



HABERSHAM COUNTY  
GEORGIA | Est. 1818

**Office of County Commissioners**

130 Jacobs Way, Suite 302, Clarkesville, GA 30523  
706-839-0200  
[www.habershamga.com](http://www.habershamga.com)

**REQUEST FOR PROPOSALS**

Habersham County Board of Commissioners is soliciting proposals for: <b>AVITA Roof Replacement</b>	
<b>RFP Released</b>	May 15 <sup>th</sup> , 2024
<b>Deadline for Proposal Questions</b>	May 23 <sup>rd</sup> , 2024 by 2:00 PM EST
<b>Proposals due</b>	June 12 <sup>th</sup> , 2024, by 2:00 PM EST
<b>Mandatory Pre-bid Meeting*</b>	June 5 <sup>th</sup> , 2024 at 10:00 AM EST
<b>Tentative Award Date</b>	June 17 <sup>th</sup> 2024

\*The mandatory pre-bid meeting will be held in the Executive Meeting Room on the third floor of 130 Jacob’s Way, Clarkesville, GA 30523.

**SUBMIT PROPOSALS TO:**

Habersham County  
Purchasing, Finance Department  
“AVITA Roof Replacement”  
130 Jacobs Way, Suite 302  
Clarkesville, GA 30523  
[purchasing@habershamga.com](mailto:purchasing@habershamga.com)  
706-839-0200



**Office of County Commissioners**  
**AVITA Roof Replacement**  
**Proposal Due Wednesday, June 12th, 2024**  
**2:00 PM EST**

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## **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 Roof Replacement"** 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 June 12th, 2024** 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 ONLY between the hours of 8:00 AM and 5:00 PM, Monday through Friday, to the Board of Commissioners Office, Room No. 337 located on the top floor, 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](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](http://www.habershamga.com/document_center.cfm?fid=339&synDC=1); Finance Department Policies; for complete document.



## **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**

1. The work covered under this RFP consists of, but is not limited to, the replacement of approximately 10,000 sqft of roofing.
2. Contractor must attend the mandatory pre-bid meeting on June 5<sup>th</sup>, 2024 at 10AM EST if they wish to submit a bid to the County.
3. 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.

4. The contractor shall furnish all labor, supplies, materials, equipment, and project supervision to perform satisfactorily the services specified herein.
5. Note: The Drawings in this document are a fair representation of the work needed. Though the drawings are from a previous project, the building roof is nearly identical.

### **Questions and Interpretations**

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](mailto:purchasing@habershamga.com). All questions and all answers will be posted on the website [www.habershamga.com](http://www.habershamga.com). It will be the responsibility of interested parties to periodically check the website for any new information.



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706-839-0200

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**Pricing Sheet  
Request for Proposal  
AVITA Roof Replacement**

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

**Please provide Price breakdown as indicated below:**

Less Discounts/Incentives:	
Total Price:	

**I agree to all terms and expectations of the above quote specification and hereby submit this as our official bid.**

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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:

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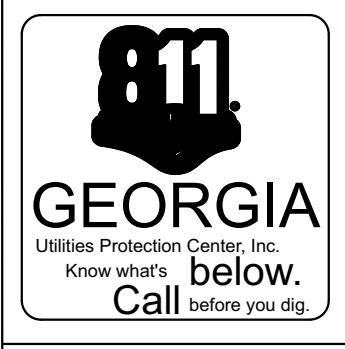
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# ROOFING REPAIR AND MAINTENANCE FOR

HABERSHAM COUNTY HEALTH DEPARTMENT  
 185 SCOGGINS DRIVE  
 DEMORIST, GEORGIA 30535  
 HABERSHAM COUNTY, GEORGIA



COPYRIGHT © ALL RIGHTS RESERVED DRAWINGS MAY NOT BE REPRODUCED IN ANY FORM WITHOUT WRITTEN PERMISSION

Plotted On: 8/11/14

## GENERAL NOTES

- GENERAL NOTES:
- THE CONTRACTOR SHALL INSPECT ALL EXISTING CONDITIONS; VERIFY ALL ON-SITE DIMENSIONS, EQUIPMENT AND BUILDING SERVICE REQUIREMENTS PRIOR TO BIDDING AND THE COMMENCEMENT OF WORK. BUILDING PLANS SHOULD BE REVIEWED TO ACCESS THE ENTIRE SCOPE OF THE PROJECT.
  - THE CONTRACTOR SHALL BE RESPONSIBLE FOR COORDINATION WITH ALL OTHER TRADES INCLUDING THE EXISTING STRUCTURAL ELEMENTS OF THE BUILDING.
  - THE CONTRACTOR SHALL BE RESPONSIBLE FOR REMOVAL OFF ALL DEBRIS FROM THE PROJECT SITE AND PROPER DISPOSAL.
  - NOT USED
  - THE CONTRACTOR SHALL PROVIDE ALL ELEMENTS OF THE SYSTEMS AS INTENDED BY THE DESIGN TO RESULT IN COMPLETE AND WORKING SYSTEMS IN ACCORDANCE WITH ALL STATE AND LOCAL CODES, STANDARDS AND GOVERNING ORDINANCES AND CONSISTENT WITH GOOD CONSTRUCTION PRACTICE.
  - NOT USED
  - IF ANY CLARIFICATION OF THE DRAWINGS, OR ANY DISCREPANCIES NOTICED BY THE GENERAL CONTRACTOR OR HIS SUBCONTRACTORS, THEY SHALL BRING THEM TO THE ATTENTION OF THE ARCHITECT FOR CLARIFICATIONS.
  - CONTRACTOR TO VERIFY THAT ALL REQUIRED APPROVALS PERTAINING TO THE PROJECT HAVE BEEN SATISFIED PRIOR TO COMMENCEMENT OF CONSTRUCTION.
  - CONTRACTOR SHALL PAY FOR PERMITS, FEES, INSPECTIONS AND TESTING.
  - APPLY AND OR INSTALL PRODUCTS AND MATERIALS ACCORDING TO MANUFACTURER'S PUBLISHED INSTRUCTIONS OR, IF NO INSTRUCTIONS EXIST, INSTALL AS PER INDUSTRY PRACTICE.
  - ALL DIMENSIONS ARE NOMINAL, FACE OF STRUCTURE UNLESS OTHERWISE NOTED.
  - GUARANTEE ALL MATERIALS AND WORKMANSHIP FREE FROM DEFECTS FOR A PERIOD OF NOT LESS THAN ONE (1) YEAR FROM DATE OF ACCEPTANCE OR OCCUPANCY BY OWNER.
  - THE CONTRACTOR SHALL TAKE ALL PRECAUTIONS TO INSURE THE SAFETY OF THE WORK FORCE AND PUBLIC DURING CONSTRUCTION. THE CONTRACTOR SHALL PROTECT, DEFEND, SAVE HARMLESS AND INDEMNIFY OWNER, ITS EMPLOYEES, AND PUBLIC FROM CLAIMS, DEMANDS, OR EXPENSE ON ACCOUNT OF INJURY TO PERSON OR DAMAGE TO PROPERTY, ALLEGED OR REAL, ARISING FROM ANYTHING DONE OR NOT DONE UNDER THE AGREEMENT BY CONTRACTOR, SUBCONTRACTOR, OR THEIR RESPECTIVE EMPLOYEES.
  - CONTRACTOR SHALL PROTECT ALL EXISTING SERVICES, SUCH AS WATER, SEWER, ELECTRIC, ETC. IF SERVICES REQUIRE INTERRUPTION, NOTIFY AFFECTED PARTIES IN ADVANCE TO PREVENT INTERRUPTION OF BUSINESS.
  - THE CONTRACTOR SHALL SECURE THE WORK SITE AGAINST UNAUTHORIZED ENTRY THROUGHOUT THE DURATION OF THE WORK.
  - THE OWNER AND THE CONTRACTOR SHALL REVIEW THE FINAL CONSTRUCTION AND PREPARE A PUNCH LIST. ALL PUNCH LIST ITEMS ARE TO BE CORRECTED BY THE CONTRACTOR WITHIN A REASONABLE LENGTH OF TIME.
  - CONTRACTOR SHALL PROVIDE THE OWNER WITH SATISFACTORY EVIDENCE THAT ALL OPERATING ASPECTS OF THE PROJECT ARE OPERATING IN COMPLIANCE WITH THE PRODUCT SPECIFICATIONS.
  - UPON FINAL ACCEPTANCE OF THE WORK BY THE OWNER, THE CONTRACTOR SHALL FURNISH COPIES OF ALL WARRANTIES, GUARANTEES, AND CERTIFICATE OF OCCUPANCY TO OWNER.
  - CONTRACTOR SHALL PROVIDE FIRE EXTINGUISHERS IN LOCATIONS AS REQUIRED BY FIRE MARSHALL.
  - TESTING: ALL REQUIRED TESTS SHOULD BE PERFORMED BY AN APPROVED TESTING LABORATORY AT THE CONTRACTOR'S EXPENSE. TEST RESULTS SHALL BE SUBMITTED TO THE ARCHITECT/ENGINEER OR OWNER.

## APPLICABLE CODES

ALL CODES REFERENCED ARE TO BE USED AS AMENDED BY THE STATE OF GEORGIA AND LOCAL JURISDICTION.

APPLICABLE DESIGN CRITERIA:

BUILDING CODES:

INTERNATIONAL BUILDING CODE WITH GEORGIA AMENDMENTS (2014)	2012 EDITION
INTERNATIONAL FUEL GAS CODE WITH GEORGIA AMENDMENTS (2014)	2012 EDITION
INTERNATIONAL MECHANICAL CODE WITH GEORGIA AMENDMENTS (2014)	2012 EDITION
INTERNATIONAL PLUMBING CODE WITH GEORGIA AMENDMENTS (2014)	2012 EDITION
NATIONAL ELECTRICAL CODE WITH NO GEORGIA AMENDMENTS	2011 EDITION
INTERNATIONAL FIRE CODE WITH GEORGIA AMENDMENTS (2014)	2012 EDITION
INTERNATIONAL ENERGY CONSERVATION CODE WITH GEORGIA SUPPLEMENTS & AMENDMENTS (2011)(2012)	2009 EDITION
ADA ACCESSIBILITY GUIDELINES 1997 GEORGIA ACCESSIBILITY CODE (G.A.C.)	LATEST EDITION

## PROJECT DATA

CODE INFORMATION:

INTERNATIONAL BUILDING CODE

CONSTRUCTION TYPE: IBC, TYPE IV, UNPROTECTED, NON-SPRINKLERED

OCCUPANCY: GROUP B AS PER IBC SECTION 303 (EXISTING NO CHANGE)

NUMBER OF FLOORS: ONE STORY WITH BASEMENT (EXISTING BUILDING)

GROSS FLOOR AREA SQ. FT.:  
 EXISTING TOTAL BUILDING AREA: 14,654.98 S.F.

**ROOFING REPAIR & MAINTENANCE FOR EXISTING HEALTH DEPT. BLDG THIS PERMIT ONLY.**

## PROJECT TEAM

DESIGN TEAM:

J.M. SMITH ENGINEERING LLC  
 ENGINEERS and CONSULTANTS  
 P.O. BOX 331  
 155 CLARKESVILLE STREET  
 CORNELIA, GEORGIA 30531  
 PHONE: 706 894-2331  
 EMAIL: [JMSMITHENGINEERING.COM](mailto:JMSMITHENGINEERING.COM)

KENNETH R ANDREWS  
 ARCHITECT  
 P.O. BOX 339  
 TURNERVILLE, GEORGIA 30580  
 PHONE: 706 754-4894  
 EMAIL: [KRANDREWS@WINDSTREAM.NET](mailto:KRANDREWS@WINDSTREAM.NET)

SANTA & ASSOCIATES  
 SPACE PLANNING & DESIGN  
 P.O. BOX 96  
 TURNERVILLE, GEORGIA 30580  
 PHONE: 706 754-5885  
 EMAIL: [RJSANTA.RAY@GMAIL.COM](mailto:RJSANTA.RAY@GMAIL.COM)

## SHEET INDEX

SMALL PROJECT SHEET INDEX	
A.01	TITLE SHEET / GENERAL INFO
A.02	FLOOR PLANS
A.03	BUILDING ELEVATIONS
A.04	BUILDING ELEVATIONS
A.05	TYPICAL WALL SECTION & ROOFING DETAILS
A.06	FASCIA METAL PANEL DETAILS

DESIGNED KRA-RS	DRAWN KRA	CHECKED KRA
DATE: 08/11/2014		
JOB NO.: 2014-043-11		
SCALE: As Noted		

ROOF REPAIR AND MAINTENANCE FOR HABERSHAM COUNTY HEALTH DEPT.  
 185 SCOGGINS DRIVE  
 DEMORIST, GEORGIA 30535  
 Habersham County, GA  
 FOR  
 Habersham County Board of Commissioners  
 TITLE SHEET / GENERAL INFO

MARK	BY	REVISIONS	DATE

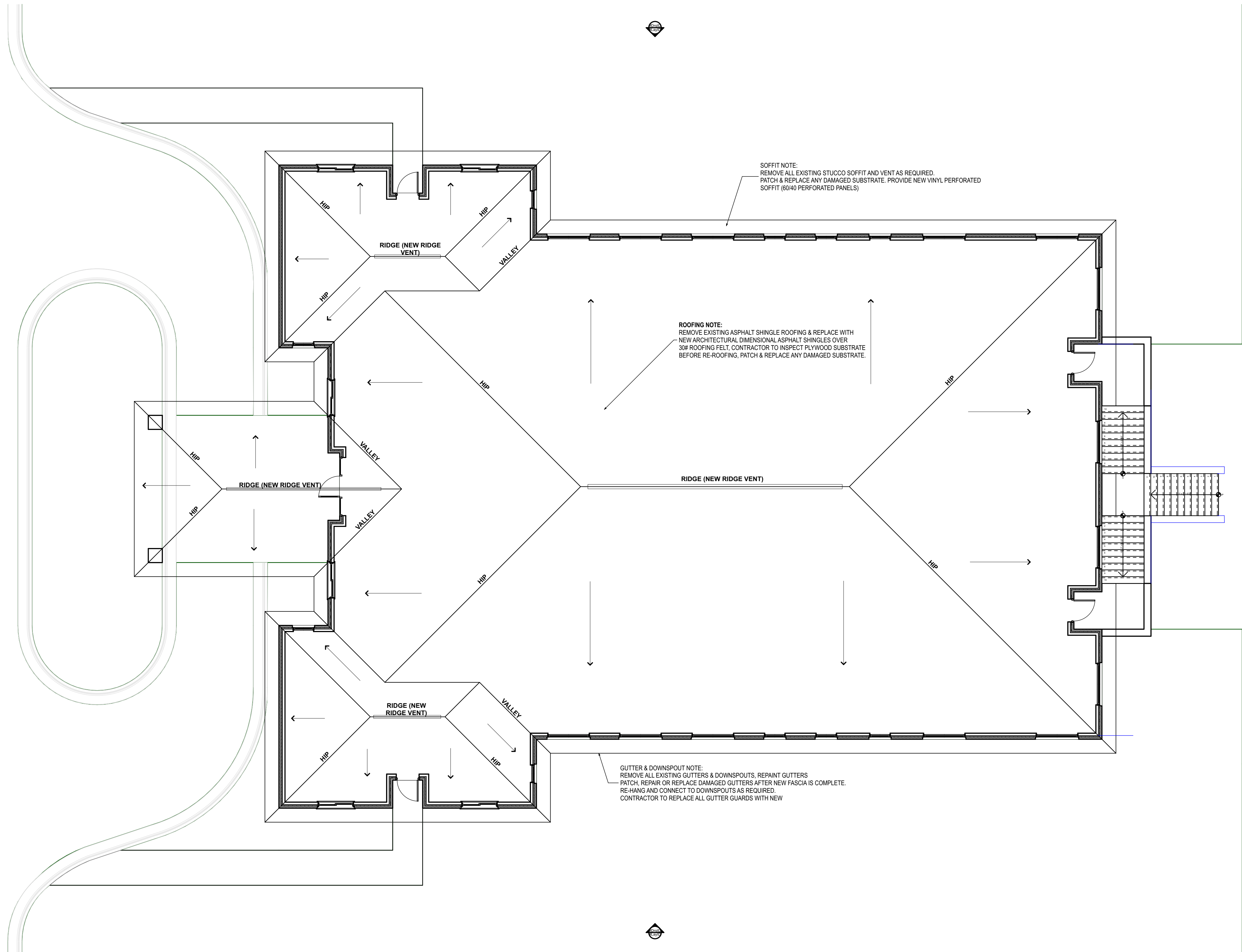


SHEET NUMBER  
**A.01**



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Plotted On: 8/11/14



SOFFIT NOTE:  
 REMOVE ALL EXISTING STUCCO SOFFIT AND VENT AS REQUIRED.  
 PATCH & REPLACE ANY DAMAGED SUBSTRATE. PROVIDE NEW VINYL PERFORATED SOFFIT (6040 PERFORATED PANELS)

ROOFING NOTE:  
 REMOVE EXISTING ASPHALT SHINGLE ROOFING & REPLACE WITH NEW ARCHITECTURAL DIMENSIONAL ASPHALT SHINGLES OVER 30# ROOFING FELT. CONTRACTOR TO INSPECT PLYWOOD SUBSTRATE BEFORE RE-ROOFING. PATCH & REPLACE ANY DAMAGED SUBSTRATE.

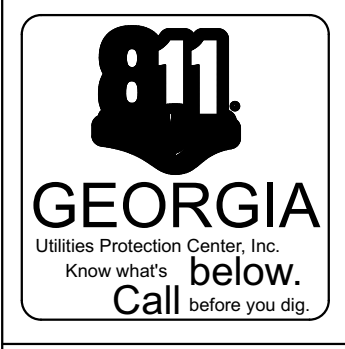
GUTTER & DOWNSPOUT NOTE:  
 REMOVE ALL EXISTING GUTTERS & DOWNSPOUTS. REPAINT GUTTERS. PATCH, REPAIR OR REPLACE DAMAGED GUTTERS AFTER NEW FASCIA IS COMPLETE. RE-HANG AND CONNECT TO DOWNSPOUTS AS REQUIRED. CONTRACTOR TO REPLACE ALL GUTTER GUARDS WITH NEW

**1** FIRST FLOOR & ROOF PLAN  
 SCALE: 1/8" = 1'-0"

MARK	BY	REVISIONS	DATE



SANTA & ASSOCIATES  
 SPACE PLANNING & DESIGN  
 185 SCOGGINS DRIVE  
 HABERSHAM COUNTY, GA  
 706.754.5885  
 P.O. BOX 96  
 TURNERSVILLE, GEORGIA 30580



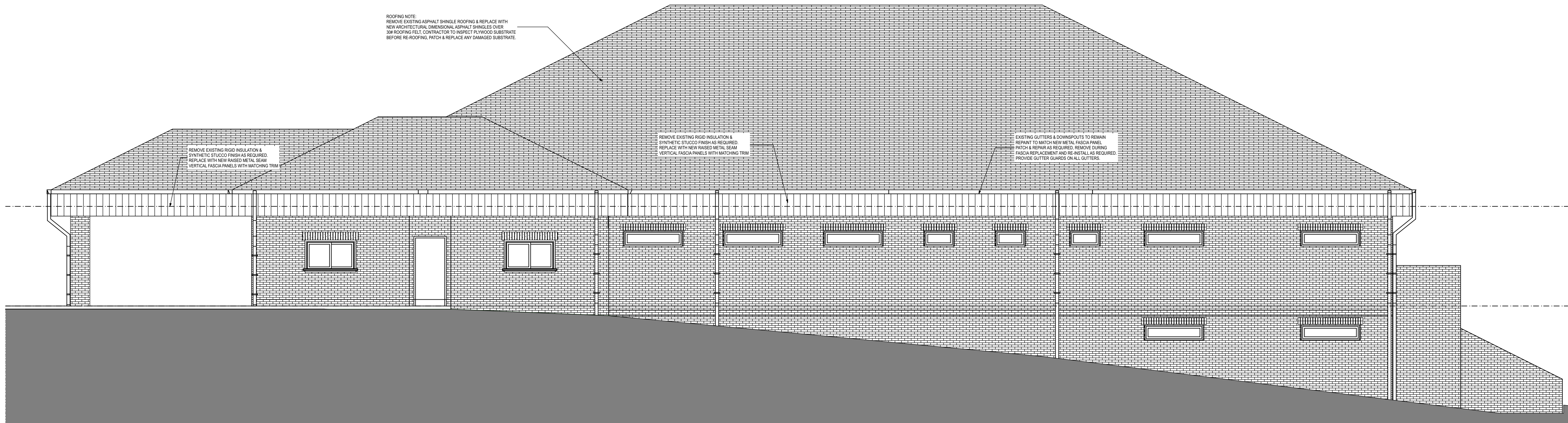
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DATE: 08/11/2014		
JOB NO.: 2014-043-11		
SCALE: As Noted		

ROOF REPAIR AND MAINTENANCE FOR HABERSHAM COUNTY HEALTH DEPT.  
 185 SCOGGINS DRIVE  
 HABERSHAM COUNTY, GA  
 FOR  
 Habersham County Board of Commissioners  
 FLOOR PLANS

SHEET NUMBER  
**A.02**

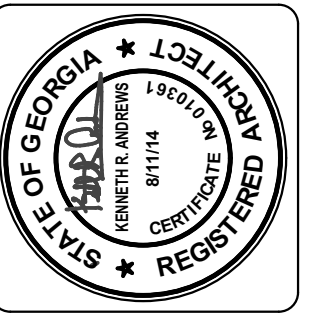


**1** FRONT ELEVATION  
SCALE: 3/16" = 1'-0"



**2** RIGHT SIDE ELEVATION  
SCALE: 3/16" = 1'-0"

MARK	BY	REVISIONS	DATE



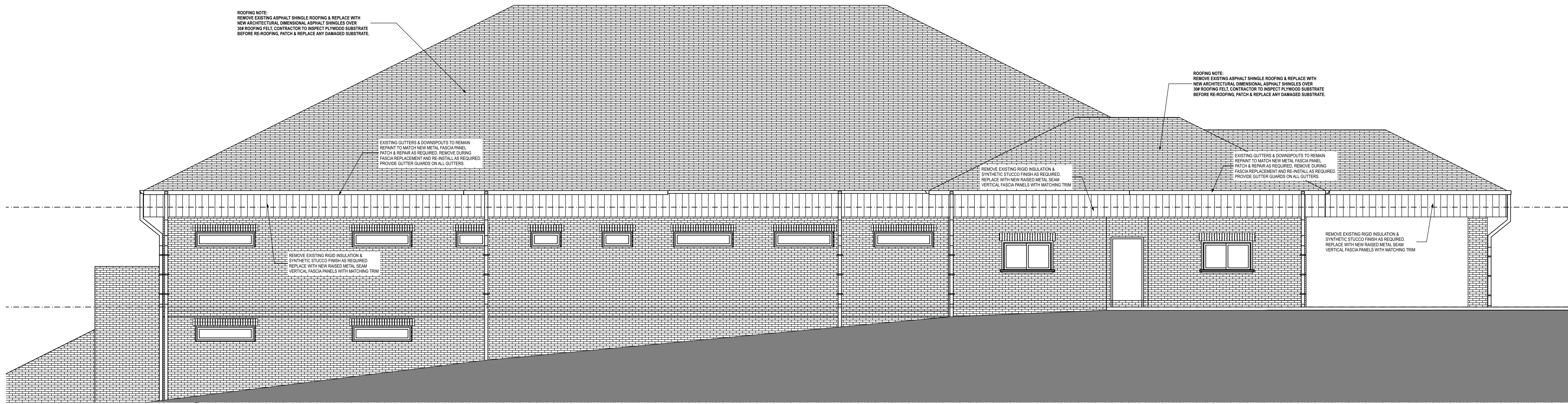
DESIGNED KRA-RS	DRAWN KRA	CHECKED KRA
DATE: 08/11/2014		
JOB NO.: 2014-043-11		
SCALE: As Noted		

ROOF REPAIR AND MAINTENANCE FOR HABERSHAM COUNTY HEALTH DEPT.  
185 SCOGGINS DRIVE  
Habersham County, GA  
FOR  
Habersham County Board of Commissioners  
BUILDING ELEVATIONS

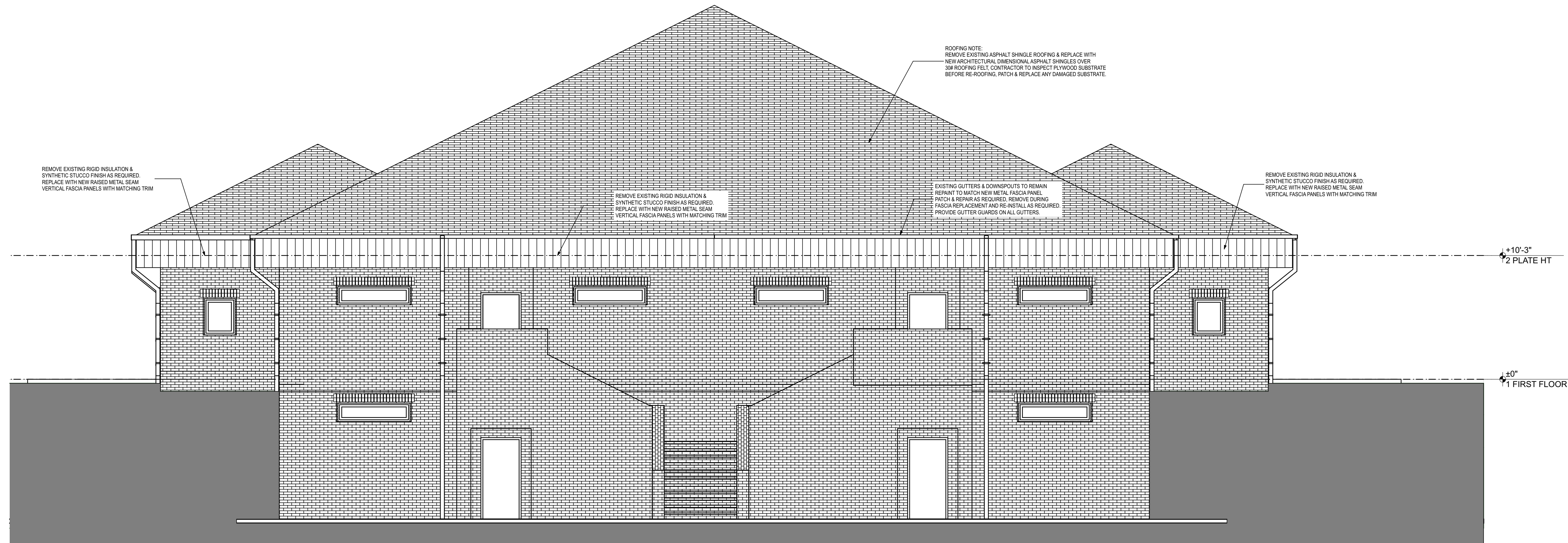
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**A.03**

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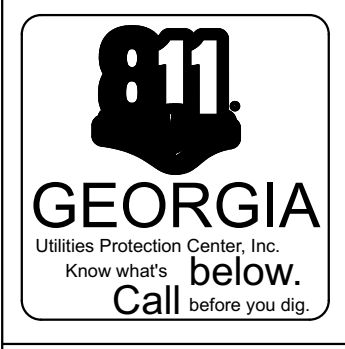


**1** LEFT SIDE ELEVATION  
SCALE: 3/16" = 1'-0"



**1** REAR ELEVATION  
SCALE: 3/16" = 1'-0"

MARK	BY	REVISIONS	DATE



DESIGNED KRA-RS	DRAWN KRA	CHECKED KRA
DATE: 08/11/2014		
JOB NO.: 2014-043-11		
SCALE: As Noted		

ROOF REPAIR AND MAINTENANCE FOR HABERSHAM COUNTY HEALTH DEPT.  
185 SCOGGINS DRIVE  
HABERSHAM COUNTY, GA  
FOR  
Habersham County Board of Commissioners  
BUILDING ELEVATIONS

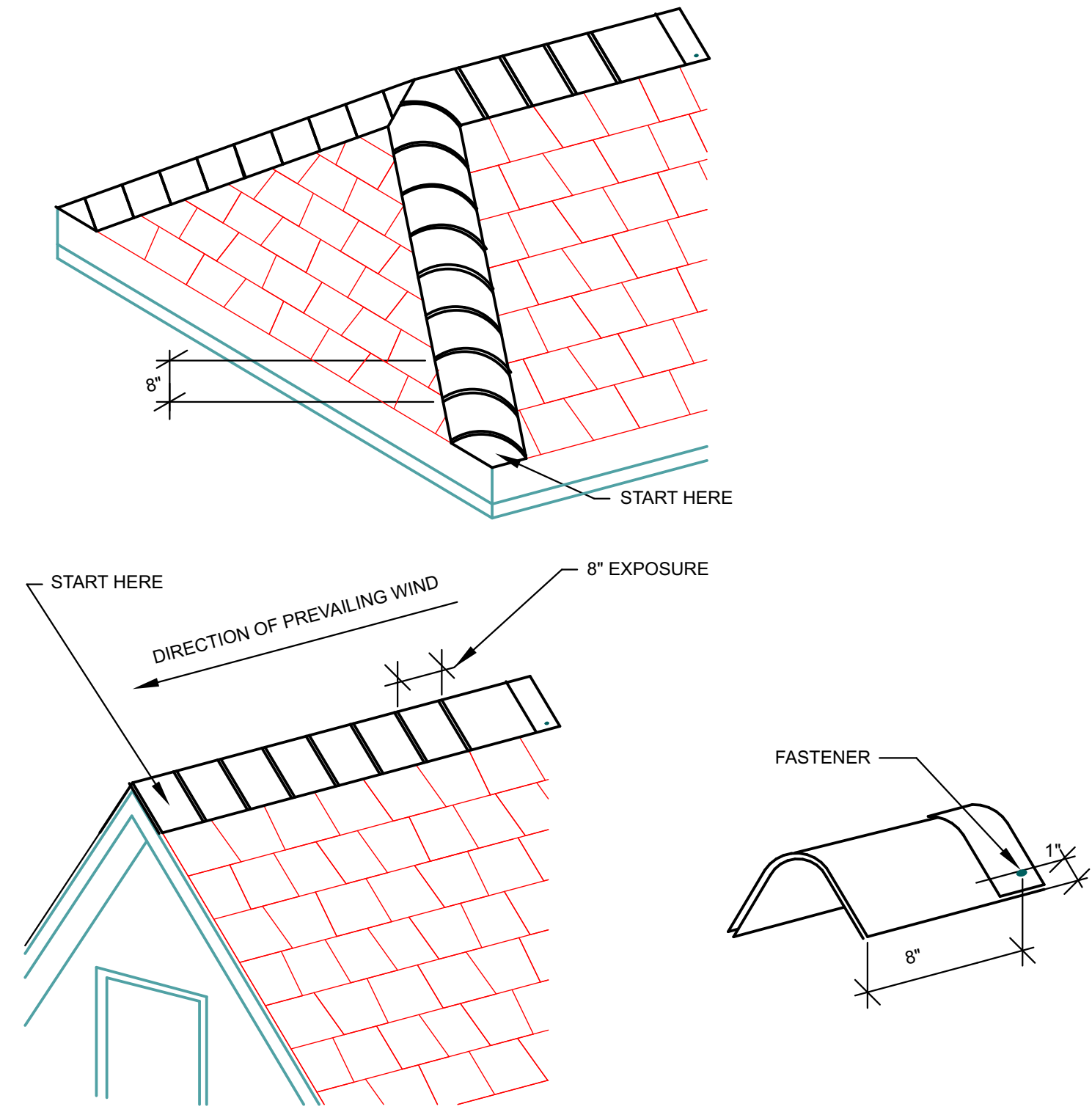
SHEET NUMBER  
**A.04**



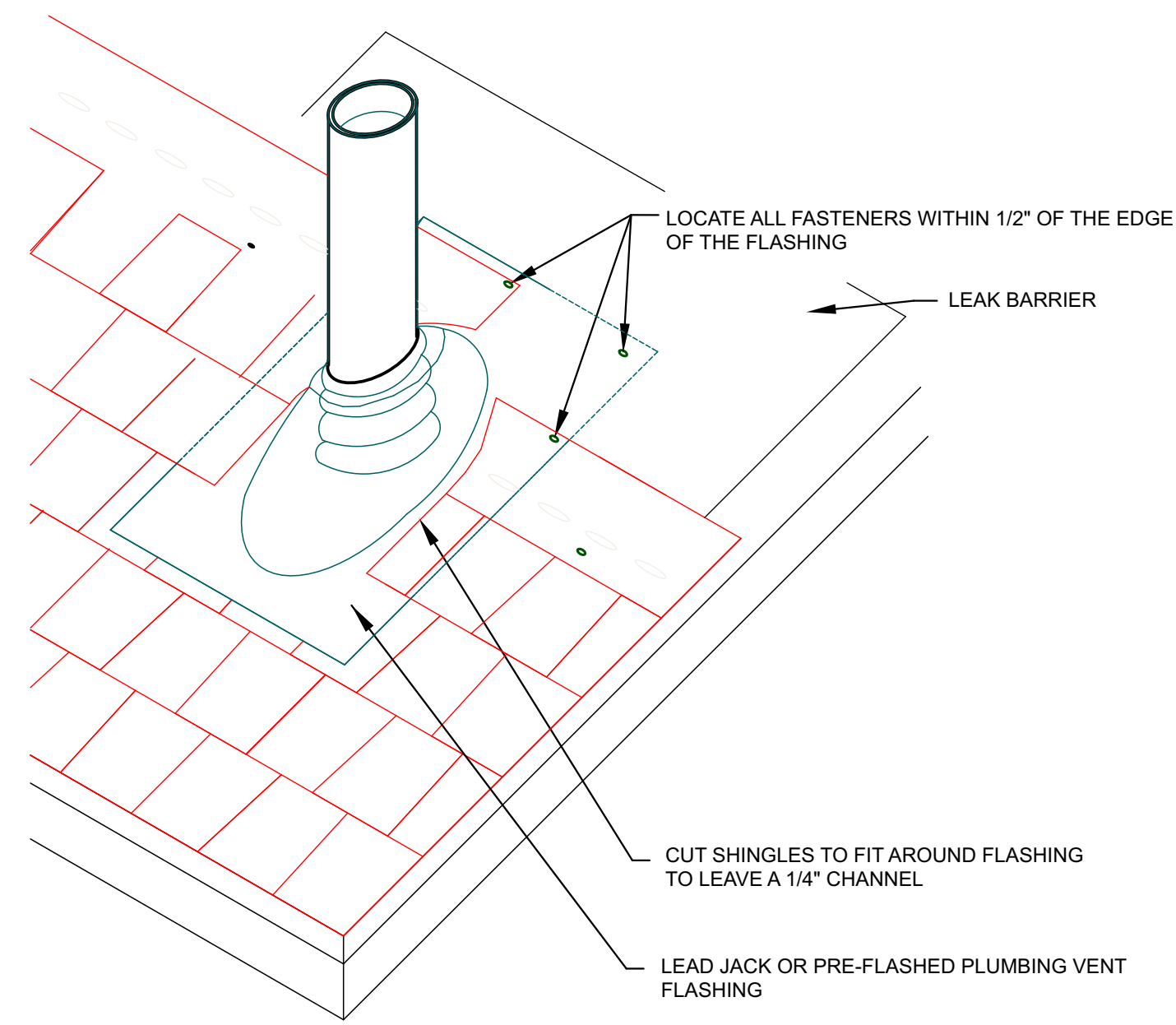


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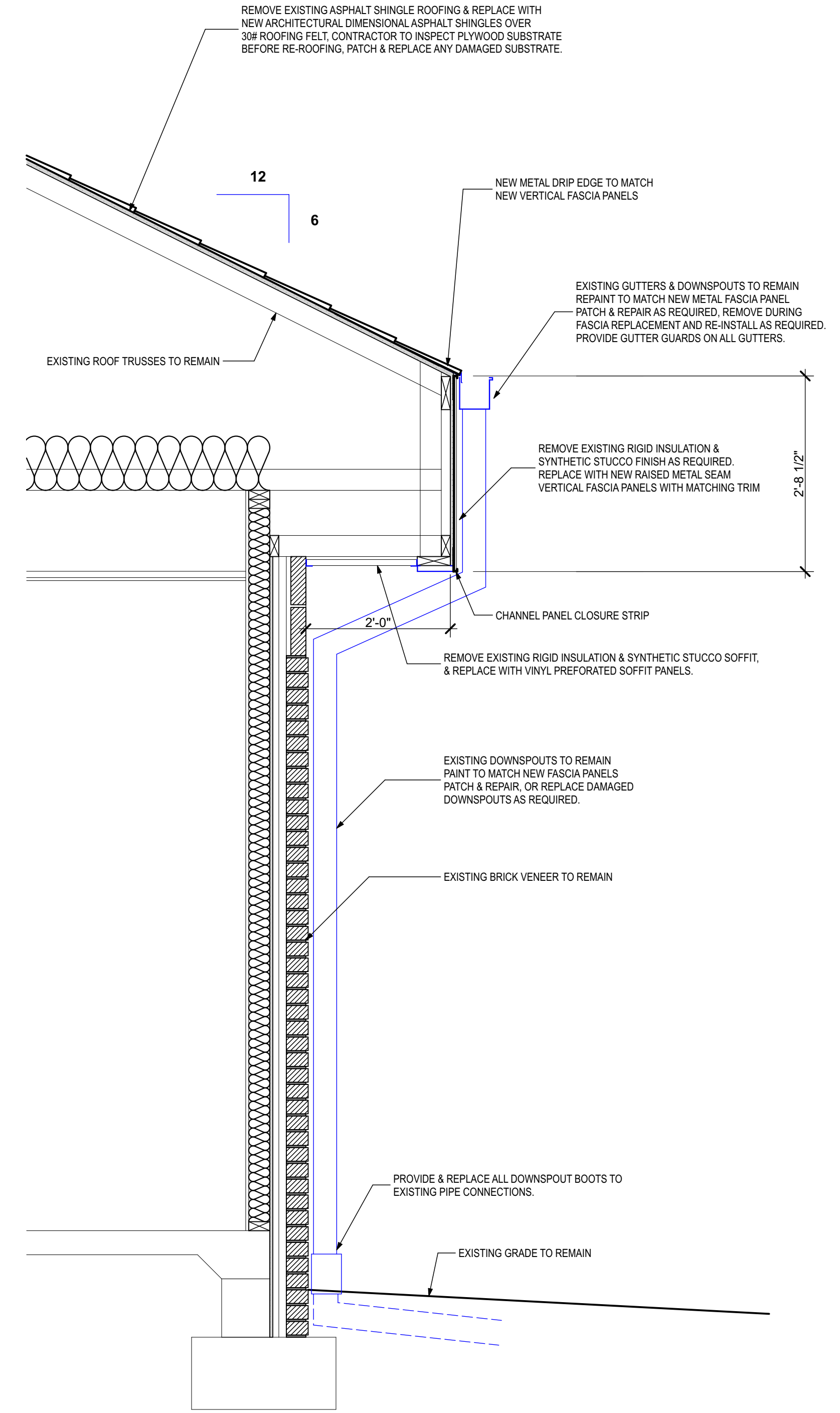


**3 HIP & RIDGE ROOFING DETAIL**  
NOT TO SCALE

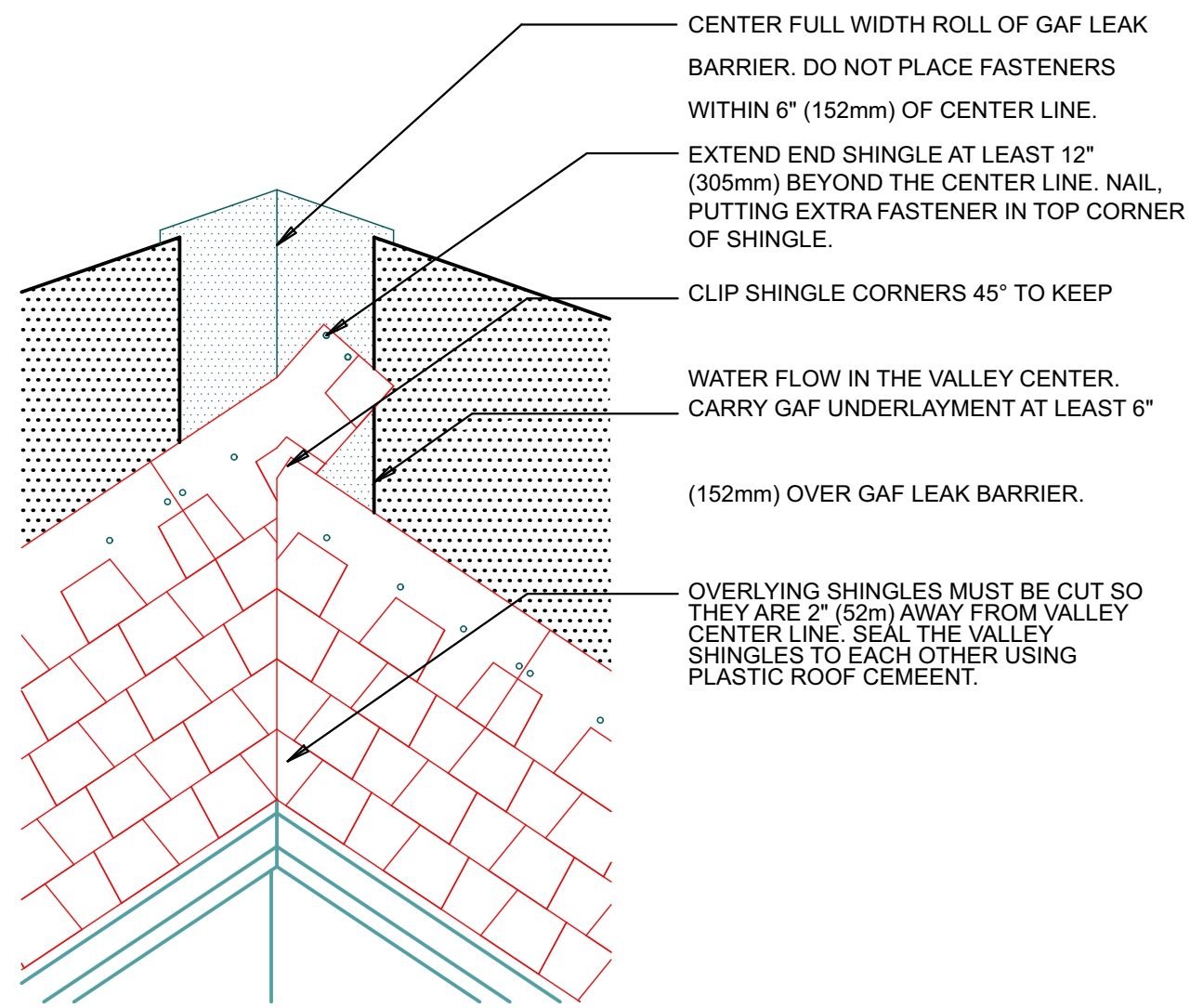


NOTES:  
1.) INSTALL 24" WEATHERWATCH<sup>®</sup> OR STORMGUARD<sup>®</sup> LEAK BARRIER TARGET SHEET.  
2.) DO NOT FACE NAIL THE PLUMBING VENT FLASHING.

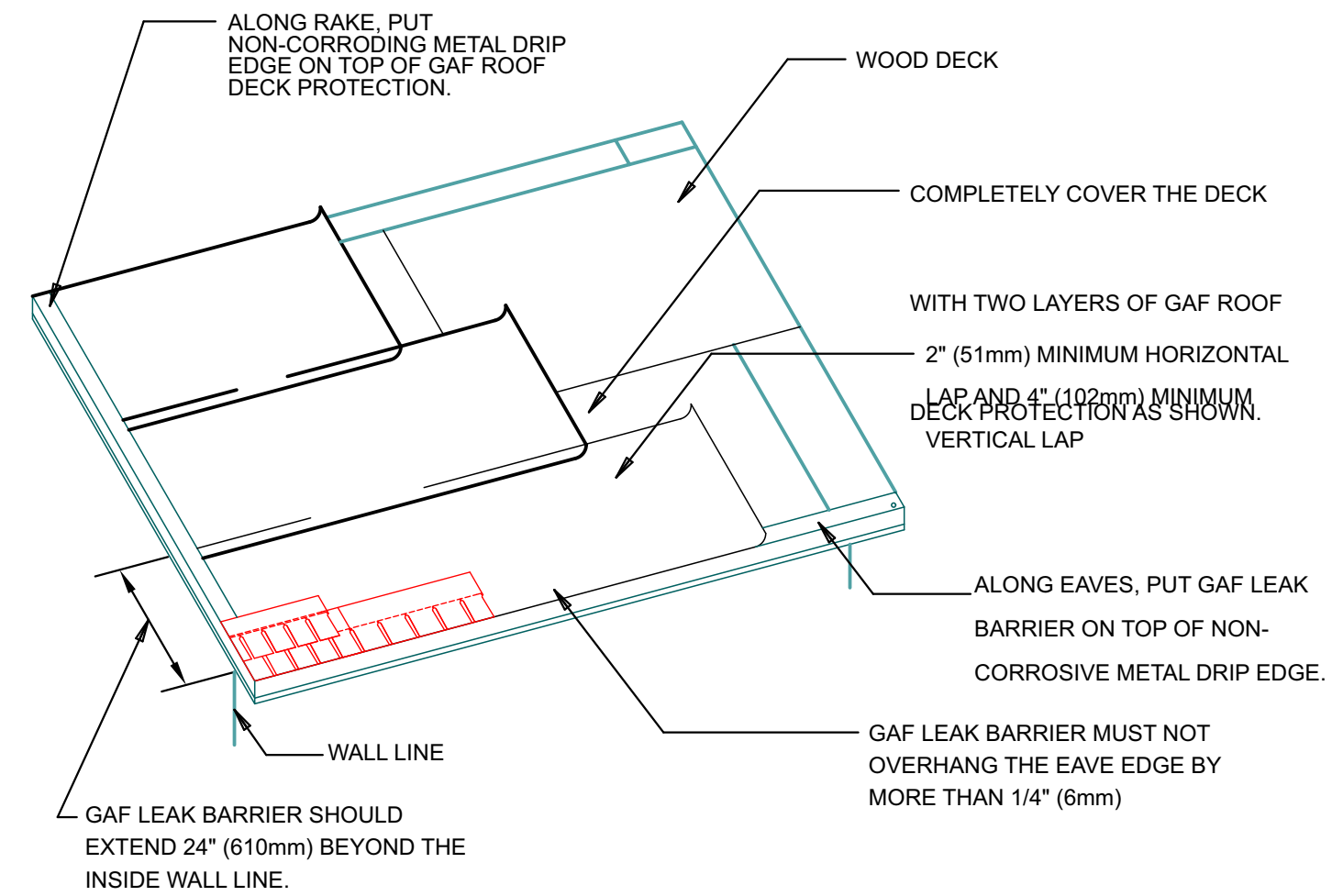
**2 PLUMBING VENT FLASHING DETAIL**  
NOT TO SCALE



**1 TYPICAL WALL SECTION**  
SCALE: 3/4" = 1'-0"

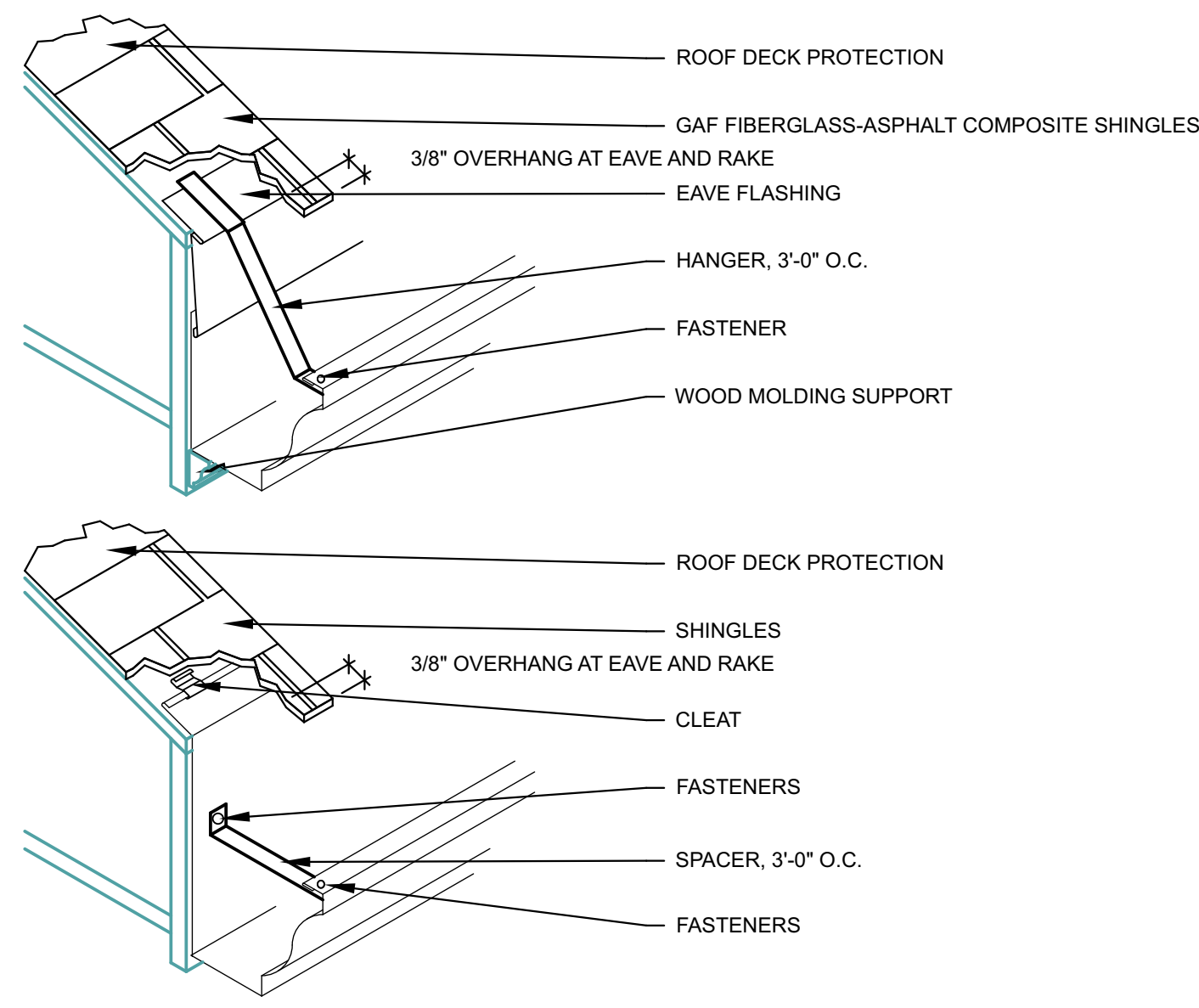


**6 CLOSED CUT VALLEY ROOFING DETAIL**  
NOT TO SCALE



NOTE:  
1. AT EAVES AND WHERE ICE DAMS CAN BE EXPECTED, USE ONE LAYER OF GAF LEAK BARRIER.

**5 ROOFING UNDERLAYMENT DETAIL**  
NOT TO SCALE



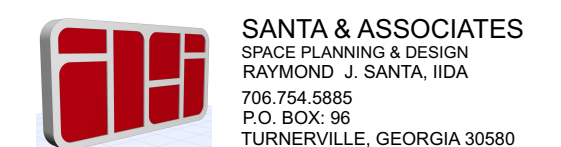
**4 HANGING GUTTER INSTALLATION DETAILS**  
NOT TO SCALE



DESIGNED	DRAWN	CHECKED
KRA-RS	KRA	KRA
DATE:	08/11/2014	
JOB NO.:	2014-043-11	
SCALE:	As Noted	

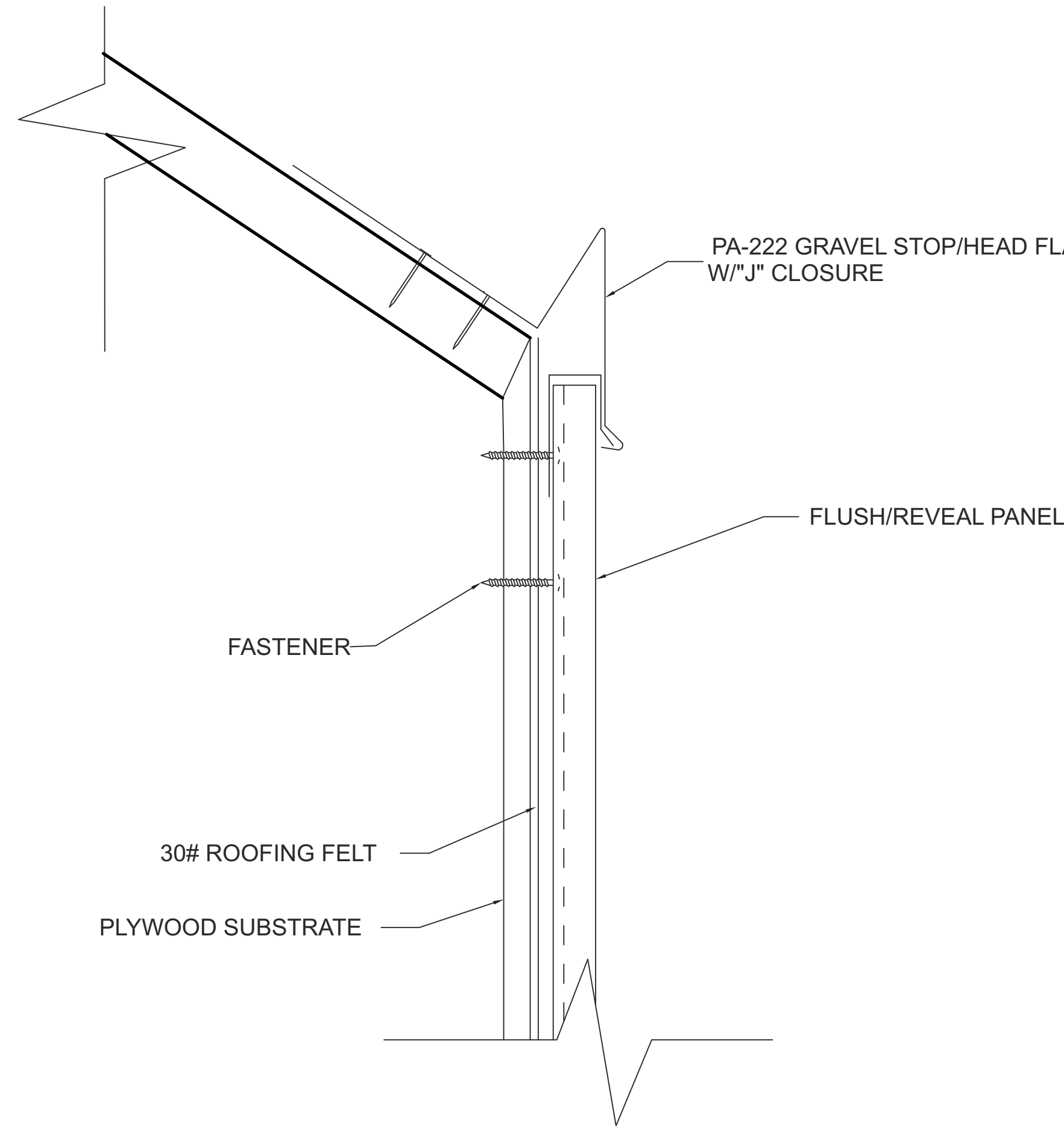
ROOF REPAIR AND MAINTENANCE FOR HABERSHAM COUNTY HEALTH DEPT.  
 185 SCOGGINS DRIVE  
 Habersham County, GA  
 FOR  
 Habersham County Board of Commissioners  
 TYPICAL WALL SECTION & ROOFING DETAILS

SHEET NUMBER  
**A.05**

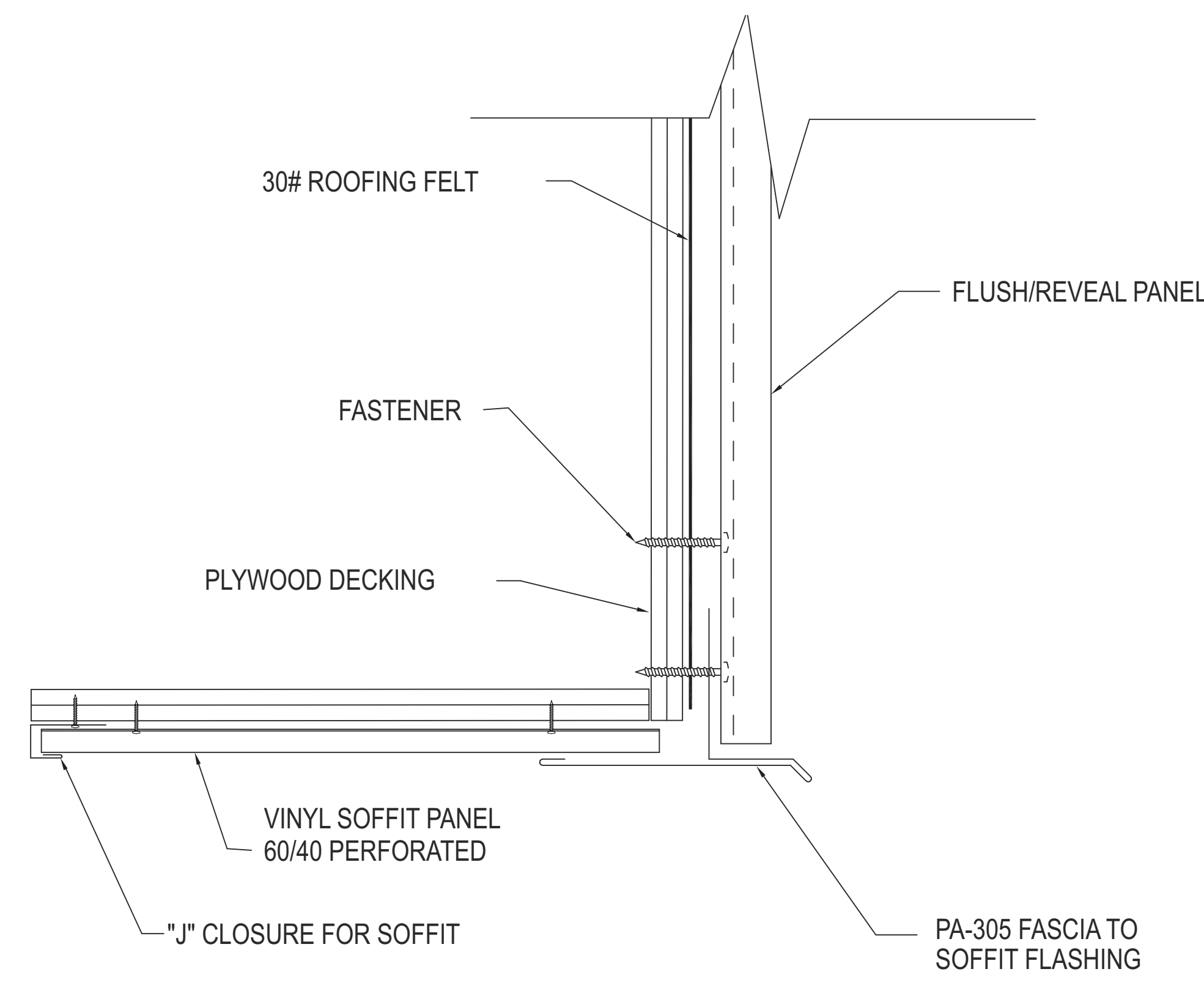


MARK	BY	REVISIONS	DATE

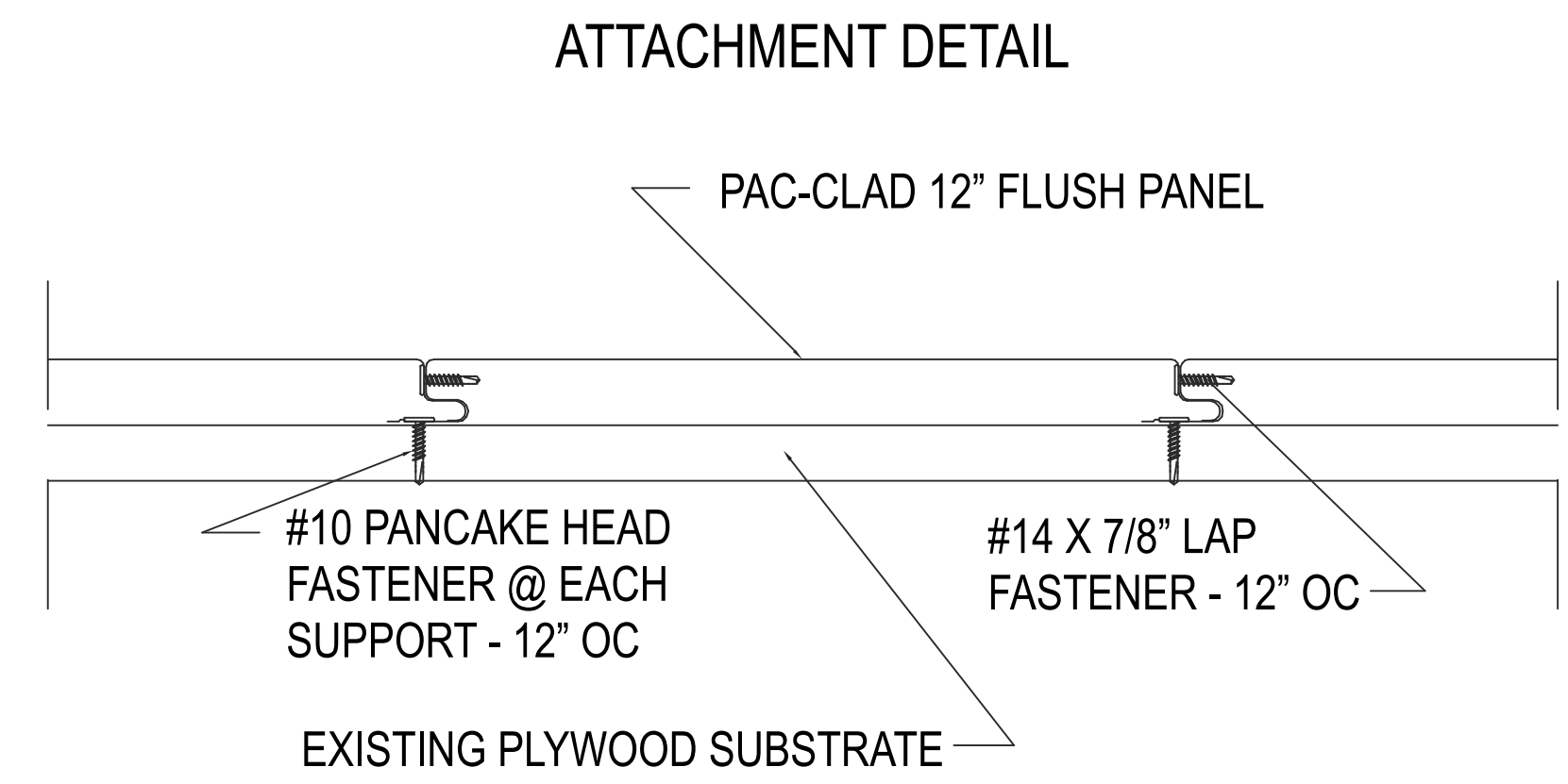
COPYRIGHT © ALL RIGHTS RESERVED DRAWINGS MAY NOT BE REPRODUCED IN ANY FORM WITHOUT WRITTEN PERMISSION



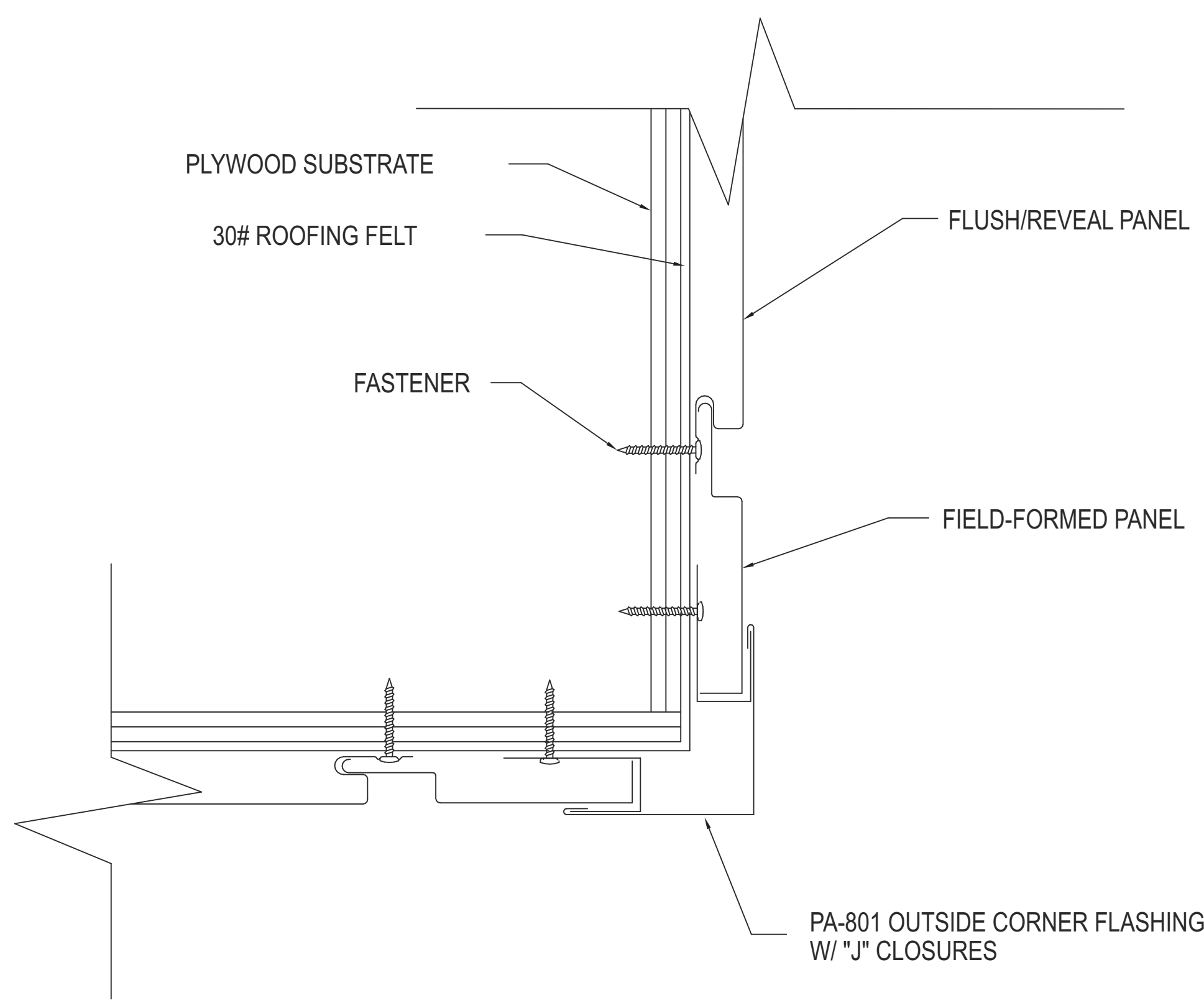
**3** GRAVEL STOP HEAD FLASHING DETAIL  
NOT TO SCALE



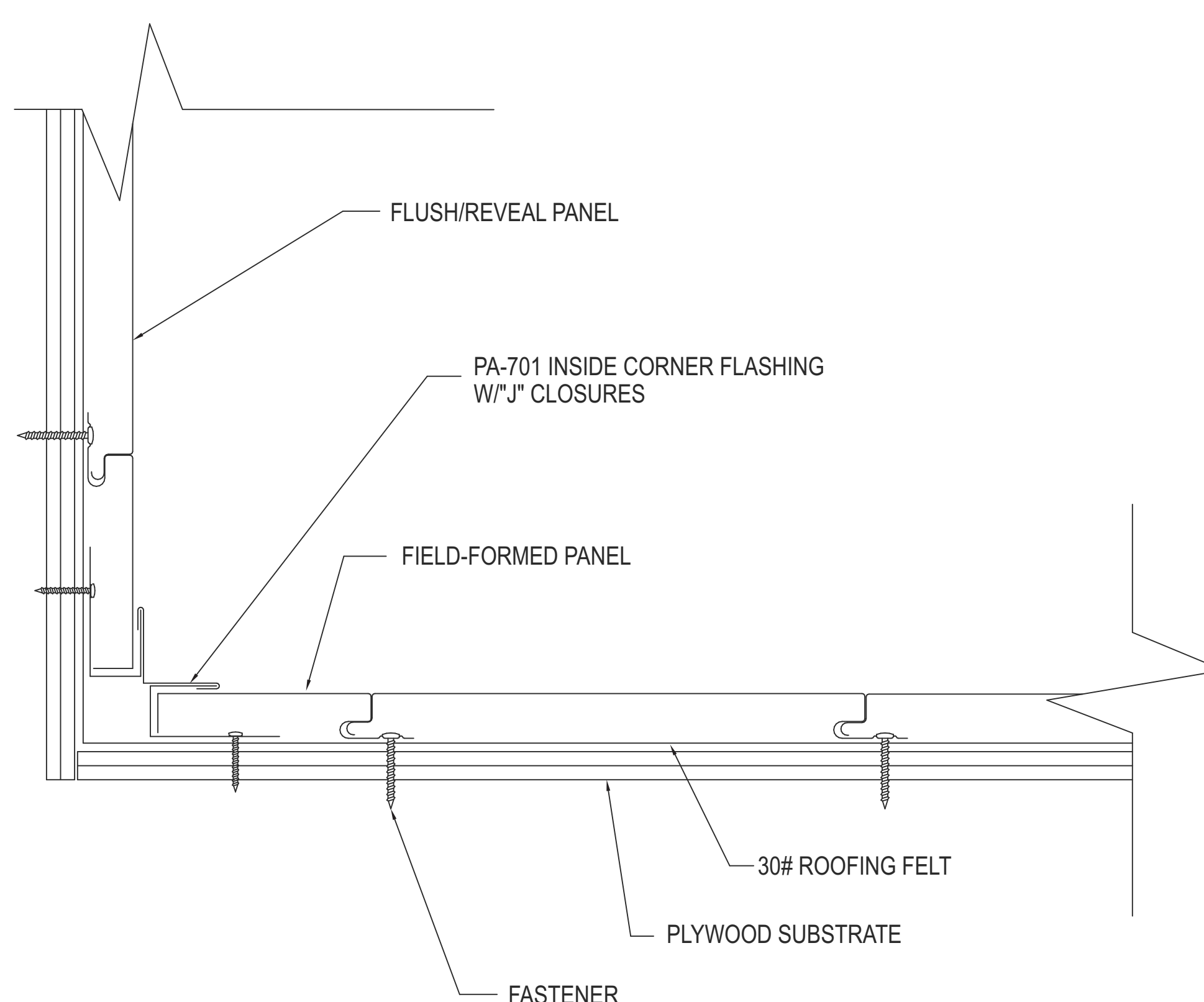
**2** FASCIA TO SOFFIT FLASHING DETAIL  
NOT TO SCALE



**1** FLUSH FASCIA PANEL DETAIL  
NOT TO SCALE

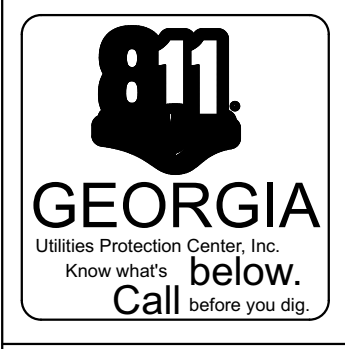


**5** OUTSIDE CORNER FLASHING DETAIL  
NOT TO SCALE



**4** INSIDE CORNER FLASHING DETAIL  
NOT TO SCALE

MARK	BY	REVISIONS	DATE



DESIGNED KRA-RS	DRAWN KRA	CHECKED KRA
DATE: 08/11/2014		
JOB NO.: 2014-043-11		
SCALE: As Noted		

ROOF REPAIR AND MAINTENANCE FOR HABERSHAM COUNTY HEALTH DEPT.  
 185 SCOGGINS DRIVE  
 Habersham County, GA  
 FOR  
 Habersham County Board of Commissioners  
 FASCIA METAL PANEL DETAILS

SHEET NUMBER  
**A.06**



**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** \_\_\_\_\_

**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.

\_\_\_\_\_  
**BIDDER**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**

**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 **May 8th, 2024 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:**

\_\_\_\_\_  
Name Title

\_\_\_\_\_  
Name Title

**AFFIX CORPORATE SEAL (If Applicable)**



**Office of County Commissioners**  
555 Monroe Street, Unit 20, Clarkesville, GA 30523  
706-839-0200 Fax: 706-839-0219  
[www.habershamga.com](http://www.habershamga.com)

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**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).

# Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
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 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.

Social security number									

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

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.** The IRS has created a page on IRS.gov for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### 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, payments made to you in settlement of payment card and third party network transactions, 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:

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.

**Note.** If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.