

C... 01-09-18(6)(7)

"ITEM I"

15-18

A RESOLUTION  
NO. 15-18

A RESOLUTION AUTHORIZING THE ANNUAL CONTRACT FOR THE PURCHASE OF MASONRY PRODUCTS FROM D.A.T. TRUCKING, INC.S (SMITH, AL), FERGUSON WATERWORKS (COLUMBUS, GA) AND ACME BRICK & TILE (COLUMBUS, GA) FOR THE ESTIMATED ANNUAL CONTRACT VALUE OF \$142,786.00.

WHEREAS, masonry products will consist of: portland cement, concrete ready mix w/gravel, brick sand, concrete sand, brick 3 hole, brick 8", brick 8" fire brick, concrete building brick and concrete blocks. The masonry products will be used by Public Works Department on an "as needed" basis; and,

WHEREAS, the contract period is for two (2) years with option to renew for three (3) additional twelve month periods.

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

That the City Manager is hereby authorized to enter into an annual contract to purchase masonry products from D.A.T. Trucking, Inc. (Smith, AL), Ferguson Waterworks (Columbus, GA) and Acme Brick & Tile (Columbus, GA) for the estimated annual contract value of \$142,786.00. Funds are budgeted each fiscal year for this ongoing expense: Sewer Fund – Public Works – Sewer Maintenance – Operating Materials, 0202-260-3210-SWRM-6728; Paving Fund – Public Works – Repairs and Maintenance – Horticulture/Landscaping Supplies, 0203-260-3110-REPR-6727.

Introduced at a regular meeting of the Council of Columbus, Georgia, held the day of January, 2018 and adopted at said meeting by the affirmative vote of eight members of said Council.

Councilor Allen voting  
Councilor Baker voting  
Councilor Barnes voting  
Councilor Davis voting  
Councilor Garrett voting  
Councilor Henderson voting  
Councilor Huff voting  
Councilor Thomas voting  
Councilor Turner Pugh voting  
Councilor Woodson voting

YES  
ABSENT FOR VOTE  
YES  
YES  
YES  
YES  
YES  
YES  
YES  
YES  
ABSENT

Tiny B. Washington, Clerk of Council

Teresa Pike Tomlinson, Mayor

**MASONRY PRODUCTS**

**(Annual Contract)**

**RFB 18-0020**

**Contract Documents**

**Vendors**

**D.A.T. Trucking, Inc. (Smith, AL)**

**Ferguson Waterworks (Columbus, GA)**

**Acme Brick, Tile & Stone (Columbus, GA)**

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



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

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109

January 18, 2018

**D.A.T. Trucking, Inc.**  
Attn: David E. Hardge  
74 Lee Road #888  
Smith, AL 36877

[hardgelma@aol.com](mailto:hardgelma@aol.com) / (334) 297-3579

**Re: *Masonry Products (Annual Contract) - RFB No. 18-0020***

This is your notification that you are the successful bidder awarded line items off the contract to provide ***Masonry Products***. All terms and conditions set forth in the proposal specifications will prevail, as approved by Council, ***Tuesday, January 9, 2018; Resolution Number 15-18.*** (See Attachments)

This contract shall be for two (2) years beginning ***January 18, 2018 – January 17, 2020*** with the option to renew for three (3) additional twelve-month period.

It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program 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 contract becomes null and void, effective July 1st of the fiscal year for which such approvals have been denied.

**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.

The City has confidence in your ability to fulfill the requirements of the contract and look forward to a continued relationship, which will be beneficial to all concerned.

Respectfully,

A handwritten signature in black ink, appearing to read "Kevin R. Robertson", is written over a horizontal line. The signature is stylized with a large loop at the end.

Kevin R. Robertson  
Buyer

Andrea J. McCorvey  
Purchasing Division Manager



**RFB FORM (PRICING PAGE)**  
**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB NO. 18-0020**

**IMPORTANT INFORMATION**

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND TWO IDENTICAL COPIES**. The City reserves the right to request any omitted information, **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 Forms (Pricing Pages)    ☐ Insurance Checklist (Appendix B)

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

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

DESCRIPTION	ESTIMATED QUANTITY	UNIT COST	TOTAL PRICE
1. Portland Cement - Type I (94 lb)	7200 Bags	\$	\$
2. Sakrete Cement (40 lb)	3,000 Bags	\$	\$
3. Concrete Ready Mix w/ Gravel (40 lb Bag Only)	3000 Bags	\$	\$
4. Brick Sand	30 Tons	\$ 20.00	\$ 20.00
5. Concrete Sand	50 Tons	\$ 22.00	\$ 22.00
6. Sand (Medium Grade Washed River Sand)	500 Tons	\$ 19.00	\$ 19.00
7. Brick, 3 hole common, Grade SW Conform with ASTM C-62-75A	20,000	\$	\$
8. Brick, 8" Smooth Select Red, Grade SW Conform with ASTM C-216-75A	20,000	\$	\$
9. Brick, 8" Fire Brick	10,000	\$	\$
10. Concrete Building Brick, Grade "A" SW Conform w/ASTM C-55 Federal SS- 663B	20,000	\$	\$
11. Concrete Blocks, Type 1, Grade "N" Conform with ASTM Spec. C-90	20,000	\$	\$
12. Mound Mix (Top Dressing - Pre-mixed compound of sand and clay water absorbent).	2 Tons	\$	\$
<b>TOTAL ESTIMATED CONTRACT VALUE</b>			<b>\$ 11,200</b>
Regarding Portland, Sakrete, Concrete Mix, Brick & Block, vendors can ship and bill pallet quantities sent, just inform the using Department in advance.			

\*All shipping, delivery, and/or freight charges (if applicable) should be included in the unit price. Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges. Bids shall be net, all taxes, allowances, and discounts having been deducted.

**DAT TRUCKING INC** DOT # \_\_\_\_\_  
 BUSINESS NAME COMPANY ID#  
**74 Lee Road 888 Smith AL 36877**  
 BUSINESS STREET ADDRESS CITY STATE ZIP CODE  
 (P.O. Boxes Will Render Bid Incomplete)  
**SAME AS ABOVE**  
 BUSINESS REMITTANCE ADDRESS CITY STATE ZIP CODE  
**706-575-9077 334-297-3579**  
 PHONE NUMBER FAX NUMBER  
**David E. Hodge 27 Nov 17**  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE OF SIGNATURE  
**DAVID E. HODGE President**  
 "PRINT" NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Please initial if business if Minority or Woman owned; if not, "N/A": Minority owned:

Woman owned: **DEH**

☒ **CHECKLIST** ☒

**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB No. 18-0020**

CHECK OFF EACH ITEM AS THE NECESSARY ACTION IS COMPLETED:

- ☐ 1. THE **BID FORM PAGE** HAS BEEN FILLED OUT. (PAGE 18 of 22)
- ☐ 2. PRICING HAS BEEN CHECKED AND SIGNED.
- ☐ 3. ADDENDA (IF ANY) HAVE BEEN SIGNED.
- ☐ 4. ALL SUBMISSION REQUIREMENTS ARE INCLUDED.
- ☐ 5. BUSINESS REQUIREMENTS ARE ENCLOSED, SEALED IN A SEPARATE ENVELOPE.  
(One copy)
- ☐ 6. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:

**Columbus Consolidated Government  
Purchasing Division – Attn: Kevin Robertson  
5<sup>th</sup> Floor, Tower Bldg.  
100 10<sup>th</sup> Street  
Columbus, Georgia 31902-1340**

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

BID TITLE: **Masonry Products (Annual Contract)**  
BID NUMBER: **RFB 18-0020**  
OPENING DATE: **November 29, 2017**

 **PLEASE CONSIDER THE ENVIRONMENT** 

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

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

# APPENDIX A

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**DAT TRUCKING INC**

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
☐ Individual/sole proprietor or single-member LLC  
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
☐ 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) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)  
**74 Lee Road 888**

6 City, state, and ZIP code  
**Smith PL 36877**

7 List account number(s) here (optional)

Requester's name and address (optional)

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

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 on page 3.

Sign Here Signature of U.S. person ▶ **David E Hurdge** Date ▶ **27 Nov 17**

### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Logged in as KROBERTSON | CID: 48005 | [Logout](#) Customer Support: 1-866-890-3971 [Help](#)[Search Records](#)**Check for imported payees with non-matching TIN data and verify new payees**

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the correct Name/TIN combinations.

**Sovos can take care of your mismatched TINs & B-Notices**

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

[Print & Mail W-9 Solicitations](#)[Print & Mail B-Notices](#)

The W9 Solicitation button has been disabled as you have already sent your solicitations.

**Individual TIN Lookup**

Verify individual Payee Social Security and Employer ID numbers.

Name: TIN: [Verify Payee](#)TIN Status: **PASS**OFAC Check: **PASS**DMF Check: **PASS****Mismatched Records**

TIN	Name	Actions
<		>
Download as Excel Spreadsheet		

[Back to Home](#)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/31/2018

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 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).

PRODUCER Ragan Insurance Agency Inc 4511 Armour Road Columbus, GA 31904	CONTACT NAME: shane ragan	
	PHONE (A/C, No, Ext): (706) 323-9521	FAX (A/C, No): (706) 323-2335
INSURED  DAT Trucking Inc 74 Lee Rd 888  Smiths, AL 36877	E-MAIL ADDRESS: raganins@raganinsurance.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Canal Insurance Co	NAIC # 10464
	INSURER B: AMERICAN INTERSTATE INSURANCE CO	31895
	INSURER C: AXIS SURPLUS INSURANCE CO	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY			GAGLN08253AX	04/08/2014	04/08/2018	EACH OCCURRENCE
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						\$ 1,000,000.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)
	<input checked="" type="checkbox"/> BLANKET ADDITIONAL INSURE						\$ 50,000.00
	<input checked="" type="checkbox"/> NO RADIUS RESTRICTIONS						MED EXP (Any one person)
	GEN'L AGGREGATE LIMIT APPLIES PER:						\$ 5,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$ 1,000,000.00
A	AUTOMOBILE LIABILITY			PIA07100606	04/08/2013	04/08/2018	COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO						\$ 1,000,000.00
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person)
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						\$
	<input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per accident)
						\$	
	UMBRELLA LIAB						PROPERTY DAMAGE (Per accident)
	EXCESS LIAB						\$
	DED						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			AVWCAL2388392017	04/08/2014	04/08/2018	EACH OCCURRENCE
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					\$
	<input checked="" type="checkbox"/> Y	N/A					AGGREGATE
	<input type="checkbox"/> N						\$
							\$
A	Cargo all risk excl reefer coverage			PIA07100606	04/08/2013	04/08/2018	E.L. EACH ACCIDENT
							\$ 1,000,000.00
							E.L. DISEASE - EA EMPLOYEE
						E.L. DISEASE - POLICY LIMIT	
							\$ 1,000,000.00

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

SAND AND GRAVEL HAULING MASONARY PRODUCTS  
REF#12-0061; PES 277-12

## CERTIFICATE HOLDER

## CANCELLATION

COLUMBUS CONSOLIDATED GOVERNMENT 100 10TH STR PO BOX 1340 COLUMBUS, GA 31902-1340	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 <i>R.E. Shane Ragan</i>



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



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

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109

*January 22, 2018*

**Ferguson Waterworks.**

Attn: Wade Sieck  
5751 Miller Court  
Columbus, GA 31909

**Wade.Sieck@Ferguson.com / (706) 563-6090**

**Re: Masonry Products (Annual Contract) - RFB No. 18-0020**

This is your notification that you are the successful bidder awarded line items off the contract to provide **Masonry Products**. All terms and conditions set forth in the proposal specifications will prevail, as approved by Council, **Tuesday, January 9, 2018; Resolution Number 15-18**. (See Attachments)

This contract shall be for two (2) years beginning **January 18, 2018 – January 17, 2020** with the option to renew for three (3) additional twelve-month period.

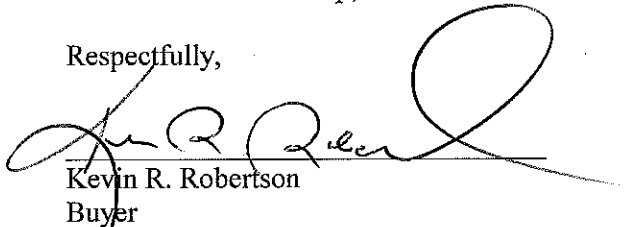
It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approval have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected contract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

**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.

The City has confidence in your ability to fulfill the requirements of the contract and look forward to a continued relationship, which will be beneficial to all concerned

Respectfully,



Kevin R. Robertson  
Buyer

Andrea J. McCorvey  
Purchasing Division Manager



**RFB FORM (PRICING PAGE)**  
**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB NO. 18-0020**

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Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND TWO IDENTICAL COPIES**. The City reserves the right to request any omitted information, **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 Forms (Pricing Pages) ☒ Insurance Checklist (Appendix B)

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

Addendum No. 1 N/A

Addendum No. 2 N/A

Addendum No. 3 N/A

DESCRIPTION	ESTIMATED QUANTITY	UNIT COST	TOTAL PRICE
1. Portland Cement - Type I (94 lb)	7200 Bags	\$ 8.13	\$ 58,536. <sup>00</sup>
2. Sakrete Cement (40 lb)	3,000 Bags	\$ No bid	\$ 0
3. Concrete Ready Mix w/ Gravel (40 lb Bag Only) 80 lb Bag	3000 Bags	\$ 4.45	\$ 13,350. <sup>00</sup>
4. Brick Sand	30 Tons	\$ No bid	\$ 0
5. Concrete Sand	50 Tons	\$ No bid	\$ 0
6. Sand (Medium Grade Washed River Sand)	500 Tons	\$ No bid	\$ 0
7. Brick, 3 hole common, Grade SW Conform with ASTM C-62-75A	20,000	\$ No bid	\$ 0
8. Brick, 8" Smooth Select Red, Grade SW Conform with ASTM C-216-75A	20,000	\$ No bid	\$ 0
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11. Concrete Blocks, Type 1, Grade "N" Conform with ASTM Spec. C-90	20,000	\$ No bid	\$ 0
12. Mound Mix (Top Dressing - Pre-mixed compound of sand and clay water absorbent).	2 Tons	\$ No bid	\$ 0
<b>TOTAL ESTIMATED CONTRACT VALUE</b>			\$ 71,886. <sup>00</sup>
Regarding Portland, Sakrete, Concrete Mix, Brick & Block, vendors can ship and bill pallet quantities sent, just inform the using Department in advance.			

\*All shipping, delivery, and/or freight charges (if applicable) should be included in the unit price. Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges. Bids shall be net, all taxes, allowances, and discounts having been deducted.

Ferguson Waterworks  
 BUSINESS NAME

54-1211771  
 COMPANY ID#

5751 Miller Crt  
 BUSINESS STREET ADDRESS

Columbus  
 CITY

GA  
 STATE

31909  
 ZIP CODE

(P.O. Boxes Will Render Bid Incomplete)

BUSINESS REMITTANCE ADDRESS

CITY

STATE

ZIP CODE

**RFB FORM (PRICING PAGE)**  
**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB NO. 18-0020**

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12. Mound Mix (Top Dressing - Pre-mixed compound of sand and clay water absorbent).	2 Tons	\$	\$ 0
<b>TOTAL ESTIMATED CONTRACT VALUE</b>			<b>\$ 85,236.00</b>
Regarding Portland, Sakrete, Concrete Mix, Brick & Block, vendors can ship and bill pallet quantities sent, just inform the using Department in advance.			

\*All shipping, delivery, and/or freight charges (if applicable) should be included in the unit price. Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges. Bids shall be net, all taxes, allowances, and discounts having been deducted.

Ferguson W. H. Works 54-1211771  
 BUSINESS NAME COMPANY ID#

5751 Miller Ct Columbus GA 31909  
 BUSINESS STREET ADDRESS CITY STATE ZIP CODE  
 (P.O. Boxes Will Render Bid Incomplete)

BUSINESS REMITTANCE ADDRESS CITY STATE ZIP CODE

706-563-6010 706-563-6090  
 PHONE NUMBER FAX NUMBER

[Signature] 1/22/18  
 SIGNATURE OF AUTHORIZED REPRESENTATIVE DATE OF SIGNATURE

Wade Smith Branch Manager  
 "PRINT" NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Please initial if business if Minority or Woman owned; if not, "N/A": Minority owned:

Woman owned: N/A

# Occupation Tax

City of Columbus, Georgia

Date Issued: June 07, 2017  
Expires: December 31, 2017  
Renew by: April 1, 2018

License #: 156159

**Business Address:**

FERGUSON ENTERPRISES  
HARRIS-WILLNER, CARMEN  
5751 MILLER COURT  
COLUMBUS, GA 31909-

C.O. #: CO-2-11-2283

**Mailing Address:**

FERGUSON ENTERPRISES, INC.  
ATTN: BUSINESS LICENSE  
PO BOX 2778  
NEWPORT NEWS, VA 23609-

Account #: 07137301

Business Name: \_\_\_\_\_

**FERGUSON ENTERPRISES**

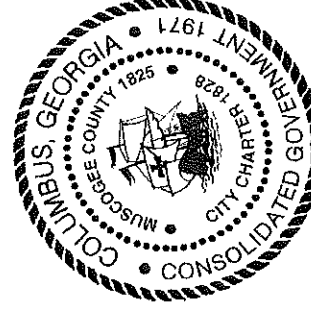
Type of Occupation: \_\_\_\_\_

**WHOLESALE PLUMBING & EQUIP.**

**Allowed Activities:**

042172	DOM	WHOLESALE PLUMBING & EQUIP.
042172		PLUMBING & HEATING EQUIP & SUPPLIES
		WHISLERS
000001		ADMINISTRATIVE FEE

# 2017



*Angelica 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.

THIS RECEIPT NOT OFFICIAL UNLESS VALIDATED

**PAID**

**JUN 07 2017**

Occupation Tax  
Columbus Consolidated Government

**Ferguson Enterprises, Inc. utilizes the following DBA names:**

Entity Name	Tax ID No.	Entity Name	Tax ID No.
Alaska Pipe & Supply	54-1211771	Industrial Hub of the Carolinas	54-1211771
Andrews Lighting & Hardware Gallery	54-1211771	J & G Products	54-1211771
The Ar-Jay Center	54-1211771	J.D. Daddario Company	54-1211771
BAC Appliance Center	54-1211771	Joseph G. Pollard Co	54-1211771
Bath + Beyond	54-1211771	Karl's Appliances	54-1211771
Bruce-Rogers Company	54-1211771	Lincoln Products	54-1211771
Cal-Steam	54-1211771	Linwood Pipe and Supply	54-1211771
City Lights Design Showroom	54-1211771	Louisiana Utilities Supply Company	54-1211771
CFP	54-1211771	LUSCO	54-1211771
Cline Contract Sales	54-1211771	McFarland Supply	54-1211771
Davies Water	54-1211771	Michigan Meter	54-1211771
Dealernet	54-1211771	Mississippi Utility Supply Co. (MUSCO)	54-1211771
Equarius Waterworks, Meter & Automation Group	54-1211771	PL Sourcing	54-1211771
Factory Direct Appliance	54-1211771	Plumb Source	54-1211771
Ferguson Bath & Kitchen Gallery	54-1211771	Plumbing Décor	54-1211771
Ferguson Bath, Kitchen and Lighting Gallery	54-1211771	Pollardwater	54-1211771
Ferguson.com	54-1211771	Powell Pipe & Supply Co.	54-1211771
Ferguson Direct	54-1211771	Professional's Bath Source	54-1211771
Ferguson Enterprises, Inc.	54-1211771	Ramapo Wholesalers	54-1211771
Ferguson Facilities Supply	54-1211771	Renwas Sales	54-1211771
Ferguson Fire & Fabrication International	54-1211771	Redlon & Johnson	54-1211771
Ferguson Heating & Cooling	54-1211771	Reese Kitchen, Bath & Lighting Gallery	54-1211771
Ferguson Hospitality Sales	54-1211771	SG Supply Co.	54-1211771
Ferguson HVAC - Air Cold	54-1211771	SOS Sales	54-1211771
Ferguson HVAC - EastWest Air	54-1211771	Tarpon Wholesale Supplies	54-1211771
Ferguson HVAC - Lyon Conklin	54-1211771	The Davidson Group	54-1211771
Ferguson Integrated Services	54-1211771	The Plumbing Source	54-1211771
Ferguson International	54-1211771	The Stock Market	54-1211771
Ferguson Parts & Packaging	54-1211771	TPW Kitchen & Bath	54-1211771
Ferguson Valve & Automation	54-1211771	Waterworks Industries	54-1211771
Ferguson Waterworks	54-1211771	Webb Distributors	54-1211771
Ferguson Waterworks- Municipal Pipe	54-1211771	Western Air Supply	54-1211771
Ferguson Waterworks- Red Head	54-1211771	Westfield Lighting	54-1211771
Ferguson Waterworks EPPCO	54-1211771	Wolseley Financial Services	54-1211771
Ferguson Waterworks International	54-1211771	Wolseley Industrial Group	54-1211771
Galleria Bath & Kitchen Showplace	54-1211771	WPCC Forwarding	54-1211771
Groeniger & Company	54-1211771		

Authorized paper check lockbox remittance used by Ferguson Enterprises, Inc.

**BOA - Atlanta - 100286**  
FEI # (Main branch number)  
PO Box 100286  
Atlanta, GA 30384-0286  
**OVERNIGHT - PKGS**  
Bank of America Lockbox Services  
FEI # (Main branch number)  
Lockbox # 100286  
6000 Feldwood Road  
College Park, GA 30349

**BOA - Boston - 417592**  
FEI # (Main branch number)  
PO Box 417592  
Boston, MA 02241-7592  
**OVERNIGHT - PKGS**  
Bank of America Lockbox Services  
FEI # (Main branch number) LB# 417592  
MA5-527-02-07  
2 Morrissey Blvd.  
Dorchester, MA 02125

**BOA - Dallas - 847411**  
FEI # (Main branch number)  
PO Box 847411  
Dallas, TX 75284-7411  
**OVERNIGHT - PKGS**  
FEI # (Main branch number)  
Lockbox # 847411  
1950 N. Stemmons FRWY  
Ste. 5010  
Dallas, TX 75207

**BOA - Los Angeles-740827**  
FEI # (Main branch number)  
PO BOX 740827  
Los Angeles, CA 90074-0827  
**OVERNIGHT - PKGS**  
Bank of America Lockbox Services  
FEI # (Main branch number)  
Lockbox 740827  
2706 Media Center Drive  
Los Angeles, CA 90065-1733

**PNC - Chicago - 802817 Midwest**  
FEI # (Main branch number)  
PO Box 802817  
Chicago, IL 60680-2817  
**OVERNIGHT - PKGS**  
Ferguson Enterprises Inc  
Lockbox 802817  
350 East Devon Avenue  
Itasca, IL 60143

**PNC - PHILLY- 827066**  
FEI # (Main branch number)  
PO Box 827066  
Philadelphia, PA 19182-7066  
**Overnight Address**  
PNC Bank  
Lockbox 827066  
Route 38 and East Gate Drive  
Moorestown, NJ 08057

**PNC - Pittsburgh - 644054**  
FEI # (Main branch number)  
PO Box 644054  
Pittsburgh, PA 15264-4054  
**Overnight Address**  
PNC Bank  
Lockbox 644054  
Firstside Center  
500 First Avenue  
Pittsburgh, PA 15219

**Wells Fargo Bank**  
Dept # 34261  
PO Box 39000  
San Francisco, CA 94139

**Wells Fargo Bank**  
Lockbox 043090  
M/S 90  
PO Box 4300  
Portland, OR 97208

**Request for Taxpayer  
Identification Number and Certification**

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

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Ferguson Enterprises, Inc.

2 Business name/disregarded entity name, if different from above

See attached lists for DBAs and lock box remit addresses

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 3):

Exempt payee code (if any) **5**

Exemption from FATCA reporting code (if any) **E**

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

12500 Jefferson Avenue

6 City, state, and ZIP code

Newport News, VA 23602-4314

Requester's name and address (optional)

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 Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign  
Here

Signature of  
U.S. person ▶

*Raymond H. Heng*

Date ▶ 1/1/17

**General Instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/irw9](http://www.irs.gov/irw9).

**Purpose of Form**

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

• Form 1099-C (canceled debt)

• Form 1099-A (acquisition or abandonment of secured property)

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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?* on page 2 for further information.

Logged in as KROBERTSON | CID: 48005 | [Logout](#) Customer Support: 1-866-890-3971 [Help](#)

Search by TIN, Acct., or Name

[Search Records](#)**Check for imported payees with non-matching TIN data and verify new payees**

TIN Matching allows you to verify your Payee data against the IRS TIN Matching database to verify if you have the correct Name/TIN combinations.

**Sovos can take care of your mismatched TINs & B-Notices**

Sovos offers the ability to automatically mail the appropriate forms to your mismatched payees and request corrected information. The responses come directly to you, and the W-9/B-Notice solicitations are saved for your reference in File Manager. Depending on your subscription, additional fees may apply.

[Print & Mail W-9 Solicitations](#)[Print & Mail B-Notices](#)

The W9 Solicitation button has been disabled as you have already sent your solicitations.

**Individual TIN Lookup**

Verify Individual Payee Social Security and Employer ID numbers.

Name:  TIN:  [Verify Payee](#)TIN Status: **PASS**OFAC Check: **PASS**DMF Check: **PASS****Mismatched Records**

TIN	Name	Actions
<		>
Download as Excel Spreadsheet		

[Back to Home](#)

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[Privacy Policy](#) | [Subscription Agreement](#)





# CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1

DATE (MM/DD/YYYY)  
11/29/2017

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>  Willis of Maryland, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	<b>CONTACT NAME:</b> <b>PHONE (A/C, NO, EXT):</b> 610-964-8700 <b>FAX (A/C, NO):</b> 610-254-5600 <b>E-MAIL ADDRESS:</b> certificates@willis.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: National Union Fire Ins. Co. of Pittsburgh 19445-002 INSURER B: National Union Fire Ins. Co. of Pittsburgh 19445-000 INSURER C: National Union Fire Ins. Co. of Pittsburgh 19445-001 INSURER D: New Hampshire Insurance Company 23841-001 INSURER E: INSURER F:	
<b>INSURED</b>  Ferguson Enterprises, Inc. and Subsidiaries (See Attached Named Insured Schedule) 12500 Jefferson Avenue Newport News, VA 23602		

**COVERAGES**

CERTIFICATE NUMBER: 25827422

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 INSR	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 checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			GL 712-9880	5/1/2017	5/1/2018	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY			AOS 1921927	5/1/2017	5/1/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000
B	<input checked="" type="checkbox"/> ANY AUTO			MA 1921928	5/1/2017	5/1/2018	BODILY INJURY (Per person) \$
C	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS			VA 1921929	5/1/2017	5/1/2018	BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> Self-Insured <input checked="" type="checkbox"/> Physical Damage						\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR			12 318 770	5/1/2017	5/1/2018	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	023102516	5/1/2017	5/1/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Store #554; Solicitation Id: RFB No. 18-0020

Workers Compensation Policy #WC023102516 provides coverage for AL, AR, CO, CT, DC, DE, GA, HI, IA, ID, IN, KS, LA, MD, MI, MN, MO, MS, MT, NE, NM, NV, NY, OK, OR, SC, SD, TN, TX, WV.

See Attached for Additional Workers' Compensation Policies.

**CERTIFICATE HOLDER****CANCELLATION**

Columbus Consolidated Government 100 10th Street 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  Sinda D. Suedelke

Coll: 5150888 Tpl: 2142984 Cert: 25827422 © 1988-2015 ACORD CORPORATION. All rights reserved.

## ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
<b>POLICY TYPE:</b> Workers' Compensation & Employers Liability- ME <b>CARRIER:</b> New Hampshire Insurance Company <b>POLICY TERM:</b> 05/01/2017 - 05/01/2018 <b>POLICY NUMBER:</b> WC023102515	<b>Per Statute</b> <b>E.L. Each Accident:</b> \$2,000,000 <b>E.L. Disease-Policy Limit:</b> \$2,000,000 <b>E.L. Disease-Each Employee:</b> \$2,000,000
<b>POLICY TYPE:</b> Workers' Compensation & Employers Liability - CA <b>CARRIER:</b> American Home Assurance Company <b>POLICY TERM:</b> 05/01/2017 - 05/01/2018 <b>POLICY NUMBER:</b> WC023102514	<b>Per Statute</b> <b>E.L. Each Accident:</b> \$2,000,000 <b>E.L. Disease-Policy Limit:</b> \$2,000,000 <b>E.L. Disease-Each Employee:</b> \$2,000,000
<b>POLICY TYPE:</b> Workers' Compensation & Employers Liability - FL <b>CARRIER:</b> Illinois National Insurance Company <b>POLICY TERM:</b> 05/01/2017 - 05/01/2018 <b>POLICY NUMBER:</b> WC023102513	<b>Per Statute</b> <b>E.L. Each Accident:</b> \$2,000,000 <b>E.L. Disease-Policy Limit:</b> \$2,000,000 <b>E.L. Disease-Each Employee:</b> \$2,000,000
<b>POLICY TYPE:</b> Workers' Compensation & Employers Liability - MA & WI <b>CARRIER:</b> New Hampshire Insurance Company <b>POLICY TERM:</b> 05/01/2017 - 05/01/2018 <b>POLICY NUMBER:</b> WC023102518	<b>Per Statute</b> <b>E.L. Each Accident:</b> \$2,000,000 <b>E.L. Disease-Policy Limit:</b> \$2,000,000 <b>E.L. Disease-Each Employee:</b> \$2,000,000
<b>POLICY TYPE:</b> Workers' Compensation & Employers Liability - AK,AZ,IL,KY,NC,NH,NJ,PA,UT,VA,VT <b>CARRIER:</b> New Hampshire Insurance Company <b>POLICY TERM:</b> 05/01/2017 - 05/01/2018 <b>POLICY NUMBER:</b> WC023102517	<b>Per Statute</b> <b>E.L. Each Accident:</b> \$2,000,000 <b>E.L. Disease-Policy Limit:</b> \$2,000,000 <b>E.L. Disease-Each Employee:</b> \$2,000,000

# APPENDIX B

SOLICITATION ID: RFB No. 18-0020

## MASONRY PRODUCTS (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

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	STATUTORY REQUIREMENTS	X
	<b>Comprehensive General Liability:</b>		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	X
	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	X
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	6. Contractual Liability (Must be shown on Certificate)	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	X
	<b>Automobile Liability:</b>		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	X
	<b>Other:</b>		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	X
	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	

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	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	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		X
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		X
X	25. Certificate of Insurance shall show Bid Number and Bid Title		X
	26. Pollution:	\$2 Million per occurrence/claim	

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate of Insurance.

BIDDER NAME: FERGUSON WATERWORKS

AUTHORIZED SIGNATURE: Chris Behr

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

# COLUMBUS CONSOLIDATED GOVERNMENT

*Georgia's First Consolidated Government*



## FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109

*January 22, 2018*

*Acme Brick & Tile*  
Attn: Mac Wright  
7416 Veterans Parkway  
Columbus, GA 31909

*mwright@brick.com / (706) 320-0950*

**Re: *Masonry Products (Annual Contract) - RFB No. 18-0020***

This is your notification that you are the successful bidder awarded line items off the contract to provide ***Masonry Products***). All terms and conditions set forth in the proposal specifications will prevail, as approved by Council, ***Tuesday, January 9, 2018; Resolution Number 15-18.*** (See Attachments)

This contract shall be for two (2) years beginning ***January 18, 2018 – January 17, 2020*** with the option to renew for three (3) additional twelve-month period.

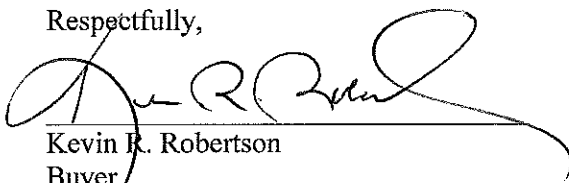
It should be noted that multi-year contracts may be continued each fiscal year only after funding appropriations and program approval have been granted by the Council of the Consolidated Government of Columbus, Georgia. In the event that the necessary funding is not approved, then the affected contract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

### **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.

The City has confidence in your ability to fulfill the requirements of the contract and look forward to a continued relationship, which will be beneficial to all concerned

Respectfully,

  
Kevin R. Robertson  
Buyer

Andrea J. McCorvey  
Purchasing Division Manager



**RFB FORM (PRICING PAGE)**  
**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB NO. 18-0020**

**IMPORTANT INFORMATION**

Each bidder shall include the following information with bid submission: Bidder shall submit THE ORIGINAL AND TWO IDENTICAL COPIES. The City reserves the right to request any omitted information, 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 Forms (Pricing Pages) ☒ Insurance Checklist (Appendix B)

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

Addendum No. 1 \_\_\_\_\_

Addendum No. 2 \_\_\_\_\_

Addendum No. 3 \_\_\_\_\_

DESCRIPTION	ESTIMATED QUANTITY	UNIT COST	TOTAL PRICE
1. Portland Cement - Type I (94 lb)	7200 Bags	\$ 11.20 ea	\$ 80,640.00
2. Sakrete Cement (40 lb)	3,000 Bags	\$ N/A	\$ N/A
3. Concrete Ready Mix w/ Gravel (40 lb Bag Only)	3000 Bags	\$ N/A	\$ N/A
4. Brick Sand	30 Tons	\$ N/A	\$ N/A
5. Concrete Sand	50 Tons	\$ N/A	\$ N/A
6. Sand (Medium Grade Washed River Sand)	500 Tons	\$ N/A	\$ N/A
7. Brick, 3 hole common, Grade SW Conform with ASTM C-62-75A	20,000	\$ 265/m	\$ 5,300.00
8. Brick, 8" Smooth Select Red, Grade SW Conform with ASTM C-216-75A	20,000	\$ 420/m	\$ 8,400.00
9. Brick, 8" Fire Brick	10,000	\$ 1.60 ea	\$ 16,000.00
10. Concrete Building Brick, Grade "A" SW Conform w/ASTM C-55 Federal SS- 663B	20,000	\$ N/A	\$ <del>30,000.00</del> N/A
11. Concrete Blocks, Type 1, Grade "N" Conform with ASTM Spec. C-90	20,000	\$ 1.50 ea	\$ 30,000.00
12. Mound Mix (Top Dressing - Pre-mixed compound of sand and clay water absorbent).	2 Tons	\$ N/A	\$ N/A
TOTAL ESTIMATED CONTRACT VALUE			\$ 140,340.00
Regarding Portland, Sakrete, Concrete Mix, Brick & Block, vendors can ship and bill pallet quantities sent, just inform the using Department in advance.			

\*All shipping, delivery, and/or freight charges (if applicable) should be included in the unit price. Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges. Bids shall be net, all taxes, allowances, and discounts having been deducted.

Acme Brick & Tile

BUSINESS NAME

COMPANY ID#

7416 Veterans Parkway

31909

BUSINESS STREET ADDRESS

CITY

STATE

ZIP CODE

(P.O. Boxes Will Render Bid Incomplete)

7416 Veterans Parkway

Columbus GA 31909

BUSINESS REMITTANCE ADDRESS

CITY

STATE

ZIP CODE

(706) 320-9050

(706) 320-0950

PHONE NUMBER

FAX NUMBER

[Signature]

11/29/2017

SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE OF SIGNATURE

Mac Wright

Brick Sls Mgr

"PRINT" NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Please initial if business if Minority or Woman owned; if not, "N/A": Minority owned:

Woman owned: \_\_\_\_\_

### Identification Number and Certification

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

**Print or type**  
**See Specific Instructions on page 2.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Acme Brick Tile &amp; Stone Inc</b>	
2 Business name/disregarded entity name, if different from above: <b>dba Jenkins Brick Company and Acme Brick Company</b>	
3 Check appropriate box for federal tax classification; 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) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <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) <b>5</b> Exemption from FATCA reporting code (if any) <b>1</b> (Applies to accounts maintained outside the U.S.)	
5 Address (number, street, and apt. or suite no.) <b>PO Box 731842</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Dallas TX 75373-1842</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 Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

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

[illegible]

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign  
Here**

Signature of  
U.S. person

Date ►

## General Instructions

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

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

### Purpose of Form

- Form 1099 (home mortgage interest), 1098-E (student loan interest), 1099-T (taxation)
  - Form 1099-C (cancelled 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.

Name: ACME BRICK TILE & STONE

**TIN:**

## Verify Payee

**FIN Status: PASS** 

**OFAC Check: PASS**

DMF Check: FAIL 

# Occupation Tax

## City of Columbus, Georgia

THIS RECEIPT NOT OFFICIAL UNLESS VALIDATED

**PAID**  
JUL 24 2017  
Occupation Tax  
Columbus Consolidated Government

Fee Type	Revenue Code	Fee Amount
Administrative Fee	4140	\$50.00

Date Issued: July 24, 2017  
Expires: December 31, 2017  
Renew by: April 1, 2018

License #: 157884

C.O. #: CO-03-14-1679

Account #: 14524

**Business Address:**

ACME BRICK CO.  
WILLIAMS, HEATHER  
7416 VETERANS PARKWAY  
COLUMBUS, GA 31909

**Mailing Address:**

JENKINS BRICK CO.  
ATTN: TAX DEPARTMENT  
3024 ACME BRICK PLAZA  
FORT WORTH, TX 76109

**Business Name:**

**Business License**  
**ACME BRICK CO.**

**OTHER BUILDING MATERIAL DEALERS**

**Type of Occupation:**

**Allowed Activities:**

044419	DOM	OTHER BUILDING MATERIAL DEALERS
044419		OTHER BUILDING MATERIAL DEALERS
000001		ADMINISTRATIVE FEE

# 2017



*Angela 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.



ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

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 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).

PRODUCER Wortham Insurance & Risk Mgmt. 1600 West Seventh Street Fort Worth, TX 76102-2505	CONTACT NAME:	
	PHONE (A/C, No, Ext): 817 336-3030	FAX (A/C, No): 817 336-8257
INSURED Acme Brick Company P.O. Box 425 Fort Worth, TX 76101	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Travelers Property Casualty Co	NAIC #: 25674
	INSURER B: Travelers Indemnity Company	25658
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		

## 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$250,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TC2JGLSA152D5607TI	02/01/2017	02/01/2018	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$0 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		TC2JCAP152D5588TIL	02/01/2017	02/01/2018	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	TC2KUB750G682417	02/01/2017	02/01/2018	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

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

## CERTIFICATE HOLDER

## CANCELLATION

Columbus Consolidated Government  
100 Tenth Street  
P.O. Box 1340  
Columbus, GA 31902-1340

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

John L. Wortham + Son L.P.

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SOLICITATION ID: RFB No. 18-0020

## MASONRY PRODUCTS (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

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	1. Worker's Compensation and Employer's Liability	<b>STATUTORY REQUIREMENTS</b>	<i>stat Reg</i>
	<b>Comprehensive General Liability:</b>		
X	2. General Liability Premises/Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	<i>\$1 million</i>
	3. Independent Contractors and Sub - Contractors	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	
X	4. Products Liability	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	<i>\$ 1 Million</i>
	5. Completed Operations	\$1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	<i>\$ 1 Million</i>
X	6. Contractual Liability (Must be shown on Certificate)	\$ 1 Million CSL BI/PD each occurrence, \$1 Million annual aggregate	<i>\$ 1 Million</i>
	<b>Automobile Liability:</b>		
X	7. Owned/Hired/Non-Owned Vehicles/ Employer non ownership	\$1 Million BI/PD each Accident, Uninsured Motorist	<i>\$1 million</i>
	<b>Other:</b>		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	<i>\$ 1 Million</i>
X	9. Umbrella/Excess Liability	\$1 Million Bodily Injury, Property Damage and Personal Injury	<i>\$ 1 Million</i>
	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	

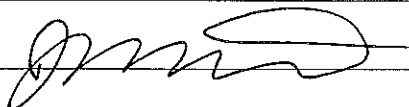
Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor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

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the Bidders Limits/Response column of the insurance checklist.

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate of Insurance.

BIDDER NAME: Acme Brick & Tile

AUTHORIZED SIGNATURE: 

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



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

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
[www.columbusga.org](http://www.columbusga.org)

Date: **October 24, 2017**

<b>REQUEST FOR BIDS</b>	Qualified vendors are invited to submit sealed bids, subject to conditions and instructions as specified, for the furnishing of:  <b>MASONRY PRODUCTS (ANNUAL CONTRACT)</b>
<b>RFB NO. 18-0020</b>	
<b>GENERAL SCOPE</b>	Provide masonry products to include: portland cement (Type 1), sakrete cement, concrete ready mix w/gravel, brick sand, concrete sand, brick, 3 hole (Grade SW), brick, 8" (Grade SW), concrete building brick (Grade A), concrete blocks (Type 1, Grade N), mound mix (Top Dressing) and fire brick, 8" on an "as needed" basis to the Columbus Consolidated Government (the City) to be utilized by Public Works Department and Park Services. The contract term will be for two years with the option to renew for three additional twelve-month periods.
<b>DUE DATE</b>	<b><u>November 29, 2017 - 2:30 PM (EASTERN TIME)</u></b>  Bids must be received and date/time stamped on or before the due date by the Purchasing Division of Columbus Consolidated Government, located in the Finance Department, 5th Floor, Government Center, 100 10th Street, Columbus, GA. Bids will be opened during the 3:00 p.m. hour in the Conference Room of the Purchasing Division. Bidders are not required, but are invited to attend the bid opening.
<b>ADDENDA</b>	<b><u>IMPORTANT INFORMATION</u></b>  Any and all addenda will be posted on the Purchasing Division's web page, at ( <a href="http://www.columbusga.org/finance/Excel_Docs/Bid_Opportunities.htm">http://www.columbusga.org/finance/Excel_Docs/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.
<b>NO BID SUBMISSION</b>	Refer to the form on <b>page 3</b> if you are not interested in this invitation.

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:** krobertson@columbusga.org

**Fax:** (706) 225-3033

**Mail:** Columbus Consolidated Government  
Purchasing Division  
P O Box 1340  
Columbus, GA 31902-1340

We, the undersigned decline to bid on your **RFB NO. 18-0020**, for **Masonry Products** for the following reason(s):

☐ Specifications too "tight", i.e. geared toward one brand or manufacturer only (explain below)

☐ There is 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 vendor list for this commodity or service.**

**COMPANY NAME:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_

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

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

## **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 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 FORM

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

**TO: Kevin Robertson, Buyer I**  
**Email: [krobertson@columbusga.org](mailto:krobertson@columbusga.org)**  
**Fax: (706) 225-3033**

**RE: Masonry Products (Annual Contract), RFB No. 18-0020**

**I have the following concerns/questions about the specifications for the reference solicitation: (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.):**

[illegible]

From: \_\_\_\_\_

Company Name

## Representative

### Complete Address

Telephone Number

**GENERAL SPECIFICATIONS FOR  
MASONRY PRODUCTS (ANNUAL CONTRACT)  
RFB NO. 18-0020**

**I. SCOPE:**

The Consolidated Government of Columbus, Georgia (the City) is seeking vendors to provide masonry products on an "as needed" basis for the following items:

<b>Items</b>	<b>Estimated Annual Usage</b>
Portland Cement (Type 1)	7,200 (94lb. bag)
Sakrete Cement	3,000 (40lb bag)
Concrete Ready Mix w/Gravel	3,000 (40lb. Bag Only)
Brick Sand	30 tons
Concrete Sand	50 tons
Sand (Medium Grade Washed River Sand)	500 tons
Brick, 3 hole common, Grade SW	20,000
Brick, 8" Fire Brick	10,000
Brick, 8" Smooth Select Red, Grade SW	20,000
Concrete Building Brick, Grade "A"	20,000
Concrete Blocks, Type 1, Grade N	20,000
Mound Mix (Top Dressing – Pre-mixed compound of sand & clay water absorbent)	2 tons

*The City reserves the right to add additional related items during the term of the contract.*

This is a requirement type contract, which will permit the purchase of items in the quantities to be designated at the time the orders are placed. The quantities listed are estimated and not intended to represent the actual quantities to be purchased. The City may purchase more, less, none, or all of the items. Public Works Department and Park Services will utilize these products. The contract may also be utilized by any other City agency requiring the goods or services. Bidder must be licensed to do business in the State of Georgia.

**II. BRAND NAME DISCLOSURE:**

It is not the intent of Columbus Consolidated Government (the City) to restrict competition in any purchasing process. Any manufacturer's names, drawings, trade names, brand names, information and/or catalog numbers used herein are for purpose of description and establishing general quality levels. Such references are not intended to be restrictive; any equivalent products of any manufacturer may be offered. Any proposal that is equivalent to or surpasses stated specifications will be considered. Determination of equivalency shall rest solely with the City.

**III. 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. Contract renewal will be contingent upon the mutual agreement of the City and the Contractor.

Notice of intent to renew will be given to the contractor in writing by the City Purchasing Division Director, normally sixty days before the expiration date of the current contract. This notice shall not be deemed to commit the City to a Contract renewal.

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.

**IV. PRICE ADJUSTMENT CLAUSE**

Contract pricing shall remain fixed for the initial two (2) year(s) term of the contract. After the initial term, Contractor may request a price escalation by submitting a fully documented request for a review of the pricing. Such escalation shall not exceed a 5% increase. Price escalation requests must be submitted by **January 30<sup>th</sup>** so as to allow Departments to factor the increases into their budgets for the next fiscal year, which will begin July 1.

The Using agency(cies) and Purchasing Manager will review the request and shall approve or disapprove the increases based on budget constraints and other price comparisons. **If approved, the price increase shall not commence until the next fiscal year, which will begin July 1.**

If for any reason the contractor has a price increase that exceeds five percent (5%), the price increase will be evaluated on a case-by-case basis. The City and the Contractor will have the option to discuss and make adjustments to the requested increase. If either party declines approval of the adjustments, the contract will be considered cancelled on the scheduled expiration date of the contract.

**V. VENDOR INFORMATION:**

**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 by emailing [krbertson@columbusga.org](mailto:krbertson@columbusga.org) or in writing by fax using the fax sheet enclosed in the bid package. (Fax#: 706 225-3033).

**VI. ADDENDA AND EXPLANATIONS:**

Questions and requests for clarification must be submitted **within five (5) business days of the due date** (see page 11). 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 ([www.columbusga.org/finance/Excel Docs/Bid Opportunities.htm](http://www.columbusga.org/finance/Excel_Docs/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.

## VII. BID SUBMISSION REQUIREMENTS:

Each bidder shall include the following information with bid submission. **Bidder shall submit (THE ORIGINAL AND TWO IDENTICAL COPIE(S)).** The City reserves the right to request any omitted information, **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**”:

- **Bid Form (Pricing Page):** Provide all required information
- **Insurance Checklist (See Appendix B)**
- **Addenda:** All vendors must include acknowledgment of receipt of addenda (if any) in their sealed bid. Provide an initialed copy of each addendum or initial the appropriate area on the Bid Form. *It is the vendor's responsibility to contact the City for copies of addenda or check the City's website ([www.columbusga.org/finance/proposals.htm](http://www.columbusga.org/finance/proposals.htm)) for copies of addenda.*

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:** Vendors located in Muscogee County shall submit a current copy of their City of Columbus business license. If the business is not located in Muscogee County and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the vendor will not be required to pay occupation taxes in Columbus, Georgia.

If the business location is not in Georgia, vendor must provide a current copy of their active Articles of Incorporation from the State and/or a current business license from the City/State in which business is located.

If you have questions regarding this requirement, please contact Yvonne Ivey, Revenue Division Manager, [706 225-3091](tel:7062253091).

- 2) **W-9 Request for Taxpayer Identification Number and Certification (See Appendix A)**

Bids must be delivered sealed in an envelope or package. The envelope or package should reference the bidder's name, full address and the bid number and/or bid name. Mail or hand-deliver bid to:

Columbus Consolidated Government  
Purchasing Division  
5th Floor - Government Center Tower  
100 - 10th Street  
Columbus, Georgia 31902-1340

**BIDS MUST REACH THE OFFICE OF THE PURCHASING DIVISION 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.**

## VIII. AWARD/ORDERING/DELIVERY/INVOICING:

Contract will be awarded to the lowest, responsive, responsible bidder by line-items or in total, whichever is in the best interest of the City. The City shall be the judge of the factors and will make the award in the best interest of the City. The City reserves the right to reject any/or all bids. Should the successful bidder not be able to provide the items as required, the City reserves the right to purchase from other sources.

After award of the bid, by Columbus City Council, the successful vendor shall receive orders on an "as needed" basis, placed by phone. The City employee placing the order shall identify item required, quantity and delivery requirements.

**A. Public Works - Delivery Requirements:**

1. The successful bidder shall deliver, on order, 520 bags or more of portland cement, on a semi-trailer to the Public Works Fleet Yard or Schatulga Road Shop as directed, and 210 bags (three pallets) or more of the concrete ready mix w/gravel to the designated location.
2. Brick sand or concrete sand shall be delivered by a tandem dump truck load.
3. Building Bricks/Fire Bricks/Blocks will be purchased in quantities of one thousand on an "as needed basis".
4. The successful bidder will deliver, on order, bricks/blocks to the Consolidated Government without charge to **any point within the city**.
5. Delivery shall be made within five business days from the time the order was placed.
6. Inability to make delivery within specified time will authorize the City to purchase from other sources. City departments will pick up lesser quantities.

**B. Park Services - Delivery Requirements:**

1. The successful bidder shall deliver 20 bags or more of the portland cement, or 70 bags (1 pallet) or more of concrete ready mix w/ gravel to the designated location.
2. Park Services will pick up lesser quantities. In addition, Park Services will pick up brick sand or concrete sand using a 7-yard dump truck. All orders of mound mix (Top Dressing) will be delivered to the Public Services Fleet Yard.
3. Delivery or pick up shall be made within 1-2 days after order is placed.

**All shipping, delivery, and/or freight charges must be included in the unit cost. The Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges.**

Invoices shall accompany orders when deliveries or pick-ups are made. The user should verify all orders at the time of delivery or pick up, and the delivery person or warehouse foreman, whichever applies, must adjust any shortages on the invoice. Payments will be processed from priced invoices only. The invoices shall reference bid number (RFB No. 18-0020), indicate delivery point or pick up and the City employee who placed the order. All invoice prices shall be in accordance with bid prices.

**IX. TERMINATION OF CONTRACT:**

**a) 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 manager 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.

**b) Compensation:** Payment for completed supplies or services 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.

**c) 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 (including any failure by the contractor to make progress in the prosecution of the work hereunder which endangers such performance) 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 reasonable 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.

**RFB FORM (PRICING PAGE)**  
**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB NO. 18-0020**

**IMPORTANT INFORMATION**

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND TWO IDENTICAL COPIES**. The City reserves the right to request any omitted information, **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 Forms (Pricing Pages)    ☐ Insurance Checklist (Appendix B)

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

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

DESCRIPTION	ESTIMATED QUANTITY	UNIT COST	TOTAL PRICE
1. Portland Cement - Type I (94 lb)	7200 Bags	\$	\$
2. Sakrete Cement (40 lb)	3,000 Bags	\$	\$
3. Concrete Ready Mix w/ Gravel (40 lb Bag Only)	3000 Bags	\$	\$
4. Brick Sand	30 Tons	\$	\$
5. Concrete Sand	50 Tons	\$	\$
6. Sand (Medium Grade Washed River Sand)	500 Tons	\$	\$
7. Brick, 3 hole common, Grade SW Conform with ASTM C-62-75A	20,000	\$	\$
8. Brick, 8" Smooth Select Red, Grade SW Conform with ASTM C-216-75A	20,000	\$	\$
9. Brick, 8" Fire Brick	10,000	\$	\$
10. Concrete Building Brick, Grade "A" SW Conform w/ASTM C-55 Federal SS- 663B	20,000	\$	\$
11. Concrete Blocks, Type 1, Grade "N" Conform with ASTM Spec. C-90	20,000	\$	\$
12. Mound Mix (Top Dressing - Pre-mixed compound of sand and clay water absorbent).	2 Tons	\$	\$
<b>TOTAL ESTIMATED CONTRACT VALUE</b>			<b>\$</b>
Regarding Portland, Sakrete, Concrete Mix, Brick & Block, vendors can ship and bill pallet quantities sent, just inform the using Department in advance.			

\*All shipping, delivery, and/or freight charges (if applicable) should be included in the unit price. Columbus Consolidated Government will pay no additional shipping, delivery, and/or freight charges. Bids shall be net, all taxes, allowances, and discounts having been deducted.

BUSINESS NAME		COMPANY ID#	
BUSINESS STREET ADDRESS (P.O. Boxes Will Render Bid Incomplete)	CITY	STATE	ZIP CODE
BUSINESS REMITTANCE ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER		
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE OF SIGNATURE	
"PRINT" NAME AND TITLE OF AUTHORIZED REPRESENTATIVE			

Please initial if business if Minority or Woman owned; if not, "N/A": Minority owned:

Woman owned: \_\_\_\_\_

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	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; check only one of the following seven boxes: <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> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 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 on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

- Form 1099-C (canceled debt)

- Form 1099-A (acquisition or abandonment of secured property)

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

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

SOLICITATION ID: RFB No. 18-0020

## MASONRY PRODUCTS (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

Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
<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	
	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	
	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>Other:</b>		
	8. Miscellaneous Errors and Omissions	\$1 Million per occurrence/claim	
<b>X</b>	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	

Required Coverag		Limits (Figures denote minimums)	Bidders Limits/Response
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	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	
X	22. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	23. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	24. The City shall be named Additional Insured on all policies		
X	25. Certificate of Insurance shall show Bid Number and Bid Title		
	26. Pollution:	\$2 Million per occurrence/claim	

\*If offeror's employees will be using their privately owned vehicles while working on this contract and are privately insured, please state that fact in the **Bidders Limits/Response** column of the insurance checklist.

**BIDDER'S STATEMENT:**

If awarded the contract, I will comply with contract insurance requirements and provide the required Certificate of Insurance.

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

AUTHORIZED. SIGNATURE: \_\_\_\_\_

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



☒ **CHECKLIST** ☒

**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB No. 18-0020**

CHECK OFF EACH ITEM AS THE NECESSARY ACTION IS COMPLETED:

- ☐ 1. THE **BID FORM PAGE** HAS BEEN FILLED OUT. (PAGE 18 of 22)
- ☐ 2. PRICING HAS BEEN CHECKED AND SIGNED.
- ☐ 3. ADDENDA (IF ANY) HAVE BEEN SIGNED.
- ☐ 4. ALL SUBMISSION REQUIREMENTS ARE INCLUDED.
- ☐ 5. BUSINESS REQUIREMENTS ARE ENCLOSED, SEALED IN A SEPARATE ENVELOPE.  
(One copy)
- ☐ 6. THE MAILING ENVELOPE HAS BEEN ADDRESSED TO:

**Columbus Consolidated Government  
Purchasing Division – Attn: Kevin Robertson  
5<sup>th</sup> Floor, Tower Bldg.  
100 10<sup>th</sup> Street  
Columbus, Georgia 31902-1340**

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

BID TITLE: **Masonry Products (Annual Contract)**  
BID NUMBER: **RFB 18-0020**  
OPENING DATE: **November 29, 2017**

 **PLEASE CONSIDER THE ENVIRONMENT** 

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

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

**RFB FORM (PRICING PAGE)**  
**MASONRY PRODUCTS (ANNUAL CONTRACT)**  
**RFB NO. 18-0020**

**IMPORTANT INFORMATION**

Each bidder shall include the following information with bid submission. Bidder shall submit **THE ORIGINAL AND TWO IDENTICAL COPIES**. The City reserves the right to request any omitted information, **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 Forms (Pricing Pages)   ☐ Insurance Checklist (Appendix B)

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

Addendum No. 1 \_\_\_\_\_

Addendum No. 2 \_\_\_\_\_

Addendum No. 3 \_\_\_\_\_

DESCRIPTION	ESTIMATED QUANTITY	UNIT COST	TOTAL PRICE
1. Portland Cement - Type I (94 lb)	7200 Bags	\$	\$
2. Sakrete Cement (40 lb)	3,000 Bags	\$	\$
3. Concrete Ready Mix w/ Gravel (40 lb Bag Only)	3000 Bags	\$	\$
4. Brick Sand	30 Tons	\$	\$
5. Concrete Sand	50 Tons	\$	\$
6. Sand (Medium Grade Washed River Sand)	500 Tons	\$	\$
7. Brick, 3 hole common, Grade SW Conform with ASTM C-62-75A	20,000	\$	\$
8. Brick, 8" Smooth Select Red, Grade SW Conform with ASTM C-216-75A	20,000	\$	\$
9. Brick, 8" Fire Brick	10,000	\$	\$
10. Concrete Building Brick, Grade "A" SW Conform w/ASTM C-55 Federal SS- 663B	20,000	\$	\$
11. Concrete Blocks, Type 1, Grade "N" Conform with ASTM Spec. C-90	20,000	\$	\$
12. Mound Mix (Top Dressing - Pre-mixed compound of sand and clay water absorbent).	2 Tons	\$	\$
<b>TOTAL ESTIMATED CONTRACT VALUE</b>			<b>\$</b>