



**CITY OF**  
**SANDERSVILLE**

REQUEST FOR BIDS

RFB # 2024-11

Crabapple Drive Culvert Project

DUE DATE: Tuesday, May 28, 2024 at 3:00 PM

**CITY OF SANDERSVILLE  
REQUEST FOR BIDS  
CRABAPPLE DRIVE CULVERT PROJECT**

**GENERAL**

The City of Sandersville (City) is seeking bids from a qualified Contractor to dig and replace a 60” corrugated metal pipe (CMP) located on Crabapple Drive in Sandersville, GA.

**STATEMENT OF INTENT**

It is the intention of the City to replace a collapsed CMP with new HDPE pipe as to allow proper flow of the stormwater ditch in which it is located in.

**SCOPE OF WORK**

The Contractor agrees to furnish all the labor, tools, materials and equipment necessary to complete in every detail the pipe culvert replacement. The Contractor shall saw cut the existing pavement above the culvert and dispose of the asphalt material. The Contractor shall excavate and remove the existing 60” CMP and dispose of pipe. A new 60” x 50’ HDPE pipe will be installed to replace the previous pipe. The Contractor will backfill and compact soil. Slopes will be graded and Rip-Rap will be placed on both sides. A concrete patch will be placed in the road section of 4000 psi (with fiber) concrete. Contractor will observe all regulations and rules for this project to include 811 reporting.

**LUMP SUM:** The Contractor shall provide to the City of Sandersville a lump sum price for the completion of the project. The City at their discretion may choose to award a bid or reject any and all bids.

**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 Sandersville and to make such investigations as are deemed necessary to determine the ability of the vendor to perform the services requested.

## **SPECIFIC CONDITIONS**

### **1- CHANGES AND EXTRAS**

The Owner may at any time by written order, and without notice to the sureties, make changes within the general scope of this contract. If any change causes an increase or decrease in the cost or time required for the performance of this contract, then an equitable adjustment shall be made in the contract price. Such cost may be adjusted in writing only, and must be signed by both Contractor and Owner. Likewise, any claim for extra charges by the Contractor must be agreed upon in writing by the Owner prior to beginning such work.

### **2-INDEMNIFICATION AND INSURANCE**

The Contractor agrees that he shall and will indemnify, hold harmless and defend the Owner, his agents, servants and employees from and against any and all losses, damages (by judgment or settlement), charges and expenses (including reasonable attorney's fees) which they or any one or more of them may incur or sustain by reason of any claims or causes of action for personal injury or injuries, including death, to any person or persons whatsoever (including the officers, agents, servants or employees of the Contractor or of any subcontractor) including but not limited to such claims or causes of action arising out of, or in any way connected with, or occasioned by the work performed by the Contractor or subcontractors, their respective agents, servants or employees under or pursuant to this contract.

Without limiting his liability under this contract, the Contractor shall procure and maintain at his expense during the life of this contract insurance of the types and in the minimum amounts stated below:

1. Workmen's Compensation Insurance in full compliance with the Workmen's Compensation laws of the State of Georgia.
2. Comprehensive General Liability
 

Bodily injury, including death	\$1,000,000 per person \$1,000,000 each occurrence
Property Damage	\$1,000,000 each occurrence \$2,000,000 aggregate
3. Comprehensive Automobile Liability
 

Bodily injury, including death	\$1,000,000 per person \$1,000,000 each occurrence
Property Damage	\$1,000,000 each occurrence

Said insurance shall be written by a company or companies licensed to do business in the State of Georgia and satisfactory to the Owner. Before commencing any work hereunder, certificates evidencing the maintenance of such insurance shall be furnished to the Owner and shall contain the following statement:

Insurance evidenced by this certificate will not be canceled or altered except 10 days after receipt by the City of Sandersville, Georgia of written notice thereof.

Contractors shall not subcontract the performance of any part of the work without requiring the subcontractor to procure and maintain insurance in the forms and amounts approved by the Owner, and likewise said subcontractors shall pay wages specified by the Georgia Department of Labor.

### 3-CONTRACTOR'S RESPONSIBILITY

Nothing in these specifications shall be construed as placing the work under the specific direction or control of the Owner or relieving the Contractor from his liability as an independent Contractor and, as such, he shall be solely responsible for the method, manner and means by which he shall perform his work, including, but not limited to supervision and control of his own personnel and scheduling of the work required to insure its proper and timely performance and he shall exercise due care to prevent bodily injury and damage to property in the prosecution of the work.

Until the work is accepted, it shall be in the custody and under the charge and care of the Contractor, and he shall take every necessary precaution against injury or damage to the work by the action of all the elements, or from any other cause whatsoever. The Contractor shall restore and make good at his own expense all injuries or damages to any portion of the work before its completion and acceptance. Issuance of any estimate or partial payment to the Contractor for any part of work done will not be considered as final acceptance of any work.

The Contractor agrees to assume and shall have full and sole responsibility for compliance with all Federal, State or Municipal laws and regulations in any manner affecting the work to be performed by the Contractor or subcontractors.

### 4-PROSECUTION OF WORK

The Contractor shall give his personal attention to the work while in progress and shall provide a competent and reliable superintendent at all times who shall have full authority to act for him. That superintendent's name and phone number shall be furnished to the City prior to the start of any work.

Any discrepancies or questions pertaining to the extent of the work shall be submitted immediately to the Public Works Director.

### 5-WORKING CONDITION

The Contractor will not work on or keep his equipment on any private property without the permission of the property Owner involved. The Contractor, during the construction period may leave his backhoe, track hoe, and other essential equipment on adjacent streets as long as no

private driveways are blocked and all equipment is marked with reflective barricades. The Contractor shall be responsible for damages to any private property including trees, curbs, mailboxes, private yards and street signs. The Contractor shall not prime or resurface over any mud, dirt, paper or rock. All heavy accumulations shall be removed by the Contractor at his expense.

## 6-EXCAVATION

The Contractor will conduct all excavation required in order to install the culvert. Proper protocol will be followed as it pertains to digging including utility locates and 811 procedures. All utilities must be clearly identified and marked prior to excavation. Silt fencing shall be provided by the contractor and used as required. One or more member(s) of the crew working on the project shall possess a Level 1A Sediment and Erosion Card (Blue Card). The Contractor will be responsible for all safety signs and safety equipment to include PPE (personal protection equipment) and other devices. The Contractor will communicate with Public Works on the need for road closures providing at least 48 hours prior notice.

Due to the nature of this project, only experience workforce should be used on this job.

## **BID SUBMISSION**

Deadline to submit bids will be **Tuesday, May 28, 2024 at 3:00 PM** at which time the bid opening will take place - City Hall Conference Room, 141 West Haynes St. Sandersville, GA. Any bids received after the deadline shall be null and void.

All bids must be submitted on the attached form and placed in a sealed envelope clearly marked "**CRABAPPLE DRIVE CULVERT PROJECT**". All shipping materials must be clearly marked with project name.

Bid should state the start date and the work should commence within three months after the bid award.

Three (3) copies of the bid with the required information must be submitted and received no later than above date to:

City of Sandersville  
Attn: Travis Fort, Purchasing Agent  
Crabapple Drive Culvert Project  
P.O. Box 71  
141 W. Haynes Street  
Sandersville, GA 31082

## **REQUIRED INSURANCE AND DOCUMENTATION**

All bids must be submitted on the bid form furnished and accompanied by:

1. **W-9 Form** - Please complete attached form, check appropriate box, fill in Social

Security Number or Employer Identification Number, Sign and Date.

2. **Notarized E-Verify Contractor Affidavit** - Please complete attached form. (To enroll in E-verify you may visit the website [www.uscis.gov/everify](http://www.uscis.gov/everify))
3. **Notarized SAVE Affidavit** - Please complete attached form.
4. **Occupational Tax Certificate**
5. **General Public Liability and Property Damage Insurance Certificate** with a limit of liability of not less than \$1,000,000.
6. **Worker's Compensation Proof of Insurance** - For more than three employees.

### **QUESTIONS/ADDENDUMS**

Questions will be answered and responded to until **4:30pm on May 21, 2024**. You may submit any questions to [tfort@sandersvillega.org](mailto:tfort@sandersvillega.org). Questions will be answered and posted on our website at [www.sandersvillega.org](http://www.sandersvillega.org) under City Online, Bid Opportunities tabs.



**PUBLIC WORKS DEPARTMENT  
BID FORM  
CRABAPPLE DRIVE CULVERT PROJECT**

Return Date: **3:00 PM, Tuesday, May 28, 2024**

Return to: City of Sandersville  
Attn: Travis Fort  
141 W. Haynes Street  
P.O. Box 71  
Sandersville, GA 31082

**Lump Sum Bid** **Bid Amount \$** \_\_\_\_\_

**Projected Project Start Date** \_\_\_\_\_

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

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

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	<b>2</b> Business name/disregarded entity name, if different from above		
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <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> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code		
	<b>7</b> List account number(s) here (optional)		

### 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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
						-					
or											
Employer identification number											
						-					

### Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

<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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### 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? on page 2.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from the City of  
Sandersville, 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 in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

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

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

**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 the City of Sandersville 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  
Crabapple Drive Culvert \_\_\_\_\_  
Name of Project

\_\_\_\_\_  
City of Sandersville  
Name of Public Employer

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

Executed on \_\_\_\_\_, 20\_\_ 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 \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_