



Jones County Board of Commissioners
P.O. Box 1359
166 Industrial Blvd.
Gray, Georgia 31032

Jason Rizner
County Administrator

REQUEST FOR PROPOSALS IONIZATION UNITS

Issue Date: Thursday, September 17, 2020

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

BIDS WILL BE RECEIVED UNTIL OCTOBER 1, 2020 AT 3:00 P.M.

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



REQUEST FOR PROPOSALS

The Jones County Board of Commissioners is accepting sealed proposals for bipolar ionization units for various county buildings. Sealed proposals will be accepted until 3:00 PM on Thursday October 1st, 2020 when they will be opened and read aloud in the Government Center Conference Room, 166 Industrial Blvd. Gray, GA 31032. Any questions should be directed to Leslie Faulk via e-mail at leslie.faulk@jonescountyga.org. Contractors interested in submitting proposals are responsible for monitoring the Jones County website (County Bids page) for any addenda that may be issued.

Following award and prior to beginning of work Contractor agrees to the following:

- Work shall be performed in accordance with applicable federal, state and local laws and regulations.
- Contractor will provide a certificate of insurance as outlined in the attached insurance requirements.
- Company submitting proposal is required to submit the attached Prime Contractors Work Authorization Certification and affidavit verifying status for County Public Benefit Application.
- Contractor shall be responsible for the removal and proper disposal of trash and debris.

All submitted proposals must include:

- An all-inclusive not-to-exceed amount with itemized cost estimates for each aspect of the project;
- Detailed description of proposed ionizer to be installed in each location (ions per CFM or cc/sec) with manufacturer's specification sheet for all proposed equipment;
- Proposed time frame (start date, duration of project and hard end date);
- In addition to manufacturer's guarantee on equipment, guarantee on all installation labor;
- State of Georgia contractor/electrician license number; and
- Current proof of general liability and workers comp insurance as described in the document attached to this RFP package.

To ensure that proposals include the entire scope of this project, qualified contractors are encouraged to meet with Jones County Building Maintenance Director Donald White to discuss



and review the project prior to preparing and submitting a proposal. To set up an appointment, please call (478) 951-3427.

Please note that the Board of Commissioners has not committed to installing said devices at all sites listed in this document. The Board may opt to only include certain sites in this project and they reserve the right not to do any portion of said project.

Specifications

- Prices submitted shall include all equipment and installation costs.
- The quantity, type, manufacturer and size of bipolar ionization generators are specified below.
 - Water Department
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 3
 - Sheriff's Office
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 12
 - GPS FC48 Needlepoint Bipolar Ionization Generators
 - Quantity: 5
 - Courthouse
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 10
 - GPS I-Rib Needlepoint Bipolar Ionization Generators
 - Quantity: 1
 - Animal Shelter
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 3
 - Senior Center
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 4
 - Public Works Office
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 3
 - Health Department
 - GPS FC24 Needlepoint Bipolar Ionization Generators



- Quantity: 6
- Government Center
 - GPS FC3 Needlepoint Bipolar Ionization Generators
 - Quantity: 4
 - GPS I-Mod 84 Needlepoint Bipolar Ionization Generators
 - Quantity: 1
 - GPS I-Mod 96 Needlepoint Bipolar Ionization Generators
 - Quantity: 1
- Library
 - GPS FC3 Needlepoint Bipolar Ionization Generators
 - Quantity: 2
 - GPS I-Mod 72 Needlepoint Bipolar Ionization Generators
 - Quantity: 1
- Knox Center
 - GPS FC24 Needlepoint Bipolar Ionization Generators
 - Quantity: 10

General Information:

- The County reserves the right to reject and or all bids or proposals, to waive technicalities, and to make a selection and final award as deemed to be in the best interest of the County.
- Provider selection will be based on the information contained in the bids or proposals, and incomplete or inaccurate information may result in disqualification of a proposal or a bidder.
- The Jones County Board of Commissioners reserves the right to accept or reject any or all bids or proposals, to solicit additional bids or proposals, or to amend or revise bid or RFP documents.
- The proposal submitted by each proposed service provider will be treated as best and final. There will be no opportunity to negotiate fees during the selection process.
- The County does not guarantee the purchase of any/all equipment or services.
- The County reserves the right to terminate any contract for this equipment and/or services for any of the following reasons:
 - a. If the equipment/service is not delivered/completed on an agreed-upon schedule.



- b. If the equipment/services delivered is not the same equipment/services bid.
- c. Receipt of substandard product/service.
- d. Poor workmanship.



DRUG FREE WORKPLACE CERTIFICATION

The signer of the Jones County Contract certifies that the provisions of code sections 50-24-1, through 50-24-6 of the Official Code of Georgia Annotated relating to the ** Drug Free Workplace Act ** have been complied with in full. The signer 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:
Subcontractor 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 paragraph (7) of subsection (b) of code section, 50-24-3. Also the signer further certifies that he will not engage in the unlawful manufacture, sale, distribution, dispensation, possession or use of a controlled substance or marijuana during the performance of the contract.



Proposal Form

- **Checklist**

- ☐ **Copy of applicable license(s) attached**
- ☐ **Copy of product specifications attached**
- ☐ **Copy of warranty information attached**
- ☐ **Reference Sheet completed and attached**
- ☐ **Insurance requirements met and attached**
- ☐ **E-Verify Documents Complete and attached**

Project Start Date: _____

Project Duration (days): _____

Project End Date: _____

Price to supply specified equipment and have said equipment installed at the following sites:

- | | |
|-------------------------------------------|----------|
| <input type="radio"/> Water Department | \$ _____ |
| <input type="radio"/> Sheriff's Office | \$ _____ |
| <input type="radio"/> Courthouse | \$ _____ |
| <input type="radio"/> Animal Shelter | \$ _____ |
| <input type="radio"/> Senior Center | \$ _____ |
| <input type="radio"/> Public Works Office | \$ _____ |
| <input type="radio"/> Health Department | \$ _____ |
| <input type="radio"/> Government Center | \$ _____ |
| <input type="radio"/> Library | \$ _____ |
| <input type="radio"/> Knox Center | \$ _____ |

Company: _____

Address: _____

Phone: _____ **Email:** _____

Authorized Signature: _____



Receipt of Addenda

Number

Signature



References

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:



Contractor Insurance Requirements

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

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

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

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

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

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

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

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

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



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

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

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

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

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

Worker's Compensation: The contractor will maintain workers' compensation and employer's liability insurance.

Minimum limits: Workers' compensation – statutory limit
 Employer's liability:
 \$1,000,000 bodily injury for each accident
 \$1,000,000 bodily injury by disease for each employee
 \$1,000,000 bodily injury disease aggregate



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

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of (Jones County) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:



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

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

1) _____ I am a United States citizen

OR

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

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__

*

Alien Registration number for non-citizens

Notary Public _____

My Commission Expires: _____

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



OPTIONAL — FOR NON-BIDDERS ONLY

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

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

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

VENDOR STATEMENT:

Bid Description: _____

Company Name: _____

Company Official Name: _____

Company Official Signature: _____

Telephone Number: _____

Email Address: _____

JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
(478) 986-6405 x 1161
leslie.faulk@jonescountyga.org