



# **Request for Proposals**

# **Spray Foam Insulation**

**Issue Date: Monday, April 15, 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, May 19, 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. ENVELOPES SHOULD BE MARKED WITH "RFP -Spray Foam Insulation".**



### **SCOPE OF WORK INTENT**

It is the intent of this solicitation to secure a qualified contractor to remove all paper insulation and replace with foam spray-in insulation on walls and ceiling at the Mattie Wells Community Center located at 512 GA Highway 49 Macon, Georgia 31217. The scope of services for this contract will be for all labor and materials needed to complete the work specified herein. Contractor shall be a properly licensed contractor under existing Federal, State and Local laws, and qualified to perform the job as contained in this Scope of Work. Contractor shall have experience in removing and installing insulation. Contractor must provide three references.

### **SUMMARY OF WORK**

Contractor will remove and dispose of all existing paper insulation and haul away at the contractor's expense in accordance with all federal, state and local regulations. Contractor will install approximately 4,851 square feet of open cell foam insulation spray on ceiling (two inch) and walls (1 ½ inch). Contractor will clean site and remove all trash and related materials left over from the project. 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.

### **PROPOSAL REQUIREMENTS AND EVALUATION**

Proposals should include a detailed description of how the contractor proposes to do the work described above including techniques and materials used to complete the insulation installation. The price submitted should include all material and labor to complete the work described in this RFP. Although price will be considered, experience, references and the quality of the materials proposed will also be considered when making any award under this RFP.

### **Questions**

Any questions regarding this RFP should be directed to Julie Happoldt, Jones County Purchasing Agent, in writing at [Julie.happoldt@jonescountyga.org](mailto:Julie.happoldt@jonescountyga.org).



### **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, 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 amend or revise bid documents. It is the vendor's responsibility to monitor the county's vendor Registry site for any addenda that may be issued
- 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.
- If you plan to use subcontractors to perform any of the work described above, please identify the subcontractors you plan to use and explain the role they would play in this project.
- The County does not guarantee the purchase of any/all equipment.
- 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.



**Proposal Submission Form**

**Checklist**

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

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

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

Price to complete the work Described in this RFP : \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Signature of Company Official: \_\_\_\_\_



## References

**Government/Company:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

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

**Project Description:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Project:** \_\_\_\_\_

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**Government/Company:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

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

**Project Description:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Project:** \_\_\_\_\_

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**Government/Company:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

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

**Project Description:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Project:** \_\_\_\_\_



## Receipt of Addenda

**Number**

**Signature**

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## **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 policies 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) (2)**

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: \_\_\_\_\_



**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: \_\_\_\_\_



**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:**

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Bid Description: \_\_\_\_\_

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

Company Official Name: \_\_\_\_\_

Company Official Signature: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT**

(478) 986-8233 [Julie.happoldt@jonescountyga.org](mailto:Julie.happoldt@jonescountyga.org)









