



## MEMORANDUM

TO: Prospective Firms

FROM: William P. Gilliland, Purchasing Director

RE: Request for Proposal - #029-15

DATE: May 11, 2015

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Enclosed you will find the necessary information for preparing and submitting your Bid for the **Old McCall Hospital Demolition Project for the City of Rome Georgia and the South Rome Redevelopment Corporation. The site is located at 310 South Broad Street, Rome Georgia, 30161.**

The deadline for submitting your Proposal is **June 16, 2015 at 3:00 p.m. Local time.** A bid bond in the amount of 5% of the amount bid must be present at the bid opening. A 100% performance and payment must be provided before any work can begin.

**A pre-bid meeting will be held at the site location at 310 South Broad Street, Rome Georgia 30161 on May 21, 2015 at 10:00 a.m. This pre-bid meeting is highly recommended.**

If you have further questions, please do not hesitate to call my office at 706-236-4410.

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William P. Gilliland  
Purchasing Director

## INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **June 16, 2015 at 3:00 p.m.**

II. Bids must be delivered to:

City of Rome  
601 Broad Street  
P.O. Box 1433  
Rome, Georgia 30162

III. Bids must be sealed and marked:

**“Bid 029-15 – Old McCall Hospital Demolition Project.”**

IV. Bids must be complete and include:

- A. Completed Bid Proposal Form
- B. Executed Affidavit of Non-Collusion
- C. Executed Certificate of Non-Discrimination
- D. Executed Bidder’s Declaration
- E. Prompt Payment Affidavit
- F. Request for Taxpayer I.D. Number
- G. E-Verify Compliance Affidavit
- H. SAVE Compliance Affidavit

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

Bidder shall submit all required forms and information simultaneously with sealed bids, which forms and information become a part of the property of the City of Rome and will not be returned to bidders unless a written request to withdraw is received prior to **June 16, 2015 @ 3:00 p.m.**

V. Payment:

When contracts are awarded, payment by the City of Rome will be the normal 30-day cycle. However, the City does make every effort to honor all discounts.

## REQUIREMENTS FOR BIDDERS

These items apply to and become a part of the terms and conditions of the bidders bid. Any exceptions must be in writing.

Notice is hereby given that the City of Rome will receive sealed proposals from interested parties until **June 16, 2015 at 3:00 p.m.** at its offices located at 601 Broad Street, Rome, Georgia 30162-1433.

Any bids received thereafter will not be considered.

Bids will be publicly opened at the City of Rome Purchasing Department located at 601 Broad Street on the day and at the hour specified.

The purchaser may consider as non-responsive, any bid in which there is an alteration of, or departure from the bid form hereto attached.

The bid will be awarded to the bidder complying with the conditions of the invitation for bid who offers the most comprehensive and extensive suite of services, given the available budget. The bidder to whom award is made will be notified at the earliest possible date. The purchaser reserves the right to reject the bid of a bidder who has previously failed to perform properly or complete on time, contracts of a similar nature, or the bid of a bidder who, in the sole opinion and discretion of the purchaser is not in a position to perform the contract, or whose name appears on the United States Comptroller General's list of ineligible contractors.

Bids may be withdrawn by written or faxed request, provided such withdrawals are received prior to bid opening date.

NOTE: Unless stated on the bid form the bid submitted will assume all specifications will be met. Please note on the bid form all exceptions.

## **City of Rome, Georgia, Request for Bids**

**Bids #029-15**

### **Old McCall Hospital Demolition Project**

#### **INTRODUCTION**

##### **Purpose**

The South Rome Redevelopment Corporation has hired an Environmental Consultant to conduct an Environmental Assessment as required through the National Environmental Policy Act (NEPA) and a Phase one (1) assessment at the Old McCall Hospital property located at 310 South Broad Street, Rome, Georgia 30161. These assessments are complete the documents are posted as part of this solicitation. The property has undergone a Section 106 review as part of this process (Historical Preservation) and the State of Georgia Historical Preservation Office (SHPO) has determined that demolition of this structure will cause an adverse effect to the neighborhood. A Memorandum of Agreement has been drafted to mitigate this effect and the mitigation will be done through a historical accounting of the building along with photo documentation prior to demolition. All of these documents will be archived at the SHPO office and the Rome/Floyd Library. A lead based paint risk assessment and asbestos assessment has been completed and is included as part of this solicitation.

The City of Rome Georgia and the South Rome Redevelopment Corporation is soliciting bids to demolish the Old McCall Hospital Building located at 310 South Broad Street, Rome, Georgia. The building demolition is intended to create another redevelopment opportunity for the South Rome area which is well under way toward renewal and revitalization. The City of Rome and The South Rome Redevelopment Corporation is seeking bids from qualified firms to provide Demolition Services, Environmental Remediation Services and any other services that may be necessary concerning asbestos removal, lead paint and other environmental clean-up issues that may be required according to the Federal, State and Local Environmental Authorities. It is expected that the firm engaged from this solicitation have the ability to perform remediation activities and develop an acceptable, environmentally safe, remediation/ demolition/clean-up plan.

The goal of the bid is to acquire a demolition firm that is qualified to provide remediation services, demolition and clean-up of the structure within the guidelines of all applicable local, state and federal laws.

#### **South Rome Area Redevelopment Program**

The City of Rome/South Rome Redevelopment Corporation and other community groups have for many years worked hand in hand to revitalize the South Rome Community. The removal of the Old McCall Hospital building is expected to encourage clean-up and redevelopment opportunities that can reduce blight, expand the tax base and create new jobs.

As part of its mission to protect the environment and protect human health and meet all of the environmental requirements of all governing agencies. The revitalization initiative seeks to resolve barriers to reuse and promote the reuse of sites that are being or have been cleaned up.

The South Rome Redevelopment area is an area of primary focus due to the City's redevelopment efforts in this area and the presence of abandoned, dilapidated sites within this redevelopment area.

### **City of Rome and South Rome Redevelopment Project Responsibilities**

The City is responsible for the activities of the chosen firm. The City will work closely with the successful firm throughout the assessment/demolition process. The firm selected is obligated to perform all work in accordance with applicable Federal, State and local laws, regulation, policies and guidelines.

### **Remediation and Demolition of Old McCall Hospital**

The chosen firm will perform the following anticipated services:

- Work closely with the City's project team to ensure all EPA regulations are met.
- Serve as technical liaison between the State, EPA, and the City.
- Assist in identifying any further assessment requirements with the State and EPA, if any exist.
- Provide regular progress updates and reports to the State, EPA, and the City Staff as required.
- Prepare a Quality Assurance Management Plan per EPA if required.
- Develop a written plan outlining all necessary activities in a step by step process from the beginning to the end of the project.
- Submit all filing required with all governing authorities.
- After removal of all hazardous materials and filing any and all documents that may be necessary with governing authorities, demolition may begin.
- As part of the proposal submittal provide a fixed cost for the demolition and removal of all debris from the building site must be provided. Demolition must include removal of all footers and foundations. After debris removal, install suitable soil to return the whole site to grade so that the lot is smooth and is not susceptible to ponding or standing water. The successful bidder will bear the cost of required permits and the acquisition of the permits.
- The successful bidder will be responsible for the disposal cost of all demolition debris. It is expected that the successful bidder will recycle as much of the materials as possible.
- The successful bidder will be responsible for acquisition and cost of any filing fees or permitting cost in regard to the demolition.
- As appropriate, conduct monitoring activities where community health concerns may exist in association with the demolition project.

- After the demolition is completed provide documentation to the City of Rome and the South Rome Redevelopment Corporation that the site is clean and suitable for future construction.
- There are some small areas that the City of Rome and the South Rome Redevelopment Corporation wishes to salvage bricks and tiles from the building. The successful bidder will be responsible for removing and cleaning the bricks and tiles from the designated areas. Those areas will be discussed at a **pre-demolition meeting** that will be held before any work begins.
- **A bid bond in the amount of 5% of the amount bid will be provided with the bid. Any bid submitted that does not have the bid bond present will not be announced.**
- **A 100% performance and payment bond must be provided before any work can begin.**

### **Rejection of Bids**

The City reserves the right to reject any and all bids received in response to this request. The City of Rome and the South Rome Redevelopment Corporation is not obligated to award a contract solely on the basis of this request or to otherwise pay for information solicited. Information received will become the property of the City of Rome and will not be returned to the submitting firm. It will be used in validation, evaluation of qualifications and experience of firms seeking to provide services. The City reserves the right at its' sole discretion, to waive informalities and minor irregularities in submittals and to contact firms individually for clarifications or additional information regarding the firms submittal.

### **Bid Submittal Instructions**

Those interested in participating in this process must submit their bid to the **City of Rome Purchasing Department by 3:00 pm on June 16, 2015**. An officer of the firm who has authority to bind the firm to the proposal must sign any proposal. The proposal should be delivered to:

City of Rome Purchasing Department  
P.O. Box 1433  
Rome, Georgia 30162-1433  
Attention: William P. Gilliland, Purchasing Director  
(706) 236-4410  
[bgilliland@romea.us](mailto:bgilliland@romea.us)

RE: Bid #29-15, Old McCall Hospital Demolition Project

All questions regarding this bid should be via e-mail and directed to Bill Gilliland, [bgilliland@romea.us](mailto:bgilliland@romea.us) and Bekki Fox, [bfox@romea.us](mailto:bfox@romea.us). All questions and answers will be posted on the City of Rome website [www.romefloyd.com](http://www.romefloyd.com). It is the responsibility of interested firms to visit the website frequently for the posting of any new information regarding the project.

## **Bid Review**

The successful bidder is anticipated to be selected quickly within 15 days of the submittal date. A contract may be executed within that timeframe. The successful bidder must submit a proposed timeline (Gantt Chart) for various stages of the project along with a proposed date for total project completion

Include as attachments to your firm's qualifications and any other relevant materials you would like to submit as part of your response.

Bids must include the following information.

- a. History and experience of the firm – Describe the firm's history, the qualifications of the principals and specific expertise in this area. This should include a list of similar projects of your design, preferably projects that have been implemented.
- b. Approach to the project – How would you fulfill the responsibilities outlined in the Bid Requirements?
- c. Project personnel – Provide names, resumes and experience of persons who will be working on the project including listing of similar projects on which they have worked. Describe the budget of each job and your role in each job. Were the jobs completed in budget and on time?
- d. Time schedule – Provide a schedule for completion of the work outlined above.
- e. Budget – Provide a fixed cost for all phases of the project. Provide a proposed payment schedule.
- f. References – Provide references for at least three (3) recent jobs of a similar nature and size.
- g. Provide examples of projects of a similar nature the firm has completed with in the last 24 months.

## **Evaluation and Selection Process**

Bids will be evaluated by a group consisting of key City of Rome staff and members of the South Rome Redevelopment Corporation. It is the policy of the City of Rome and the South Rome Redevelopment Corporation to prohibit discrimination against any person or business in pursuit of business opportunities on the basis of race, color, sex, religion national origin, or geographic location and to conduct its contracting and purchasing programs so as to prevent such discrimination. **Submittal must describe the firm's plan to utilize disadvantaged, minority-owned and woman-owned business enterprises in executing the project.** Proposed staff and team members must be the actual project resources who will work on this project. Provide copies of professional registrations, licenses and other pertinent information to demonstrate the team meets local, State, and Federal requirements.

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

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

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 is included in the bid package.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **June 16, 2015 at 3:00 p.m.** but may not be withdrawn after such date and time.

That the City of Rome reserves the right to reject any or all proposals and to accept that proposal which will, in its opinion, best serve the public interest. The City of Rome reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this proposal the firm acknowledges that the City of Rome 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)

**BID FORM**

TO: City of Rome – Purchasing Department  
P.O. Box 1433  
601 Broad Street  
Rome, Georgia 30162-1433  
ATTN: WILLIAM P.GILLILAND

**BID PKG. “029-15 “Remediation and Demolition of Old McCall Hospital”**

Quantity	Description	Unit Price	Total
1	Remediation & Demolition Old McCall Hospital	LUMP SUM	_____

Expected Completion Date: \_\_\_\_\_

All bids submitted shall be subject to acceptance or rejection and the City of Rome specifically reserves the right to accept or reject any or all bids, to waive any technicalities and formalities in the bidding.

The undersigned understands that any conditions stated above, clarifications made to the above or information other than that requested should be under separate cover and to be considered only at the discretion of the Purchasing Department.

\_\_\_\_\_  
Name of Individual, Partner  
Or Corporation

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Company phone number

## 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 the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome 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.

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BIDDER

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SIGNATURE

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TITLE

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 the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome 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

STATE OF GEORGIA PROMPT PAY ACT AFFIDAVIT

THIS AFFIDAVIT IS TO ACCOMPANY THE BID

GEORGIA PROMPT PAY ACT: The Georgia Prompt Pay Act was enacted by the General Assembly in 1994 and took effect January 1, 1995. This act requires owners to pay contractors within 15 days of receipt of a pay request by the owner or the owner's representative. If payment is not made the owner shall pay the contractor 1% per month interest on the delayed payment. Additionally, the contractor must pay subcontractors within 15 days of receipt of payment from the owner.

This Act is Code Section 13-11-1 (Georgia Laws of 1994, p. 1398 par. 4)

Firm Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

CITY OF ROME, GEORGIA

**E-VERIFY COMPLIANCE AFFADAVIT**

By executing this affidavit, the undersigned contractor verifies its 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 the City of Rome, Georgia 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 of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification number  
(Not Required if Less than 10 Employees)

\_\_\_\_\_  
Signature (if less than 10 employees)

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

\_\_\_\_\_  
Name of Contractor/Company

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

\_\_\_\_\_  
Name of Public Employer

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

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

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

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

CITY OF ROME, GEORGIA  
SAVE COMPLIANCE AFFADAVIT  
O.C.G.A § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a (n) Contract or Services, as referenced O.C.G.A. C. § 50-36-1, from the City of Rome, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United State citizen.
  
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States
  
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_(city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

**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.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____  <small><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small></p> <p><input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate</p>
	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):                  Exempt payee code (if any) _____                  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) _____</p> <p style="text-align: right;">Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code _____</p>
	<p><b>7</b> List account number(s) here (optional)</p>

**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 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.

<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

**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 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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*
- By signing the filled-out form, you:
- 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, and
  - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**CITY OF ROME**

**DRUG-FREE WORKPLACE CERTIFICATE**

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By signature on this certificate, the Bidder certifies that the provisions of O.C.G.A. Section 50-24-1 through 50-24-6 related to the "Drug-Free Workplace Act" will be complied with in full. The Bidder further certifies that:

1. A drug-free workplace will be provided for the Bidder's employees during the performance of the contract; and
2. Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with (contractor's name), (subcontractor's name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to O.C.G.A. Section 50-24-3(b)(7)."

By signature on this certificate, the Bidder further certifies that it will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

Bidder: \_\_\_\_\_

By: \_\_\_\_\_

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

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

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

LIST OF MDE/DBE SUBCONTRACTORS/SUPPLIERS

Old McCall Hospital Demolition Site

The following is the list of DBE Subcontractors referenced in the Bid Form submitted by:

(Bidder).....

Dated.....and which is an integral part of the Bid Form.

The following work will be performed (or provided) by DBE and coordinated by us:

WORK SUBJECT

NAME

Earthwork Contractor.....

Remediation Contractor.....

Demolition Contractor.....

Other.....

SUPPLIERS:

NAME

Equipment.....

Fill Materials.....

Other.....

END OF DOCUMENT