



## **REQUEST FOR SEALED PROPOSAL**

### **DEMOLITION OF A COMMERCIAL BUILDING AND ACCESSORY PROPERTY**

**Bid# 20210719**

**LOCATION OF STRUCTURES TO BE REMOVED: 515 MLK BLVD, TENNILLE, GA**

The City of Tennille, GA will receive sealed bids at the Tennille City Hall, 106 Park Street, Tennille, GA 31089 for demolition of a commercial building and accessory property for the City of Tennille until July 16, 2021 by 4:30 pm.

See photos & Bid Specs. [www.tennille-ga.gov](http://www.tennille-ga.gov)

Bids will be publicly opened and read on July 19, 2021 at the City of Tennille Council Meeting at 6:00 p.m. Bids should be submitted in sealed envelopes plainly marked "DEMOLITION OF A COMMERCIAL BUILDING BID 20210719 – CITY OF TENNILLE."

Bids are being solicited only from responsible and established bidders known to be experienced and regularly engaged in the work of demolition, particularly demolition of commercial buildings and removal of demolition debris to appropriate disposal sites. Satisfactory evidence that the bidder has the necessary capital, equipment, and personnel to do the work may be required.

Proposal forms and specifications are on file for the inspection of bidders at the Tennille City Hall, 106 Park Street and copies may be obtained by qualified bidders. Sealed proposals must be submitted on the bid forms furnished by the City of Tennille.

Bids should be submitted to:

**City of Tennille**

Attn: Davonia Riddle, City Clerk

P.O. Box 145

106 Park St. Tennille, GA 31089

**The City Council reserves the right to reject any or all bids and/or to accept any bid, or portion thereof, which, in their opinion, is most advantageous to the City of Tennille.**

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**PURPOSE  
SCOPE OF WORK**

**GENERAL PURPOSE**

The City of Tennille is looking for a general contractor to complete to provide professional contractual services for the demolition of commercial buildings and removal of demolition debris to appropriate disposal sites at 515 MLK Tennille, Georgia

The Contractor agrees to furnish all the labor, tools, materials, and equipment necessary to complete in every detail the street resurfacing in strict accordance with the contract documents.

LUMP SUM: The Contractor shall provide to the City of Tennille a lump sum price for the completion of each street. The City at their discretion may choose to award a bid based on the amount for one or both bid amounts.

PAYMENT: The Contractor shall be entitled to one final payment only. Before any payment is made, the Contractor shall furnish to the City a complete itemized bill. Final payment will be made within thirty (30) days after the completion of the work and acceptance of the work by the City. Final payment shall not relieve the Contractor of responsibility for faulty materials or workmanship, and he shall remedy any defects due thereto and pay for any damages to other work resulting there from which shall appear for a period of one year from the date of final acceptance.

RESERVATION OF RIGHTS: The City reserves the right to reject any or all bids, to waive any technicalities in the bid process, to award any bid or portion of a bid which is deemed to be the most advantageous to the City of Tennille and to make such investigations as are deemed necessary to determine the ability of the vendor to perform the services requested.

### **Insurance Requirements**

Within ten (10) days of Notice of Award, and always that this contract is in force, the contractor shall obtain, maintain, and furnish the City of Tennille, Certificates of Insurance from licensed companies doing business in the State of Georgia and acceptable to the City of Tennille covering:

1. Worker's Compensation Insurance
2. Comprehensive General Liability Insurance
3. Automobile Liability
4. Umbrella Liability Insurance

Copies of these Certificates of Insurance shall be furnished to the City of Tennille prior to execution of the contract. Such policies shall be non-cancellable except on thirty-day (30) written notice to the City of Tennille.

### **Sealed Bid Delivery Service(s)**

If your company elects to use a delivery service (FedEx, UPS, USPS, etc.), the City assumes no responsibility for submittals received after the advertised deadline or at any office or location other than that specified herein, whether due to mail delays, courier mistake, mishandling, or any other reason.

If proposals are delivered other than by hand delivery, it is recommended that the proposer verify delivery. Any proposal received after the specified time and date will not be considered and may be returned unopened to the Proposer.

### **Permits (required)**

The contractor shall be responsible for all inspections and ensuring compliance with all Federal, State, and County laws and codes. The contractor shall be solely responsible for obtaining all permits. The contract awardee will need to file with the Building & Inspections with the City of College Park projects; there is no cost for the permit.

### Terms

All bids must be submitted on the proposal forms furnished accompanied by a completed E-Verify Form and W-9 Form.

All Contractors must provide a copy of their Occupational Tax Certificate/State License.

**ERRORS AND OMISSIONS BY CITY:** No vendor shall be permitted to use to his/her advantage any error or omission in this solicitation or specifications. If vendor shall have any questions or desires a clarification or interpretation regarding any of the items specified, the vendor shall request such clarification in writing and any such clarifications shall be made available to all vendors.

The following instructions are to be considered an integral part of this proposal; unless otherwise requested, one (1) marked "Original" and one (1) marked "Copy" of the proposal need be submitted and **MUST BE TYPEWRITTEN OR PRINTED IN INK**. The person signing the bid form must initial any changes or corrections made to this proposal, using blue ink. Bids must be in duplicate in a sealed envelope clearly marked **DEMOLITION OF A COMMERCIAL BUILDING BID 20210719 – CITY OF TENNILLE** and shall include the name of the bidder and the date and time of the bid opening.

The person, firm or corporation making the proposal shall submit their bid attaching the final page of this proposal to the front of their proposal to City Hall. The cover submittal page must be complete with the bidding company's name, bid title, bid number, and bid date. No proposal may be withdrawn or modified in any way after the bid-opening deadline.

If descriptive literature is attached to the bid, bidding company's name, bid title, bid number, and bid date must appear on all sheets.

If there is any question whatsoever regarding any portion of the instructions or specifications, it shall be the bidding company's responsibility to seek clarification immediately from the City of Tennille during the question period stated herein.

Any variation from the specifications must be clearly stated by the bidding company in writing and submitted with his/her proposal.

The following bid shall be awarded to one "responsible" bidder on a total lump sum price basis. An award shall be made to one vendor, or split between vendors, for the total bid. Unit prices and extensions will be verified, and total checked. Unit price extension and net total must be shown. Unit price **SHALL** prevail.

In most cases, proposals shall be evaluated on the following items, but not necessarily in this order: a. Lowest Price (not always the winning proposal) b. Adherence to specifications c. Delivery of good/service(s) i. If Applicable to Scope of Work ii. Though delivery will be a large consideration, please be as truthful and precise with your date(s) as possible. d. Past record of vendor's delivery/performance to the City of Tennille.

The bidder or contractor shall provide copies of Workers' Compensation Insurance with a limit of not less than required by the State of Georgia or otherwise stated in the bid instructions.

The City of Tennille: a. Reserves the right to accept or reject any or all bids, due to past performance, etc. and waive any informality. Further, the City expressly reserves the right to postpone the opening of proposal for

its own convenience and to reject any or all proposals in response to this RFP without indicating any reasons for such rejection(s).

- b. Request and consider the submission of proposal modifications at any time before the award is made, if such is in the best interest of the city.
- c. Request clarification and/or additional information from proposers during the evaluation process.
- d. Negotiate with the selected consultant to include further services not identified in this RFP.
- e. In the event of contract termination, enter into contract negotiations with other qualified companies that submitted acceptable proposals, rather than redoing the proposal process for the project.
- f. The City of Tennille will accept or reject all bids within 90 days from the date of the bid opening.

The undersigned on the bid proposal certifies that he/she has carefully examined the instructions to bidders, terms and specifications applicable to and made a part of this proposal. He/she further certifies; the prices shown in the schedule of items on which he/she is bidding, are in accordance with the conditions, terms and specifications of the proposal and that any exception taken thereto may disqualify the bid.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Reference Request**

The following references are from current and past government, educational and/or commercial accounts of similar size and scope. Your list should consist of a minimum of five (5) references and will not include the City of College Park. Nor should your references be current of former City of College Park employees.

REFERENCE # 1:

Name of Company/Entity: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

Date When Work Performed: \_\_\_\_\_

Brief Description of Work Performed \_\_\_\_\_

REFERENCE # 2:

Name of Company/Entity: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person Telephone Number: \_\_\_\_\_

Date When Work Performed: \_\_\_\_\_

Brief Description of Work Performed \_\_\_\_\_

### Purchasing Department Vendor Questionnaire

The City of Tennille is seeking vendor information to create a database of current and new businesses doing business with the City of Tennille. We ask that all vendors take this time to provide the following information so that we can update our records and develop a process to benefit the needs of the community. The information collected from this questionnaire will not be used in the award of bids. The City will continue to utilize a fair, equitable and impartial process and award bids based upon the lowest responsible bidder.

Vendor Name:

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Vendor Category:

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Physical Address:

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City, State, Zip:

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Telephone: Fax:

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Alternate Phone:

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Remit To:

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City, State, Zip:

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Vendor Contact Name (print)

Title

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Title Vendor Contact Signature

Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none; text-align: center;">-</td> <td style="width: 46%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 2%; border: none; text-align: center;">-</td> <td style="width: 73%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1)\_\_\_\_\_ I am a United States Citizen.
- 2)\_\_\_\_\_ I am a legal permanent resident of the United States.
- 3)\_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:\_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

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 O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the\_\_ day of \_\_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
\*Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_ DAY OF \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

\_\_\_\_\_

*\*This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

**CONTRACTOR AFFIDAVIT AND AGREEMENT**

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 contracting with the **CITY OF TENNILLE, GEORGIA** is required on July 1, 2009 to be registered with and participate in a federal work authorization program\* [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 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], in accordance with the applicability provision 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 contract and the Subcontractor is required to register to verify information on all new employees, the Contractor will secure from such Subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the **CITY OF TENNILLE, GEORGIA** at the time the Subcontractor(s) is retained to perform such service.

*If the contractor is an independent party with no employees, then they are allowed in lieu of an affidavit to present an ID or driver's license.*

\_\_\_\_\_  
Name of Contractor

\_\_\_\_\_  
E-Verify\* User Identification Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
BY: Authorized Officer or Agent

\_\_\_\_\_  
Title

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

\* As July 1, 2009, the applicable federal work authorization program is the "E-Verify Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

Subscribed and Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires:



**BID FORM**

**DEMOLITION OF A COMMERCIAL BUILDING AND ACCESSORY PROPERTY**

**Bid# 20210719**

Return Date:

Return to:

**515 MLK BLVD, TENNILLE, GA**

**Bid Amount \$ \_\_\_\_\_**

**RETURN DOCUMENTATION REQUIRED**

- A. W-9 Form – Please complete attached form, check appropriate box, fill in Social Security Number or Employer Identification Number, sign, and date.
- B. Notarized E-Verify Contractor Affidavit – Please complete attached form.
- C. Notarized S.A.V.E. Affidavit – Please complete attached form.
- D. Occupational Tax Certificate/State License
- E. General Public Liability and Property Damage Insurance Certificate with a limit of liability no less than \$1,000,000.
- F. Worker’s Compensation Proof of Insurance – for more than three employees.

**ALL BID FORMS SHOULD INCLUDE THE FOLLOWING INFORMATION:**

Company Submitting Bid: \_\_\_\_\_

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

Company Phone No: \_\_\_\_\_

Company Fax No: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Signature Date: \_\_\_\_\_ Print Name and Title Phone: \_\_\_\_\_

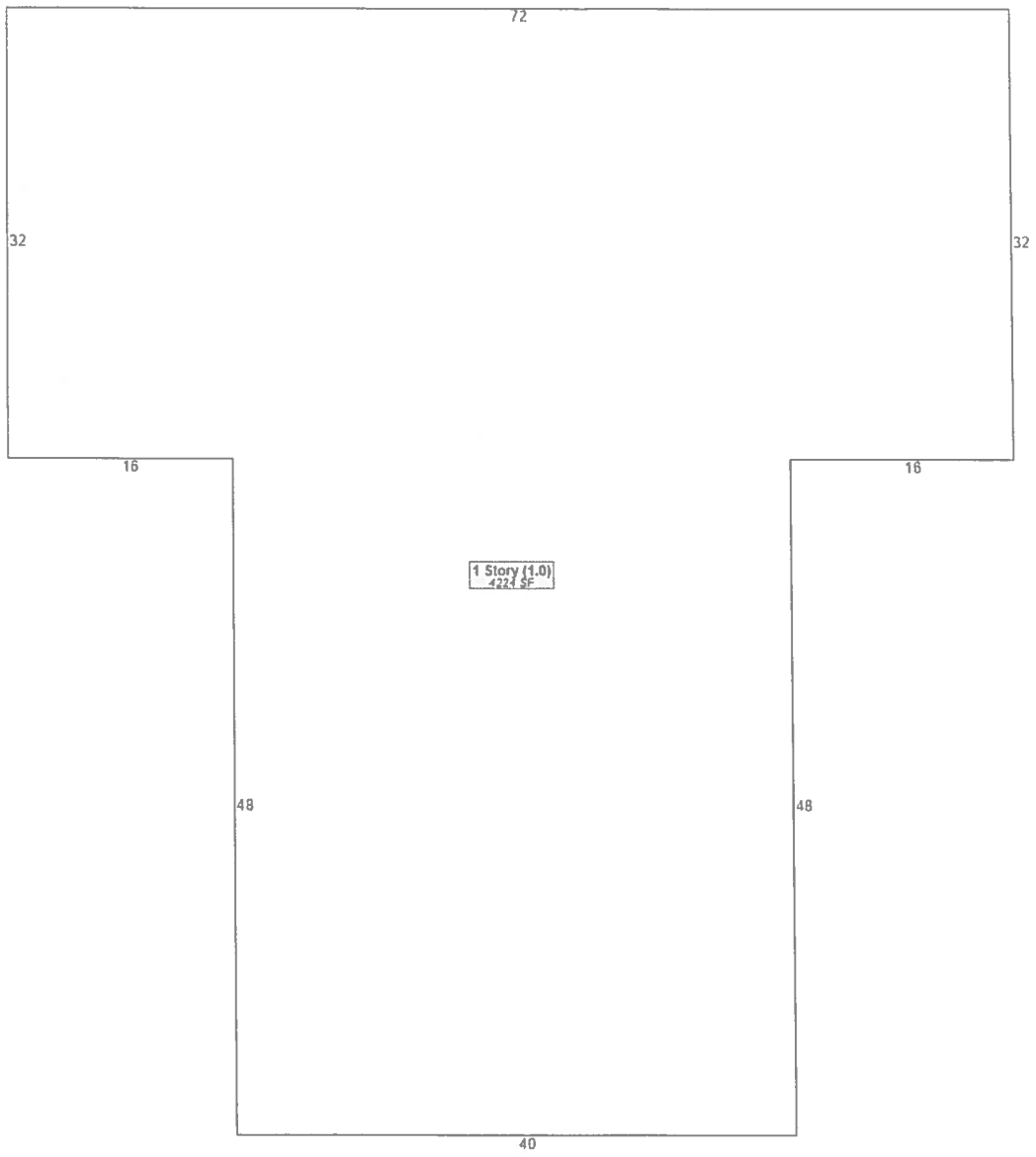


Building





Well



Layout