

HABERSHAM COUNTY BOARD OF COMMISSIONERS

EXECUTIVE SUMMARY

SUBJECT: RFP 2026-1 AVITA and Health Department Roof Replacements

DATE: August 4th, 2025

(X) RECOMMENDATION

() POLICY DISCUSSION

BUDGET INFORMATION:

() STATUS REPORT

ANNUAL-

() OTHER

CAPITAL- AVITA - \$31,615.00
Health Department - \$38,990.00*

COMMISSION ACTION REQUESTED ON: September 15th, 2025

PURPOSE: To recommend contracting CGS Waterproofing to replace the AVITA and Health Department roofs. *The Health Department roof will be paid for from an insurance claim after finding significant hail damage.

BACKGROUND / HISTORY: Habersham County sought Request for Proposals for the replacement of the AVITA and Health Department roofs. Three (3) RFPs were submitted. The lowest bid that met the required specifications was from CGS Waterproofing. The Health Department roof was reviewed by Edge Roofing and the resulting report determined that we were eligible for the replacement through an insurance claim. The County has paid its deductible, so the remaining cost of the replacement will be covered by insurance. The AVITA roof was evaluated in FY25 and was given a failing grade. The cost of the replacement was not within the budget, but the gutters, soffits, and metal fascia have all been replaced with FY25 CIP funds.

FACTS AND ISSUES:

- A. The County received three (3) responses on the RFP: Edge Roofing (high bid), Traxxle Contracting (medium bid), and CGS Waterproofing (low bid).
 - B. CGS Waterproofing submitted the lowest bid on both roof projects. The next closest bid on AVITA was \$7585 higher and \$4810 higher on the Health Department roof.
 - C. CGS Waterproofing is based in Norcross, GA and has worked with other municipalities.
 - D. Both roofs are in a failure state, but the Health Department roof replacement will be paid for through an insurance claim, so there will be no money paid out of pocket.
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OPTIONS:

- 1) Approve the contract with CGS Waterproofing for RFP 2026-1 AVITA and Health Department roof replacements.
 - 2) Deny contracting with CGS Waterproofing for RFP 2026-1 AVITA and Health Department roof replacements.
 - 3) Commission defined alternative for RFP 2026-1 AVITA and Health Department roof replacements.
-
-

RECOMMENDED SAMPLE MOTION: Move to approve contracting with CGS Waterproofing for RFP 2026-1 AVITA and Health Department roof replacements.

DEPARTMENT:

Prepared by: Finance, Purchasing

Director _____

**ADMINISTRATIVE
COMMENTS:** _____

County Manager

DATE: _____



HABERSHAM COUNTY

BOARD OF COMMISSIONERS

September 5, 2025

CGS Waterproofing
6040 Dawson Blvd Suite K
Norcross, GA 30093
(404) 234-0248
Attn: Joaquin Contreras

Ref: **RFP 2026-1 AVITA and Health Department Roof Replacements**

Notice of Award

Dear Joaquin Contreras,

I am pleased to inform you that the Habersham County Board of Commissioners has awarded the above-named contract to your firm as the sole recipient. This letter will serve as a **Notice of Award** only.

You are requested to furnish Habersham County the following listed documents within **fifteen (15) days** as required by the terms and conditions of the bid:

1. Executed Contract Documents (Attached)
2. Updated Certificate of Liability Insurance

Please print two copies of the attached contract and return them in their original form, signed, and notarized as duplicate originals. Please do not fax the documents back. The County will then execute both documents and return one original to you.

A **Notice to Proceed** and **PO** will be issued after receiving the above-named documents. This contract will become effective upon execution of documents.

Sincerely,

Sara Burke
Purchasing/Grants Specialist
&
Kiani Holden
Interim Finance Director, Financial Administrator

COUNTY OF HABERSHAM

RFP 2026-1 AVITA and Health Department Roof Replacements

This agreement made and entered into this the _____ day of _____, 2025, by and between the Board of Commissioners of Habersham County, Georgia (Hereinafter referred to as "County") and CGS Waterproofing hereafter referred to as "Contractor".

Witnesseth:

Whereas the County intends to contract with **CGS Waterproofing** for **RFP 2026-1 AVITA and Health Department Roof Replacements**, herein referred to as the "Project" and has entered into an agreement for the necessary services provided by the project and whereas, the Contractor desires to perform the project and for the contract costs as detailed.

Habersham County's RFP 2026-1 issued on August 6th, 2025, the Bidder's response (All originals are on file in the Habersham County Purchasing Department, 130 Jacob's Way Clarkesville, GA 30523), and this contract are all incorporated into and made a part of this agreement by reference.

NOT TO EXCEED

AVITA - \$31,615.00

Health Department - \$38,990.00

If any paragraph, sub-paragraph, sentence, clause, phrase or any portion of this agreement shall be declared invalid or unconstitutional by any Court of competent jurisdiction or if the provisions of any part of this agreement as applied to any particular situation or set of circumstances shall be declared invalid or unconstitutional, such invalidity shall not be constructed to affect the portions of this agreement not so held to be invalid or the application of this agreement to other circumstances not so held to be invalid. It is hereby declared to be the intent of the parties to this agreement to provide for separate and divisible parts, and to hereby adopt any and all parts hereof as may not be held invalid for any reason.

In witness whereof, the parties hereto have hereunto set their hands and affixed their seals the day and year first written above.

Subscribed and sworn to in our
presence this _____ day of
_____, 2025

Notary Comm. Exp.

Habersham County, Georgia

By: _____
Jimmy Tench
Chairman, Board of Commissioners

Subscribed and sworn to in our
presence this _____ day of
_____, 2025

Notary Comm. Exp

Contractor

By: _____

Title:

RFP 2026-1 AVITA and Health Department Roof Replacements		
Company Name	AVITA Cost	H.D. Cost
CGS Waterproofing	\$ 31,615.00	\$ 38,990.00
Traxxle Contracting	\$ 39,200.00	\$ 43,800.00
Edge Roofing	\$ 43,500.00	\$ 48,500.00



HABERSHAM COUNTY

GEORGIA | Est. 1818

Office of County Commissioners

130 Jacobs Way, Suite 302, Clarkesville, GA 30523

706-839-0200

www.habershamga.com

REQUEST FOR PROPOSALS

Habersham County Board of Commissioners is soliciting proposals for: AVITA and Health Department Roof Replacements	
RFP Released	August 6 th , 2025
Deadline for Proposal Questions	August 20 th , 2025 by 2:00 PM EST
Proposals due	August 27 th , 2025, by 2:00 PM EST
Tentative Award Date	September 15 th 2025

SUBMIT PROPOSALS TO:

Habersham County
Purchasing, Finance Department
“AVITA and Health Department Roof Replacements”
130 Jacobs Way, Suite 302
Clarkesville, GA 30523
purchasing@habershamga.com
706-839-0200

Submittal Requirements

Each bidder must submit their proposal, enclosed in a sealed envelope or box, and marked with the bidders' name, address and labeled: **"AVITA and H.D. Roof Replacements"** and addressed to:

Habersham County
Purchasing, Finance Department
130 Jacobs Way, Suite 302
Clarkesville, GA 30523

Proposals shall be received no later than **2:00 PM, Wednesday August 27th, 2025** at Habersham County's Administration Building at 130 Jacobs Way, Clarkesville, GA 30523, at which time and place all proposals will be publicly opened and acknowledged.

Hand delivered copies may be delivered to the above address, located on the top floor, ONLY between the hours of 8:00 AM and 5:00 PM, Monday through Friday, excluding holidays observed by the Habersham County Board of Commissioners. For a complete listing of holidays, please visit <http://www.habershamga.com>.

Qualifications and Experience

Proposals must provide the following information to establish the qualifications and experience of the Bidder:

1. Certification that the Bidder or its officers or any predecessor companies are not under any part of the Bankruptcy Act nor ever filed under the Bankruptcy Act within the previous seven years.
2. The Contractor shall acquire and maintain all required licenses and permits required by State or local law and will comply with all other license and permit requirements of the City, State and Federal Governments, as well as all other requirements of law.

Terms & Conditions

1. The initial term of a contract awarded as a result of this RFP shall be from date of award through completion of contract.
2. Submittals received after the due date and time will not be considered. Modifications received after the due date will not be considered. The Habersham County Government assumes no responsibility for the premature opening of a proposal not properly addressed and identified, and/or delivered to the improper designation.
3. Habersham County reserves the right to reject any and all proposals. The County will not discriminate against any vendor submitting a bid because of race, creed, color, national origin, or handicap. The County is an equal opportunity employer.

4. Habersham County encourages all proposers to promote opportunities for diverse business, including Minority Business Enterprises (“MBE”), Female Business Enterprises (“FBE”), and Small Business Enterprises (“SBE”) to be included as sub-consultants and/or bidders. However, nothing herein should be construed to indicate that a MBE, FBE, or SBE may not apply and be selected independently. MBEs, FBEs, and SBEs that meet qualifications of this RFP are encouraged to submit their proposals for consideration.

5. Habersham County reserves the right to exercise discretion and apply its judgement with respect to all bid proposals submitted. The County also reserves the right to reject all proposals, either in part or in its entirety, or to request and obtain, from one or more of consulting firms submitting proposals, supplementary information as may be necessary for County staff to analyze the bid proposals.

6. Habersham County may elect to award a contract in multiple phases, as is deemed to be in the County’s best interest. Should the County award projects in phases, the County reserves the right to award the phases to the same firm. All proposals submitted in response to the RFP become property of Habersham County and public records and will be subject to public view.

7. All proposals shall constitute, for a period of 90 calendar days, an irrevocable offer to provide the goods/services set forth in the specifications and proposal.

8. At no time shall the successful vendor reproduce Habersham County’s logo, return address or any other identifying or proprietary information for any other purpose. Also, the vendor shall not use Habersham County in any advertisements without the written consent of the County. Refer to https://www.habershamga.com/document_center.cfm?fid=277&ysnDC=1; County Commissioners Documents and Information; to download a copy of the Application for Permission to Use County Logo.

9. Habersham County Government is tax exempt. The selected vendor will be provided with Habersham County’s Sales and Use Tax Certificate of Exemption number upon request.

10. All bidders will be required to provide a Certificate of Insurance as proof of insurance and Workman’s Compensation Insurance while under contract with Habersham County. Workman’s Compensation Insurance should be as required by the State of Georgia.

11. Information provided within the bidder’s proposal are subject to open records request per Georgia Law. For more information, please visit <https://www.habershamga.com/open-records-request.cfm>.

12. Habersham County follows the purchasing policies and procedures adopted on December 14, 2015 through Habersham County Ordinance to Chapter 1; Article 4, Division 2. Refer to

http://www.habershamga.com/document_center.cfm?fid=339&synDC=1;
Department Policies; for complete document.

Finance

Insurance Coverage Requirements

ALL BIDDERS MUST FURNISH PROOF OF LIABILITY INSURANCE, WORKER'S COMPENSATION LIABILITY INSURANCE, AND ANY OTHER INSURANCE REQUIRED BY APPLICABLE STATE, FEDERAL, AND ADMINISTRATIVE LAW.

Such proof shall be submitted with the bid/proposal and show evidence of insurability satisfactory to Habersham County as to form and content. If the bid is selected by the County, the Bidder must maintain, at a minimum, the insurance policies and minimums indicated in the selected bid. If the Bidder maintains broader coverage and/or higher limits than shown in the bid, Habersham County shall be entitled to coverage for the higher limits maintained by the Bidder.

Any and all Insurance Coverage(s) and Bonds required under the terms and conditions of the contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of Habersham County. Evidence of said insurance coverages shall be provided on or before the inception date of the Contract.

Bidder shall provide written notice to Habersham County immediately if it becomes aware of or receives notice from any insurance company that coverage afforded under such policy or policies shall expire, be cancelled or altered.

Certificates of Insurance are to list Habersham County Government, its' Officers, Officials and Employees as an Additional Insured (except for Workers' Compensation and Professional Liability). This insurance shall apply as Primary Insurance before any other insurance or self-insurance, including any deductible, non-contributory, and Waiver of Subrogation provided in favor of Habersham County. If Habersham County shall so request, the Bidder will furnish the County for its inspection and approval such policies of insurance with all endorsements, or confirmed specimens thereof certified by the insurance company to be true and correct copies.

The obligations for the Bidder to procure and maintain insurance shall not be constructed to waive or restrict other obligations. It is understood that neither failure to comply nor full compliance with the foregoing insurance requirements shall limit or relieve the Bidder from any liability incurred as a result of their activities/operations in conjunction with the Contract and/or Scope of Work.

Scope of Work

Proposal 1: AVITA Community Partners

- Address: 196 Scoggins Dr, Demorest, GA 30535
- Approximate Roof Size: ~10,000 sq. ft.

Proposal 2: Habersham County Health Department

- Address: 185 Scoggins Dr, Demorest, GA 30535
 - Approximate Roof Size: ~11,000 sq. ft.
-

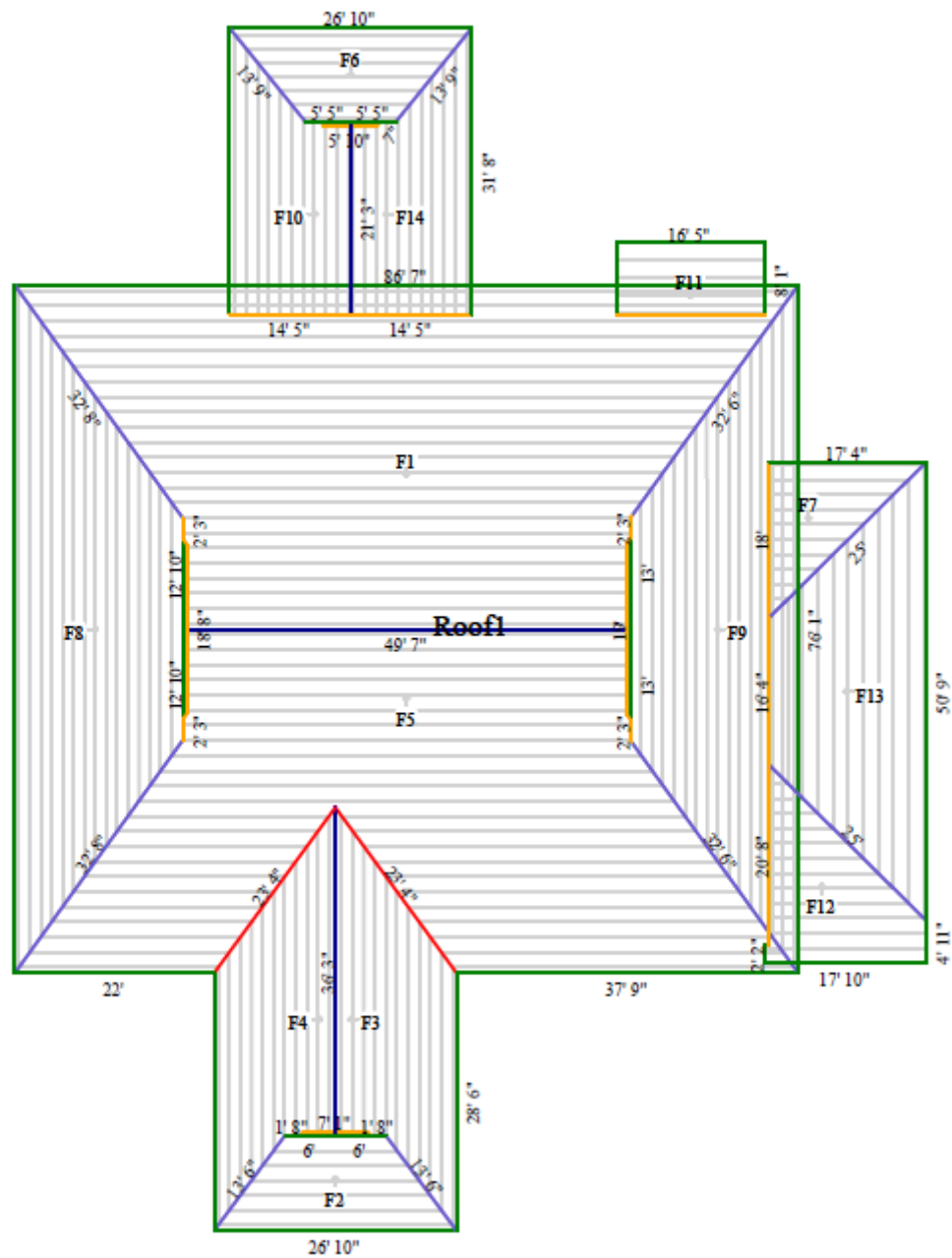
Work to Include (for each building):

1. Site Preparation
 - Protect landscaping, driveways, sidewalks, and adjacent property.
 - Set up necessary safety equipment and barriers.
 2. Removal
 - Remove existing shingles and underlayment down to the roof deck.
 - Remove all related roofing components as necessary (flashing, vents, etc.).
 3. Inspection
 - Inspect roof decking for damage or rot.
 - Report findings and replace any damaged decking (to be approved prior to work).
 4. Installation
 - Install new underlayment per manufacturer's specifications.
 - Install new asphalt shingles, color and brand to be approved.
 - Install new flashing, drip edge, roof vents, and plumbing boots as required.
 - Install ridge vent or equivalent ventilation system.
 5. Cleanup
 - Remove all debris from the job site.
 - Use magnetic sweep for nails and other metal debris.
 6. Final Inspection
 - Conduct walk-through with owner or designated representative.
 - Provide warranty documents and manufacturer certifications.
 7. Contractor must submit a schedule to include the total time for beginning of construction to completion of work. All work must be completed within ninety (90) days.
 8. The contractor shall furnish all labor, supplies, materials, equipment, and project supervision to perform satisfactorily the services specified herein.
-

Proposal Requirements (each):

- Contractors must submit separate detailed pricing for each building.
- Proposals must include:
 - Line-item breakdown of labor and materials
 - List of proposed materials and manufacturers
 - Estimated start and completion dates
 - Proof of licensing and insurance
 - Warranty terms (labor and materials)
- Contractors may submit a combined proposal for both buildings, but each building must be priced individually.
- Awarding of one building's contract does not guarantee award of the second.

AVITA Community Partners Roof Plan



[illegible]

No inquiries or interpretation of meaning concerning this Request for Proposal will be made to any interested party orally. Every inquiry or request for interpretation should be made in writing via e-mail. All inquiries and requests for interpretation should be sent via e-mail to purchasing@habershamga.com. All questions and all answers will be posted on the website www.habershamga.com. It will be the responsibility of interested parties to periodically check the website for any new information.

SAMPLE CONTRACT

STATE OF GEORGIA

CONTRACT RFP 2026-1

COUNTY OF HABERSHAM

AVITA Roof Replacement

This agreement made and entered into this the _____ day of _____, 2025, by and between the Board of Commissioners of Habersham County, Georgia (Hereinafter referred to as "County") and **Contractor** hereafter referred to as "Contractor").

Witnesseth:

Whereas the County intends to contract to provide for AVITA Roof Replacement - RFP 2026-1, herein referred to as the "Project" and has entered into an agreement for the necessary services provided by the project and whereas, the Contractor desires to perform the project and for the contract costs as detailed.

Habersham County's RFP 2026-1 AVITA Roof Replacement issued on August 14th, 2024, the Bidder's response (All originals are on file in the Habersham County Purchasing Department, 130 Jacob's Way Clarkesville, GA 30523), and this contract are all incorporated into and made a part of this agreement by reference.

\$\$\$\$

Attachments: All terms and conditions; Contractor's Bid response; Contractors cost data

If any paragraph, sub-paragraph, sentence, clause, phrase or any portion of this agreement shall be declared invalid or unconstitutional by any Court of competent jurisdiction or if the provisions of any part of this agreement as applied to any particular situation or set of circumstances shall be declared invalid or unconstitutional, such invalidity shall not be constructed to affect the portions of this agreement not so held to be invalid or the application of this agreement to other circumstances not so held to be invalid. It is hereby declared to be the intent of the parties to this agreement to provide for separate and divisible parts, and to hereby adopt any and all parts hereof as may not be held invalid for any reason.

In witness whereof, the parties hereto have hereunto set their hands and affixed their seals the day and year first above written.

Subscribed and sworn to in our
presence this _____ day of
_____, 2025

Notary Comm. Exp.
Commissioners

Habersham County, Georgia

By: _____

Jimmy Tench - Chairman, Board of
Commissioners

Subscribed and sworn to in our
presence this _____ day of
_____, 2025

Notary Comm. Exp

Contractor

By: _____

Title

*This is only a sample contract and does not need to be signed and notarized.



HABERSHAM COUNTY

GEORGIA | Est. 1818

Office of County Commissioners

130 Jacobs Way, Suite 302, Clarkesville, GA 30523

706-839-0200

www.habershamga.com

Pricing Sheet

Request for Proposal

AVITA and Health Department Roof Replacements

Quoting Company Name:	
Company Representative:	
Company Address:	
Company Phone Number:	
Representative Phone:	
Representative Email:	

Please provide Price breakdown as indicated below:

Total Cost AVITA:	
Total Cost Health Department:	
Less Discounts/Incentives:	

I agree to all terms and expectations of the above quote specification and hereby submit this as our official bid. I understand that bidding on both roof replacements does not ensure an award for both projects.

Signature of authorized company representative

Date

References

Proposers should include list of references as part of their proposal submission. Proposers are required to demonstrate successful performance of the proposed turnout gear and customer service level by submitting references from three (3) user departments during the past three (3) years.

1. Company Name _____

Contact Person _____

Telephone _____ E-Mail Address _____

2. Company Name _____

Contact Person _____

Telephone _____ E-Mail Address _____

3. Company Name _____

Contact Person _____

Telephone _____ E-Mail Address _____

*If there is anything else you would like to explain, please leave your comments below:

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the requirements.

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form will be provided before the commencement of any work.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **August 27th, 2025 at 2:00 p.m.** but may not be withdrawn after such date and time.

That Habersham County reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. Habersham County reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that Habersham County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

Printed Name

Title

Signature

Title

AFFIX CORPORATE SEAL (If Applicable)

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF _____

COUNTY OF _____

Owner, Partner or Officer of Firm, _____
Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of Habersham County or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of Habersham County or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

PRINTED NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of 20__

NOTARY PUBLIC

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by Habersham County. The bidders may be declared, by Habersham County, ineligible for further contracts with Habersham County until satisfactory proof of intent to comply shall be made by the vendor. The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

FIRM NAME

PRINTED NAME

SIGNATURE

TITLE



HABERSHAM COUNTY
GEORGIA | Est. 1818

Office of County Commissioners

Finance Department

130 Jacob's Way, Suite 302, Clarkesville, GA 30523

706-839-0200 Fax: 706-839-0219

www.habershamga.com

Return Documentation Checklist

REQUIRED FROM ALL VENDORS (Initial next to each item):

- _____ Completed Vendor Application
- _____ Completed W-9 Form
- _____ Copy of your Company's most recent Insurance Certificate(s) (Must be kept current) (If service to be performed are on Habersham County property, see attached explanation of insurance requirements.)
- _____ Vendor Affidavit and Agreement (E-Verify) (Mandatory if you have more than one employee other than yourself and you are providing a physical performance of services involving new construction or demolition of structures or roads, and routine operation, repair or maintenance of existing structures, buildings, or real property of Habersham County, including mowing, landscaping, pest control, HVAC, plumbing, electrical, roofing, painting, etc.)

OPTIONAL FORMS:

- _____ Completed ACH Payment Approval Form (Optional, fill out if you wish to receive vendor payments through automated fund transfer.) We are net 30 and will only cut checks once a week.
- _____ Bidder List Application (This is help us contact you directly for future bidding opportunities.)

*****If any required forms are returned incomplete, Active Vendor status will not be granted and subsequent payments may be delayed. Please remember that documents requesting notary verification must be notarized to be considered complete. *****



Office of County Commissioners

Finance Department

130 Jacob's Way, Suite 302,

Clarkesville, GA 30523

706-839-0200 Fax: 706-839-0219

www.habershamga.com

VENDOR APPLICATION

Company/Individual Name:

Doing Business As:

Remittance Address for payments:

City: _____ **State:** _____ **Zip Code:** _____

Physical Address:

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

E-Mail Address:

Vendor Contact/Representative:

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.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ ☐ Other (see instructions) ▶ _____	
	☐ Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code List account number(s) here (optional)	Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number								
				-			-	
Employer identification number								
				-				

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).

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 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Habersham County Insurance Requirements

If you conduct any services on Habersham County property, you must provide the following:

General Liability Coverage:

Before commencing any work for Habersham County, you must furnish a valid *General Liability Certificate of Insurance* with a minimum limit of \$1,000,000 per occurrence for bodily injury and property damage.

*****Habersham County, GA must be shown as an additional insured.*****

Workers' Compensation:

Workers' Compensation Statutory Limits

A valid Worker's Compensation Certificate of Insurance must be submitted evidencing:

Employer's Liability:

- Bodily Injury by Accident - \$100,000 each accident
- Bodily Injury by Disease - \$500,000 policy limit
- Bodily Injury by Disease - \$100,000 each employee

Auto Liability Certificate of Insurance:

Minimum \$1,000,000 limit per occurrence for bodily injury and property damage.

Comprehensive form covering all owned and non-owned and hired vehicles.

(If autos used in the performance of work)

Professional Services Insurance:

Minimum \$1,000,000 limit



Office of County Commissioners
555 Monroe Street, Unit 20, Clarkesville, GA 30523
706-839-0200 Fax: 706-839-0219
www.habershamga.com

**STATE OF GEORGIA PROGRAM VENDOR/CONTRACTOR
AFFIDAVIT AND AGREEMENT**

COMES NOW before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned contractor verifies it's 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 Habersham County 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 are as follows:

EEV / Basic Pilot Program User ID Number (E-Verify)

FURTHER AFFIANT SAYETH NOT.

BY: Authorized Officer or Agent Signature

Contractor Address

Title of Authorized Officer or Agent of Contractor Above

Company / Contractor Name

Contractor City, State, Zip Code

Date of Contract between Contractor and Habersham County

Sworn to and subscribed before me

This _____ day of _____, 20____

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. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV I Basic Pilot 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).

E-Verify Exemption Form

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

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

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program 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 federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, _____, 201__ 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 _____, 201__.

NOTARY PUBLIC

My Commission Expires: _____

¹ To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



**AGREEMENT FOR ELECTRONIC PAYMENTS
AUTHORIZATION OF ELECTRONIC FUNDS TRANSFERS**

I hereby authorize Habersham County Board of Commissioners to initiate a CREDIT entry to my account as indicated below.

Financial Institution Name _____

Account Title _____

Contact Number and Email _____

ABA Routing # _____

Account Number _____

Please mark the appropriate account type: ☐ Checking or Money Market ☐ Savings

This authorization is to remain in effect until Habersham County Board of Commissioners has received written notification of its termination.

Authorized Signer _____

Printed Name _____

Email Address for Remittance Notifications _____

Date _____ Vendor Number _____

REVOCATION OF ELECTRONIC FUNDS TRANSFERS*

I hereby revoke Habersham County Board of Commissioners' authority to initiate a CREDIT entry to my account.

Effective Date _____

Authorized Signer _____

Printed Name _____

Date _____ Vendor Number _____

REMIT TO
Finance Department
130 Jacob's Way Suite 302
Clarkesville, Ga. 30523



HABERSHAM COUNTY
BOARD OF COMMISSIONERS
130 JACOB'S WAY, SUITE 302
CLARKESVILLE, GEORGIA 30523
706-832-0206
purchasing@habershamga.com

BIDDER'S LIST APPLICATION

Click on any field to fill-out.

When completed you may email
to purchasing@habershamga.com
or print-out for mailing.

General Business Information

DATE: _____

PLEASE TYPE OR PRINT IN INK

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

MAILING ADDRESS (if different than above) _____

CITY _____ STATE _____ ZIPCODE _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL ADDRESS _____

PRINCIPAL LINE OF BUSINESS _____

ORGANIZED AS: ☐ Individual ☐ Partnership ☐ Corporation Date: _____ State: _____

FEDERAL TAX I.D. NUMBER (If Company)

--	--	--	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER (If Individual)

--	--	--	--	--	--	--	--	--	--

PRIMARY BUSINESS (Check One)

- | | |
|---|--|
| ☐ Construction Firm | ☐ Jobber |
| ☐ Authorized Distributor | ☐ Service Firm |
| ☐ Surplus Dealer | ☐ Retail Dealer |
| ☐ Factory Representative | ☐ Manufacturer |

BUSINESS VOLUME (Check One)

- | |
|--|
| ☐ Large Business Concern (\$1M sales +) |
| ☐ Small Business Concern (under \$1M sales) |

SPECIAL STATUS

- | |
|---|
| ☐ Minority Owned (51% +) |
| ☐ Woman Owned (51% +) |
| ☐ Other : _____ |

Business Representatives

PLEASE TYPE OR PRINT IN INK

(Additional Official Representatives may be submitted on a separate sheet)

NAME OF OFFICIAL REPRESENTATIVE	TITLE	BUSINESS PHONE	CELL PHONE	EMAIL
NAME OF OFFICIAL REPRESENTATIVE	TITLE	BUSINESS PHONE	CELL PHONE	EMAIL
NAME OF OFFICIAL REPRESENTATIVE	TITLE	BUSINESS PHONE	CELL PHONE	EMAIL

Names and Signatures of Persons Authorized to Sign Bids and Contracts. This **MUST** be kept current.

(Additional Official Signatories may be submitted on a separate sheet)

Actual Signature (Manually Signed)	TITLE	BUSINESS PHONE	PRINTED NAME
Actual Signature (Manually Signed)	TITLE	BUSINESS PHONE	PRINTED NAME
Actual Signature (Manually Signed)	TITLE	BUSINESS PHONE	PRINTED NAME

Dun & Bradstreet Commercial Rating: _____ as of _____ Standard Selling Terms for your Business: _____

Bank Reference: _____ Normal Discounts extended to the County: _____

City Business License # _____ Expires _____ Return & Refund Policy: _____

County Business License # _____ Expires _____ Misc.: _____

What type of standard business insurance do you carry and it's maximum benefits? _____

Commodity Codes

Please fill-out left to right first, then top to bottom. A complete list of current codes can be obtained from the NIGP Website (www.nigp.org).
