

**Attachment “A”**  
**Required Submission Documents**

Macon-Bibb County  
Summary of Attachment “A” Required Documents

- Bidder Qualification Form
- List of Sub-Contractors
- Bidder Minority Participation Goal
- Financial & Legal Stability Statement
- Insurability Statement
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
- Non-Collusion Affidavit

*Instructions and additional information regarding the three forms below can be found on our website under the Procurement Department Documents tab if needed.*

- Macon-Bibb County Vendor Application
- Form W-9
- E-Verify Affidavit
- Contract Affidavit under O.C.G.A. 13-§ 13-10-91(b)(l) **(Only complete if the BID/RFQ/RFP requires construction)**
- **ALL SUBMISSIONS MUST HAVE THE BID/RFQ/RFP NUMBER ALONG WITH THE NAME OF YOUR BUSINESS ON THE OUTSIDE OF YOUR PACKAGE.**

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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]





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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

**Attachment "A"**  
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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

**Attachment "A"**  
**Required Submission Documents**



**Macon-Bibb County**  
**Procurement Department**  
**700 Poplar Street, Suite 308**  
**Macon, Georgia 31202-0247**  
**Tel: (478) 803-0550 • Fax: (478) 751-7252**  
**www.maconbibb.us**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION  
INELIGIBILITY AND VOLUNTARY EXCLUSION**

The Bidder/offer certifies, by submission of this Proposal or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in this transaction by any Federal department or agency. It further agrees by submitting this proposal that it will include this clause without modification in all lower tier, transactions, proposals, contracts, and subcontracts. Where the Bidder/offeror or any lower tier participant is unable to certify to this statement, it shall attach an explanation of this solicitation/proposal.

Dated at this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

Signature of Contractor: \_\_\_\_\_

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

**For Macon Bibb County Personnel Only:**

Macon Bibb County Procurement Department will verify that the above bidder/offer certifies, by submission of this Proposal or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participation in this transaction by any Federal department or agency.

Signature of Procurement Officer \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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**NON COLLUSION AFFIDAVIT**

Date:	
Project:	Bibb County, Georgia
Project #:	
Project Description:	
Services Provided:	General Contracting
State of:	Georgia
County of:	Bibb

I, \_\_\_\_\_ having first been duly sworn, deposes and states as follows:

I am the party making the foregoing Proposal or Bid; that such Proposal or Bid is genuine and not collusive or sham; that said Proposer or Bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any Proposer or Bidder or person, to put in a sham Proposal or Bid, or that such other person refrain from proposing or bidding, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the Proposal Fee or Bid Price of affiant or any other Proposer or Bidder, or to fix any overhead, profit or cost element of said Proposal Fee or Bid Price, or that of any other Proposer or Bidder, or to secure any advantage against Bibb County, Georgia or any person interested in the proposed Contract; and that all statements in said Proposal or Bid are true; and further, that such Proposer or Bidder has not directly or indirectly submitted this Proposal or Bid, or the contents thereof, or divulged information or data relative thereto to any association or to any member or agent thereof.

Contractor:

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Seal)



Attachment "A"

Required Submission Documents

**MACON-BIBB COUNTY**

**Vendor Application**



Date Submitted: \_\_\_\_\_

New Application

Revised Application

**RETURN THIS COMPLETED FORM TO:**

Macon-Bibb County Procurement Department  
700 Poplar Street, Ste. 308  
Macon, GA 31201

Phone: 478-803-0550  
Fax: 478-751-7252  
Email: procurement@maconbibb.us

GENERAL VENDOR INFORMATION

Company Name:	
Company Address:	
Authorized By (Name):	
Title:	
Authorized Signature:	Date:
Telephone Number:	Fax Number:
Email Address:	

REMITTANCE INFORMATION (where payments should be sent)

Remit to Name:				
Remit to Address:				
Phone:	Fax:	Toll Free:		
Contact:	Email:			
Business Type (choose one):	<input type="checkbox"/>	Individual/Sole Proprietor	<input type="checkbox"/>	Single member LLC
	<input type="checkbox"/>	Business - incorporated	<input type="checkbox"/>	Business - not incorporated/partnership
	<input type="checkbox"/>	LLC: C S P (circle one)	<input type="checkbox"/>	Other (Specify):
Social Security #:	Federal Tax ID #:			

PURCHASE ORDER INFORMATION (where purchase orders should be sent)

Purchase Order Name:		
Purchase Order Address:		
Phone:	Fax:	Toll Free:
Contact:	Email:	
Payment Terms: Discount %	# Days	Net Due
Freight Terms: Ship Via	FOB	

E-Verify Information

Private Employer Affidavit is attached :  
 With E-Verify # \_\_\_\_\_ With E-Verify exemption selected \_\_\_\_\_

Contractor Affidavit is attached: (additional affidavit, if applicable)  
 With E-Verify # \_\_\_\_\_ Without E-Verify # but a copy of my driver's license is attached since  
 I have no employees and no intent to hire employees \_\_\_\_\_

MBE/DBE/WBE STATUS (Select at least one)

Minority Owned (African American, Hispanic, Native American, Asian American) circle one \_\_\_\_\_  
 Woman Owned \_\_\_\_\_ Disabled \_\_\_\_\_ Veteran \_\_\_\_\_ Not Applicable \_\_\_\_\_

Do you maintain a local office in Macon-Bibb County? Yes \_\_\_\_\_ No \_\_\_\_\_

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**Required Submission Documents**

**Request for Taxpayer Identification Number and Certification**

Form **W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

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

<sup>a</sup> 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.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) <sup>a</sup> _____ <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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) <sup>a</sup>	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 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 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>									
				-			-		
<b>OR</b>									
<b>Employer identification number</b>									
				-					

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person <sup>a</sup>	Date <sup>a</sup>

**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.*

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**E-VERIFY AND PRIVATE EMPLOYER AFFIDAVIT**

Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies one of the following with respect to its application for an occupational tax certificate, alcohol license, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Business Name: \_\_\_\_\_

**SECTION 1 (Choose ONE of the following)**

- (A)  On January 1 of the below-signed year, the individual, firm, or corporation employed ten (10) or less employees. (Proceed to Section 3)
- (B)  On January 1 of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees and has registered with the E-Verify program. (Proceed to Section 2)

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**SECTION 2**

The employer has registered with and utilizes the Federal Work Authorization program commonly known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6. The undersigned private employer also attests that its E-Verify number and date of authorization are as follows:

E-Verify Number: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ (Proceed to Section 3)

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**SECTION 3**

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

Executed on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

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

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

Signature of Authorized Officer or Agent: \_\_\_\_\_

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)(I)**

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed belo to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
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: \_\_\_\_\_