



Dawson County Purchasing Department  
25 Justice Way, Suite 2223  
Dawsonville, GA 30534  
Phone: 706-344-3500 x42223 Fax: 706-531-2728

## REQUEST FOR QUOTE – UNDER \$25,000

**Service: Fire Alarm, Sprinkler System and Fire Extinguisher Annual Testing & Maintenance Services for Dawson County Buildings**

**RFQ # 02-17**

**Release Date: September 1, 2017**

Dawson County Purchasing is issuing this Request for Quote to solicit services from all interested, qualified and certified vendors who specialize in fire alarm, fire sprinkler system inspection, testing & certification and fire extinguisher testing & maintenance services. The successful contractor must provide all equipment, materials, tools, licenses, transportation, incidentals and labor to provide full service fire alarm, fire sprinkler system and fire extinguisher testing and maintenance services annually and on an as-needed basis. Fire alarms are linked to the Dawson County E-911 for monitoring. The County does not guarantee a minimum value for this contract.

The anticipated schedule for the Request for Quote is as follows:

Request for Quote Released	September 1, 2017
Pre-Submittal Mandatory Conference	September 8, 2017 at 9:30AM, EST
Deadline for questions to Dawson County to <a href="mailto:mhawk@dawsoncounty.org">mhawk@dawsoncounty.org</a>	September 12, 2017 at 1:00PM, EST
Deadline for Addenda emailed	September 18, 2017 at 3:00PM, EST
<b>Submittal deadline</b>	<b>September 22, 2017, at 2:00PM, EST</b>
Tentative Award Date	<b>September 29, 2017, by 5:00PM, EST</b>

Chart 1

There will be a mandatory conference held prior to submitting a quote on September 8, 2017, at 9:30 AM, to begin in the County Administration Training Room, located at 25 Justice Way, Suite 2204, Dawsonville, GA 30534. At the end of the administrative portion of the conference, a site visit of each location will be conducted.

### **Contact Person**

Vendors are encouraged to contact Melissa Hawk, Purchasing Manager at (706) 344-3500 x42223, by fax at (706) 531-2728 or email [mhawk@dawsoncounty.org](mailto:mhawk@dawsoncounty.org) to clarify any part of the Request for Quote requirements.

Vendors may not contact any elected official or other county employee to discuss the quote process or opportunities except: 1) through the Purchasing Manager named herein or 2) as provided by existing work agreement(s). This policy shall be strictly enforced and the County reserves the right to reject the submittal of any vendor violating this provision.

### **Scope of Work**

#### **General Specifications:**

- The Contractor will make an initial visit to each County building to verify the description and location of each fire extinguisher. A collective list will be compiled to include at least the following:
  - Name of Building
  - Number assigned to each fire extinguisher
  - Description of each fire extinguisher
  - Status of fire extinguisher (ex. date of hydrostatic testing)
- The Contractor will deliver one copy of the collective list to the Facilities Director, or his designee, and one copy of the collective list to the Purchasing Manager.
- All work on the fire extinguishers must be performed in accordance with current edition of NFPA 10; NAED Services and Recharge Manual; O.C.G.A. Title 25 - Chapter 12 and Rules and Regulations Chapter 120-3-23 from the Georgia State Fire Marshall; and all local codes. Licensing is included in this specification.
- All work on the fire alarm system(s) must be performed in accordance with current edition of NFPA 72 and all other Rules, Regulations, State and Local Laws/Codes and the Georgia State Fire Marshall. Licensing is included in this specification.
- All work on the fire sprinkler system must be performed in accordance with current edition of NFPA 1, 13, 17 and 25; O.C.G.A. Title 25 – Chapter 11 and Rules and Regulations Chapter 120-3-19 from the Georgia State Fire Marshall; and all local codes. Licensing is included in this specification.
- All parts being replaced for all work shall be returned to the Facilities Director or his designee for disposal.
- All costs to the Dawson County Government will be detailed on the Vendor Cost Proposal Form. No additional payments will be made for parts and/or services for any scope of work listed.

**Specifications for the Fire Extinguisher Testing and Maintenance Services:**

- Annual inspection and certification of all fire extinguishers identified. The annual inspection must include verifying the condition of charge, physical state of valves and fittings on the container and replacement of any damaged clips/pins/labels, etc.
- Unscheduled and/or emergency refills, re-charging and/or repairing of specified fire extinguishers.
- Replace fire extinguisher(s) where the existing ones are defective upon approval of the Facilities Director or his designee.
- Recommend and install new fire extinguishers as needed to ensure all buildings are in compliance with all laws, rules, regulations and code upon approval of the Facilities Director or his designee.
- Periodic inspections, including six (6) year testing and maintenance and twelve (12) year testing and hydrostatic testing where required.
- All tags are to be provided by the Contractor with description inspection details and date and fixed to the relative equipment.
- Detailed inspection reports, to include, number of fire extinguishers in each facility depicting type and size of extinguisher inspected, number of extinguishers replaced, type and number of parts per extinguisher repaired replaced are to be presented to the Facilities Director or his designee within five (5) business days.
- The proposal for refill/recharge and servicing shall include all costs associated with parts, ties, tags, labels, hazardous materials charges, transportation charges and labor charges.
- A list (not comprehensive) of fire extinguishers is located on chart 2, Attachment “A”.

**Specifications for the Fire Alarm and Fire Sprinkler System Inspection, Testing and Certifications:**

- Annual inspection, testing and certification of the fire alarms and sprinkler systems for the eight (8) County buildings listed in the below chart 2. Backflow preventer inspections not included.

- Unscheduled and emergency repairs to the fire alarm and the sprinkler system.
- Conduct a main flow test of the drains at risers recording required pressures.
- Testing of all sprinkler associated alarm devices.
- Visual inspection and operational test of sprinkler alarm, valves, dry valves and fire pumps.
- Walk through inspection verifying proper sprinkler temperature, location, temperature rating and condition (external) of the sprinkler heads, fittings, and piping on all areas protected by the fire sprinkler system.
- Test all alarm systems and all devices: smoke detectors, pull stations, duct detectors, horns, strobes, speakers, control panels, elevator recall and fire doors.
- Conduct an inspection of the secured server room in the Government Center.
- Inspection the kitchen hood to include but, not limited, to check position of nozzles, seals, pressure gauge, cartridge weight, cylinder and mount, operation of micro switch, gas valve, fuse links and exhaust fan.
- Ensure service and certification tag on system and filters reinstalled, fuel shut-off in ON position.
- Clean fuse links, record if fusible links replaced.
- The proposal for work listed shall include all costs associated with the specifications to include transportation charges and labor charges.
- A list of fire alarms/sprinkler systems is located on chart 3, Attachment "B".

Service Hours:

- Regular Working Hours

The Contractor will provide services during regular working hours Monday through Friday from 7:00 a.m. to 6:00 p.m. Travel time is to be included in the per hour cost and not be billed separately.

- Extended Working Hours

The Contractor may be asked to provide services outside of the regular working hours. During the extended work hours, to include a Holiday observed by the County, the response time will be within four (4) hours after notification from the County. Travel time is to be included in the per hour cost and not be billed separately.

Hourly Rate:

The hourly rate quoted shall be a straight-time rate for all labor, equipment use, travel time and any and all other costs to the Contractor per person. Contractor shall not dispatch more than one (1) employee per service request, unless requested by the Facilities Director or his designee.

The extended working hours shall not exceed one-and-one half (1 ½) times the value of the regular working hours rate.

Labor and Material Charges:

The Contractor shall provide the County with labor and materials in strict accordance with all solicitation requirements on an annual and on an as-needed basis.

Clean-up of Site:

The Contractor shall remove all unusable materials and debris from the premises at completion of the work at each site.

Reporting Arrival/Departure

The Contractor shall report arrival to and departure from the job site to the designated representative as informed when contacted for each service.

### Personnel:

The Contractor's personnel shall be recognizable to County staff by a company identification card and/or company uniform. County staff will be given the name of company staff at time of contract, to include any and all sub-contractors. If sub-contractors are used, each shall be recognizable as being a member of the Contractor's staff and will be approved by the County prior to arrival. Sub-contractors are to be familiar with the contract scope and location of equipment within this contract.

### Qualifications:

- The contractor must be licensed/permitted by the state of Georgia through the State Fire Marshall as per the O.C.G.A and the Rules and Regulations of the State Fire Marshall, Chapter 120.
- Person/personnel servicing the extinguishers must carry a current permit issued by the state of Georgia through the State Fire Marshall.
- The Contractor must provide copies of state of Georgia certifications or other acceptable forms of certification to prove that they are qualified to perform maintenance on fire extinguishers.
- The Contractor must have been in the business of testing and maintaining fire extinguishers, fire sprinklers and fire alarm system for minimum of three (3) years.
- The contractor must have hydrostatic test equipment approved by the Department of Transportation.

### **Administration**

The project will be administered by the Dawson County Government with the Dawson County Facilities Department being the main point of contact for all questions during the term of the contract. The Dawson County Purchasing Department will be the main point of contact until a contract for services has been executed.

### **Contract Term**

The initial term of a contract awarded as a result of this Request for Quote shall be from January 1, 2018 through December 31, 2018. The contract may be renewed according to the terms stated herein for two (2) additional one (1) year periods.

The pricing for the 2018 calendar year shall remain as bid for the entire year. Any price increases for subsequent years must be submitted to the Dawson County Purchasing Department no later than ninety (90) days prior to a renewal term.

The contract shall terminate absolutely and without further obligation at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the County under this contract.

If, at any time, the County determines it is in its best interest to discontinue use of these services the County reserves the right to cancel this Agreement by giving thirty (30) days advance written notice.

### **Miscellaneous**

Price for Proposal: Each proposal should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the submittal is the sole responsibility of the respondent. **The method to be used to determine the low bidder will be to combine the total annual cost for the fire extinguishers and the total annual cost for the fire alarm and fire sprinkler systems. The grand total of these services will determine the low bidder.**

Open Records: All materials submitted in connection with this Request for Quote will be public documents and subject to the Open Records Act and all other laws of the State of Georgia, and the open records policies of Dawson County Board of Commissioners. All such materials shall remain the property of Dawson County and will not be returned to the respondent.

Taxes: Dawson County Government is tax exempt. No sales tax will be charged on any products or services. Dawson County cannot exempt any other person/vendor from applicable sales taxes that may be required of them in relations to this project. Selected vendor will be provided with Dawson County's Sales and Use Tax Certificate of Exemption number upon request.

Payment Terms: Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment less than 30 days, however.

Business License Requirements: Successful vendor must hold a valid Business License at time of submission and a copy must be filed with the Purchasing Manager at time of submission. If awarded to an out-of-county vendor, that vendor must register their business license with the Dawson County Planning and Development Department within 10 days of executed contract. There are no fees associated with this registration. Note: Only the successful vendor needs to register with Dawson County Planning and Development Department.

Insurance: Selected vendor will be required to provide Dawson County with a Certificate of Insurance for liability, automobile and workman's compensation insurance before work can begin on this County project and be effective for the duration of the work as described in the contract documents, including authorized change orders, plus any period of guarantee as required in the general warranty. The insurance certificate must name Dawson County Government as an additionally insured.

General liability insurance should be at least one million dollars (\$1,000,000) combined single limit per occurrence. Automobile insurance should be at least five hundred thousand dollars (\$500,000) combined single limit per accident for bodily injury or property damage; and Workman's Compensation insurance should be as required by the State of Georgia.

Indemnification & Hold Harmless: All respondents to this Request for Quote shall indemnify and hold harmless the Dawson County Board of Commissioners, and any of their officers and employees from all suits and claims alleged to be a result of this Request for Quote. The issuance of this Request for Quote constitutes only an invitation to present a proposal. The Dawson County Board of Commissioners reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this Request for Quote. The Dawson County Board of Commissioners also reserves the right to seek clarifications, to negotiate with any vendor submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and schedule. In the event that this Request for Quote is withdrawn or the project canceled for any reason, the Dawson County Board of Commissioners shall have no liability to any respondent for any costs or expenses incurred in connection with this Request for Quote or otherwise.

Invoices: The Contractor must submit invoices for approval of payment to the Dawson County Tax Commissioners Office, Attn: 25 Justice Way, Suite, Dawsonville, GA 30533. Each invoice must list the materials actual cost in one column and the Contractor's allowed mark-up in a second column.

Final Selection: Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to Administration by the project representative. Following approval, the County will complete the contract process. The County reserves

the right to accept the response that is determined to be in the best interest of the County. The County reserves the right to reject any and or all proposals.

**ATTACHMENT “A”**

<b>FIRE EXTINGUISHER LIST (NOT COMPREHENSIVE)</b>		
<b>BUILDING NAME</b>	<b>FIRE EXTINGUISHER DESCRIPTION</b>	<b>QUANTITY</b>
Long Building	10 lbs ABC	24
Truck & Equipment Yard	5 lbs ABC	12
Fueling Station	10 lbs ABC	1
Historic Jail	10 lbs ABC	3
Maintenance	10 lbs ABC	3
Maintenance	15 lbs CO2	1
Maintenance	5 lbs ABC	9
Chappell Building	10 lbs ABC	8
Senior Center	6 lbs K Class	1
Senior Center	10 lbs ABC	7
Old Courthouse	10 lbs ABC	4
Transfer Station	5 lbs ABC	10
Transfer Station	10 lbs ABC	2
Library	10 lbs ABC	10
Fire Station 1	10 lbs ABC	4
Fire Station 2	10 lbs ABC	7
Fire Station 3	10 lbs ABC	2
Fire Station 4	10 lbs ABC	1
Fire Station 6	10 lbs ABC	10
Fire Station 7	10 lbs ABC	3
Ag Center	10 lbs ABC	3
Health Department	10 lbs ABC	2
Adult Learning Center	10 lbs ABC	2
Transit	10 lbs ABC	5
Repeater Stations	10 lbs CO2	3
Rock Creek Park	10 lbs CO2	11
Rock Creek Park	10 lbs ABC	10
Veterans Memorial Park	10 lbs ABC	7
Government Center	10 lbs ABC	39
Fire Station Trucks	10 lbs ABC	19
Fire Station Trucks	20 lbs ABC	9

Chart 2

**ATTACHMENT “B”**

<b>FIRE/SPRINKLER ALARM &amp; SPRINKLER SYSTEMS LIST</b>					
<b>Building</b>	<b>Location</b>	<b># of Wet Systems</b>	<b># of Dry Systems</b>	<b># of Fire Alarms</b>	<b>Other</b>
Dawson County Government Center	25 Justice Way	4	1	1	FM200 Fire Suppression System in Secured IT Room and 125- GMP Fire Pump Test
Law Enforcement Center	19 Tucker Avenue	1	1	1	Hood System in Kitchen and Chemical System in Kitchen
Butler Building (Additional Buildings behind Old Jail)	19 Tucker Avenue	1	0	1	N/A
Rock Creek Park	445 Martin Road	1	0	1	N/A
Senior Center	202 Recreation Road	0	0	1	Hood System
Emergency Services Station #1	393 Memory Lane	1	0	1	Hood System
Emergency Services Station #2	145 Liberty Drive	0	1	1	N/A
Chappell Building - Elections	96 Academy Avenue	0	0	1	N/A
Library - Chestatee	342 Allen St	0	0	1	N/A

Chart 3

-End of This Section-



## VENDOR'S CHECKLIST

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

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

### ITEM DESCRIPTION

<input type="checkbox"/>	Vendor's Checklist
<input type="checkbox"/>	Vendor's Information Form
<input type="checkbox"/>	Vendor's Price Proposal Form
<input type="checkbox"/>	Vendor's Reference Form
<input type="checkbox"/>	Addenda Acknowledgement Form and Any Addenda Issued
<input type="checkbox"/>	Drug-Free Workplace Affidavit
<input type="checkbox"/>	Georgia's Security and Immigration Compliance Act Affidavit
<input type="checkbox"/>	<ul style="list-style-type: none"><li>• Contractor Affidavit</li></ul>
<input type="checkbox"/>	<ul style="list-style-type: none"><li>• Subcontractor Affidavit (if applicable)</li></ul>
<input type="checkbox"/>	Local Small Business Initiative Affidavit (if applicable)
<input type="checkbox"/>	Proof of Insurance
<input type="checkbox"/>	Completed W9
<input type="checkbox"/>	Copy of Valid Business License
<input type="checkbox"/>	Copy of Any Certifications Requested within Request for Quote

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

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





## VENDOR'S INFORMATION FORM

---

1. Legal Business Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City, State & Zip \_\_\_\_\_

4. Type of Business: \_\_\_\_\_ State of Registration: \_\_\_\_\_

(Association, Corporation, Partnership, Limited Liability Company, etc)

5. Name & Title of Authorized Signer: \_\_\_\_\_

6. Primary Contact \_\_\_\_\_

7. Phone \_\_\_\_\_ Fax \_\_\_\_\_

8. E-mail \_\_\_\_\_

9. Company Website \_\_\_\_\_

10. Has your company ever been debarred from doing business with any federal, state or local agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please state the agency name, dates and reason for debarment.

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

**ATTACH COPY OF BUSINESS LICENSE AND A COMPLETED W-9 FORM  
THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**



**VENDOR'S PRICE PROPOSAL FORM - SHEET A**

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

Additional Information: \_\_\_\_\_

FIRE EXTINGUISHER PRICING					
TYPE	WEIGHT	ANNUAL COST PER UNIT	6 YEAR COST PER UNIT	12 YEAR COST PER UNIT	REPLACEMENT COST PER UNIT
ABC	5 LBS	\$ _____	\$ _____	\$ _____	\$ _____
ABC	10 LBS	\$ _____	\$ _____	\$ _____	\$ _____
ABC	20 LBS	\$ _____	\$ _____	\$ _____	\$ _____
CO2	10 LBS	\$ _____	\$ _____	\$ _____	\$ _____
CO2	15 LBS	\$ _____	\$ _____	\$ _____	\$ _____
K-CLASS	6 LBS	\$ _____	\$ _____	\$ _____	\$ _____
<b>TOTAL COST</b>		\$ _____	\$ _____	\$ _____	\$ _____
Quote individual price per annual inspection.					
Quote individual pricing for 6 year service of each size, including parts.					
Quote individual pricing for 12 year service with pressure testing of each size.					

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



**VENDOR'S PRICE PROPOSAL FORM (CONT) – SHEET B**

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

<b>FIRE ALARM &amp; SPRINKLER SYSTEM PRICING</b>						
<b>Building</b>	<b>Location</b>	<b># of Wet Systems</b>	<b># of Dry Systems</b>	<b># of Fire Alarms</b>	<b>Other</b>	<b>Cost Per Inspection</b>
Dawson County Government Center	25 Justice Way	4	1	1	FM200 Fire Suppression System in Secured IT Room and 125- GMP Fire Pump Test	\$ _____
Law Enforcement Center	19 Tucker Avenue	1	1	1	Hood System in Kitchen and Chemical System in Kitchen	\$ _____
Butler Building	19 Tucker Avenue	1	-	1	-	\$ _____
Rock Creek Park	445 Martin Road	1	-	1	-	\$ _____
Senior Center	202 Recreation Road	-	-	1	Hood System	\$ _____
Emergency Services Station #1	393 Memory Lane	-	-	1	Hood System	\$ _____
Emergency Services Station #2	145 Liberty Drive	-	1	1	-	\$ _____
Chappel Building - Elections	96 Academy Avenue	-	-	1	-	\$ _____
Library - Chestatee	342 Allen St	-	-	1	-	\$ _____
					<b>Total for Annual Inspection</b>	<b>\$ _____</b>

Hourly Labor Rate for Maintenance & Repairs - Regular Hours	\$ _____
Hourly Labor Rate for Maintenance & Repairs - Extended Hours	\$ _____

The extended working hours shall not exceed one-and-one half (1 ½) times the value of the regular working hours rate.

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





**VENDOR'S PRICE PROPOSAL FORM (CONT) - SHEET D**

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

<b>TOTAL EVALUATED COSTS</b>		
<b>Item</b>	<b>Unit of Measure</b>	<b>Total Annual Cost</b>
Annual Cost for Fire Extinguishers	YEAR	\$ _____
Annual Cost for Fire Alarm/ Sprinkler Systems	YEAR	\$ _____
<b>TOTAL ANNUAL COST</b>		\$ _____

Costs listed on price proposal form sheets A-D shall be all inclusive to total cost to the County. No other fees/charges may be applied to individual invoices.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

Quote valid for \_\_\_\_\_ days

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



## VENDOR'S REFERENCE FORM

All references must be from customers for whom your company has completed work similar to the specifications of this bid. Attach additional page if necessary. Vendors may make additional copies of this form if providing background information regarding all previous/current Government accounts held.

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

1. Company _____ Street Address _____ City, State & Zip _____ Contact Person Name _____ Title _____ Phone _____ FAX _____ Email _____ Describe Scope of Work and dates of project/service: _____ _____ _____
2. Company _____ Street Address _____ City, State & Zip _____ Contact Person Name _____ Title _____ Phone _____ FAX _____ Email _____ Describe Scope of Work and dates of project/service: _____ _____ _____
3. Company _____ Street Address _____ City, State & Zip _____ Contact Person Name _____ Title _____ Phone _____ FAX _____ Email _____ Describe Scope of Work and dates of project/service: _____ _____ _____

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

**ADDENDA ACKNOWLEDGEMENT**



The vendor has examined and carefully studied the Request for Proposals and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. \_\_\_\_\_

Addendum No \_\_\_\_\_

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative/Title  
(Print or Type)

**Vendors must acknowledge any issued addenda. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.**

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

**DRUG FREE WORKPLACE**

---

I hereby certify that I am a principle and duly authorized representative of:

---

Whose address is:

---

And it is also that:

1. The provisions of Section § 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; and,

2. A drug free workplace will be provided for the CONTRACTOR'S employees during the performance of the contract; and,

3. Each subcontractor hired by the CONTRACTOR shall be required to ensure that the subcontractor's employees are provided a drug free workplace. The CONTRACTOR shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with \_\_\_\_\_

\_\_\_\_\_, 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 the Official Code of Georgia Annotated Section § 50.24.3"; and,

4. It is certified that the undersigned will not engage in unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

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Date

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Signature

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



**IMMIGRATION AND SECURITY  
(GEORGIA SECURITY AND  
AFFIDAVIT)**



**FORM  
IMMIGRATION COMPLIANCE ACT**

<b>Contractor's Name:</b>	
<b>County Solicitation/ Contract No.:</b>	

**CONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program\*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the County, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the County at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / E-Verify™ Company Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Contractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

[NOTARY SEAL]

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

My Commission Expires:

\*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



**IMMIGRATION AND SECURITY FORM  
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

<b>Contractor's Name:</b>	
<b>County Solicitation/ Contract No.:</b>	

**ADDITIONAL INSTRUCTIONS TO CONTRACTOR:** Identify all subcontractors used to perform under the county contract. In addition, you must attach a signed and notarized affidavit (third page of this form) from each of the subcontractors listed below. The contractor is responsible for providing a signed and notarized affidavit to the County within five (5) days of the addition of any new subcontractor used to perform under the identified County contract.

<b>Contractor's Name:</b>	
<b>Subcontractors:</b>	



**IMMIGRATION AND SECURITY FORM  
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

<b>Contractor's Name:</b>	
<b>Subcontractor's (Your) Name:</b>	
<b>County Solicitation/ Contract No.:</b>	

**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the County identified above has registered with and is participating in a federal work authorization program\*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / E-Verify™ Company Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Subcontractor Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

[NOTARY SEAL]

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

My Commission Expires:

\*any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603



**DAWSON COUNTY BOARD OF COMMISSIONERS  
LOCAL SMALL BUSINESS  
AFFIDAVIT OF ELIGIBILITY**

*Complete form and submit with your bid. Incomplete forms may be rejected.*

1. Legal Name of Firm \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ Physical Address (if different) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Year business was established in Dawson County: \_\_\_\_\_
4. Business License Number issued by Dawson County: \_\_\_\_\_
5. Number of Employees: \_\_\_\_\_
6. Average annual gross receipts for past three years: \_\_\_\_\_
7. Business Type (circle one): Corporation, Partnership, Sole Proprietorship
8. Does your business have more than one location in Dawson County?    Yes    No  
If yes, specify the location(s): \_\_\_\_\_  
Is your businesses' principal base of operations in Dawson County?    Yes    No  
Does your business have any locations outside Dawson County?                      Yes    No
9. If yes, please specify the location(s): \_\_\_\_\_

**CERTIFICATION:** I hereby certify under penalty of perjury that the information which I have provided on this form is true and correct, that I am authorized to sign on behalf of the business set out above, and if requested by the County will provide, within 10 days of notice, the necessary documents to substantiate the information on this form.

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

Sworn to and subscribed before me this \_\_\_\_\_

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**Notary Public**

**Commission Expires:** \_\_\_\_\_

(SEAL)

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title