any specific qualifications, skills, knowledge which your firm has which could benefit the project, and your ability and willingness to meet time requirements.

**This information will be limited to a maximum of three (3) pages.**

### **B. Past Performance**

**No additional information should be submitted to fulfill this requirement. Information from the relevant projects listed as well as information on file with the Department will be used to fulfill this requirement.**

Past performance may be evaluated through the checking of project references for the proposed project manager as well as the firm. The County will check these references at random. For this reason, attention should be paid to the references provided to ensure that the contact information provided is accurate and the individual references are reachable. Other past performance information which may be utilized includes Oconee County consultant performance ratings as well as knowledge that any member of the Selection Committee has pertaining to the past performance of the firm on any project.

## **IX. Instructions for Submittal for Phase II – Technical Approach and Past Performance Response**

**THESE INSTRUCTIONS ARE INTENDED SOLELY FOR THOSE FIRMS IDENTIFIED AND NOTIFIED AS FINALISTS. Final Instructions will be provided to the Finalists in the notification.**

**Please note that each project/contract will follow an individual schedule which meets the availability of each Selection Committee. For this reason, the Notice to Selected Finalists and resulting Phase II responses may be on different schedules for each project/contract.**

- A. A total of five (5) sealed bids, one (1) original and four (4) copies are required with submittal. The Submittal must follow the format and meet the content requirements identified in **Section VII**, entitled **Instructions for Preparing Technical Approach and Past Performance Response - Phase II Response**. See **Attachment 1** for a summary of how the submittals should be prepared. Submittal must be sealed and clearly labeled with RFQ #, RFQ Title, and Company's name and address.
- B. Submittals must be typed on standard (8½" x 11") paper. The pages should be numbered, however, submittal pages will be counted by section to determine compliance with page limits. Responses are limited to the page counts indicated in each section using a minimum of size 11 font. Page counts will be determined by pages with

print on them, not by the physical piece of paper. Each Statement of Qualifications shall be prepared simply and economically as indicated above. Colored displays, and promotional materials are not desired. Emphasis must be on completeness, relevance, and clarity of content.

**NOTE:** Additional pages other than what has been specified above in each section **should not be included and will be grounds for disqualification.** Submittals are limited to the information requested in Section VII. Instructions for Preparing Technical Approach and Past Performance Response-Phase II Response only.

**Technical Approach must be received by Oconee County prior to the deadline indicated in Notice to Selected Finalists.**

**No submittals will be accepted after the time and date set for receipt.**

All expenses for preparing and submitting responses are the sole cost of the party submitting the response. Oconee County is not obligated to any party to reimburse such expenses. All submittals upon receipt become the property of Oconee County. Labeling information provided in submittals "proprietary" or "confidential", or any other designation of restricted use will not protect the information from public view. Subject to the provisions of the Open Records Act, the details of the proposal documents will remain confidential until final award.

Oconee County reserves the right, in its sole discretion, to waive any technicalities associated with this submittal if deemed in the best interest of the State.

### C. Questions and Requests for Clarification

Questions about any aspect of the Phase II Response for Finalists, shall be submitted in writing via e-mail to: **Jessica Ellis, e-mail: [ocbids@oconee.ga.us](mailto:ocbids@oconee.ga.us) or as directed in the Notice to Selected Finalists, if different.** The deadlines for submission of questions relating to the Phase II Response will be identified in the Notice to Selected Finalists. From the issue date of this solicitation until a successful proposer is selected and the award is made official and announced, respondents are subject to the Restriction of Communication in **Section I.B.**

## X. Terms and Conditions

### A. Statement of Agreement

With the submission of a SOQ, the respondent agrees that he/she has carefully examined the Request for Qualifications, and agrees that it is the respondent's responsibility to request clarification on any issues in any section of the Request for Qualifications with which the respondent disagrees or needs clarified. The respondent also understands that failure to mention these items during the question period or in the SOQ will be interpreted to mean that the respondent is in full agreement with the terms, conditions, specifications and requirements in the therein. With submission of a SOQ, the respondent hereby certifies: (a) that this SOQ is genuine and is not made in the interest or on behalf of any undisclosed person, firm, or corporation; (b) that respondent has not directly or indirectly included or solicited any other respondent to put in a false or insincere SOQ; (c) that respondent has not solicited or induced any person, firm, or corporation to refrain from sending a SOQ.

The respondent also understands that failure to provide required information may result in disqualification. Failure to provide administrative information may not result in disqualification. At the County's discretion, the County may notify the respondent that administrative information is not provided or there was an error in the information provided, **and** the County will allow a respondent to provide an update to the administrative information. However, the exception to this is the provision of the required **GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT**, which by Georgia Law requires disqualification of the response. The above changes mentioned to administrative information would be considered allowable as these would be limited to changes which **do not** affect the information which the evaluators use to score the respondents. Failure of a respondent to provide the specific administrative information as required in the notice will result in disqualification. Any respondent who provides changes in addition to the information requested in the notice shall be subject to disqualification. Failure of a respondent's SOQ to provide any information pertaining to a respondent and its teams qualifications, of any type, will subject the SOQ to disqualification. The County will not allow updates to qualifications to be provided to avoid disqualification as this would allow a respondent to modify its SOQ and alter the information which evaluators would score. The above changes related to qualifications would not be allowable as these would allow changes which **do** affect the information which the evaluators use to score the respondents SOQ.

## B. Joint-Venture Proposals, Sub-Consultants, and Vendors

Oconee County does not generally desire to enter into “joint-venture” agreements with multiple firms. In the event two or more firms desire to “joint-venture”, it is strongly recommended that one incorporated firm propose and maintain status as the Program Management firm with the remaining firms participating as major firms. Any joint-venture, proposed and established as a separate business entity, should have its own set of books and supporting documentation sufficient for an audit trail. Transactions should be recorded consistent with the joint-venture agreement, and care must be taken to ensure that the joint-venture bears its equitable share of the costs. Therefore, “unpopulated joint-ventures” would not have an adequate accounting system suitable for cost reimbursement contracts.

However more traditional “populated joint-ventures” are welcomed. A populated joint-venture is where an alliance is brought to life by infusing it with working capital, employees, and control systems. The alliance implements all necessary business systems, including payroll processing, purchasing, property control, etc. The alliance will develop its own indirect rate structure and calculates its own indirect cost rates, based on the direct and indirect costs it incurs.

Sub-Consultants shall generally be considered any team member which is performing any service which typically requires prequalification, which is subject to the Audit and Accounting System Requirements, and whose services are billed as costs. Sub-Consultant Team Members must be written into the resulting Agreement and are subject to all terms and conditions in the Agreement. Vendors shall be considered any team member which is performing any service which typically does not require prequalification, which is not subject to the Audit and Accounting System Requirements, and whose services are billed as direct expenses. Vendors may not be written into the resulting Agreement and may not be subject to all terms and conditions in the Agreement.

## C. Non-Discrimination and DBE Requirements

The Oconee County Board of Commissioners in accordance with Title VI of the Civil Rights Act of 1964 and 78 Stat. 252, 42 USC 2000d--42 and Title 49, Code of Federal Regulations, Department of Transportation, Subtitle A, Office of the Secretary, part 21, Nondiscrimination in federally assisted programs of the Department of Transportation issued pursuant to such Act, hereby notifies all proposers that it will affirmatively ensure that any contract entered into pursuant to this advertisement, minority business enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, sex, or national origin in consideration for an award.

**The Georgia Department of Transportation Board has adopted a 15% overall annual goal for DBE participation on all federally funded projects. This goal is not to be considered as a fixed quota, set aside or preference. The DBE goal can be met by prime contracting, sub-contracting, joint-venture or mentor/protégé relationship.**

Georgia Department of Transportation will monitor and assess each consultant services submittals for their DBE participation and/or good faith effort in promoting equity and opportunity in accordance with the state of Georgia, Department of Transportation Disadvantage Business Program Plan.

For more information on the GDOT DBE Program please contact:

Georgia Department of Transportation  
 Equal Opportunity Division  
 One Georgia Center, 7<sup>th</sup> Floor  
 600 West Peachtree Street, NW  
 Atlanta, Georgia 30308  
 Phone: (404) 631-1972

## D. Audit and Accounting System Requirements

Oconee County reserves the right to reject any proposal with firms that do not meet the following requirements:

1. Firm(s) should have an accounting system in place to meet requirements of 48 CFR Part 31 and, in the case of non-profit organizations, OMB Circular A-122.

2. Any firm that currently has an aggregate contract amount exceeding \$250,000 should have submitted their yearly CPA overhead audit.
3. Firm(s) should have no significant outstanding deficient audit findings from previous contracts with GDOT that have not been resolved.
4. The prime is responsible for being reasonably assured that all sub-consultant(s) presented as a part of the proposed team are similarly in compliance with the above requirements.

#### **E. Submittal Costs and Confidentiality**

All expenses for preparing and submitting responses are the sole cost of the respondent submitting the response. The County is not obligated to any respondent to reimburse such expenses. All submittals upon receipt become the property of the County. Labeling information provided in submittals as “proprietary” or “confidential”, or any other designation of restricted use will not protect the information from public view. Subject to the provisions of the Open Records Act, the details of the proposal documents will remain confidential until a final award.

#### **F. Award Conditions**

This request is not an offer to contract or a solicitation of bids. This request and any proposal submitted in response, regardless of whether the proposal is determined to be the best proposal, is not binding upon the County and does not obligate the County to procure or contract for any services. Neither the County nor any respondent submitting a response will be bound unless and until a written contract mutually accepted by both parties is negotiated as to its terms and conditions and is signed by the County and a respondent containing such terms and conditions as are negotiated between those parties. The County reserves the right to waive non-compliance with any requirements of this Request for Qualifications and to reject any or all proposals submitted in responses. Upon review of responses, the County will determine the respondent(s) proposal that in the sole judgment of the County is in the best interest of the County (if any is so determined), with respect to the evaluation criteria stated herein. The County then intends to conduct negotiations with such respondent(s) to determine if an acceptable contract may be reached.

#### **G. Debriefings**

In lieu of Pre-Award and Post-Award debriefings, it shall be the County’s policy to provide the “Selection Package” at the time of the Selection Announcement (also referred to as the Announcement of Entering into Negotiations). The “Selection Package” will include the scores and comments of phases for all firms who responded and will typically be provided as a PDF file and e-mailed. Previously, pre-award debriefings only provided the scores and comments of the firm. It shall be the policy of the County that all debriefings will typically be conducted in writing.

#### **H. Right to Cancel or Change RFQ**

Oconee County reserves the right to cancel any and all Request for Qualifications where it is determined to be in the best interest of the County to do so. Oconee County reserves the right to increase, reduce, add or delete any item in this solicitation as deemed necessary.

It is the responsibility of all firms interested in submitting Statement of Qualifications (SOQs) for this advertisement to routinely check the posting on the Georgia Procurement Registry for any revisions to this RFQ.

#### **I. Substitutions, Alternates, Exceptions, and Extensions**

No substitutions or alternates will be accepted for this solicitation. Any respondent submitting substitutions or alternates will be considered non-responsive and will not be considered for award.

#### **J. Code of Conduct Pertaining to Conflict of Interest in the Award and Administration of Contracts**

Pursuant to GDOT Policy 3A-17, any Oconee County employee who leaves the employment of the County and subsequently becomes employed with a consultant firm and whose duties while employed with the County included the direct involvement with the negotiation, administration, or management of a contract in which the firm is either the primary consultant or a sub-consultant **SHALL NOT** be authorized to work on that contract as an employee of that firm for a period of one (1) year after their employment ends.

Additionally, on July 1<sup>st</sup> of each year, any consultant firm that is under contract with the County as a prime or sub consultant shall provide to the County's Chief Procurement Officer (CPO) a current list of all former County employees employed by the firm and a document that certifies the responsibilities of those employees as it relates to the current contracts with the County. This certification document shall attest to the fact that over the last year no former County employee that is employed by their firm has worked on a contract between the County and their firm where that employee, when employed by the County, had direct involvement with the selection, award and/or administration of the consultant contract. Any consultant firm entering into a contract with the County for the first time as a prime or sub consultant shall provide the initial required list of former County employees and certification prior to the contract effective date. If the County's CPO determines at any point during a contract that an actual conflict exists as it relates to the above paragraph, then the CPO shall have the authority to issue a stop work order on that contract.

**EXHIBIT I**

## Project/Contract

1. Project Number(s): N/A
2. PI Number(s): N/A
3. County(ies): Oconee
4. Description: Design consultant services for a roundabout on SR 53 located at the intersection of Clotfelter Road & Cole Springs Road. The proposed project will convert the existing intersection into a modern single-lane roundabout.
5. Required Area Classes:

Prime Consultants are defined as the firm submitting the Statement of Qualifications and the firm with whom GDOT will contract. The Team is defined as the Prime Consultant and their sub-consultants, who are considered team members. The Prime Consultant must be prequalified in the Area Classes identified below in Section 5.A. The Prime Consultant or sub-consultant team members must be prequalified in the Area Classes identified below in Section 5.B. Respondents should submit a summary form (example provided in **Exhibit IV**) which details the required area classes for the Prime Consultant and all sub-consultants or joint-venture of consultants on the team listed in the Statement of Qualifications. The area classes listed on the summary form must meet all required area classes or the team will be disqualified. The Prequalification Expiration Date must be current by the deadline stated for this RFQ.

- A. The **Prime Consultant** **MUST** be prequalified by GDOT in the area classes listed below:

| Number | Area Class                                   |
|--------|--|
| 3.01   | Two-Lane or Multi-lane Rural Roadway Design  |
| 3.06   | Traffic Operations Studies                   |
| 3.07   | Traffic Operations Design                    |
| 3.10   | Utility Coordination                         |
| 3.12   | Hydraulic and Hydrological Studies (Roadway) |

- B. The **Team** (either the Prime Consultant and/or one or more of their sub-consultant team members) **MUST** be prequalified by GDOT in the area classes listed below:

| Number  | Area Class   |
|---------|--|
| 1.06(a) | NEPA   |
| 1.06(b) | History  |
| 1.06(c) | Air Quality  |
| 1.06(d) | Noise  |
| 1.06(e) | Ecology  |
| 1.06(f) | Archaeology  |
| 1.06(g) | Freshwater Aquatic Surveys                         |
| 1.06(h) | Bat Surveys  |
| 1.10    | Traffic Analysis                                   |
| 3.01    | Two-Lane or Multi-lane Rural Roadway Design        |
| 3.06    | Traffic Operations Studies                         |
| 3.07    | Traffic Operations Design                          |
| 3.08    | Landscape Architecture Design                      |
| 3.10    | Utility Coordination                               |
| 3.12    | Hydraulic and Hydrological Studies (Roadway)       |
| 3.13    | Facilities for Bicycles and Pedestrians            |
| 3.15    | Highway Lighting                                   |
| 5.01    | Land Surveying                                     |
| 5.02    | Engineering Surveying                              |
| 5.08    | Overhead/Subsurface Utility Engineering (SUE)      |
| 6.01(a) | Soil Survey Studies                                |
| 6.01(b) | Geological and Geophysical Studies                 |
| 9.01    | Erosion, Sedimentation, and Pollution Control Plan |

## 6. Scope:

- Tasks in this contract may include, but not limited to, concept report, preliminary engineering, environmental document, right-of-way plan development, and final design.
- Right-of-way acquisition and construction oversight may be negotiated with the selected firm at a later date.
- It is anticipated that the project will disturb more than an acre of land and will require permitting. Full erosion, sedimentation, and pollution control plans will be required through the Georgia Department of Natural Resources Environmental Protection Division (EPD).
  - Task Order # 1: Development of the Concept Report and preparation of the database. All activities normally associated with concept development will be included. These include but are not limited to:
    - a. Traffic forecasting, including preparation of GDOT traffic flow diagrams.
    - b. ICE Study
    - c. Environmental resource identification.
    - d. Concept development – GDOT approved concept report as a deliverable.
    - e. Topographic survey and database preparation – GDOT approved database as a deliverable.
    - f. Public involvement services – One Public Information Open House is anticipated.
    - g. Geotechnical services consisting of a pavement evaluation and a Phase 1 Environmental Site Assessment (ESA).
  - Task Order # 2: Preparation of the preliminary plans, environmental document, and right-of-way plans.
    - a. Preparation of preliminary design plans – A GDOT administered Preliminary Field Plan Review (PFPR) and subsequent approved comment responses will be required
    - b. Preparation of Assessment of Effects, air/noise, and environmental document – An environmental document approved by GDOT and/or Federal Highway Administration (FHWA) as a deliverable. The environmental document is anticipated to be a Categorical Exclusion at this time.
    - c. Utility coordination efforts – It is anticipated that a Subsurface Utility Exploration (SUE) Quality Level B and coordination with GDOT District 1 Utility Office will be required for preliminary utility relocation plans from the identified utility owners.
    - d. Preparation of right-of-way plans – GDOT approved right-of-way plans as a deliverable. GDOT right-of-way authorization is required.
    - e. Right-of-way staking. One full staking of the all properties will be required, and re-staking up to 20% of the properties may be required.
    - f. GDOT roundabout lighting plans will be required.
    - g. Preliminary landscape plan will be required.
    - h. Preliminary drainage plans will be required.
    - i. Preliminary signing and marking plans will be required.
    - j. Preliminary erosion, sedimentation, and pollution control plans will be required.
    - k. Preliminary plan and profiles will be required.
    - l. Preliminary cross sections will be required.
    - m. All preliminary plans required by GDOT PDP.
  - Task Order # 3: Preparation of final plans.
    - a. Preparation of re-evaluations for environmental special studies and environmental document.

- b. Preparation of final design plans. A GDOT administered Final Field Plan Review (FFPR) and subsequent approved comment responses will be required. Final design plans, cost estimates, bid quantities, bid documents, and all other documents required for construction letting will be required as a deliverable. Erosion, sedimentation, and pollution control plans will be submitted to EPD.
  - c. Coordination with GDOT District 1 Utility Office for obtaining final utility plans (second submission plans) will be required.
  - d. All preliminary plans will be finalized.
  - e. Right-of-way acquisition services may be required.
  - f. The construction 7 day erosion inspection letter will be required.
- As Directed Services:
    - a. Soil survey report
    - b. 404 permit
    - c. Stream buffer variance
- The selected consultant shall be responsible for the following:
    1. The consultant shall use the Georgia Department of Transportation Plan Development Process, latest edition.
    2. The selected consultant shall create engineered construction documents including plans and specifications for the project, construction documents (including grading, erosion control, utility, construction details, etc.as needed).
    3. The selected consultant shall route plans through appropriate regulatory agencies and obtain applicable permits
    4. The selected consultant shall incorporate the concept report into the design. The selected consultant may need to continue the approval process of the concept report through GDOT
    5. The selected consultant shall prepare environmental studies, documentation, and reports for the project that show the project complies with the provisions of the National Environmental Protection Act (NEPA) and the Georgia Environmental Protection Act (GEPA), as appropriate. This shall include any and all archaeological, historical, ecological, air, noise, underground storage tanks and hazardous waste, and any other site studies as required. The plans and all related studies shall be subject to review and approval by GDOT and the Federal Highway Administration (FHWA).
    6. The selected consultant shall prepare all public hearing and public information displays and conduct any and all required public hearings and public information meetings in accordance with GDOT requirements.
    7. The selected consultant shall perform all surveys, mapping, soil investigations studies, etc. needed for the design of the project.
    8. The selected consultant shall prepare all drainage design including erosion control plans and development of hydraulic studies for FEMA and be responsible for acquisition of any necessary permits associated with the drainage design.
    9. The selected consultant shall prepare all necessary traffic studies, preliminary plans, final plans, right-of-way plans, construction cost estimates, utility plans, erosion control plans, lighting plans, traffic handling plans, and construction staging plans as necessary for this project.
    10. The selected consultant shall provide certification by a Georgia Registered Professional Engineer that the construction plans have been prepared under the guidance of the professional engineer and are compliant with AASHTO and GDOT specifications.
    11. The selected consultant shall perform all of the above, but not be limited to, the above referenced items for the successful completion of this phase of the project.
    12. The selected consultant shall prepare bid specifications and quantities with a reproducible set of plans, provide response to contractor inquiries, attend pre-bid meeting, review construction bids, make recommendation of award, and other functions as required by Oconee County to get this project to construction. The consultant



may be needed throughout the construction process to provide technical support to Oconee County and the construction contractor.

13. The selected consultant shall provide Oconee County with a copy of the plans and linework for centerline, utilities, storm, etc. in Inroads, Microstation V-8i, refer to GDOT/ROADS/Plans Presentation Committee/Electronic Data Guidelines.
14. The selected consultant shall prepare a Baseline Schedule for all design activities through Letting that is to be reviewed and approved by Oconee County and GDOT.

7. Related Key Team Leaders:

- A. Design
- B. Traffic Operations
- C. Utilities
- D. Environmental

**EXHIBIT II**  
**CERTIFICATION FORM**

I, \_\_\_\_\_, being duly sworn, state that I am \_\_\_\_\_ (title) of \_\_\_\_\_

\_\_\_\_\_ (firm) and hereby duly certify that I have read and understand the information presented in the attached proposal and any enclosure and exhibits thereto.

**Initial each box below indicating certification.** The person initialing must be the same person who signs the Certification Form. (If unable to initial any box for any reason, place an "X" in the applicable box and attach a statement explaining the non-certification. The County will review and make a determination as to whether or not the firm shall be considered further or disqualified).

I further certify that to the best of my knowledge the information given in response to the Request for Qualifications is full, complete and truthful.

I further certify that the submitting firm and any principal employee of the submitting firm has not, in the immediately preceding five (5) years, been convicted of any crime of moral turpitude or any felony offense, nor has had their professional license suspended, revoked or been subjected to disciplinary proceedings, nor is any team members/principals currently under indictment for any reason related to actions on public infrastructure projects.

I further certify that I understand that Firms included on the current Federal list of firms suspended or debarred are not eligible for selection and that the submitting firm has not, in the immediately preceding five (5) years, been suspended or debarred from contracting with any federal, state or local government agency, and further, that the submitting firm is not now under consideration for suspension or debarment from any such agency.

I further certify that the submitting firm has not in the immediately preceding five (5) years been defaulted in any federal, state or local government agency contract and further, that the submitting firm is not now under any notice of intent to default on any such contract, nor has been removed from a contract or failed to complete a contract as assigned due to cause or default.

I further certify that the firm or any affiliate(s) has not been involved in any arbitration, litigation, mediation, dispute review board or other dispute resolution proceeding with a client, business partner, or government agency in the last five (5) years involving an amount in excess of \$500,000 related to performance on public infrastructure projects.

I further certify that there are not any pending regulatory inquiries that could impact our ability to provide services if we are the selected consultant.

I further certify that there are no possible conflicts of interest created by our consideration in the selection process or by our involvement in the project.

I further certify that the submitting firm's annual average revenue for the past five (5) years is sufficient to allow the services to be delivered effectively by our firm and that there are no trends in the revenue which may be concerning other than normal market fluctuations.

I further certify that in regards to Audit and Accounting System Requirements, that the submitting firm:

- I. Has an accounting system in place to meet requirements of 48 CFR Part 31 and, in the case of non-profit organizations, OMB Circular A-122.
- II. Has submitted its yearly Certified Public Accountant overhead audit if it currently has an aggregate contract amount exceeding \$250,000.
- III. Has no significant outstanding deficient audit findings from previous contracts with GDOT that have not been resolved.
- IV. Is responsible for being reasonably assured that all sub-consultant(s) presented as a part of the proposed team are similarly in compliance with the above requirements.

I acknowledge, agree and authorize, and certify that the proposer acknowledges, agrees and authorizes, that Oconee County may, by means that either deems appropriate, determine the accuracy and truth of the information provided by the proposer and that Oconee County may contact any individual or entity named in the Statement of Qualifications for the purpose of verifying the information supplied therein.

I acknowledge and agree that all of the information contained in the Statement of Qualifications is submitted for the express purpose of inducing Oconee County to award a contract.

*A material false statement or omission made in conjunction with this proposal is sufficient cause for suspension or debarment from further contracts, or denial or rescission of any contract entered into based upon this proposal thereby precluding the firm from doing business with, or performing work for, the State of Georgia. In addition, such false statement or omission may subject the person and entity making the proposal to criminal prosecution under the laws of the State of Georgia of the United States, including but not limited to O.C.G.A. §16-10-20, 18 U.S.C. §§1001 or 1341.*

Sworn and subscribed before me

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY SEAL

EXHIBIT III

GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

|                                |  |
|--------------------------------|--|
| Consultant's Name:             |  |
| Address:                       |  |
| Solicitation No./Contract No.: | <b>RFQ 23-03-011</b>                             |
| Solicitation/Contract Name:    | <b>Engineering Design of Roundabout on SR 53</b> |

CONSULTANT AFFIDAVIT

By executing this affidavit, the undersigned Consultant verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, entity or corporation which is engaged in the physical performance of services on behalf of the Oconee 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 Consultant will continue to use the federal work authorization program throughout the contract period and the undersigned Consultant will contract for the physical performance of services in satisfaction of such contract only with sub-consultants who present an affidavit to the Consultant with the information required by O.C.G.A. § 13-10-91(b). Consultant hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
 Federal Work Authorization User Identification Number  
 (EEV/E-Verify Company Identification Number)

\_\_\_\_\_  
 Date of Authorization

\_\_\_\_\_  
 Name of Consultant

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

\_\_\_\_\_  
 Printed Name (of Authorized Officer or Agent of Consultant)

\_\_\_\_\_  
 Title (of Authorized Officer or Agent of Consultant)

\_\_\_\_\_  
 Signature (of Authorized Officer or Agent)

\_\_\_\_\_  
 Date Signed

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 202\_\_

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

[NOTARY SEAL]

My Commission Expires: \_\_\_\_\_

**EXHIBIT IV**  
**Area Class Summary Example**

Respondents should complete a table similar to the below and indicate by placing an “X” in the appropriate column indicating the firm which meets each required area class for each specific project with particular emphasis on the area classes which the Prime must hold as well as the sub-consultants. The below table is a full listing of all area classes. Since no single advertisement would require every area class, Respondents should delete all the area classes which are not applicable to the project they are pursuing and only include the ones applicable. Particular attention should be paid to the date that consultants certificate expires.

| Area Class # | Area Class Description  | Prime Consultant Name | Sub-Consultant #1 Name | Sub-Consultant #2 Name | Sub-Consultant #3 Name | Sub-Consultant #4 Name | Sub-Consultant #5 Name | Sub-Consultant #6 Name |
|--------------|---|-----------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
|              | <b>DBE – Yes/No -&gt;</b>   |                       |                        |                        |                        |                        |                        |                        |
|              | <b>Prequalification Expiration Date</b>                             |                       |                        |                        |                        |                        |                        |                        |
| 1.01         | Statewide Systems Planning  |                       |                        |                        |                        |                        |                        |                        |
| 1.02         | Urban Area and Regional Transportation Planning                     |                       |                        |                        |                        |                        |                        |                        |
| 1.03         | Aviation Systems Planning   |                       |                        |                        |                        |                        |                        |                        |
| 1.04         | Mass and Rapid Transportation Planning                              |                       |                        |                        |                        |                        |                        |                        |
| 1.05         | Alternate Systems Planning  |                       |                        |                        |                        |                        |                        |                        |
| 1.06(a)      | NEPA  |                       |                        |                        |                        |                        |                        |                        |
| 1.06(b)      | History   |                       |                        |                        |                        |                        |                        |                        |
| 1.06(c)      | Air Quality   |                       |                        |                        |                        |                        |                        |                        |
| 1.06(d)      | Noise   |                       |                        |                        |                        |                        |                        |                        |
| 1.06(e)      | Ecology   |                       |                        |                        |                        |                        |                        |                        |
| 1.06(f)      | Archaeology   |                       |                        |                        |                        |                        |                        |                        |
| 1.06(g)      | Freshwater Aquatic Surveys  |                       |                        |                        |                        |                        |                        |                        |
| 1.06(h)      | Bat Surveys   |                       |                        |                        |                        |                        |                        |                        |
| 1.07         | Attitude, Opinion, and Community Value Studies (Public Involvement) |                       |                        |                        |                        |                        |                        |                        |
| 1.08         | Airport Master Planning (AMP)                                       |                       |                        |                        |                        |                        |                        |                        |
| 1.09         | Location Studies  |                       |                        |                        |                        |                        |                        |                        |
| 1.10         | Traffic Analysis  |                       |                        |                        |                        |                        |                        |                        |
| 1.11         | Traffic and Toll Revenue Studies                                    |                       |                        |                        |                        |                        |                        |                        |
| 1.12         | Major Investment Studies  |                       |                        |                        |                        |                        |                        |                        |
| 1.13         | Non-Motorized transportation Planning                               |                       |                        |                        |                        |                        |                        |                        |
| 2.01         | Mass Transit Program (Systems Management)                           |                       |                        |                        |                        |                        |                        |                        |
| 2.02         | Mass Transit Feasibility and Technical Studies                      |                       |                        |                        |                        |                        |                        |                        |
| 2.03         | Mass Transit Vehicle and Propulsion System                          |                       |                        |                        |                        |                        |                        |                        |
| 2.04         | Mass Transit Controls, Communication and Information Systems        |                       |                        |                        |                        |                        |                        |                        |
| 2.05         | Mass Transit Architectural Engineering                              |                       |                        |                        |                        |                        |                        |                        |
| 2.06         | Mass Transit Unique Structures                                      |                       |                        |                        |                        |                        |                        |                        |
| 2.07         | Mass Transit Electrical and Mechanical System                       |                       |                        |                        |                        |                        |                        |                        |
| 2.08         | Mass Transit Operations Management and Support Services             |                       |                        |                        |                        |                        |                        |                        |
| 2.09         | Airport Design (AD)   |                       |                        |                        |                        |                        |                        |                        |
| 2.10         | Mass Transit Program (Systems Marketing)                            |                       |                        |                        |                        |                        |                        |                        |
| 3.01         | Two-Lane or Multi-lane Rural Roadway Design                         |                       |                        |                        |                        |                        |                        |                        |
| 3.02         | Two-Lane or Multi-lane urban Roadway Design                         |                       |                        |                        |                        |                        |                        |                        |
| 3.03         | Multi-Lane Urban Roadway Widening and Reconstruction                |                       |                        |                        |                        |                        |                        |                        |
| 3.04         | Multi-lane Rural Interstate Limited Access Design                   |                       |                        |                        |                        |                        |                        |                        |
| 3.05         | Multi-lane Urban Interstate Limited Access Design                   |                       |                        |                        |                        |                        |                        |                        |
| 3.06         | Traffic Operations Studies  |                       |                        |                        |                        |                        |                        |                        |
| 3.07         | Traffic Operations Design   |                       |                        |                        |                        |                        |                        |                        |
| 3.08         | Landscape Architecture Design                                       |                       |                        |                        |                        |                        |                        |                        |

|         |   |  |  |  |  |  |  |  |
|---------|---|--|--|--|--|--|--|--|
| 3.09    | Traffic Control Systems Analysis, Design and Implementation |  |  |  |  |  |  |  |
| 3.10    | Utility Coordination  |  |  |  |  |  |  |  |
| 3.11    | Architecture  |  |  |  |  |  |  |  |
| 3.12    | Hydraulic and Hydrological Studies (Roadway)                |  |  |  |  |  |  |  |
| 3.13    | Facilities for Bicycles and Pedestrians                     |  |  |  |  |  |  |  |
| 3.14    | Historic Rehabilitation                                     |  |  |  |  |  |  |  |
| 3.15    | Highway and Outdoor Lighting                                |  |  |  |  |  |  |  |
| 3.16    | Value Engineering (VE)                                      |  |  |  |  |  |  |  |
| 3.17    | Toll Facilities Infrastructure Design                       |  |  |  |  |  |  |  |
| 4.01    | Minor Bridge Design   |  |  |  |  |  |  |  |
| 4.02    | Major Bridge Design   |  |  |  |  |  |  |  |
| 4.04    | Hydraulic and Hydrological Studies (Bridges)                |  |  |  |  |  |  |  |
| 4.05    | Bridge Inspection   |  |  |  |  |  |  |  |
| 5.01    | Land Surveying  |  |  |  |  |  |  |  |
| 5.02    | Engineering Surveying                                       |  |  |  |  |  |  |  |
| 5.03    | Geodetic Surveying  |  |  |  |  |  |  |  |
| 5.04    | Aerial Photography  |  |  |  |  |  |  |  |
| 5.05    | Photogrammetry  |  |  |  |  |  |  |  |
| 5.06    | Topographic Remote Sensing                                  |  |  |  |  |  |  |  |
| 5.07    | Cartography   |  |  |  |  |  |  |  |
| 5.08    | Overhead/Subsurface Utility Engineering (SUE)               |  |  |  |  |  |  |  |
| 6.01(a) | Soil Survey Studies   |  |  |  |  |  |  |  |
| 6.01(b) | Geological and Geophysical Studies                          |  |  |  |  |  |  |  |
| 6.02    | Bridge Foundation Studies                                   |  |  |  |  |  |  |  |
| 6.03    | Hydraulic and Hydrologic Studies (Soils & Foundation)       |  |  |  |  |  |  |  |
| 6.04(a) | Laboratory Testing of Roadway Construction Materials        |  |  |  |  |  |  |  |
| 6.04(b) | Field Testing of Roadway Construction Materials             |  |  |  |  |  |  |  |
| 6.05    | Hazardous Waste Site Assessment Studies                     |  |  |  |  |  |  |  |
| 8.01    | Construction Engineering and Supervision                    |  |  |  |  |  |  |  |
| 9.01    | Erosion, Sedimentation, and Pollution Control Plan          |  |  |  |  |  |  |  |
| 9.02    | Rainfall and Runoff Reporting                               |  |  |  |  |  |  |  |
| 9.03    | Field Inspection for Erosion Control                        |  |  |  |  |  |  |  |

ATTACHMENT 1

Submittal Formats for Oconee County's Engineering Design of Roundabout on SR 53

# of Pages Allowed

|  |    |                  |
|--|----|------------------|
| Cover Page   | -> | 1                |
| <b>A. Administrative Requirements</b>  |    |                  |
| 1. Basic Company Information   |    |                  |
| a. Company name  |    |                  |
| b. Company Headquarter Address   |    | Excluded         |
| c. Contact Information   |    |                  |
| d. Company Website   |    |                  |
| e. Georgia Addresses   |    |                  |
| f. Staff   |    |                  |
| g. Ownership   |    |                  |
| 2. Notarized Certification Form (Exhibit II) for Prime   | -> | 1                |
| 3. Notarized Georgia Security and Immigration Compliance Act Affidavit (Exhibit III) for Prime         | -> | 1                |
| 4. Signed Cover Page of any Addenda Issued   | -> | 1 (each addenda) |
| <b>B. Experience and Qualifications</b>  |    |                  |
| 1. Project Manager   |    |                  |
| a. Education   |    |                  |
| b. Registration  |    | 2                |
| c. Relevant engineering experience   |    |                  |
| d. Relevant project management experience  |    |                  |
| e. Relevant experience using GDOT specific processes, etc.   |    |                  |
| 2. Key Team Leader Experience  |    |                  |
| a. Education   |    | 1 (each)         |
| b. Registration  |    |                  |
| c. Relevant technical experience in applicable resource area   |    |                  |
| d. Relevant experience using GDOT specific processes, etc.   |    |                  |
| 3. Prime's Experience  |    |                  |
| a. Client name, project location, and dates  |    |                  |
| b. Description of overall project and services performed   |    | 2                |
| c. Duration of project services provided   |    |                  |
| d. Experience using GDOT specific processes, etc.  |    |                  |
| e. Clients current contact information   |    |                  |
| f. Involvement of Key Team Leaders   |    |                  |
| 4. Area Class Table and Notice of Professional Consultant Qualifications for Prime and Sub-Consultants | -> | Excluded         |
| <b>C. Resources/Workload Capacity</b>  |    |                  |
| 1. Overall Resources   |    |                  |
| a. Organization chart  | -> | Excluded         |
| b. Primary office to handle project and staff description of office and benefits of office             |    |                  |
| c. Narrative on Additional Resource Areas and Ability  |    | 1                |
| 2. Project Manager Commitment Table  | -> | Excluded         |
| 3. Key Team Leaders Project commitment table   | -> | Excluded         |



RFQ# 23-03-011  
Engineering Design of Roundabout on SR 53

## BIDDER'S CHECKLIST

Company Name \_\_\_\_\_

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

### ITEM DESCRIPTION

---

Check

- Bidder's Checklist
- Bidder's Information Form
- Addenda Acknowledgement Form
- Partnership Affidavit (if applicable)
- Corporate Affidavit (if applicable)
- Individual Affidavit (if applicable)
- S.A.V.E. Affidavit
- Drug-Free Workplace Certificate
- W-9

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Email*

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



RFQ# 23-03-011

Engineering Design of Roundabout on SR 53

## BIDDER'S INFORMATION FORM

LEGAL BUSINESS NAME \_\_\_\_\_ TIN # \_\_\_\_\_

**INDICATE LEGAL FORM OF BUSINESS:**

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other (specify) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City State Zip Code

AUTHORIZED SIGNER \_\_\_\_\_

Name Title

PRIMARY CONTACT \_\_\_\_\_

Name Phone Email

SECONDARY CONTACT \_\_\_\_\_

Name Phone Email

COMPANY WEBSITE \_\_\_\_\_

**BILLING ADDRESS (IF DIFFERENT THAN ABOVE)**

\_\_\_\_\_

Street City State Zip Code

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

LICENSED BY CITY/STATE? \_\_\_\_\_ OCCUPATIONAL TAX LICENSE # \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**RFQ# 23-03-011**  
**Engineering Design of Roundabout on SR 53**

## **ADDENDA ACKNOWLEDGEMENT**

---

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

Addendum Number \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number \_\_\_\_\_ Date \_\_\_\_\_

Addendum Number \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
*Authorized Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name*

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

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





**RFQ# 23-03-011**

**Engineering Design of Roundabout on SR 53**

## **Corporate Certificate**

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

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

---

CORPORATE SECRETARY

(SEAL)





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

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

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

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

\_\_\_\_\_

My card number is:

\_\_\_\_\_

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(2), with this affidavit.

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

\_\_\_\_\_

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-2, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_, \_\_\_\_\_ (City, State)

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Subscribed and sworn to before me, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

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

My Commissioner Expires \_\_\_\_\_

(Seal)



**RFQ# 23-03-011  
Engineering Design of Roundabout on SR 53**

**Drug Free Workplace Certificate**

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

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

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

**Contractor** \_\_\_\_\_

**By** \_\_\_\_\_

**Name (Printed)** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

|  |   |   |
|--|---|---|
| <b>Print or type.</b><br><b>See Specific Instructions on page 3.</b> | <p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> 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 <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p> | <p><b>4</b> 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><small>(Applies to accounts maintained outside the U.S.)</small></p> |
|  | <p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> 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.

|                                       |  |  |  |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |   |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |
|                                       |  |  |  | - |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |   |  |  |  |
|                                       |  |  |  |   |  |  |   |  |  |  |
|                                       |  |  |  | - |  |  |   |  |  |  |

## 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.

|                  |                                  |              |
|------------------|----------------------------------|--------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

## General Instructions

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

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

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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

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

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

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

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

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

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

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

## Backup Withholding

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

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

**Payments you receive will be subject to backup withholding if:**

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

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

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

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

## Updating Your Information

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

## Penalties

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

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



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

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

## Specific Instructions

### Line 1

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

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

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

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

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

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

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

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

### Line 2

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

### Line 3

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

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

### Line 4, Exemptions

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

#### Exempt payee code.

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

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

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

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

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

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

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

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

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

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

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

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

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

G—A real estate investment trust

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

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

A bank as defined in section 581

K—A broker

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

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

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

### Line 5

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

### Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

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

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

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

## Part II. Certification

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

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

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

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

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

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

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

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

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

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

**What Name and Number To Give the Requester**

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

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

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

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

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

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

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

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

**Secure Your Tax Records From Identity Theft**

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

To reduce your risk:

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

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

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

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

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

**Protect yourself from suspicious emails or phishing schemes.**

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

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

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

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

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