



HABERSHAM COUNTY

GEORGIA | Est. 1818

Office of County Commissioners

130 Jacobs Way, Suite 302, Clarkesville, GA 30523

706-839-0200

www.habershamga.com

INVITATION FOR BIDS

Habersham County Board of Commissioners is soliciting proposals for: IFB 2025-3 Aquatic Center Pool Deck Resurfacing	
IFB Released	November 6 th , 2024
Deadline for Proposal Questions	November 27 th , 2024 by 2:00 PM EST
Mandatory Pre-bid Meeting	November 20 th , 2024 at 1:30 PM EST
Proposals due	December 4 th , 2024 by 2:00 PM EST
Tentative Award Date	December 16 th , 2024

*The **mandatory** pre-bid meeting will be held at the Habersham County Aquatic Center located at 120 Paul Franklin Rd., Clarkesville, GA 30523.

SUBMIT PROPOSALS TO:

Habersham County
Purchasing, Finance Department
"Pool Deck Resurfacing"
130 Jacobs Way, Suite 302
Clarkesville, GA 30523
purchasing@habershamga.com
706-839-0200



Office of County Commissioners
IFB 2025-3 Aquatic Center
Pool Deck Resurfacing
Proposals Due Wednesday, December 4th, 2024
No later than 2:00PM 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: "**Pool Deck Resurfacing**" 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 December 4th, 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. 302 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.

Terms & Conditions

1. The initial term of a contract awarded as a result of this IFB 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 IFB 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 IFB 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; 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 and Instructions to Bidders

1. Bidders must provide a full breakdown of costs including removal of existing decking, relocation of bleachers (if needed), pool covers, dumpsters, and any other relevant costs.
2. Explain the planned method for removing the existing decking.
3. Explain your company's product and its appropriateness for the indoor saltwater pool environment. Include any company literature in your proposal.
4. Build an expected timeline for the completion of the work to include lead times for supplies, deck removal and disposal, preparatory work, installation, and final steps before reopening.
5. If Habersham County will need to prepare or purchase any materials ahead of time, bidders are to clearly express those requirements in their bid and provide estimated pricing.
6. The approximate square footage of the decking surface is 8,118 sqft.

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. 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.

Images of Pool Deck Erosion and Damage







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**Pricing Sheet
Invitation for Bids 2025-3
Aquatic Center Pool Deck Resurfacing**

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

Please provide Price breakdown as indicated below:

Price per sq ft:	
Total Price:	
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.

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 **December 4th, 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:

Printed Name	Title
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Signature	Title
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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

Request for Taxpayer Identification Number and Certification

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

▶ Go to 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 one 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) ▶ _____ Note: 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 not 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 checked="" type="checkbox"/> Other (see instructions) ▶ _____ Government	(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.

Social security number										
OR										
Employer identification number										
5	8		-	6	0	0	1	4	9	5

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); and
- 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.

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.

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.

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.



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).