

## RESOLUTION

NO. 061-20

**A RESOLUTION AUTHORIZING AN ANNUAL SERVICE CONTRACT FOR WHEEL ALIGNMENT AND BALANCE SERVICES WITH COLUMBUS SPRING SERVICE, INC. (COLUMBUS, GA). THE PUBLIC WORKS DEPARTMENT ANTICIPATES AN ANNUAL CONTRACT VALUE OF \$29,400.00 BASED ON PRIOR YEARS' USAGE AND INFLATION.**

**WHEREAS**, the contractor will provide wheel alignment and balance services for all types of vehicles utilized by Columbus Consolidated Government on an "as needed basis"; and,

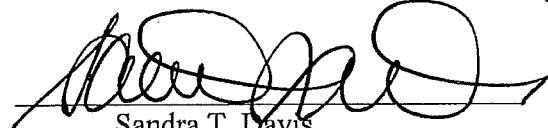
**WHEREAS**, the contract period shall be for two (2) years with the option to renew for three (3) additional twelve-month periods. Contract renewal is contingent upon the mutual agreement of the Contractor and the City.

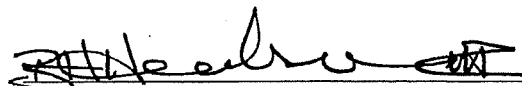
**NOW, THEREFORE, THE COUNCIL OF COLUMBUS, GEORGIA, HEREBY RESOLVES AS FOLLOWS:**

That the City Manager is hereby authorized to enter into an annual service contract for wheel alignment and balance services with Columbus Spring Services, Inc. (Columbus, GA), for the estimated annual contract value of \$29,400.00. Funds are budgeted each fiscal year for this on-going expense: Various Departments – Auto Parts and Supplies; 6721.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the 10<sup>th</sup> day of March, 2020 and adopted at said meeting by the affirmative vote of eight members of said Council.

Councilor Allen	voting <u>YES</u>
Councilor Barnes	voting <u>YES</u>
Councilor Crabb	voting <u>YES</u>
Councilor Davis	voting <u>ABSENT FOR VOTE</u>
Councilor Garrett	voting <u>ABSENT FOR VOTE</u>
Councilor House	voting <u>YES</u>
Councilor Huff	voting <u>YES</u>
Councilor Thomas	voting <u>YES</u>
Councilor Thompson	voting <u>YES</u>
Councilor Woodson	voting <u>YES</u>

  
Sandra T. Davis  
Clerk of Council

  
B. H. "Skip" Henderson, III  
Mayor

# CONTRACT

THIS CONTRACT, executed this 1<sup>st</sup> day of May 2020, by and between the **Consolidated Government of Columbus, Georgia**, hereinafter called the "City", and **Columbus Spring Service Inc.**, hereinafter called the "Contractor".

## WITNESSETH:

That in consideration of the mutual covenants, obligations, and terms set-forth in the attached bid and specifications, the parties hereby agree as follows:

1. That the Contractor met all bid requirements and was evaluated most responsive for providing **Wheel Alignment and Balance Services (Annual Contract)**, per **RFB No. 20-0002**, and was awarded the Contract by Columbus City Council on Tuesday, March 10, 2020, Resolution No. 061-20, for the initial term of two years, beginning May 1, 2020 through April 30, 2022, with the option to renew for three (3) additional twelve-month periods, for furnishing the same in accordance with the specifications prepared by the City and the bid of the Contractor.

2. The Contractor will, at its own cost and expense, furnish all tools, materials and labor required to be furnished, provide all related services required, and meet all other requirements or conditions imposed, all strictly in accordance with the City's Business Requirements, the City's Request for Bids, dated July 25, 2019 (and all addenda thereto), the Contractor's bid dated August 21, 2019 and the bid clarification documents which are attached hereto as exhibits "A", "B", "C" and "D" respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.

3. On the faithful performance of this Contract by the Contractor, the City will pay the Contractor in accordance with the terms and on the conditions stated in this Contract and the exhibits attached to and by reference made a part hereof.



**CONTRACT SIGNATURE PAGE  
WHEEL ALIGNMENT AND BALANCE SERVICES  
(ANNUAL CONTRACT)  
RFB No. 20-0002**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.

Jeffrey K. Harrison  
Witness as to the signing of the contract

[Signature]  
Witness as to the signing of the contract  
(Corporate seal, if applicable)

By: Patrick Thornton 7/25/19  
Signature of Authorized Representative Date

Patrick Thornton, Pres.  
Print Name and Title of Signatory

Company: Columbus Spring Service, Inc.

**Company Ordering Address**

1715 3rd Ave

Columbus, GA 31901

Contact: Patrick Thornton

Contact Email patrickt@knology.net

Telephone 706-322-5515 Fax 706-322-5535

**Company Payment Address**

1715 3rd Ave.

Columbus, GA 31901

Contact: Patrick Thornton

Contact Email patrickt@knology.net

Telephone 706-322-5515 Fax 706-322-5535

**CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA**

Accepted this 29<sup>th</sup> day of April 2020

[Signature]  
Isaiah Hugley, City Manager

ATTEST:

[Signature]  
Sandra Davis, Clerk of Council

APPROVED AS TO LEGAL FORM:

[Signature]  
Clifton C. Fay, City Attorney

**EXECUTION AUTHORIZED**

By Resolution No. 2019-20

[Signature]  
Clerk of Council

\*\*\*COMPLETE THIS PAGE AND RETURN WITH BID\*\*\*



**EXHIBIT A**

*Columbus Consolidated Government*

*Wheel Alignment and Balance Services (Annual Contract)*

*Business Requirements*

*RFB No. 20-0002*



COLUSPR-02

KLAMBETH

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hutchinson-Traylor Insurance 6310 Bradley Park Drive Columbus, GA 31904	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (706) 323-3613	<b>FAX (A/C, No):</b> (706) 322-1650
<b>INSURED</b>  COLUMBUS SPRING SERVICE, INC. 1715 3rd Avenue Columbus, GA 31901-1815	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A : Auto Owners Insurance</b>	
	<b>INSURER B : Owners Insurance Company</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
<b>INSURER E :</b>		
<b>INSURER F :</b>		

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			80087393	2/27/2020	2/27/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			4493224102	2/27/2020	2/27/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			4493224103	2/27/2020	2/27/2021	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	80088942	3/22/2020	3/22/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

Columbus Consolidated Government  
100 10th Street, 5th Floor  
Columbus, GA 31901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Kristy Lambeth*

# Occupation Tax

## City of Columbus, Georgia

THIS RECEIPT NOT OFFICIAL UNLESS VALIDATED

PAID

JUN 17 2019

Occupation Tax  
Columbus Consolidated Government

Fee Type	Revenue Code	Fee Amount
Administrative Fee	4140	\$75.00

Date Issued: June 17, 2019  
Expires: December 31, 2019  
Renew by: April 1, 2020

License #: 175617      C.O. #: 19044      Account #: 00138101

Business Address:  
COLUMBUS SPRING SERVICE, INC.  
SCARBOROUGH, JERRY  
1715 3RD AVENUE  
COLUMBUS, GA 31901-1815

Mailing Address:  
COLUMBUS SPRING SERVICE, INC.  
ATTN: JERRY SCARBOROUGH, CPA  
1715 3RD AVENUE  
COLUMBUS, GA 31901-1815

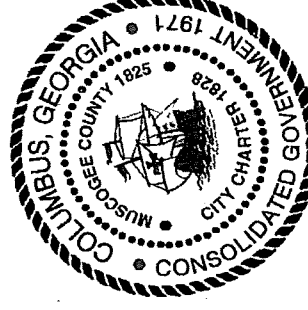
Business Name: COLUMBUS SPRING SERVICE, INC.

Type of Occupation: GENERAL AUTOMOTIVE REPAIR

Allowed Activities:

811111	DOM	GENERAL AUTOMOTIVE REPAIR
811111		GENERAL AUTOMOTIVE REPAIR
000001		ADMINISTRATIVE FEE

# 2019



Angelia Alexander

FINANCE DIRECTOR

The above named having in accordance with the ordinance of Columbus, Georgia paid to the treasurer of said city the amounts shown above on this license, is hereby authorized to conduct the business stated above at the address outlined above in said city, provided however, that this license is granted subject to all provisions of the general tax ordinance of said city.

00039L

# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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. <b>COLUMBUS SPRING SERVICE, INC</b>		
	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.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" 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) ► <small>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.</small> <input type="checkbox"/> Other (see instructions) ►	4 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>	
	5 Address (number, street, and apt. or suite no.) See instructions. <b>1715 3RD AVENUE</b>	Requester's name and address (optional)	
	6 City, state, and ZIP code. <b>COLUMBUS, GA 31901</b>		
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									

## 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 ►

*Patricia Thornton*

Date ► 10/28/19

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**EXHIBIT B**

*Columbus Consolidated Government*

*Wheel Alignment and Balance Services (Annual Contract)*

*Request for Bids*

*RFB No. 20-0002*



**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*

**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-225-4087, FAX 706-225-3033  
[WWW.COLUMBUSGA.ORG](http://WWW.COLUMBUSGA.ORG)

**Date:** July 25, 2019

**INVITATION  
FOR BIDS  
RFB NO: 20-0002**

Qualified vendors are invited to submit sealed bids, subject to conditions and instructions as specified for the furnishing of:

**WHEEL ALIGNMENT AND BALANCE SERVICES  
(ANNUAL CONTRACT)**

<b>SCOPE</b>	Provide Wheel Alignment and Balance services on city vehicles utilized by Columbus Consolidated Government on an "as needed basis".
<b>DUE DATE</b>	<p style="text-align:center"><b><u>August 21, 2019 – 2:30 PM (Eastern Time)</u></b></p> <p>Sealed bids must be received and time/date stamped on or before the due date by the Purchasing Division of the Consolidated Government of Columbus, Georgia, 5<sup>th</sup> Floor, Government Center Tower -100 10<sup>th</sup> Street, Columbus, Georgia. Bids will be opened during the 3:00 pm hour in the Conference of the Purchasing Division; 5<sup>th</sup> Floor of the Government Center. Bidders are not required, but are invited to attend the bid opening.</p>
<b>ADDENDA</b>	<p style="text-align:center"><b><u>IMPORTANT INFORMATION</u></b></p> <p>Any and all addenda will be posted on the Purchasing Division's web page at (<a href="http://www.columbusga.org/finance/purchasing.docs/opportunities/Bid_Opportunities.htm">www.columbusga.org/finance/purchasing.docs/opportunities/Bid_Opportunities.htm</a>). It is the vendors' responsibility to periodically visit the web page for addenda before the due date and prior to submitting a proposal.</p>
<b>NO PROPOSAL SUBMISSION</b>	If you are not interested in this invitation please email <a href="mailto:bidopportunities@columbusga.org">bidopportunities@columbusga.org</a> or complete Page 3 and fax to 706-225-3033.

**Andrea J. McCorvey**  
**Purchasing Division Manager**



# **IMPORTANT INFORMATION**

## **e-Notification**

*Effective December 31, 2014*, Columbus Consolidated Government (the City) discontinued mailing postcard notifications to its registered vendors. The City is using the Georgia Procurement Registry e-notification system. You must register with the Team Georgia Market Place/Georgia Procurement Registry to receive future procurement notifications via **<http://doas.ga.gov/state-purchasing/suppliers/getting-started-as-a-supplier>**. If you have any questions or encounter any problems while registering, please contact the Team Georgia Marketplace Procurement Helpdesk:

**Telephone: 404-657-6000**

**Fax: 404-657-8444**

**Email: [procurementhelp@doas.ga.gov](mailto:procurementhelp@doas.ga.gov)**

# **STATEMENT OF "NO BID"**

**COMPLETE AND RETURN THIS FORM IMMEDIATELY IF YOU DO NOT INTEND TO BID:**

**EMAIL :** [bidopportunities@columbusga.org](mailto:bidopportunities@columbusga.org)

**VIA FAX NUMBER (706) 225-3033, Attn: Sandra Chandler, Buyer**

**COLUMBUS CONSOLIDATED GOVERNMENT  
PURCHASING DIVISION  
100 TENTH STREET; P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340**

**We, the undersigned decline to bid on your RFB No. 20-0002 for Wheel Alignment and Balance Services (Annual Contract) for the following reason(s):**

- ☐ Specifications too "tight", i.e. geared toward one brand or manufacturer only (explain below)
- ☐ Insufficient time to respond to the Invitation for Bids.
- ☐ We do not offer this product or service.
- ☐ We are unable to meet specifications.
- ☐ We are unable to meet bond requirements.
- ☐ Specifications are unclear (explain below).
- ☐ We are unable to meet insurance requirements.
- ☐ Other (specify below)

**Remarks:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand that if this statement is not completed and returned, our company may be deleted from the Columbus Consolidated Government's bidders' list for this commodity or service.

**COMPANY NAME:** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**AGENT:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_  
**TELEPHONE NUMBER:** \_\_\_\_\_

## **GENERAL PROVISIONS**

**THESE GENERAL PROVISIONS SHALL BE DEEMED AS PART OF THE BID SPECIFICATIONS.** The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations for bids and award of all contracts and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.

**1. TERM "CITY."** The term "City" as used throughout these documents will mean Consolidated Government of Columbus, GA.

**2. PREPARATION OF FORM.** Bid proposals shall be submitted on the forms provided by the City. All figures must be written in ink or typewritten. Figures written in pencil or erasures are not acceptable. However, mistakes may be crossed out, corrections inserted adjacent thereto, initialed in ink by the person signing the proposal. If there are discrepancies between unit prices quoted and extensions, the unit price will prevail. Failure to properly sign forms, in ink, will render bid incomplete.

**3. EXECUTION OF THE BID PROPOSAL.** Execution of the bid proposal will indicate the bidder is familiar and in compliance with all local laws, regulations, ordinances, site inspections, licenses, dray tags, etc.

**4. BID SUBMISSION.** **Fax bid submissions will not be accepted as a response to the Invitation for Bids.** Bids must be submitted in a sealed envelope or package. The exterior of the envelope or package must reference the bidder's name and address, the bid number, bid title, and must indicate the contents represent a "bid" or "no bid" submission. Failure to properly identify the bid submission may result in rejection of the bid.

**5. BID DUE DATE.** The bid submission must arrive in the Purchasing Division on or before the stated due date and time. Upon receipt, bids will be time and date stamped. Bids will remain sealed and secured until the stated due date and time for the bid opening.

**6. BID OPENING.** The Purchasing Division Manager or Purchasing staff appointee will open bids. The bid amount and other pertinent information as determined by the Purchasing Division Manager will be read and recorded. The bids as recorded at the bid opening represent draft tabulation and may include incorrect price extensions or transcription errors, and are subject to change if conflicting information is discovered during analysis of the bid responses. A bid tabulation will be made available to bidders after extensions have been checked and all other specification compliance has been determined. **In the essence of time, bidders may not be allowed to review bids at the bid opening. However, bidders will be allowed to make appointments to review the bids at a later date.**

**7. LATE BIDS.** It is the responsibility of the bidder to ensure bids are submitted by the specified due date and time. Bids received after the stated date and time will be returned, unopened, to the bidder. The official clock to determine the date and time will be the time/date stamp located in the Finance Department. All bids received will be time and date stamped by the official clock. The City will not be held responsible for the late delivery of bids due to the U.S. Mail Service, or any other courier service.

**8. RECEIPT OF ONE SEALED BID.** In the event only one sealed bid is received, no formal bid opening shall take place. First, the Purchasing Division shall conduct a survey of vendors to inquire of "no bid" responses and non-responsive vendors. If, from the survey, it is determined by the Purchasing Division that specifications need revision, the one bid received will be returned, unopened, to the responding vendor, with a letter of explanation and a new bid solicitation prepared. If it is determined that other vendors need to be contacted, the bid due date will be extended, and the one bid received will remain sealed until the new bid opening date. The vendor submitting the single bid will receive a letter of explanation. **If it is determined the one bid received is from the only responsive, responsible bidder, then the bid shall be opened by the Purchasing Division Manager or designee, in the presence of at least one other witness. The single bid will be evaluated by the using agency for award recommendation.**

**9. RECEIPT OF TIE BIDS.** In the event multiple responsive, responsible bidders are tied for the lowest price and all other terms and requirements are met by the all tied bidders, the award recommendation shall be as follows:

- a. Award to the local bidder, if one of the bidders has its principal place of business in Columbus, Georgia.
- b. If all or none of the bidders has its principal place of business in Columbus, Georgia, then award the bid to the bidder



who has received the award previously.

- c. If neither bidder received the award previously, and neither of the tied bidders has its principal place of business in Columbus, Georgia, then the bid award shall be equally divided between the tied bidders.
- d. If it is not feasible to divide the award, and if all or none of the tied bidders has its principal place of business in Columbus, Georgia, and neither was awarded the bid previously, then all bids will be rejected and the bid will be re-advertised.

**10. RECEIPT OF MULTIPLE BIDS.** Unless otherwise stated in the bid specifications, the City will accept one and only one bid per vendor. Any unsolicited multiple bid(s) will not be considered. If prior to the bid opening, more than one bid is received from the same vendor, the following will occur: (1) the bidder will be contacted and required to submit written acknowledgment of the bid to be considered; (2) the additional bid(s) will be returned to the bidder unopened. If at the bid opening more than one bid is enclosed in a single bid package, the City will consider the vendor non-responsive and bids will be returned to the bidder.

**11. CONDITION AND PACKAGING.** Unless otherwise defined in the bid specifications, it is understood and agreed that any item offered or furnished shall be new, in current production and in first class condition, that all containers shall be new and suitable for storage or shipment, and that prices include standard commercial packaging.

**12. FREIGHT/SHIPPING/HANDLING CHARGES.** All freight, shipping, and handling charges shall be included in the bid price. The City will pay no additional charges.

**13. CORRECTION OR WITHDRAWAL OF BID/CANCELLATION OF AWARDS.** Corrections or withdrawals of inadvertently erroneous bids before or after bid opening, or cancellation of awards of contracts based on such bid mistakes may be permitted where appropriate. Mistakes discovered before bid opening may be modified or bid withdrawn by written notice received in the office of Purchasing prior to the time of the bid opening. After bid opening, no changes in bid prices or other provisions of bids prejudicial to the interest of the City or fair competition shall be permitted. In lieu of bid correction, a low bidder alleging a material mistake of fact may be permitted to withdraw its bid if the mistake is clearly evident, or if the bidder submits evidence that clearly and convincingly demonstrates that a mistake was made. All decisions to permit corrections or withdrawals of bids or to cancel awards or contracts based on bid mistakes will be supported by the written determination of the Purchasing Officer.

**14. ADDENDA AND INTERPRETATIONS.** If it becomes necessary to revise any part of this bid, a written addendum will be provided to all bidders. The City is not bound by any oral representations, clarifications, or changes made to the written specifications by City employees, unless such clarification or change is provided to the bidders in written addendum form from the Purchasing Officer. Bidders will be required to acknowledge receipt of the addenda (if applicable) in their sealed bid proposal. The vendor may provide an initialed copy of each addendum or initial the appropriate area on the bid form (pricing page). Failure to acknowledge receipt of the addenda (when applicable) will render bid incomplete. **It is the bidder's responsibility to ensure that they have received all addenda.**

**15. BID EVALUATION AND AWARD.** During the evaluation of bids, the City reserves the right to request clarification of bid responses and to request the submission of references, if deemed necessary for a complete evaluation of bid responses. Award will be made to the responsive and responsible bidder whose bid is most economical according to criteria designated in the solicitation. The determination of the lowest responsive and responsible bidder may involve all or some of the following factors: prices, conformity to specifications, financial ability to meet the contract, previous performance, facilities and equipment, availability of repair parts, experience, delivery promise, terms of payment, compatibility as required, other cost, and other objective and accountable factors, if any, (which are further described in the specifications). The City shall be the judge of the factors and will make the award in the best interest of the City.

**16. TIME FOR CONSIDERATION.** Bids must remain in effect for at least sixty (60) days after date of receipt to allow for evaluation.

**17. BID SECURITY AND PERFORMANCE BOND.** Bid security (Bid Bond) shall be required for all competitive sealed bids for construction contracts when the price is estimated by the Purchasing Officer to exceed \$10,000. Bid security shall be a bond provided by a surety company authorized to do business in the State, or in the form of a certified check. Such bonds may also be required on construction contracts under \$10,000 or other procurement contracts when circumstances warrant. Bid security shall be in an amount equal to at least five percent (5%) of the bid amount. The City

will accept a copy of a bid bond at the bid opening. However, if a copy of a bid bond is submitted, the bidder must submit to the Purchasing Division the identical original document within five (5) days after the bid opening. **If the original document is not received within the five (5) days, the bid will not be considered.** When a construction contract is awarded in excess of \$25,000, the successful bidder will be required to furnish a **Performance Bond** executed by a surety company authorized to do business in the State. The performance bond shall be equal to one hundred percent (100%) of the price specified in the bid.

**18. SUBCONTRACTING.** Should bidder intend to subcontract all or any part of the work specified, name(s) and address(es) of sub-contractor(s) must be provided in bid proposal (use additional sheet if necessary). The bidder shall be responsible for subcontractor(s) full compliance with the requirements of the bid specifications. **THE COLUMBUS CONSOLIDATED GOVERNMENT WILL NOT BE RESPONSIBLE FOR PAYMENTS TO SUBCONTRACTORS.**

**19. DISQUALIFICATION OF BIDDERS AND REJECTION OF BIDS.** Bidders may be disqualified and rejection of bid proposals may be recommended by the City for any (but not limited) to the following reasons:

- (A) Receipt after the time limit for receiving bid proposals as stated in the bid invitation.
- (B) Any irregularities contrary to the General Provisions or bid specifications.
- (C) Unbalanced unit price or extensions.
- (D) Unbalanced value of items.
- (E) Failure to use the proper forms furnished by the Consolidated Government.
- (F) Failure to complete the proposal properly
- (G) Omission of warranty, product literature, samples, acknowledgment of addenda or other items required to be included with bid proposal.
- (H) Failure to properly sign forms in ink.

**The City reserves the right to waive any minor informality or irregularity. The City reserves the right to reject any and all bids.**

**20. BRAND NAMES "OR EQUAL".** Whenever in this invitation any particular material, process and/or equipment are indicated or specified by patent, proprietary or brand name of manufacturer, such wording will be deemed to be used for the purpose of facilitating description of the material, process and/or equipment desired by the City. It is not meant to eliminate bidders or restrict competition in any bid process. Any manufacturers' names, drawings, trade names, brand names, specifications and/or catalog numbers used herein are for the purpose of description and establishing general quality levels. Bidders may propose equivalent equipment, services or manufacturer. Any proposal that is equivalent to or surpasses stated specifications will be considered. Determination of equivalency shall rest solely with the City. **Please Note: Due to existing equipment, specific manufacturers may be required to facilitate compatibility.**

**21. ASSIGNMENT OF CONTRACTUAL RIGHTS.** It is agreed that the successful bidder will not assign, transfer, convey or otherwise dispose of the contract or its right, title or interest in or to the same, or any part thereof, without previous consent of the City and any sureties.

**22. DISCOUNTS.** Terms of payments offered will be reflected in the space provided on the bid proposal form. Cash discounts will be considered net in the bid evaluation process. All terms of payment (cash discounts) will be taken and computed from the date of delivery of acceptable material or services, or the date of receipt of the invoice, whichever is later.

**23. TAXES.** The City is exempt from State Retail Tax and Federal Excise Tax. Tax Exemption No. GA Code Sec. 48-8-3. Federal ID No. 58-1097948.

**24. FEDERAL, STATE AND LOCAL LAWS.** All bidders will comply with all Federal, State, and Local laws and ordinances, relative to conducting business in Columbus, Georgia.

**25. BID INCLUSIONS.** When bid inclusions are required, such as warranty information, product literature/specifications, references, etc. The inclusions should reference all aspects of the specific equipment or service proposed by the bidder. Do not include general descriptive catalogs. References to literature or other required inclusions

submitted previously do not satisfy this provision. Bids found to be in non-compliance with these requirements will be subject to rejection.

**26. NON-COLLUSION.** By signing and submitting this bid, bidder declares that its agents, officers or employees have not directly or indirectly entered into any agreements, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid. In the event, said bidder is found guilty of collusion, the company and agents will be removed from the City's bid list for one full year and any current orders will be canceled.

**27. INDEMNITY.** The successful bidder agrees, by entering into this contract, to defend, indemnify and hold City harmless from any and all causes of action or claims of damages arising out of or under this contract.

**28. DISADVANTAGED BUSINESS ENTERPRISE.** Disadvantaged Business Enterprises (minority or women owned businesses) will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race, color, creed, sex, sexual orientation, gender identity or national origin in consideration for an award. It is the policy of the City that disadvantaged business enterprises and minority business enterprises have an opportunity to participate at all levels of contracting in the performance of City contracts to the extent practical and consistent with the efficient performance of the contract.

**29. AFFIRMATIVE ACTION PROGRAM - NON-DISCRIMINATION CLAUSE.** The City has an Affirmative Action Program in connection with Equal Employment Opportunities. The successful bidder will comply with all Federal and State requirements concerning fair employment and employment of the handicapped, and concerning the treatment of all employees, and will not discriminate between or among them by reason of race, color, age, religion, sex, sexual orientation, gender identity, national origin or physical handicap.

**30. AWARDS TO LOCAL BUSINESSES.** Except for construction contracts, awards will be made to responsive and responsible local businesses proposing a cost not more than two percent (2%) above the low bid or quote for contracts involving an expenditure of \$25,000.00 or less and made to responsive and responsible local businesses proposing a cost not more than one percent (1%) above the low bid or quote for contracts involving an expenditure greater than \$25,000.00. (Ordinance No. 95-5). **\*\*STATE OR FEDERALLY FUNDED PROJECTS EXCLUDED\*\***

**31. RIGHT TO PROTEST.** A protest with respect to an Invitation for bids or Request for Proposals shall be submitted in writing no less than five (5) days **prior** to the opening of bids or the closing date of proposals to the Purchasing Officer. If the matter is not resolved, then an appeal may be filed with the City Manager or City Council.

**32. FAILURE TO QUOTE.** Vendors choosing not to submit a bid are requested to return a **Statement of "No Bid"**.

**33. PRODUCT/EQUIPMENT DEMONSTRATION - SITE VISIT.** During the evaluation of bids, the City reserves the right to request a demonstration or site visit of the product, equipment or service offered by a bidder. The demonstration or site visit shall be at the expense of the bidder. Bidders who fail to provide demonstration or site visit, as requested, will be considered non-responsive.

**34. CANCELLATION PROVISIONS.** When such action is in the best financial interest of the City, contracts for supplies to be purchased or services to be rendered under an annual (term) contract basis may be canceled and re-advertised at the discretion of the Purchasing Officer and in accordance with contract terms.

After the receipt of a product or piece of equipment, it is found that said item does not perform as specified and required, payment for said product or equipment will be withheld. The successful vendor will be notified of the non-performance in writing. After notification, the successful vendor will have ten (10) calendar days, from the date of notification, to deliver product or equipment that performs satisfactorily. If a satisfactory product is not delivered within 10 calendar days, from the notification date, the City will cancel the contract (purchase order) and award to the next low, responsive, responsible bidder. The vendor will be responsible for the pick-up or shipment of the unsatisfactory equipment or product.

**35. QUESTIONS.** Questions concerning specifications must be submitted, in writing, at least 5 (five) working days

(Monday-Friday) prior to receipt date. Questions received less than five working days prior to receipt date will not be considered.

**36. SAMPLES.** When samples are required to be included with the proposal response, the bidder will be responsible for the following:

- 1) **Unless otherwise specified**, bidders are required to submit exact samples of item(s) bid. Do not submit sample of “like” item(s).
- 2) Affix an identification label to each individual sample to include bidder’s name, bid name and number.
- 3) Make arrangements for the return of sample after the bid award. All shipping costs will be the responsibility of the bidder. If bidder does not make arrangements for return of sample, within 60 days after award, the sample will be discarded.

**37. GOVERNING LAW.** The parties agree that this Agreement shall be governed by the laws of Georgia, both as to interpretations and performance.

**38. PAYMENT DEDUCTIONS.** The City reserves the right to deduct, from payments to awarded vendor(s), any amount owed to the City for various fees, to include, but not limited to: False Alarm fees, Ambulance fees, Occupation License Fees, Landfill fees, etc.

**39. PAYMENT TERMS.** The City's standard payment term is usually net 30 days, after successful receipt of goods or services. Payment may take longer if invoice is not properly documented or not easily identifiable, goods/services are not acceptable, or invoice is in dispute.

## **NOTICE TO VENDORS**

Columbus Council, by Ordinance 92-60 has prohibited any business that is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has a substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, by Ordinance 92-61, no business which is owned by any member of any board, authority or commission, subordinate or independent entity, or any business in which any member of any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.



**DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?**

**COMMUNICATION CONCERNING ANY SOLICITATION CURRENTLY ADVERTISED MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING DIVISION.**

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER OR IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FAX FORM" TO FAX OR EMAIL QUESTION.

ANY REQUEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.

# QUESTION/CLARIFICATION FAX FORM

DATE: \_\_\_\_\_

TO: Sandra Chandler, Buyer  
E-MAIL: [bidopportunities@columbusga.org](mailto:bidopportunities@columbusga.org)  
FAX NO: (706) 225-3033

RE: RFB NO. 20-0002  
WHEEL ALIGNMENT AND BALANCE SERVICES (ANNUAL CONTRACT)

I HAVE THE FOLLOWING CONCERN (S)/QUESTION (S) ABOUT THE SPECIFICATIONS:  
(Questions concerning specifications and/or requests for clarification must be submitted, in writing, at least 5 (five) working days (Monday - Friday) prior to due date. Questions received less than five workings days prior to due date will not be considered.):

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From: \_\_\_\_\_  
Vendor Name

\_\_\_\_\_  
Representative

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

# **GENERAL SPECIFICATIONS FOR WHEEL ALIGNMENT AND BALANCE SERVICES**

## **I. INTENT/SCOPE**

It is the intent of Columbus Consolidated Government (the City) to establish an annual contract with a qualified contractor to provide Wheel Alignment and Balance services for ALL types of vehicle utilized by Columbus Consolidated Government on an "as needed basis".

## **II. TERM OF CONTRACT**

A. The term of this contract period shall be for two (2) years, with the option to renew for three (3) additional twelve-month periods, if agreeable to both parties.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and programs approval have been granted by the council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected multi-year contract becomes null and void, effective **July 1st** of the fiscal year for which such approval has been denied.

## **B. Termination for Convenience**

For the protection of both parties, either party giving 30 days prior notice in writing to the other party may cancel this contract.

## **III. CONTRACTOR REQUIREMENTS**

- A. The successful contractor must address any warranty work within 48 hours from the time the work is sent to the vendor by CCG.
- B. Contractor must agree to keep in stock all the parts proposed for purposes of servicing CCG vehicles in a timely manner.
- C. Contractor must repair/inspect any CCG vehicle at vendor's own place of business. CCG vehicles may not be sent to another unapproved place of business or subcontracted to unapproved vendor. Doing so is grounds for contract termination.
- D. The technicians servicing the equipment shall be ASE-certified technicians.
- E. CCG will not require vehicles to be repaired outside of normal business hours and days of operation nor will it require service be performed on City property.
- F. Contractor shall not perform any work, other than, inspection and estimate prior to CCG approval. Failure to follow instructions from CCG regarding services to be performed may be grounds for non-payment.

## **IV. VENDOR INFORMATION AND INSTRUCTIONS**

**COMMUNICATION CONCERNING ANY BID/PROPOSAL CURRENTLY ADVERTISED  
MUST TAKE PLACE IN WRITTEN FORM AND ADDRESSED TO THE PURCHASING  
DIVISION (SEE "QUESTIONS ABOUT THIS BID/PROPOSAL")**

All questions must be submitted in writing by fax (706 225-3033) using the fax sheet enclosed in the bid

package, or e-mail questions to [krobertson@columbusga.org](mailto:krobertson@columbusga.org).

#### **V. QUESTIONS/EXPLANATIONS**

Questions and requests for clarification must be submitted **within five (5) business days of the due date** (see pages 9 & 10). Changes to the specifications (if any) will be provided in the form of an addendum, which will be posted on the web page of the Finance Department/Purchasing Division of Columbus Consolidated Government at ([https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid\\_Opportunities.htm](https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid_Opportunities.htm)). It is the vendor's responsibility to periodically visit the web page for addenda before the due date and prior to submitting a quote.

#### **VI. INDEMNITY CLAUSE**

The Contractor covenants to save, defend, hold harmless, and indemnify the City, and all of its officers, departments, agencies, agents, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, costs (including court costs and attorney's fees), charges, liability, or exposure, however caused, resulting from, arising out of, or in any way connected with the Contractor's intentional, negligent, or grossly negligent acts or omissions in performance or nonperformance of its work called for by the Contract Documents.

#### **VII. INSURANCE REQUIREMENTS**

The vendors shall be required, at their own expense, to furnish to the City of Columbus Purchasing Division, evidence showing the insurance coverage to be in force throughout the term of the contract.

Insurance requirements are listed on the attached **Insurance Checklist (Attachment B)**. **The limits shown are minimum limits. Vendor shall indicate the actual limit they will provide for each insurance requirement. The bidder shall complete the Insurance Checklist and include with bid response. Certificate of Insurance is acceptable.** The Insurance Checklist will indicate to the City, the bidder's ability and agreement to provide the required insurance, in the event of contract award.

The successful candidate shall provide the required Certificates of Insurance within **10 business days** after award notification. The Certificates of Insurance will be included with the contract documents prior to signing.

#### **VIII. GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT/E-VERIFY**

In accordance with the Georgia Security and Immigration Compliance Act/E-Verify, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program (see [http://www.dol.state.ga.us/spotlight/sp\\_sb\\_529\\_new\\_rules.htm](http://www.dol.state.ga.us/spotlight/sp_sb_529_new_rules.htm)). To access your E-Verify Company Identification Number, see <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES>. A properly completed, notarized E-Verify Affidavit (Attachment D) must be included with sealed bid; failure to do so will render the firm's bid non-responsive and ineligible for further consideration.

#### **IX. BID SUBMISSION REQUIREMENTS**

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND ONE IDENTICAL COPY**. The City reserves the right to request any omitted information, to exclude E-Verify, **WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE**. Bidders shall be notified, in writing, and shall have two (2) days, after notification to submit the omitted information. If the omitted information is not received within two (2) days, the Bidder shall be deemed non-responsive and the Bid Submission will be deemed **"Incomplete"**:

**A) Statement of Qualifications & Work Guarantee – (Attachment A)**



- B) Proof of Insurance** – (Attachment B)
- C) Contract Signature Page** – (Attachment C)
- D) Georgia Security and Immigration Compliance/E-Verify** - (Attachment D)
- E) Bid Form (Pricing Page)** – (Attachment G)
- F) Warranty Statement** - (Provide delineation of Warranty on company letterhead)
- G) Communication Concerning This Solicitation** – (Attachment F)
- H) Acknowledgment of Receipt of Addenda (if any)**

Vendor shall include acknowledgement of receipt of addenda (if any) in their sealed bid.

The vendor may provide an initialed copy of each addendum or initial the appropriated area on the bid form (pricing page).

The following items will be required of the recommended vendor (s) prior to the award of the contract. After notification, the recommended vendor (s) will have five (5) business days to provide the information below, or the next responsive, responsible bidder will be recommended for award.

- 1) **BUSINESS LICENSE:** Vendor shall submit a copy of the Business License (Occupation License) that is required to conduct business at your location. If awarded the contract, the successful vendor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that City, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

If you have questions regarding this requirement, please contact Yvonne Ivey, Occupation Tax Supervisor, (706) 225-3091.

- 2) **W-9 Form Request for Taxpayer Identification Number and Certification:** Provide all information requested. (Attachment E)

BIDS MUST REACH THE OFFICE OF PURCHASING NO LATER THAN 2:30 P.M. ON BID OPENING DATE. BIDS RECEIVED AFTER 2:30 P.M. WILL NOT BE ACCEPTED UNDER ANY CIRCUMSTANCES.

YOUR BID MUST BE DELIVERED SEALED IN AN ENVELOPE OR PACKAGE. FOR PROPER IDENTIFICATION, THE BIDDER'S COMPANY NAME, COMPLETE ADDRESS AND THE BID NAME AND NUMBER SHOULD APPEAR ON THE EXTERIOR OF THE ENVELOPE OR PACKAGE. NO FAX RESPONSES WILL BE ACCEPTED.

**MAIL OR HAND DELIVER BID TO:**      **COLUMBUS CONSOLIDATED GOVERNMENT  
PURCHASING DIVISION  
5TH FLOOR-GOVERNMENT CENTER TOWER  
100 10TH STREET  
COLUMBUS, GEORGIA 31902-1340**

#### **X. AWARD/INVOICING**

Bid will be awarded to the lowest, responsive, responsible bidder. The City will be the judge of the factors and will make the award accordingly. Should the successful bidder not be able to provide the required services, the City reserves the right to request service from other sources.

After award of the bid, the successful vendor will be required to sign a contract with the City (all terms of the bid specifications and any applicable addenda will apply).

**The successful bidder shall submit detailed invoices to the City, which shall include the type of service provided, hourly rates and the cost for all parts. The invoice (s) shall reference the bid number (20-**

**0002). Failure to reference the bid number may cause a delayed payment of the invoice.**

After satisfactory and completion of service, the successful vendor shall forward invoice(s) to the following address:

Columbus Consolidated Government  
Accounts Payable  
P.O. Box 1340  
Columbus, Georgia 31902-1340

**XI. TERMINATION OF CONTRACT**

**Default:** If the contractor refuses or fails to perform any of the provisions of this contract with such diligence as will ensure its completion within the time specified in this contract, or any extension thereof, otherwise fails to timely satisfy the contract provisions, or commits any other substantial breach of this contract, the Purchasing Division Manager may notify the contractor in writing of the delay or non-performance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Manager, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

In the event of termination in whole or in part the Purchasing Division Manager may procure similar supplies or services, from other sources, in a manner and upon terms deemed appropriate by the Purchasing Division Manager. The contractor shall continue performance of the contract to the extent it is not terminated and shall be liable for excess costs incurred in procuring similar goods or services.

**Compensation:** Payment for completed supplies delivered and accepted by the city shall be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Manager deems to be necessary to protect the City against loss because of outstanding liens or claims of former lien holders and to reimburse the City for the excess costs incurred in procuring similar goods and services.

**Excuse for Nonperformance or Delayed Performance:** Except with respect to defaults of subcontractors, the contractor shall not be in default by reason of any failure in performance of this contract in accordance with its terms, if the contractor has notified the Purchasing Division Manager within 15 days after the cause of the delay and the failure arises out of causes such as: acts of God; acts of public enemy; acts of the City and any other governmental entity in its sovereign or contractual capacity; fires; floods; epidemics; quarantine restrictions; strikes or other labor disputes; freight embargoes; or unusually severe weather. If the failure to perform is caused by the failure of a subcontractor to perform or to make progress, and if such failure arises out of causes similar to those set forth above, the contractor shall not be deemed to be in default, unless the supplies or services to be furnished by the subcontractor were reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Manager shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by any one or more of the excusable causes, and that, but for the excusable cause, the contractor's progress and performance would have met the terms of the contract, the delivery schedule shall be revised accordingly.

**STATEMENT OF QUALIFICATIONS & WORK GUARANTEE**  
***(Provide on Company Letterhead)***

The work to be accomplished under this Contract requires mechanical expertise. The following information shall be provided to allow the City to determine whether the vendor is qualified to perform the work specified. **Please respond to these items on your company letterhead:**

1. Company Name
2. Permanent Main Office Address
3. When was company organized? If a Corporation, when/where incorporated?
4. How many years have you been engaged in this type of service under your present company/trade name?
5. Provide a list major equipment available for this contract
6. List certified technicians that will be assigned this project and their qualifications.
7. List at least 3 similar clients for which similar services have been provided. The references shall include the business name, address, contact person, e-mail address, telephone and fax numbers.
8. Have you ever failed to complete a project and/or defaulted on a contract? If so specify when, where, and with whom?
9. Provide statement of Warranty and Guarantee of Work?

**SOLICITATION ID: RFB NO. 20-0002****WHEEL ALIGNMENT AND BALANCE SERVICES****(ANNUAL CONTRACT)****INSURANCE CHECKLIST****CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE AND ENDORSEMENTS INDICATED BY "X"**

CSL = Combined Single Limit; BI = Bodily Injury; PD=Property Damage

<b>Required Coverage(s)</b>		<b>Limits (Figures denote minimums)</b>	<b>Bidders Limits/Response</b>
<b>X</b>	1. Worker's Compensation and Employer's Liability	<b>STATUTORY REQUIREMENTS</b>	
	<b>Comprehensive General Liability</b>		
<b>X</b>	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
<b>X</b>	3. Independent Contractors and Sub – Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
<b>X</b>	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
<b>X</b>	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
<b>X</b>	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
	<b>Automobile Liability</b>		
<b>X</b>	7. Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	
	<b>Others</b>		
<b>X</b>	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	
	10. Personal and Advertising Injury Liability	\$1 Million each offense, \$1 Million annual aggregate	
	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	



Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
	22. Pollution	\$2 Million per occurrence/claim	
<b>X</b>	23. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
<b>X</b>	24. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
<b>X</b>	25. The City shall be named Additional Insured on all policies		
<b>X</b>	26. Certificate of Insurance shall show Bid Number and Bid Title		

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements.

BIDDER NAME: \_\_\_\_\_

AUTH. SIGNATURE: \_\_\_\_\_

**\*\*COMPLETE THIS PAGE AND RETURN WITH BID\*\***

**CONTRACT SIGNATURE PAGE  
WHEEL ALIGNMENT AND BALANCE SERVICES  
(ANNUAL CONTRACT)  
RFB No. 20-0002**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all equipment, terms and services of the Columbus Consolidated Government.

\_\_\_\_\_  
Witness as to the signing of the contract

By: \_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Witness as to the signing of the contract

\_\_\_\_\_  
Print Name and Title of Signatory

(Corporate seal, if applicable)

Company: \_\_\_\_\_

*Company Ordering Address*

*Company Payment Address*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact Email \_\_\_\_\_

Contact Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_

**CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA**

Accepted this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

**APPROVED AS TO LEGAL FORM:**

\_\_\_\_\_  
Isaiah Hugley, City Manager

\_\_\_\_\_  
Clifton C. Fay, City Attorney

**ATTEST:**

\_\_\_\_\_  
Sandra Davis, Clerk of Council

**\*\*\*COMPLETE THIS PAGE AND RETURN WITH BID\*\*\***

**GEORGIA SECURITY AND IMMIGRATION COMPLIANCE**

*and*

**House Bill 87, also known as,**

**The Illegal Immigration Reform and Enforcement Act of 2011**

**Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.**

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

**All contractors must complete the attached “CONTRACTOR AFFIDAVIT”. Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”**

\*\*\*In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.

**The complete verbiage for the law is on the Purchasing Web Page:**

**[http://www.columbusga.org/finance/Purchasing\\_docs/Georgia\\_Security\\_and\\_Immigration\\_Compliance\\_Act.pdf](http://www.columbusga.org/finance/Purchasing_docs/Georgia_Security_and_Immigration_Compliance_Act.pdf)**

# "GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"

## Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 **Columbus Consolidated Government** 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:

\_\_\_\_\_  
Company ID Number (*numerical, 4-7 digits*)

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

**\*\*See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

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

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

Wheel Alignment & Balance Services (Annual Contract) - RFB No. 20-0002  
Name of Project

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

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:

**A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.**

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**  
**Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)**

By executing this affidavit, the undersigned subcontractor 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 under a contract with

\_\_\_\_\_  
(Name Of Contractor)

on behalf of **Columbus Consolidated Government** 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

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

\_\_\_\_\_  
Name of Subcontractor

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

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

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:

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**  
**Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)**

By executing this affidavit, the undersigned sub-subcontractor 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 under a contract for

(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)  
and

\_\_\_\_\_  
(Name of Contractor)

on behalf of **Columbus Consolidated Government** 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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to

\_\_\_\_\_  
(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to

\_\_\_\_\_  
(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)

Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

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

\_\_\_\_\_  
Name of Sub-subcontractor

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

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

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: \_\_\_\_\_



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

## Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is 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. <input type="checkbox"/> Other (see instructions) ► _____	Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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									
				-					

### 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 ►

### General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

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. See *What is FATCA reporting*, later, for further information.

**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.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual	Individual/sole proprietor or single-member LLC
• Sole proprietorship, or	
• Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	
• LLC treated as a partnership for U.S. federal tax purposes,	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or	
• LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



**COMMUNICATION CONCERNING THIS SOLICITATION**

**THIS PAGE MUST BE SIGNED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.**

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

\*\*\*\*\*

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS, INCLUDING NON-CCG EMPLOYEES, CONTRACTED PERSONNEL ASSOCIATED WITH THIS PARTICULAR PROJECT (I.E. ARCHITECTS, ENGINEERS, CONSULTANTS), OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER. IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION. QUESTIONS AND REQUESTS FOR CLARIFICATION MUST BE SUBMITTED AT LEAST FIVE (5) *BUSINESS* DAYS BEFORE THE DUE DATE.

**ANY REQUEST/CONCERN/PROTEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.**

**I agree to forward all communication about this solicitation, in writing, to the Purchasing Division. I understand that communication with other persons, other than the Purchasing Division, will render my Bid/Proposal response non-responsive and I will no longer be considered in the solicitation process.**

Vendor Name: \_\_\_\_\_

Print Name of Authorized Agent: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

**BID FORM/PRICING PAGE**

**RFB NO. 20-0002**

**WHEEL ALIGNMENT AND BALANCE SERVICES (ANNUAL CONTRACT)**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all services and terms of the Columbus Consolidated Government as follows:

**Company Name:** \_\_\_\_\_

**HOURLY LABOR AND REPLACEMENT PARTS FOR WHEEL ALIGNMENTS:**

	ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
1	WHEEL ALIGNMENT FOR LIGHT DUTY VEHICLES				
2	WHEEL ALIGNMENT FOR PICK-UP TRUCKS & CARGO VANS				
3	WHEEL ALIGNMENT FOR SCHOOL BUSES				
4	WHEEL ALIGNMENT FOR HEAVY DUTY VEHICLES				

**II ADDITIONAL WHEEL ALIGNMENT SERVICES (AS NEEDED)**

	ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
1	TRACKING BAR / TORQUE ROD REPLACEMENT				
2	WALKING BEAMS / BUSHING OR BEARING REPLACEMENT				

	ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
3	REAR SUSPENSION COMPONENTS				
4	BUSHING SHACKLE PIN - REPLACEMENT				
5	KING PINS - REPLACEMENT				
6	BENT FRAMES AND COMPONENTS STRAIGHTENED				

### III HOURLY LABOR AND REPLACEMENT PARTS FOR BALANCING:

	ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
1	BALANCING FOR LIGHT DUTY VEHICLES				
2	BALANCING FOR PICK UP TRUCKS CARGO VANS				
3	BALANCING FOR SCHOOL BUSES				
4	BALANCING FOR HEAVY DUTY VEHICLES				

**Company Name**

**Authorized Signature**

**Date**

IV QUESTIONS AND STATEMENTS:

1. List your regular work hours: _____			
2. Please check <b>YES</b> or <b>NO</b> to the following questions:			
a.	Vendor agrees to keep in stock all the parts proposed on for purposes of servicing CCG vehicles in a timely manner	YES	NO
b.	Vendor agrees to address any warranty work within 48 hours from the time the work is sent to the vendor by CCG.	YES	NO
c.	Vendor agrees to repair/inspect any CCG vehicle at vendor's place of business. CCG vehicles may not be sent to another unapproved place of business or subcontracted by an unapproved vendor. Doing so is grounds for contract termination.	YES	NO
d.	Vendor may not perform any work other than inspection and estimate prior to CCG approval. Failure to follow instructions may cause services rendered without authorization to not be paid by CCG.	YES	NO

V WARRANTY:

Length of Warranty on Parts: \_\_\_\_\_  
Length of Warranty on Labor: \_\_\_\_\_  
If certified as a Disadvantaged Business Enterprise, please list the certifying agency: \_\_\_\_\_

<p><b>IMPORTANT INFORMATION</b></p> <p>Each bidder shall include the following information with bid submission. Bidder shall submit <b>THE ORIGINAL AND ONE IDENTICAL COPY</b>. The City reserves the right to request any omitted information, to exclude e-verify, <b>WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE</b>. Bidder shall be notified in writing, and shall have two (2) days, after notification to submit the omitted information. If the omitted information is not received within two (2) days, The bidder shall be deemed non-responsive and the Bid Submission will be deemed <b>"Incomplete"</b>:</p> <p><input type="checkbox"/> Bid Form (Pricing Page)   <input type="checkbox"/> Communication Concerning This Solicitation   <input type="checkbox"/> Warranty Statement</p> <p><input type="checkbox"/> Proof of Insurance   <input type="checkbox"/> E-Verify   <input type="checkbox"/> Communication Concerning This Solicitation</p> <p><input type="checkbox"/> Statement of Qualifications   <input type="checkbox"/> Contract Signature Page</p> <p>Initial below to acknowledge receipt of the following addenda (if any):</p> <p>Addendum No. 1 _____ Addendum No. 2 _____ Addendum No. 3 _____</p>
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Company Name	Authorized Signature	Date
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## **ISSUES/CLARIFICATIONS FROM PREVIOUS CONTRACT**

**1. Question:** *“Without giving a particular year, make, and model of a vehicle it is impossible to give a price for a part on the bid.”*

**Answer:** *The following vehicles with year make and model will be submitted for wheel alignments and balancing cost. Additional year, make, and models of vehicles may be submitted for repair after the awarding of the bid due to changes in the department mission:*

<b><i>Year</i></b>	<b><i>Make</i></b>	<b><i>Model</i></b>
2004	Peterbilt	320 Garbage Truck
2012	Peterbilt	365 Tandem Dump Truck
2004	Ford	Econoline Van
2009	Ford	Crown Victoria
2012	Chevrolet	Tahoe
2013	Dodge	Charger
2002	Chevrolet	Malibu

**2. Question:** *“There is no set price, for example "king pins" because there are different types that fit in a front end axle.”*

**Answer:** *The following vehicles below, requiring king pins, with year make and model will be submitted for wheel alignments and balancing cost. Additional year, make, and models of vehicles may be submitted for repair after the awarding of the bid due to changes in the department mission:*

<b><i>Year</i></b>	<b><i>Make</i></b>	<b><i>Model</i></b>
2004	Peterbilt	320 Garbage Truck
2012	Peterbilt	365 Tandem Dump Truck

☐ **CHECKLIST** ☐

**WHEEL ALIGNMENT & BALANCE SERVICE  
(ANNUAL CONTRACT)  
RFB No. 20-0002**

CHECK OFF EACH ITEM AS THE NECESSARY ACTION IS COMPLETED:

- ☐ 1. THE CONTRACT SIGNATURE PAGE HAS BEEN SIGNED.
- ☐ 2. THE PRICES HAVE BEEN CHECKED.
- ☐ 3. ADDENDUM (IF ANY) HAS BEEN SIGNED AND ARE INCLUDED.
- ☐ 4. ALL BID SUBMISSION REQUIREMENTS.
- ☐ 5. ENVELOPE INCLUDES **ONE** (1) ORIGINAL AND **ONE** (1) COPY OF BID RESPONSE.  
(Please only send one copy of "Business Requirements".)
- ☐ 6. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:

**Columbus Consolidated Government  
Purchasing Division – Attn: Heather Scheuttig  
5<sup>th</sup> Floor, Tower Bldg  
100 10<sup>th</sup> Street  
Columbus, Georgia 31901**

- ☐ 7. THE MAILING ENVELOPE/PACKAGE HAS BEEN SEALED AND MARKED WITH THE:

**TITLE: Wheel Alignment & Balance Services (Annual Contract)**  
**NUMBER: RFB No. 20-0002**  
**OPENING DATE: August 21, 2019**  
**Buyer: Sandra Chandler**  
**Ⓐ PLEASE CONSIDER THE ENVIRONMENT Ⓐ**

Please *only* submit what is required; keep the remaining pages for your records/recycle.

**\* Opening date subject to change by Addendum**

**EXHIBIT C**

*Wheel Alignment and Balance Services (Annual Contract)*

*Columbus Spring Service, Inc.*

*Bid Submission*



# "GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"

## Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 **Columbus Consolidated Government** 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:

493990

01/24/2012

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

\*\*See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.

01/24/2012

Date of Authorization

Columbus Spring Service, Inc.

Name of Contractor

Wheel Alignment & Balance Services (Annual Contract) - RFB No. 20-0002

Name of Project

Columbus Consolidated Government

Name of Public Employer

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

Executed on July, 25, 2019 in Phenix City (city), AL (state).

Patrick Thornton

Signature of Authorized Officer or Agent

Patrick Thornton, Pres.

Printed Name and Title of Authorized Officer or Agent

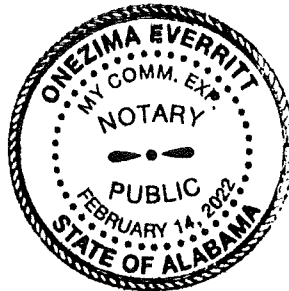
SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 25<sup>th</sup> DAY OF July, 2019.

Onezima Everitt

NOTARY PUBLIC

My Commission Expires: 2/14/2022



A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

**COMMUNICATION CONCERNING THIS SOLICITATION**

**THIS PAGE MUST BE SIGNED AND RETURNED WITH THE VENDOR'S BID/PROPOSAL. FAILURE TO INCLUDE THIS FORM WILL AUTOMATICALLY RENDER VENDOR'S RESPONSE NON-RESPONSIVE.**

ALL QUESTIONS OR CLARIFICATIONS CONCERNING THIS SOLICITATION SHALL BE SUBMITTED IN WRITING. THE CITY WILL NOT ORALLY OR TELEPHONICALLY ADDRESS ANY QUESTION OR CLARIFICATION REGARDING BID/PROPOSAL SPECIFICATIONS. IF A VENDOR VISITS OR CALLS THE PURCHASING DIVISION WITH SUCH QUESTIONS, HE OR SHE WILL BE INSTRUCTED TO SUBMIT THE QUESTIONS IN WRITING.

\*\*\*\*\*

**ALL CONTACT CONCERNING THIS SOLICITATION SHALL BE MADE THROUGH THE PURCHASING DIVISION.** BIDDERS SHALL NOT CONTACT CITY EMPLOYEES, DEPARTMENT HEADS, USING AGENCIES, EVALUATION COMMITTEE MEMBERS, INCLUDING NON-CCG EMPLOYEES, CONTRACTED PERSONNEL ASSOCIATED WITH THIS PARTICULAR PROJECT (I.E. ARCHITECTS, ENGINEERS, CONSULTANTS), OR ELECTED OFFICIALS WITH QUESTIONS OR ANY OTHER CONCERNS ABOUT THE SOLICITATION. QUESTIONS, CLARIFICATIONS, OR CONCERNS SHALL BE SUBMITTED TO THE PURCHASING DIVISION IN WRITING. IF IT IS NECESSARY THAT A TECHNICAL QUESTION NEEDS ADDRESSING, THE PURCHASING DIVISION WILL FORWARD SUCH TO THE USING AGENCY, WHO WILL SUBMIT A WRITTEN RESPONSE.

THE PURCHASING DIVISION WILL FORWARD WRITTEN RESPONSES TO THE RESPECTIVE BIDDER. IF IT BECOMES NECESSARY TO REVISE ANY PART OF THIS SOLICITATION, A WRITTEN ADDENDUM WILL BE ISSUED TO ALL BIDDERS.

THE CITY IS NOT BOUND BY ANY ORAL REPRESENTATIONS, CLARIFICATIONS, OR CHANGES MADE TO THE WRITTEN SPECIFICATIONS BY CITY EMPLOYEES, UNLESS SUCH CLARIFICATION OR CHANGE IS PROVIDED TO THE BIDDERS IN A WRITTEN ADDENDUM FROM THE PURCHASING MANAGER.

BIDDERS ARE INSTRUCTED TO USE THE ENCLOSED "QUESTION/CLARIFICATION FORM" TO FAX OR EMAIL QUESTION. QUESTIONS AND REQUESTS FOR CLARIFICATION MUST BE SUBMITTED AT LEAST FIVE (5) *BUSINESS* DAYS BEFORE THE DUE DATE.

**ANY REQUEST/CONCERN/PROTEST, AFTER A SOLICITATION HAS CLOSED AND PENDING AWARD, MUST ALSO BE SUBMITTED IN WRITING TO THE PURCHASING DIVISION.**

**I agree to forward all communication about this solicitation, in writing, to the Purchasing Division. I understand that communication with other persons, other than the Purchasing Division, will render my Bid/Proposal response non-responsive and I will no longer be considered in the solicitation process.**

Vendor Name: Columbus Spring Service, Inc.

Print Name of Authorized Agent: Patrick Thornton

Signature of Authorized Agent: Patrick Thornton

**BID FORM/PRICING PAGE**  
**RFB NO. 20-0002****WHEEL ALIGNMENT AND BALANCE SERVICES (ANNUAL CONTRACT)**

The undersigned hereby declares that he has/they have carefully examined the specifications herein referred to and will provide all services and terms of the Columbus Consolidated Government as follows:

**Company Name:** Columbus Spring Service, Inc.

**HOURLY LABOR AND REPLACEMENT PARTS FOR WHEEL ALIGNMENTS:**

ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
1 WHEEL ALIGNMENT FOR LIGHT DUTY VEHICLES	\$80.00	10% disc. on aftermarket	\$90/hr. .9 hrs./axle	labor-90 days parts-1 yr.
2 WHEEL ALIGNMENT FOR PICK-UP TRUCKS & CARGO VANS	½ ton-\$80	10% disc. on aftermarket	\$90/hr. .9 hrs/axle	" "
3 WHEEL ALIGNMENT FOR SCHOOL BUSES	\$120-Toe Adj. \$200-Complete	10% disc. on aftermarket	\$90/hr. 1.3-2.2 hrs./align	" "
4 WHEEL ALIGNMENT FOR HEAVY DUTY VEHICLES	\$120-Toe Adj. \$200-Complete	10% disc. on aftermarket	" "	" "

**II ADDITIONAL WHEEL ALIGNMENT SERVICES (AS NEEDED)**

ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
1 TRACKING BAR / TORQUE ROD REPLACEMENT	\$90/ea.	10% disc. on aftermarket	\$90/hr. 1 hr.	labor-90 days parts-1 yr.
2 WALKING BEAMS / BUSHING OR BEARING REPLACEMENT	R & R- \$350 Press-\$120	10%	\$90/hr. R & R-3.9 hrs Press-1.4 hrs.	" "

ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
3	REAR SUSPENSION COMPONENTS depends on component	10% disc. on aftermarket	\$90/hr.	labor-90 days parts-1 yr.
4	BUSHING SHACKLE PIN - REPLACEMENT \$180/side	" "	\$90/hr. 2 hrs./side	" "
5	KING PINS - REPLACEMENT \$360-495 varies by axle	" "	\$90/hr. 4-5½ hrs. per axle	" "
6	BENT FRAMES AND COMPONENTS STRAIGHTENED N/A	N/A	N/A	N/A

### III HOURLY LABOR AND REPLACEMENT PARTS FOR BALANCING:

ITEM	LIST PRICE	%DISCOUNT FROM LIST PRICE FOR PARTS	LABOR RATE PER ALIGNMENT PER AXLE INCLUDE # OF HOURS USED PER ALIGNMENT	WARRANTY IN MONTHS OR MILES, WHICHEVER COMES FIRST
1	BALANCING FOR LIGHT DUTY VEHICLES \$15/ea.	n/a	n/a	90 days
2	BALANCING FOR PICK UP TRUCKS CARGO VANS \$15/ea.	n/a	n/a	" "
3	BALANCING FOR SCHOOL BUSES \$22/ea.	n/a	n/a	" "
4	BALANCING FOR HEAVY DUTY VEHICLES \$22/ea.	n/a	n/a	" "

Columbus Spring Service, Inc.

07/25/2019

Company Name

Authorized Signature

Date

#### IV QUESTIONS AND STATEMENTS:

1. List your regular work hours: <u>Monday - Friday</u> <u>7:30-4:00</u>			
2. Please check <b>YES</b> or <b>NO</b> to the following questions:			
a. Vendor agrees to keep in stock all the parts proposed on for purposes of servicing CCG vehicles in a timely manner	YES	XX	NO
b. Vendor agrees to address any warranty work within 48 hours from the time the work is sent to the vendor by CCG.	YES	XX	NO
c. Vendor agrees to repair/inspect any CCG vehicle at vendor's place of business. CCG vehicles may not be sent to another unapproved place of business or subcontracted by an unapproved vendor. Doing so is grounds for contract termination.	YES	XX	NO
d. Vendor may not perform any work other than inspection and estimate prior to CCG approval. Failure to follow instructions may cause services rendered without authorization to not be paid by CCG.	YES	XX	NO

#### V WARRANTY:

Length of Warranty on Parts: 1 year, except for misuse or abuse  
 Length of Warranty on Labor: 90 days  
 If certified as a Disadvantaged Business Enterprise, please list the certifying agency: \_\_\_\_\_

#### IMPORTANT INFORMATION

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND ONE IDENTICAL COPY**. The City reserves the right to request any omitted information, to exclude e-verify' WHICH DOES NOT AFFECT THE SUBMITTED BID PRICE. Bidder shall be notified in writing, and shall have two (2) days, after notification to submit the omitted information. If the omitted information is not received within two (2) days, The bidder shall be deemed non-responsive and the Bid Submission will be deemed "Incomplete":

☐ Bid Form (Pricing Page) ☐ Communication Concerning This Solicitation ☐ Warranty Statement

☐ Proof of Insurance ☐ E-Verify ☐ Communication Concerning This Solicitation

☐ Statement of Qualifications ☐ Contract Signature Page

Initial below to acknowledge receipt of the following addenda (if any):

Addendum No. 1 \_\_\_\_\_ Addendum No. 2 \_\_\_\_\_ Addendum No. 3 \_\_\_\_\_

Columbus Spring Service, Inc. Patrick Thront 7/25/19  
 Company Name Authorized Signature Date

# COLUMBUS SPRING SERVICE, INC.

1715 THIRD AVENUE  
COLUMBUS, GA 31901  
(706) 322-5515

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## **WARRANTY STATEMENT**

All wheel alignments and wheel balancing, including any related undercarriage suspension work, has a labor warranty of 90 days and a parts warranty of 1 year for defective parts; parts not warranted in the case of misuse or abuse.

# COLUMBUS SPRING SERVICE, INC.

1715 THIRD AVENUE  
COLUMBUS, GA 31901  
(706) 322-5515

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## **Answers to Attachment A**

1. Columbus Spring Service, Inc.
2. 1715 3<sup>rd</sup> Ave. , Columbus, GA 31901
3. The company has operated in Columbus under various owners since the 1930's. Columbus Spring Service was incorporated in Columbus as a Georgia corporation in 1967, and has operated continuously as such since that date.
4. The company has operated continuously under the name Columbus Spring Service, Inc. since its incorporation in 1967, specializing in undercarriage and brake repair of cars, pick-up, medium and heavy-duty trucks.
5. Columbus Spring Service, Inc. utilizes a 19,000 square foot facility which includes 16 separate service bays. Contained in those bays are 3 car/light truck alignment machines, 2 frame straightening machines, 1 medium-duty truck alignment machine, 1 heavy-duty truck alignment machine, 3 vehicle lifts, 2 car/light duty truck balancing bays and 1 heavy-duty truck balancing bay, and 4 heavy-duty truck suspension repair bays.
6. Jeffrey Harrison      VP/Shop Foreman      Employed 39 years at Columbus Spring Service  
Charles Summerall      Mechanic      Employed 22 years at Columbus Spring Service  
Zack Harrison      Mechanic      Employed 13 years at Columbus Spring Service
7. References:

<b><u>Containers by Reaves</u></b> 18 Old Brickyard Rd. Phenix City, AL 36869 Cont: Dean Peace Phone: 334-297-2140 FAX: 334-297-2160 No email available	<b><u>Advanced Disposal</u></b> 2015 Veterans Pkwy. Columbus, GA 31904 Cont: Greg Pappenfuss Phone: 706-323-3660 FAX: 706-323-0904 No email available	<b><u>Bi-City Body Works</u></b> 1544 2 <sup>nd</sup> Ave. Columbus, GA 31901 Cont: Darrell Thrower Phone: 706-323-5557 FAX: 706-323-5257 No email available
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8. No.
9. Labor Warranty-      90 days  
Parts Warranty-      1 year from installation for defective parts; parts not warranted for abuse or misuse.



**EXHIBIT D**

*Wheel Alignment and Balance Services (Annual Contract)*

*Columbus Spring Service, Inc.*

*Clarification Documents*

**COLUMBUS CONSOLIDATED GOVERNMENT**  
Georgia's First Consolidated Government



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706.225.4087, FAX 706.225.3033  
[www.columbusga.org](http://www.columbusga.org)

February 20, 2020

**Columbus Spring Service, Inc.**  
Attn: Mr. Patrick Thornton, President  
1715 3<sup>rd</sup> Avenue  
Columbus, GA 31901

[patrick@knology.net](mailto:patrick@knology.net)

Reference: RFB No. 20-0002 Wheel Alignment and Balance Services (Annual Contract)

Dear Mr. Thornton:

Thank you for your bid submission for the above referenced solicitation dated August 21, 2019. The user department has recommended Columbus Spring Service, Inc. for award.

Unfortunately, per page 5 of the bid solicitation, Item 16 of the General Provisions, *Time for Consideration*, the City has exceeded the sixty (60) days allowed for evaluation. We apologize for this oversight.

The City respectfully requests that Columbus Spring Service, Inc. allow their pricing to remain in effect until the bid recommendation can be approved by City Council. Please indicate your response below:

☒ Columbus Spring Service, Inc. will allow their pricing to remain in effect until the bid recommendation can be approved by City Council.

☐ Columbus Spring Service, Inc. *will not* allow their pricing to remain in effect until the bid recommendation can be approved by City Council. Our written response is attached.

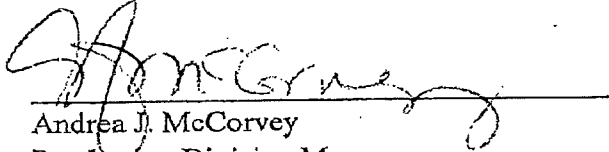
Patrick Thornton      2/21/20  
Authorized Signature      Date

Patrick Thornton, President  
Print Name & Title of Signatory



Send your written response to the attention of Sandra Chandler at email [schandler@columbusga.org](mailto:schandler@columbusga.org) or fax number (706) 225-3033. Your response is requested no later than 3:00 P.M. (EST) on Monday, February 24, 2020.

Sincerely,

  
Andrea J. McCorvey  
Purchasing Division Manager



**COLUMBUS CONSOLIDATED GOVERNMENT**  
*Georgia's First Consolidated Government*



**FINANCE DEPARTMENT**  
**PURCHASING DIVISION**

100 TENTH STREET, P. O. BOX 1340  
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February 20, 2020

***Columbus Spring Service, Inc.***  
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1715 3<sup>rd</sup> Avenue  
Columbus, GA 31901

*patrick@knology.net*

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

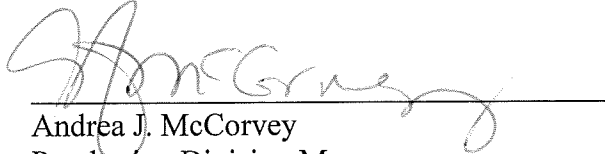
\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title of Signatory



Send your written response to the attention of Sandra Chandler at email [schandler@columbusga.org](mailto:schandler@columbusga.org) or fax number (706) 225-3033. Your response is requested no later than 3:00 P.M. (EST) on Monday, February 24, 2020.

Sincerely,



---

Andrea J. McCorvey  
Purchasing Division Manager