

Attachment "A"
Required Submission Documents
PRICE PROPOSAL FORM

15-070-DB Functional Family Therapy for Juvenile Justice	
Pricing	\$ _____/Hour
Any Additional Fees Descriptions of additional fees:	\$ _____

BIDDER INFORMATION	
Company Name:	
Company Address:	
Authorized By (typed or printed name):	
Title:	
Authorized Signature:	Date:
Telephone Number:	
Fax Number :	
Email Address:	

REMITTANCE INFORMATION (where payments should be sent)			
Remit to Name:			
Remit to Address:			
City:	State:	Zip:	County:
Phone:	Fax:	Toll Free:	
Contact:		Email:	
Tax ID: <input type="checkbox"/> SSN _____ Federal Tax ID _____			
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Misc.			

PURCHASE ORDER INFORMATION (where purchase orders should be sent)			
Purchase Order Name:			
Purchase Order Address:			
City:	State:	Zip:	County:
Phone:	Fax:	Toll Free:	
Contact:		Email:	
Payment Terms: Discount _____% No. Days _____ Net Due _____			
Freight Terms: Ship Via: _____ FOB _____			
MBE/DBE/WBE STATUS (check appropriate box(es))			
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Veteran	<input type="checkbox"/> Disabled	<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Not-Applicable

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BIDDER QUALIFICATION FORM

Company Name: _____

Address: _____

When Organized: _____ Where Incorporated: _____

How many years have you engaged in business under the present firm name? _____

Credit available for this contract? _____

Contracts now in hand? _____

Has bidder ever refused to execute a contract at the original bid amount? _____

Has bidder ever been declared in default on a contract? _____

Comments: _____

Company Name: _____

Authorized By (typed name): _____

Authorized Signature: _____

Title: _____ Date: _____

References

Following is a reference list of contracts that are similar to this project:

NAME OF PROJECT/DATE	LOCATION	CONTACT	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 201__

My Commission Expires: _____

Notary Public

[NOTARY SEAL]

LIST OF SUB-CONTRACTORS

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I do ____, do not ____, propose to sub-contract some of the work on this project. I propose to sub-contract work to the following contractors.

NAME/ADDRESS	TYPE OF WORK	% of Contract
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Name Contractor

BIDDER MINORITY PARTICIPATION GOAL
(Attach additional pages if required.)

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FINANCIAL & LEGAL STABILITY STATEMENT

Please check appropriate item(s):

Firm has the financial capability to undertake the work and assume the liability required if awarded this solicitation.

Firm has the legal capability to undertake the work and assume the responsibilities required if awarded this solicitation.
Pending litigations (if any) will not affect the firm's ability to perform on this contract, if awarded.

Company Name: _____

Authorized By (typed name): _____

Authorized Signature: _____

Title: _____ Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 201____ My Commission Expires: _____

[NOTARY SEAL]

Notary Public

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INSURABILITY STATEMENT

Please check appropriate item(s):

__ By submission of this form, this firm confirms the ability to acquire and maintain the required levels of insurance as outlined in the bid document. It is the understanding of this firm that proof of Insurance must be provided prior to contract execution and maintained throughout the entire term of the contract.

Company Name: _____

Authorized By (typed name): _____

Authorized Signature: _____

Title: _____ Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 201____ My Commission Expires: _____

[NOTARY SEAL]

Notary Public

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GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contract No. and Name: _____

Name of Contracting Entity: _____

By executing this affidavit, the undersigned person or entity verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Bibb County has registered with, is authorized to participate in, and is participating in the federal work authorization program commonly known as E-Verify,* in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned person or entity further agrees that it will continue to use the federal work authorization program throughout the contract period, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the undersigned with the information required by O.C.G.A. § 13-1091(b).

The undersigned person or entity further agrees to maintain records of such compliance and provide a copy of each such verification to Bibb County at the time the subcontractor(s) is retained to perform such service.

EEV/E-Verify™ User Identification Number	Date of Authorization	Check if exempt
By: Authorized Officer or Agent (Name of Person or Entity)	Date	
Title of Authorized Officer or Agent	Printed Name of Authorized Officer or Agent	

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____ DAY OF _____, 201____ My Commission Expires: _____

_____ Notary [NOTARY SEAL]
Public

* **or any subsequent replacement** 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.

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