



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

Issue Date: Thursday, April 28, 2022

JONES COUNTY BOARD OF COMMISSIONERS
166 INDUSTRIAL BLVD./P.O. BOX 1359
GRAY, GA 31032
PHONE: (478) 986-8233
ATTN: JASON RIZNER, COUNTY ADMINISTRATOR

PROPOSALS WILL BE RECEIVED UNTIL Thursday, June 16, 2022 AT 3:30 P.M.

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



INVITATION TO BID

The Jones County Board of Commissioners is accepting sealed proposals for a professional and experienced contractor to construct approximately 2.12 miles of a multi – use Mountain bike trail at the Mattie Wells Community Center property located at 512 Georgia Highway 49, Macon, GA 31217. Sealed proposals will be accepted until 3:30 PM on Thursday, June 16, 2022 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 Julie Happoldt via e-mail at Julie.happoldt@jonescountyga.org

Overview

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

The contractor should have expertise and experience in sustainable trail building to create a mountain bike and walking trail for the Mattie Wells Community Center site. The trail will have many features to include bridges, climbing turns, rock garden/rock skinny, wall rides, and a puncheon.

Even though the trails are being proposed for the purpose of mountain biking, other user groups such as hikers, backpackers, nature observers, and trail runners should be considered as we anticipate them making up a significant portion of the trail users.

It's anticipated this will be an intermediate level trail for mountain bikers and will be traveled in both directions of the course. Most mountain bikers will utilize this in the uphill direction.

Scope of Work

1. Build up to 2.12 total miles of a new multi-use (biker, hiker use) trail.
2. Full – bench construction will be used in the completion of this project.
3. All work identified in this bid shall be completed by the successful bidder and shall include all necessary materials, labor, equipment, tools, insurance, permits and fees(if any) needed to complete the specified work.
4. Contractor will clean site and remove all trash and related materials left over from the project.
5. Successful bidder will also provide on – site service to include marking the layout of the trail and it's many features.
6. Please reference **pages 2 and 3** of plans for further and more detailed scope of work.
7. All paved and connector trails planned for **future** use please don't include items in the cost. **No** pump track concession stand or playground at this time.



8. Please reference the Mountain bike facility design and project layout (attachment #1)

Submission Requirements

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

1. Qualifications and Experience (years in business, evidence of insurance, number of staff, equipment to be utilized, experience, projects on USFS land, etc.)
2. Identify at least 3 examples of similar natural surface trail projects in process or constructed within the past 3 years.
3. List mechanized equipment you plan to use
4. Availability (when can your company start this project and how long will it take)
5. Please provide 2 references from projects your company has completed.
6. Cost proposal inclusive of everything described above as the scope of work. (See Opinion of Cost Form)

Selection Process

Criteria for selection will be based on:

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



Proposal Submission Form

Checklist

- Contractor complies with insurance requirements**
- References attached**
- Subcontractor information and references attached (if applicable)**
- E-Verify Affidavit attached**
- Application for Public Benefit attached**
- Opinion of cost form**
- Estimate of time to complete project**

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

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

Company: _____

Address: _____

Contact: _____ E-mail Address: _____

Phone: _____

Signature of Company Official: _____



Opinion of Cost

ITEM	QTY	UNIT	COST/UNIT	TOTAL	NOTES
Demolition and Earthwork					
Clearing and Grubbing of Trails					
Cut and chip small trees up to 6" diameter	3.00	AC			
Subtotal					
Erosion Control					
Silt Barrier	1,000.00	LF			
Subtotal					
Site Work					
Compacted earth natural surface trail	11,455.00	LF			
Puncheon (4' - 6' wide)	200.00	LF			
Wooden pedestrian bridge (4-6' wide)	160.00	LF			
Rock garden construction	150.00	LF			
Berms and rollers	500.00	LF			
Wood berms/wall rides	1,000.00	SF			
Trail blazing	1.00	LUMP SUM			
Signage (Up to four 24" x 36" park/trail orientation signs and one large park entry monument sign)	1.00	LUMP SUM			
Subtotal					
Total					



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: _____



Receipt of Addenda

Number

Signature



Contractor Insurance Requirements

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

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

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:



Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

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

Federal Work Authorization User Identification Number

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

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

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:



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

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract for

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

(_____ name of contractor) on behalf of (Jones County) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to (name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Sub-subcontractor

Name of Project

Name of Public Employer

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

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

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 202__.

NOTARY PUBLIC

My Commission Expires: _____



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

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

1) _____ I am a United States citizen

OR

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

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

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN
 BEFORE ME ON THIS THE

___ DAY OF _____, 20__

*

_____ Alien Registration number for non-citizens

Notary Public _____

My Commission Expires: _____

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



OPTIONAL — FOR NON-BIDDERS ONLY

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

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

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

VENDOR STATEMENT:

Bid Description: _____

Company Name: _____

Company Official Name: _____

Company Official Signature: _____

Telephone Number: _____

Email Address: _____

JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
(478) 986-8233 ext. 1133 julie.happoldt@jonescountyga.org