

Request for Proposals Pickle Ball Courts

Issue Date: Monday, March 21, 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 Monday, April 25, 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 – PICKLE BALL COURTS".

SCOPE OF WORK INTENT

It is the intent of this solicitation to secure a qualified contractor to resurface & convert tennis courts into Pickle ball courts. 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 resurfacing courts for Pickle ball, and shall be familiar with ASBA/USAPA requirements for dimensions, markings and netting.

SUMMARY OF WORK

There are two (2) existing tennis courts (106'x120') that need to be converted into 6 permanent Pickle ball courts. 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. Currently the court sizes are regulation-size tennis courts.

- Clean the courts to prepare for repairs.
- Fill in all existing cracks in tennis court surfaces.
- Tear out UN level areas and level out surface.
- Fill any depressions in court as to prevent any standing water on courts.
- Install 12 net foundations and sleeves for 6 pickle ball courts.
- Stripe pickle ball courts.
- Install new pickle ball net posts and nets for 6 courts.
- Clean site and remove all trash and related materials left over from project.

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 level the existing surface. Proposals should also include the brand and model of nets and posts to be provided. 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.

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:
 - o a. If the equipment/service is not delivered/completed on an agreed-upon schedule.
 - o b. If the equipment/services delivered is not the same equipment/services bid.
 - o c. Receipt of substandard product/service.
 - o d. Poor workmanship.

Other Information

A sketch is attached showing the locations of the tennis courts. The courts are located at Morris Bank Recreation Complex 146 Recreation Road, Gray GA 31032. Bidders are encouraged to review the site location prior to submittal of bid. To schedule an appointment, please contact Parks and Recreation at 478-845-8177. Project should be completed 60 days from the notice to proceed.

Scheduling: Contractors can start as early as they wish and must be at a stopping point by 5:00PM each day. There will be no work performed on Saturdays. Contractors may work on Sunday if scheduled in advance.

Proposal Submission Form			
Checklist			
	Contractor complies with insurance References attached Subcontractor information and re E-Verify Affidavit attached Application for Public Benefit attached	ferences attached (if applicable)	
requirement Prime and S	nts prior to beginning work. I furthe	tificate of insurance as outlined in the attach or understand that I will be required to submit Certification and affidavit verifying status for C eginning work.	the attached
•	t the bid below includes all work det the bid documents:	scribed in these bid documents and meets all s	specifications
Price to cor	mplete the work Described in this R	FP :	
Company: _			
Address:			
Contact:		_ E-mail Address:	
Phone:		_ Fax:	-
Signature o	of Company Official:		

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:**

	<u>Receipt o</u>	of Addenda
<u>Number</u>	<u>Signature</u>	

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 insurance0 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 Identifica	tion Number
Date of Authorization	
Name of Contractor	
Name of Project	
Name of Public Employer	
I hereby declare under penalty of perjury the	hat the foregoing is true and correct.
Executed on,, 202 in (city), (state).
Signature of Authorized Officer or Agent	
Printed Name and Title of Authorized Office	er 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 (
<u>name of contractor</u>) on behalf of <u>(Jones County)</u> 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 subsubcontractor 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 subsubcontractor 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 of Tax Certificate, Alcohol Lice 36-1, I am stating the follow Tax Certificate, Alcohol Lice	ense, Taxi Pern wing with resp ense, Taxi Pern	nit or other po ect to my app nit or other po	ublic benefit as dication for a Jo ublic benefit (ci	referenced ir ones County E rcle one) for	n O.C.G.A. Section 50
corporation, partnership, o			person apprym	5 on Senan o	· ····a····aaai, sasiiiess,
1) Lama United C	tatos sitizon				
1) I am a United S	tates citizen				
OR					
2) I am a legal per or non-immigrant under th lawfully present in the Unit	e Federal Imm	-	_		•
In making the above repres willfully makes a false, ficti of a violation of Code Secti	tious, or fraud	ulent stateme	ent or represent	tation in an a	
Signature of Applicant:				Date	
Printed Name:					
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE		*			
DAY OF	_, 20		Alien Regist	tration numb	er for non-citizens
Notary Public My Commission Expires:					
*Note: O.C.G.A. § 50-36-1(Title 8 U.S.C., as amended, are included in the federal registration number. Quali identifying number below:	provide their a definition of "a fied aliens that	alien registrat alien", legal p	ion number. Be ermanent resid	ecause legal p lents must als	permanent residents so provide their alien

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.

	□brand o	Specifications - Restrictive, too light", unclear, specialty item, geared toward one (1) r manufacturer only. (<i>Please explain in detail below</i>).
		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.
	Location	Project is: / Too Large / Too Small / Site or n is Too Distant
	□ unable t	Miscellaneous - Do not wish to bid, do not handle this type of item(s) or services, to compete, Contract clauses are unacceptable, etc. (<i>Please be specific</i>)
	☐ supplier	Our company would only be interested in this project as a subcontractor or .
VENDOR STATI	EMENT:	
Bid Description:		
Company Name	:	
Company Officia	l Name:	
		re:
Email Address:		

JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT (478) 986-8233

Julie.happoldt@jonescountyga.org

