

# COLUMBUS CONSOLIDATED GOVERNMENT

## ANNUAL CONTRACT RENEWAL MEMORANDUM

**TO:** Isaiah Hugley, City Manager

**FROM:** Patti Postorino, Buyer, Purchasing Division

**SUBJECT:** Annual Contract Renewal

**DATE:** March 22, 2022

Your signature is required for final approval of the attached renewal letter, which is for the below listed annual contract:

Annual Contract	Resolution	Renewal Period	New Expiration Date
1. Promotional Procedure for Columbus Fire & EMS Dept RFP 17-0011	Res. No. 80-17 March 14, 2017	1 of 1	May 7, 2027

Signatories	Signatures Required ( <i>No initials please</i> )	Date
Purchasing Manager Signature of Approval		3/22/22
City Manager Signature Required on Letter		3/22/22
Clerk of Council Attest		3/23/22
Purchasing Buyer Signature on Return		03/23/2022

Please contact Patti Postorino, ext 3070, after signing is complete.

C.M. 03-14-17(11)(B)

"ITEM B"

80-17

A RESOLUTION  
NO. 80-17

A RESOLUTION AUTHORIZING THE EXECUTION OF AN ANNUAL CONTRACT WITH INDUSTRIAL/ORGANIZATIONAL SOLUTIONS (WESTCHESTER, IL) TO PROVIDE PROMOTIONAL PROCESSES FOR RANKS OF SERGEANT, LIEUTENANT, CAPTAIN AND BATTALION CHIEF FOR COLUMBUS FIRE AND EMERGENCY MEDICAL SERVICES.

WHEREAS, an RFP was administered (RFP No. 17-0011) and two proposals were received; and,

WHEREAS, the proposal submitted by Industrial/Organizational Solutions (Westchester, IL) met all proposal requirements and was evaluated most responsive to the RFP; and,

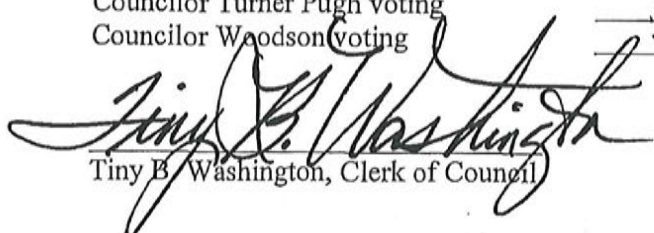
WHEREAS, the initial term of the contract shall be for five (5) years, with the option to renew for five (5) years. The total contract term, including renewal options, will be ten (10) years. The City will initiate contract renewal. The renewal will be contingent upon the mutual agreement of the City and the Contractor.

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

That the City Manager is hereby authorized to execute an annual contract with Industrial/Organizational Solutions (Westchester, IL) to provide promotional processes for ranks of Sergeant, Lieutenant, Captain and Battalion Chief for Columbus Fire and Emergency medical Services Funds are budgeted each fiscal year for this ongoing expense: General Fund – Department of Fire and Emergency Medical Services – Fire/EMS Operations – Promotional Exam Board Fees; 0101-410-2100-FOPR-6356.

14th Introduced at a regular meeting of the Council of Columbus, Georgia, held the nine day of March 2017 and adopted at said meeting by the affirmative vote of nine members of said Council.

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

  
Tiny B. Washington, Clerk of Council

  
Teresa Pike Tomlinson, Mayor



COLUMBUS CONSOLIDATED GOVERNMENT  
Georgia's First Consolidated Government



FINANCE DEPARTMENT  
PURCHASING DIVISION

100 TENTH STREET, P.O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706.225.4087, FAX 706.225.4086  
[www.columbusga.org](http://www.columbusga.org)

March 17, 2022

Industrial Organizational Solutions, Inc.  
Attn: Mr. Chad C. Legel, President  
1520 Kensington Road, Suite 110  
Oak Brook, IL 60523

Email: [ccl@iosolutions.com](mailto:ccl@iosolutions.com)  
[satheesh@iosolutions.com](mailto:satheesh@iosolutions.com)

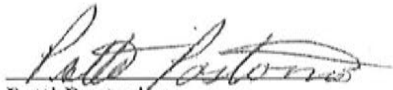
Re: Promotional Procedure for Columbus, GA Fire & EMS Department (Annual Contract)  
RFP No. 17-0011

Per Resolution No. 80-17 (March 14, 2017), Columbus Council of Columbus, Georgia, awarded the referenced contract to your company for five (5) years with the option to renew for five (5) additional 12-month periods. The contract commenced on May 8, 2017 and **the current term expires on May 7, 2022**. Pending approval by the City Manager, the City wishes to exercise its option to renew the contract; however, a written confirmation is required from you. Please indicate below if you agree to renew the contract, for **one, five-year (5 yr) renewal period (05/08/2022 to 05/07/2027)**, under the existing specifications and pricing/cost proposal.

This renewal is contingent upon final approval of the City Manager. You will receive written confirmation of the renewal or non-renewal of the contract. Please complete and email this form to [postorino.patti@columbusga.org](mailto:postorino.patti@columbusga.org) **no later than Friday, April 1, 2022** and include the following four documents with your email:

1. IL Good Standing Cert 2022
2. E-Verify Affidavit
3. Certificate of Insurance 2022


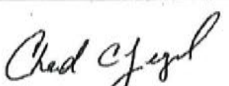
Sincerely,

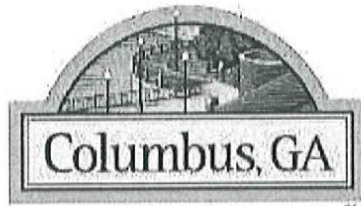
  
Patti Postorino  
Buyer

Andrea J. McCorvey  
Purchasing Manager

EXECUTION AUTHORIZED

By Resolution No. 80-17  
  
Clerk of Council

VENDOR'S RESPONSE		COLUMBUS CONSOLIDATED GOVERNMENT
<input checked="checked" type="checkbox"/> Yes  <input type="checkbox"/> No	<b>*OR*</b> <u>Yes, contingent upon the acceptance of the attached new terms and conditions.</u>	Approval of Contract Renewal:   Isaiah Hugley, City Manager Date <u>3/22/22</u>
 Signature of Representative	3.18.2022 Date	



*What progress has preserved.* <sup>SM</sup>

**To:**

Andrea J McCorvey  
Della A Lewis  
Kevin R Robertson  
Sandra L Chandler  
Heather A Biddle  
Patti A Postorino  
Billie J Campbell  
Timothy A Smith  
Angela D Rosato  
Steven D Hord  
Mike Higgins  
John R Shull

**From:**

Patti Postorino  
Purchasing Division

**Subject:**

Administration of the Columbus Fire & Emergency Medical  
Services Promotional Procedure (Annual Contract) RFP No. 17-0011

Columbus Consolidated Government awarded the contract Administration of the Columbus Fire & Emergency Medical Services Promotional Procedure (Annual Contract) RFP No. 17-0011 on 5/08/2017 for 5 years, with the option for renewal 1 additional 12-month periods to Vendors(s):

- Industrial Organizational Solution, Inc.

The contract expiration date is 5/07/2022

It is time to exercise our option to extend the contract for the final renewal period. Please advise if the services have been satisfactory and if the City wishes to renew for the final period.

Your response is very important please respond no later than 4/16/2022. Your cooperation is appreciated.

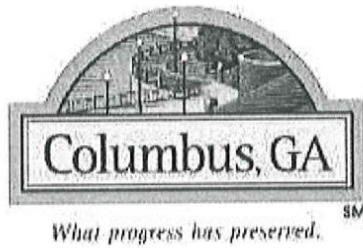
I wish to extend the contract for the final renewal period for the following reason(s):

*The Vendor has been and continues to be an excellent vendor.*

By signing this renewal memo, I acknowledge the above Contractors is meeting the requirements of the RFP/RFB specifications.

**Signature:** MH - Mike Higgins Deputy Fire Chief Md 01/10/2022





**To:** Andrea J McCorvey  
Della A Lewis  
Kevin R Robertson  
Sandra L Chandler  
Heather A Biddle  
Patti A Postorino  
Billie J Campbell  
Timothy A Smith  
Angela D Rosato  
Steven D Hord  
Mike Higgins  
John R Shull

**From:** Patti Postorino  
Purchasing Division

**Subject:** Administration of the Columbus Fire & Emergency Medical  
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- Industrial Organizational Solution, Inc.

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It is time to exercise our option to extend the contract for the final renewal period. Please advise if the services have been satisfactory and if the City wishes to renew for the final period.

Your response is very important please respond no later than 4/16/2022. Your cooperation is appreciated.

I wish to extend the contract for the final renewal period for the following reason(s):

*We are happy with the service of IO Solutions and would like to extend the contract for the 5 year period allowed in the contract.*

By signing this renewal memo, I acknowledge the above Contractors is meeting the requirements of the RFP/RFB specifications.

**Signature:** SH - Steven D Hord Deputy Fire Chief 03/15/2022

# COLUMBUS CONSOLIDATED GOVERNMENT

## CONTRACT ROUTING MEMORANDUM

**DATE:** April 6, 2017

**SUBJECT:** Administration of the Columbus Fire & Emergency Medical Services Promotional Procedure (Annual Contract)

**FROM:** Kevin Robertson, Purchasing Division *KR*

---

Please route for appropriate signatures, copies of the attached contract with *Industrial Organizational Solution, Inc.* to provide *Administration of the Columbus Fire & Emergency Medical Services Promotional Procedure*.

Council authorized this contract per Resolution #80-17, approved March 14, 2017 (copy is attached).

Signatories	Signatures Required (No initials please)	Date
<b>Purchasing Division Manager</b> Signature of Approval	<i>Adam J. McConney</i>	<i>4/7/17</i>
<b>City Attorney:</b> Signature required on Contracts	<i>Form Approved: CCF, City Attorney</i>	<i>4/7/17</i>
<b>City Manager:</b> Signature required on Contracts	<i>[Signature]</i>	<i>4/7/17</i>
<b>Clerk of Council:</b> Signature Required on Contracts & Attest/Seal	<i>Jerry E. Washington</i>	<i>4/10/17</i>

*After all signatures have been applied, please contact Kevin Robertson, Purchasing Division (ext - 3070) for distribution.*

# CONTRACT

THIS CONTRACT, executed this 10<sup>th</sup> day of April 2017, by and between the *Consolidated Government of Columbus, Georgia*, hereinafter called the "City", and *Industrial Organizational Solution, Inc.* hereinafter called the "Contractor".

## WITNESSETH:

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

1. That the Contractor is the most advantageous and responsible bidder to provide *Administration of the Columbus Fire & Emergency Medical Services Promotional Procedure (RFP No. 17-0011)* and was awarded the Contract by Columbus City Council on Tuesday, March 14, 2017, Resolution No. 80-17 for the period of five (5) years, with the option to renew for five (5) years for furnishing the same in accordance with specifications prepared by the City and the proposal of the Contractor.

2. The Contractor will, at its own cost and expense, furnish all labor, materials, and equipment required to be furnished, provide all related services required to be provided, and meet all other requirements or conditions imposed, all strictly in accordance with the attached agreement, City's Request for Proposal, dated December 30, 2016 (and all addenda thereto), Contractor's Proposal dated January 26, 2017 including all negotiation documents, which are attached hereto as exhibits "A", "B" & "C", respectively, and which are by reference made a part hereof to the same extent as if fully set out herein.

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



## APPENDIX D

### CONTRACT SIGNATURE PAGE ADMINISTRATION OF THE COLUMBUS FIRE AND EMERGENCY MEDICAL SERVICES PROMOTIONAL PROCEDURE (ANNUAL CONTRACT)

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

Meghan K. Padkewicz  
Witness as to the Contractor  
Kennedy Sherratt  
Witness as to the Contractor

(Corporate Seal)



By: Chad C. Legel  
Signature of Authorized Representative  
Chad C. Legel, President & CEO  
Print Name and Title of Signatory  
I/O Solutions, Inc.  
Business Name  
1127 S. Mannheim Rd., Ste 203  
Business Address  
888-784-1290  
Telephone Number  
708-410-1558  
Fax Number  
ccl@iosolutions.com  
Email Address

CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA

Accepted this 10th day of April 2017

Isaiah Hugley  
Isaiah Hugley, City Manager

ATTEST:

Tiny B. Washington  
Tiny B. Washington, Clerk of Council

APPROVED AS TO LEGAL FORM:

Clifton C. Fay, City Attorney  
Clifton C. Fay, City Attorney

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

**EXECUTION AUTHORIZED**

By Resolution No. 80-174

Tiny B. Washington  
Clerk of Council

C.M. 03-14-17(11)(B)

"ITEM B"

80-17

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NO. 80-17

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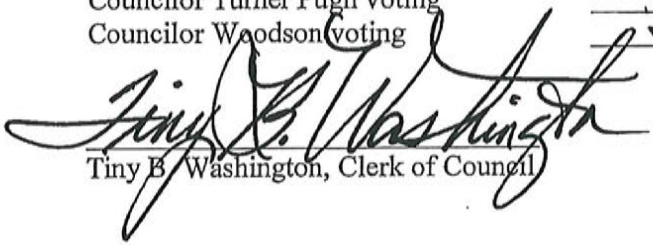
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Councilor Allen voting	YES
Councilor Baker voting	YES
Councilor Barnes voting	ABSENT
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Councilor Garrett voting	YES
Councilor Henderson voting	YES
Councilor Huff voting	YES
Councilor Thomas voting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

  
Tiny B. Washington, Clerk of Council

  
Teresa Pike Tomlinson, Mayor



**EXHIBIT A**

**BUSINESS REQUIREMENTS**



# Occupation Tax

City of Columbus, Georgia

THIS RECEIPT NOT OFFICIAL UNLESS VALIDATED

Fee Type

Revenue Code

Fee Amount

Date Issued: April 24, 2017

Expires: December 31, 2017

Renew by: April 1, 2018

Administrative Fee

4140

\$50.00

PAID

APR 24 2017

Occupation Tax  
Columbus Consolidated Government

License #: 154314

C.O. #: ILLINOIS

Account #: 22288

Business Address:

INDUSTRIAL ORGANIZATIONAL SOLUTIONS, INC.  
IGNATIUS, SATHEESH

1127 SOUTH MANNHEIM ROAD Suite 203  
WESTCHESTER, IL 60154-2562

Mailing Address:

INDUSTRIAL ORGANIZATIONAL SOLUTIONS, INC.  
ATTN: CONTROLLER  
1127 SOUTH MANNHEIM ROAD Suite 203  
WESTCHESTER, IL 60154-2562

Business Name:

INDUSTRIAL ORGANIZATIONAL SOLUTIONS, INC.

Type of Occupation:

HUMAN RESOURCES & EXECUTIVE SEARCH CONSULTING SERVICES

Allowed Activities:

541612 DOM HUMAN RESOURCES & EXECUTIVE SEARCH CONSULTING SERVICES  
541612 HUMAN RESOURCES & EXECUTIVE SEARCH CONSULTING SERVICES  
000001 ADMINISTRATIVE FEE

Conditions:

OFF THE SHELF TESTING;  
RECRUITMENT & CONSULTING

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.

**CONTRACTOR AFFIDAVIT  
E-VERIFY / GEORGIA SECURITY & IMMIGRATION  
COMPLIANCE ACT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

45334 June, 2007  
Company ID Number (numerical, 4-6 digits) Date of Authorization  
I/O Solutions, Inc.  
Name of Contractor

**ADMINISTRATION OF THE COLUMBUS FIRE AND EMERGENCY MEDICAL  
SERVICES PROMOTIONAL PROCEDURE (ANNUAL CONTRACT)**

Name of Project

**Columbus Consolidated Government**  
Name of Public Employer

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

Executed on January, 23, 2017 in Westchester (city), IL (state).

[Signature]  
Signature of Authorized Officer or Agent

Chad C. Legel, President & CEO  
Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the 23 day of January, 2017.



Meghan K. Radziewicz  
NOTARY PUBLIC

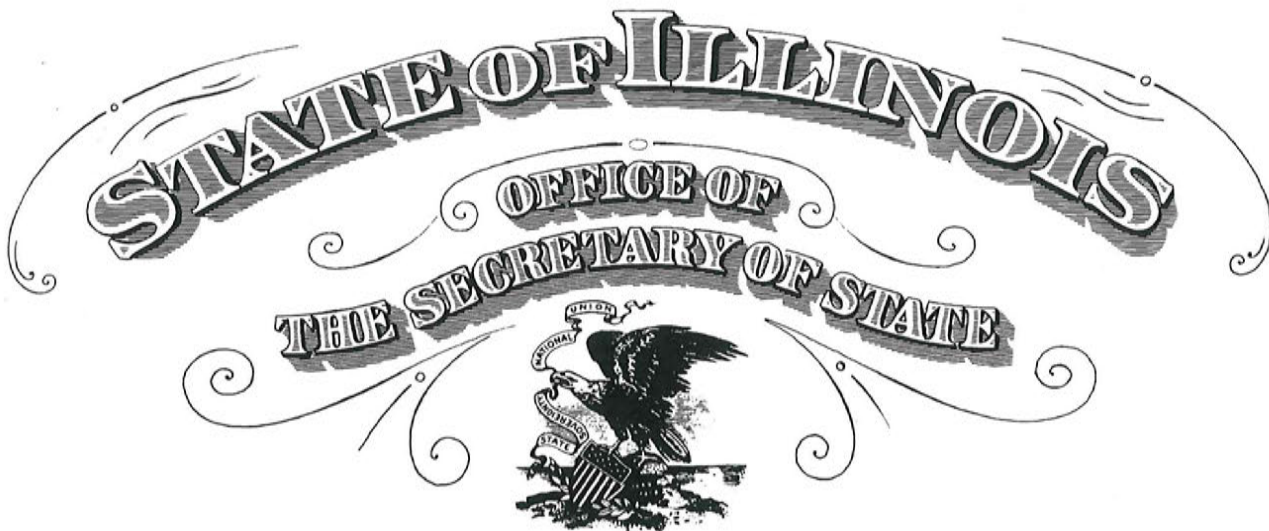
My Commission Expires:

10-26-19



File Number

5633-241-3



***To all to whom these Presents Shall Come, Greeting:***

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

INDUSTRIAL/ORGANIZATIONAL SOLUTIONS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 1991, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 22ND  
day of NOVEMBER A.D. 2016 .***

*Jesse White*

SECRETARY OF STATE



Form **W-9** (Rev. 12-2014)

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 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 &amp; Mail W-9 Solicitations

### Print & Mail B-Notices

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

Verify individual Payee Social Security and Employer ID numbers.

Name:

**industrial organizational solutio**

TIN:

### Verify Payee

**TIN Status: PASS**

**OFAC Check: PASS**

DMF Check: PASS

TIN	Name	Actions
<		>

[Download as Excel Spreadsheet](#)

**Back to Home**





COLUMBUS CONSOLIDATED GOVERNMENT  
DEPARTMENT OF FINANCE  
REVENUE DIVISION-OCCUPATION TAX SECTION  
3111 CITIZENS WAY, P. O. BOX 1397  
COLUMBUS, GA 31902-1397  
PHONE: (706) 225-4100 / FAX: (706) 225-3780

**REQUEST/RENEWAL FORM FOR  
BUSINESS LICENSES**

**OFFICE USE ONLY**

ACCOUNT #

CERT. OF OCCUPANCY

Business Name: INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC.  
Federal Identification #: 36-3783421 Sales Tax ID # \_\_\_\_\_  
Physical Business Address: 1127 S MANNHEIM RD. SUITE 203 WESTCHESTER IL 60154  
City State Zip  
Business Mailing Address: \_\_\_\_\_  
(If different from above) City State Zip  
E-Mail Address: Satheesh@iosolutions.com  
Business Phone #: (708) 410-0200 Business Fax #: (708) 410-1558  
Contact Person: SATHEESH IGNATIUS Contact #: (708) 410-0200

Select type of ownership and complete the information required.

☐ **Sole Proprietorship**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ City State Zip

☐ **Partnership**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ City State Zip  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) \_\_\_\_\_ City State Zip

☒ **Corporation/LLC**

Corporation Name: INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC. Date of Incorporation: 03/28/1991 State: IL

Dominant Line of Business: Off the Shelf testing ; Recruitment & Consulting

Other Business Activities Performed: \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION IN FULL BEFORE SUBMITTING.**  
**LICENSE CANNOT BE ISSUED WITHOUT A COMPLETED APPLICATION.**



Please answer all questions below.

- 1) Will this business be based and operated from your home? Yes \_\_\_\_\_ No ☒
- 2) Will this business be adult oriented (i.e. emphasis on depicting or describing specified sexual activity or specified anatomical areas)? Yes \_\_\_\_\_ No ☒
- 3) Will this business sell and/or serve any type of alcoholic beverages? Yes \_\_\_\_\_ No ☒
- 4) If answered yes to Question 3, do you allow your customers/patrons to consume alcoholic beverages on premise? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Will this business be a restaurant charging a cover charge? Yes \_\_\_\_\_ No ☒
- 6) How many people will this business employ? Part-time 3 Full-time 40
- 7) What are your estimated gross receipts for the current calendar year? 2016 \$ 8,221,142

**Professional Option**

For those businesses allowed the professional option, please indicate Gross Receipts \$ \_\_\_\_\_  
whether you wish to elect that option or pay the percentage on gross receipts. Professional Option \_\_\_\_\_

If you elected the Professional Option, please indicate the total number of practitioners? \_\_\_\_\_

*I hereby attest that the above information is true and correct to the best of my knowledge.*

SATHEESH IGNATIUS

Print Name

Satheesh Ignatius

Signature

CONTROLLER

Title

3/30/2017

Date

# E-VERIFY AFFIDAVIT



Columbus, GA/Muscogee County  
E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) BUSINESS LICENSE  
(business license, occupational tax certificate, or other document required to operate a business) as referenced in O.C.G.A. § 36-60-6(d), from the  
City of Columbus, Ga./Muscogee County, the undersigned applicant representing the private employer known as  
INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC. (printed name of private employer) verifies one of the  
following with respect to my application for the above mentioned document:

1. (a) ☒ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed more than ten (10) employees.  
If the employer selected 1(a) please fill out Section 2 below.
- (b) ☐ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed ten (10) or fewer employees.
2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

45334  
Federal Work Authorization User Identification Number  
(Company ID / E-Verify Number)

06/25/2007  
Date of Authorization

56332413  
Business License Account Number

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

Executed on the 30<sup>th</sup> date of MARCH, 2017 in WESTCHESTER (City) IL (State)

Mark Tawney  
Signature of Authorized Officer or Agent

MARK TAWNEY  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

30 DAY OF MARCH, 2017

Meghan K. Radziewicz  
NOTARY PUBLIC  
My Commission Expires:

10/26/19







**AFFIDAVIT VERIFYING STATUS  
FOR COLUMBUS, GEORGIA PUBLIC BENEFIT APPLICATION  
(SAVE AFFIDAVIT)  
O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) BUSINESS LICENSE [type of public benefit], as referenced in the Georgia Security and Immigration Compliance Act (O.C.G.A. § 50-36-1), from the City of Columbus, Georgia/Muscogee County, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) ✓ I am a United States citizen. (Must include a copy of either current State Driver's License, Passport, Military ID or other State or Federal issued Government identification)

OR

2) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.<sup>1</sup> (Verification of your Affidavit will be made through the Systematic Alien Verification of Entitlement (SAVE) program operated by the United States Department of Homeland Security. Therefore, a front and back legible copy of secure and verifiable document must be submitted with this affidavit. See list of verifiable documents to submit on the reverse side of this document).

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

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

STATE DRIVER'S LICENSE

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

Mark Tawney  
Signature of Applicant

03/30/2017

Date

MARK TAWNEY

Printed Name of Applicant

<sup>1</sup> Alien Registration Number for Non-citizens.

INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC.

Applying for Individual/Name of Associated business

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

30 DAY OF MARCH, 2017

Meghan K. Radziewicz

NOTARY PUBLIC

My Commission Expires:

10/26/19



<sup>1</sup> Note-- 50-36-1(e)(2) requires that aliens under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below.

**SECURE AND VERIFIABLE DOCUMENTS UNDER O.C.G.A. § 50-36-2**

(Issued August 1, 2011 by the Office of the Attorney General, Georgia)

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

**INDICATE AND ATTACH A COPY OF THE DOCUMENT (front and back).**

- ☐ A United States passport or passport card
- ☐ A United States military identification card
- ☒ A Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- ☐ An Identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- ☐ A Tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- ☐ A United States Permanent Resident Card or Alien Registration Receipt Card
- ☐ An Employment Authorization Document that contains a photograph of the bearer
- ☐ A Passport issued by a foreign government
- ☐ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- ☐ A Free and Secure Trade (FAST) card
- ☐ A NEXUS card
- ☐ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- ☐ A Driver's License issued by a Canadian government authority
- ☐ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- ☐ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)



ILLINOIS

Jesse White - Secretary of State

DRIVER'S LICENSE



DL No. T500-5598-1030  
DOB: 01-30-81  
Expires: 01-30-20  
Issued: 11-17-15  
MARK WARD LAWNEY  
327 S EAST AVE  
OAK PARK IL 60302

Class: D  
End:   
Rest:   
Type: ORG

*Mark W. Lawney*

Male 6-03" 180 lbs BLUE Eyes



# OFFICE OF THE ILLINOIS SECRETARY OF STATE

**JESSE WHITE**  
SECRETARY OF STATE



## CORPORATION FILE DETAIL REPORT

File Number	56332413		
Entity Name	INDUSTRIAL/ORGANIZATIONAL SOLUTIONS, INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	03/28/1991	State	ILLINOIS
Agent Name	CHAD C LEGEL	Agent Change Date	08/28/2014
Agent Street Address	1127 S MANNHEIM RD STE 203	President Name & Address	CHAD LEGEL 1127 S MANNHEIM RD/#203 WESTCHESTER, IL 60154
Agent City	WESTCHESTER	Secretary Name & Address	BRIAN O SULLIVAN SAME
Agent Zip	60154	Duration Date	PERPETUAL
Annual Report Filing Date	03/14/2017	For Year	2017
Assumed Name	INACTIVE - ILLINOIS FIRE AND POLICE RECRUITMENT ADMINISTRATION ACTIVE - PUBLIC SAFETY RECRUITMENT ACTIVE - IOS		
Old Corp Name	04/15/1993 - ILLINOIS FIRE & POLICE RECRUITMENT COMMISSION ASSOCIATION, INC. 12/31/2001 - ILLINOIS FIRE & POLICE RECRUITMENT ADMINISTRATION, INC.		



**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.  
**Industrial Organizational Solutions 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.)  
**1127 S Mannheim Rd. Suite 203**

6 City, state, and ZIP code  
**Westchester, IL 60154**

7 List account number(s) here (optional)

**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  
[ 3 ] [ 6 ] - [ 3 ] [ 7 ] [ 8 ] [ 3 ] [ 4 ] [ 2 ] [ 1 ]

**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 ▶ *[Signature]* Date ▶ **1/30/2017**

**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.



Client#: 14900

INDUORGA

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/29/2017

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 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> Phillip F. Kuhn The Rockwood Company 20 N Wacker Drive, Suite 960 Chicago, IL 60606		<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): 312 621-2200 E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Hanover Insurance Group INSURER B: Hartford Fire Insurance Company INSURER C: Philadelphia Insurance Companie INSURER D: Allmerica Financial Benefit Ins INSURER E: INSURER F:		FAX (A/C, No): 312 621-2288 NAIC # 22292 19682 18058 41840
<b>INSURED</b> Industrial/Organizational Solutions 1127 S Mannheim Road, #203 Westchester, IL 60154				


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		
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		OHCA346279	07/04/2016	07/04/2017	EACH OCCURRENCE	\$2,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	
							MED EXP (Any one person)	\$5,000	
							PERSONAL & ADV INJURY	\$2,000,000	
							GENERAL AGGREGATE	\$4,000,000	
							PRODUCTS - COMP/OP AGG	\$4,000,000	
								\$	
D	<b>AUTOMOBILE LIABILITY</b> <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	X		AWCA346115	07/04/2016	07/04/2017	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
								\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$0			OHCA346279	07/04/2016	07/04/2017	EACH OCCURRENCE	\$1,000,000	
							AGGREGATE	\$	
								\$	
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	83WBCBV2326	07/04/2016	07/04/2017	X WC STATUTORY LIMITS	OTH-ER	
							E.L. EACH ACCIDENT	\$1,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$1,000,000	
							E.L. DISEASE - POLICY LIMIT	\$1,000,000	
C	<b>Professional</b>	X		PHSD1158536	07/04/2016	07/04/2017	5,000,000		

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

RE: RFP No. 17-0011 Administration of the Columbus Fire and Emergency Medical Services Promotional Procedure

As respects General Liability, Columbus Consolidated Government is an additional insured where required by written contract per Form #391-1006 0609. As respect to Auto Liability, Columbus Consolidated Government is (See Attached Descriptions)

<b>CERTIFICATE HOLDER</b> Columbus Consolidated Government 100 Tenth Street, P. O. Box 1340 Columbus, GA 31902	<b>CANCELLATION</b> 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 
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COLUMBUS CONSOLIDATED GOVERNMENT  
DEPARTMENT OF FINANCE  
REVENUE DIVISION-OCCUPATION TAX SECTION  
3111 CITIZENS WAY, P. O. BOX 1397  
COLUMBUS, GA 31902-1397  
PHONE: (706) 225-4100 / FAX: (706) 225-3780

**REQUEST/RENEWAL FORM FOR  
BUSINESS LICENSES**

OFFICE USE ONLY

ACCOUNT #

CERT. OF OCCUPANCY

Business Name: INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC.  
Federal Identification #: 36-3783421 Sales Tax ID # \_\_\_\_\_  
Physical Business Address: 1127 S MANNHEIM RD. SUITE 203 WESTCHESTER IL 60154  
City State Zip  
Business Mailing Address: \_\_\_\_\_  
(If different from above) City State Zip  
E-Mail Address: Satheesh@io solutions.com  
Business Phone #: (708) 410-0200 Business Fax #: (708) 410-1558  
Contact Person: SATHEESH IUNATIUS Contact #: (708) 410-0200

Select type of ownership and complete the information required.

☐ **Sole Proprietorship**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) - City State Zip

☐ **Partnership**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) - City State Zip  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: ( ) - City State Zip

☒ **Corporation/LLC**

Corporation Name: INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC. Date of Incorporation: 03/28/1991 State: IL

Dominant Line of Business: Off the Shelf testing / Recruitment & Consulting

Other Business Activities Performed: \_\_\_\_\_

**PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION IN FULL BEFORE SUBMITTING.**  
**LICENSE CANNOT BE ISSUED WITHOUT A COMPLETED APPLICATION.**

# E-VERIFY AFFIDAVIT



Columbus, GA/Muscogee County  
E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) BUSINESS LICENSE  
(business license, occupational tax certificate, or other document required to operate a business) as referenced in O.C.G.A. § 36-60-6(d), from the  
City of Columbus, Ga./Muscogee County, the undersigned applicant representing the private employer known as  
INDUSTRIAL ORGANIZATIONAL SOLUTIONS INC. (printed name of private employer) verifies one of the  
following with respect to my application for the above mentioned document:

1. (a) ☒ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed more than ten (10) employees.  
If the employer selected 1(a) please fill out Section 2 below.
- (b) ☐ On January 1<sup>st</sup> of the below signed year the individual, firm or corporation employed ten (10) or fewer employees.
2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

45334  
Federal Work Authorization User Identification Number  
(Company ID / E-Verify Number)

06/25/2007  
Date of Authorization

56332413  
Business License Account Number

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

Executed on the 30<sup>th</sup> date of MARCH, 2017 in WESTCHESTER (City) IL (State)

Mark Tawney  
Signature of Authorized Officer or Agent

MARK TAWNEY  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

30 DAY OF MARCH, 2017

Meghan K. Radziewicz  
NOTARY PUBLIC  
My Commission Expires:

10/26/19



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**SECURE AND VERIFIABLE DOCUMENTS UNDER O.C.G.A. § 50-36-2**  
(Issued August 1, 2011 by the Office of the Attorney General, Georgia)

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- ☐ A United States military identification card
- ☒ A Driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
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- ☐ A Tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- ☐ A United States Permanent Resident Card or Alien Registration Receipt Card
- ☐ An Employment Authorization Document that contains a photograph of the bearer
- ☐ A Passport issued by a foreign government
- ☐ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard
- ☐ A Free and Secure Trade (FAST) card
- ☐ A NEXUS card
- ☐ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card
- ☐ A Driver's License issued by a Canadian government authority
- ☐ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)
- ☐ A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)



# OFFICE OF THE ILLINOIS SECRETARY OF STATE

**JESSE WHITE**  
 SECRETARY OF STATE



## CORPORATION FILE DETAIL REPORT

File Number	56332413		
Entity Name	INDUSTRIAL/ORGANIZATIONAL SOLUTIONS, INC.		
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	03/28/1991	State	ILLINOIS
Agent Name	CHAD C LEGEL	Agent Change Date	08/28/2014
Agent Street Address	1127 S MANNHEIM RD STE 203	President Name & Address	CHAD LEGEL 1127 S MANNHEIM RD/#203 WESTCHESTER, IL 60154
Agent City	WESTCHESTER	Secretary Name & Address	BRIAN O SULLIVAN SAME
Agent Zip	60154	Duration Date	PERPETUAL
Annual Report Filing Date	03/14/2017	For Year	2017
Assumed Name	INACTIVE - ILLINOIS FIRE AND POLICE RECRUITMENT ADMINISTRATION ACTIVE - PUBLIC SAFETY RECRUITMENT ACTIVE - IOS		
Old Corp Name	04/15/1993 - ILLINOIS FIRE & POLICE RECRUITMENT COMMISSION ASSOCIATION, INC. 12/31/2001 - ILLINOIS FIRE & POLICE RECRUITMENT ADMINISTRATION, INC.		

## **EXHIBIT B**

*Columbus Consolidated Government  
Request for Bid*

*Administration of the Columbus Fire &  
Emergency Medical Services Promotional  
Procedure (Annual Contract)*



**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 23, 2017*

**ADDENDUM: NUMBER ONE**

**SUBJECT:**      **RFP No. 17-0011**  
*Administration of the Columbus Fire & Emergency Medical Services Promotional Procedure (Annual Contract)*

*Acknowledgment of receipt of each Addendum must be included with sealed proposal. Initial and include a copy of each Addendum with proposal.*

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

***VENDORS ARE INFORMED THAT THE REFERENCED BID IS HEREBY MODIFIED, CORRECTED OR SUPPLEMENTED AS SPECIFIED, DESCRIBED AND SET FORTH IN THIS ADDENDUM.***

*Bid due date remains: January 27, 2017, no later than 5:00 PM EST.*

*City's responses to the following submitted question(s):*

1. **Question:** *"Can the City please clarify which rank(s) the promotional procedure RFP is for?"*

*Answer: Sergeant, Lieutenant, Captain and Battalion Chief*

2. **Question:** *"How much did the City pay for the last contract for all services requested in the RFP?"*

*Answer: The City paid approximately \$170,000 in 2015. When certain parts were completed a percentage was paid for services rendered.*

3. **Question:** *"If the services in the RFP were paid separately, and not as a lump sum, how much did the City pay for the following:"*

- I.      *Job task analysis? This was completed in the initial year (2003) approximately \$120,000*
- II.     *Written exam? See above*
- III.    *Performance-based assessment? See above*
- IV.    *Pump operator and driving test? In-house currently*

4. **Question:** *"Who was the last company to provide the City with the proposed services proposed and what is their location?"*



*Answer: CWH Management Solutions, Colorado*

5. **Question:** "How many candidates participated in the previous written exam for each rank?"

*Answer: 70 for Sergeant rank, 39 for Lieutenant, 20 for Captain and Battalion Chief has no written Test.*

6. **Question:** "How many candidates participated in the previous assessment center for each rank?"

*Answer: 30 plus ties from the written test for Sergeant, 20 plus ties from the written test for Lieutenant, 15 plus ties from the written test for Captain and 11 for Battalion Chief (no written test).*

7. **Question:** "How many candidates are eligible for the upcoming promotional process for each rank?"

*Answer: There is an uncertainty during each promotional process due to each individual's eligibility and if they want to participate in the process. We do not know exact numbers.*

8. **Question:** "Will the City provide all facilities for the promotional written exam and performance-based testing administration?"

*Answer: Yes*

9. **Question:** "When does the City want the promotional process for each rank completed by?"

*Answer: Prior to December 31<sup>st</sup> of the promotional year.*

10. **Question:** "Are test/administration dates set, or will these be determined in conjunction with the contractor?"

*Answer: Time frames are set by the agency and confirmed with the contractor.*

11. **Question:** "How many candidate orientations sessions do the City want for each rank?"

*Answer: The orientation is usually over two days and covers all ranks.*

12. **Question:** "Is the City willing to conduct the candidate orientation session(s) remotely via webinar/phone conference?"

*Answer: No*

13. **Question:** "Does the City have a previous job analysis for each fire rank that can be utilized during the Job analysis process?"

*Answer: No*

14. **Question:** "Is the City willing to conduct development meetings for the promotional process via Webinar/phone conference?"

*Answer: No however, there may be times when questions come up that can be conducted via phone conference.*

15. **Question:** "Does any part of the testing process function as a hurdle, in that only those that pass continue on to the next portion of the testing process?"

**Answer:** Top 30 written test scores for Sergeant, top 20 Lieutenant, top 15 Captain and all eligible for Battalion Chief proceed to the assessment center.

16. **Question:** "Does the City want the vendor present for the administration of the written exam(s)?"

**Answer:** Yes

17. **Question:** "How many questions will the written exam(s) consist of for each rank?"

**Answer:** A minimum of 100 but there should be extra questions in the event questions are challenged and removed from the scoring process.

18. **Question:** Is there a protest period/item review/challenge process that candidates are allowed to participate in for the written exam?"

**Answer:** Yes

19. **Question:** "How many times does the City predict administering the written exam for each rank?"

**Answer:** Once every two years

20. **Question:** "How many exercises were used in the previous assessment center?"

**Answer:** Three

21. **Question:** "What exercise did the previous assessment center consist of?"

**Answer:** Examples - Hot Seat, Oral Presentation, In-Basket, Role Play and Written Presentation.

22. **Question:** "Over how many days was the previous assessment center conducted?"

**Answer:** Sergeant and Battalion Chief/Six Days & Lieutenant and Captain/Five Days.

23. **Question:** "Does the City have any security concerns that would require all candidates to go through the performance-based assessment center exercise in one day?"

**Answer:** Each candidate will complete their assessment center in one day and the assessment center may be conducted over several days until all eligible have completed the assessment center.

24. **Question:** "Does each candidate have to do all of his/her assessment center exercise in one day?"

**Answer:** See answer above

25. **Question:** "Is the City or the contractor responsible for obtaining assessors for each of the assessment centers?"

**Answer:** The Contractor

26. **Question:** "Who will be responsible for compensating assessors for travel to the assessment center?"

*Answer: Columbus Consolidated Government*

27. **Question:** "Does the City require the vendor to be onsite for job analysis purposes, such as a ride along or focus group with subject matter experts?"

*Answer: Yes*

28. **Question:** "Who was the contractor that won the most previous contract for this work?"

*Answer: CWH Management Solutions*

29. **Question:** "What was the contract price for the most recent award for this work?"

*Answer: \$170,000 per assessment process. (every two years)*

30. **Question:** "In Section V, Part B, 7 – what is (The successful offeror shall furnish 40 copies of their final Recommendation) referring to?"

*Answer:*

*Section V, Part B, #7 is hereby removed from this RFP Solicitation.*

31. **Question:** "Can you provide an estimate of the expected candidate pool numbers for each rank's testing?"

*Answer: 75-100 for Sergeant, 30 for Lieutenants and 25 for Captains.*

32. **Question:** "Beyond the 24-month duration of each list, can you provide any indication of the anticipated Schedule for testing each of the involved positions (as outlined in the promotion procedure Code referenced in the RFP) over the 5-year initial term of this contract?"

*Answer: The promotional process is every two years.*

33. **Question:** "Related to question #32, are any position tested simultaneously?"

*Answer: No. Multiple ranks are completed during a week. Example Battalion Chiefs' first part of the Week, then Sergeant's the second half of the week.*

34. **Question:** "Can you provide any indication of the volume of candidates that is anticipated to test for each position, or of the volume of candidates that started the testing process during the previous administration?"

*Answer: See answer #31*

35. **Question:** "What is meant by the reference to (40 copies of final recommendation) on page 16 of the RFP?"

*Answer: See answer #30*

36. **Question:** "Has the requested work been conducted by an outside entity in the past and if yes, who has



*conducted the work previously?"*

*Answer: See answer #28*

*37. Question: "Do you anticipate needing assistance from the contractor to acquire assessors and/or to coordinate travel arrangements and payments for lodging, airfare, per diem, etc.?"*

*Answer: The contractor is responsible for acquiring assessors and coordinating travel arrangements. The agency will provide lodging and per diem.*

*Andrea J. McCorvey  
Purchasing Division Manager*

# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



## FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, Fax 706-653-4109  
BidLine 706-225-4536  
[www.columbusga.org](http://www.columbusga.org)

Date: December 30, 2016

<b>REQUEST FOR PROPOSALS:</b>  RFP No. 17-0011	Qualified vendors are invited to submit sealed proposals, subject to conditions and instructions as specified, for the furnishing of:  <b>ADMINISTRATION OF THE COLUMBUS FIRE &amp; EMERGENCY MEDICAL SERVICES PROMOTIONAL PROCEDURE (ANNUAL CONTRACT)</b>
<b>GENERAL SCOPE</b>	Columbus Consolidated Government (the City) is looking for a qualified firm to provide the Department of Fire and Emergency Medical Services Promotional Procedure.
<b>DUE DATE</b>	<b><u>DUE: JANUARY 27, 2017 – 5:00 PM (EST)</u></b>  Sealed proposals 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, 5 <sup>th</sup> Floor, Government Center, 100 Tenth Street, Columbus, Georgia.
<b>HOW TO OBTAIN SPECIFICATIONS AND ADDENDA</b>	<b><u>IMPORTANT INFORMATION</u></b>  Any addenda for this project will be posted on the web page of the Finance Department/Purchasing Division ( <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 PROPOSAL SUBMISSION</b>	<i>If you are not interested in this invitation please email <a href="mailto:kr Robertson@columbusga.org">kr Robertson@columbusga.org</a> or complete the form on the back of this sheet and fax to 706 653-4109.</i>

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 PROPOSAL SUBMISSION"

**Notify the Purchasing Division if you do not intend to submit a Proposal:**

Email: [kr Robertson@columbusga.org](mailto:kr Robertson@columbusga.org) or return this form, via fax or mail, to:  
Fax number (706) 653-4109 Attn: Kevin R. Robertson, Buyer

Columbus Consolidated Government  
Purchasing Division  
P. O. Box 1340  
Columbus, Georgia 31902-1340

We, the undersigned decline to submit a proposal for RFP NO. 17-0011 for Administration of the Columbus Fire & Emergency Medical Services Promotional Procedure (Annual Contract) for the following reason(s):

- ☐ Specifications are too "tight", i.e. geared towards one brand or manufacturer (explain below)
- ☐ There is insufficient time to respond.
- ☐ We do not offer this product and/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)

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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

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



PROPOSALS WILL BE EVALUATED IN ACCORDANCE WITH THE PROCEDURES AS OUTLINED BELOW IN SECTION 3-110 OF THE PROCUREMENT ORDINANCE. ALL PROPOSALS WILL BE KEPT CONFIDENTIAL.

**3-110 Competitive Sealed Proposals (Competitive Sealed Negotiations) For Equipment, Supplies or Professional Services - \$10,000 and Above**

**(1) Conditions for Use**

When the Purchasing Division Manager determines that the use of competitive sealed bidding for any procurement is either not practicable or not advantageous to the City, a contract may be entered into using the competitive sealed proposals (negotiation) method. In addition, the competitive sealed proposal process shall be used for the procurement of professional services.

The competitive sealed proposal process may be used for procurements with an estimated total cost less than \$10,000, if deemed to be in the best interest of the City. If the total cost can be determined, the authority to approve such solicitations will be as prescribed by Article 3-104, Purchasing Limits. If, due to the required services, a total cost cannot be determined then the award recommendation will be approved by Council.

**A. Request for Proposals**

Proposals shall be solicited through Request for Proposals. The Purchasing Division shall establish the specifications with the using agency and set the date and time to receive proposals. The request for proposal shall include a clear and accurate description of the technical requirements for the service or item to be procured.

**B. Public Notice**

Adequate public notice of the Request for Proposals shall be given in the same manner as provided under the section titled "Competitive Sealed Bids."

**C. Receipt of Proposals**

Proposals must be received by the deadline date established. No public opening will be held. No proposals shall be handled so as to permit disclosure of the identity of any offeror or the contents of any proposal to competing offerors during the process of discussion. A register of proposals shall be prepared as part of the contract file, and shall contain the name of each offeror, the number of modifications received (if any), and a description sufficient to identify the item offered. The register of proposals shall be open for public inspection only after contract award.

**D. Evaluation Factors.**

The Request for Proposals shall identify all significant evaluation factors (including price or cost) and their relative importance. Mechanisms shall be established for technical evaluation of the proposals received, determinations of responsible offerors for the purpose of written or oral discussions, and selection for contract award.

**E. Discussion with Responsible Offerors and Revisions to Proposals**

As provided in the Request for Proposals, discussions (negotiations) may be conducted with responsible offerors who submit proposals determined to be reasonably susceptible of being selected for award, to assure full understanding of and conformance to the solicitation requirements. All qualified, responsible offerors shall be given fair and equal treatment with respect to any opportunity for discussion and revision of proposals, and such revisions may be permitted after submissions and prior to award for the purpose of obtaining best and final offers. In conducting discussions, there shall be no disclosure of the identity of competing offerors or any information derived from proposals submitted by competing offerors. If only one proposal response is received, then the award recommendation shall be to the single offeror, if the offeror meets all requirements.

**F. Award.**

After negotiations, the award recommendation must be presented to Columbus City Council for final approval. Award will be made to the responsible offeror whose proposal is determined to be the most advantageous to the City, taking into consideration total cost (if determined) and all other evaluation factors set forth in the Request for Proposals.

After Council approval, a contract based on the negotiations (if negotiations were necessary) will be drawn and signed by all necessary parties. If Council does not approve the award, further negotiations may take place with the recommended offeror or negotiations will begin with the next most qualified offeror. The contract file shall contain the basis on which the award is made.

After contract award, the contract file will be made public. Offerors will be afforded the opportunity to make an appointment to review the contract file.



## **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.

Email [Krobertson@columbusga.org](mailto:Krobertson@columbusga.org) or use the attached "Question/Clarification" Form to submit questions.

# QUESTION/CLARIFICATION FAX FORM

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

TO: Kevin R. Robertson, Buyer  
Email [krobertson@columbusga.org](mailto:krobertson@columbusga.org) or  
Fax (706) 653-4109

RE: RFP No. 17-0011 – Administration of the Columbus Fire & Emergency Medical  
Services Promotional Procedure (ANNUAL CONTRACT)

.....

I have the following concerns/questions about the specifications:

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From:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Website

\_\_\_\_\_  
Representative

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

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

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

# **COLUMBUS CONSOLIDATED GOVERNMENT GENERAL PROVISIONS FOR REQUEST FOR PROPOSALS**

## **ADMINISTRATION OF THE COLUMBUS FIRE & EMERGENCY MEDICAL SERVICES PROMOTIONAL PROCEDURE**

The Consolidated Government of Columbus seeks a qualified firm to provide Administration of the Department of Fire & Emergency Medical Services Promotional Procedure.

**A. PROPOSAL SUBMITTAL DATE:**

**SEALED PROPOSALS ARE DUE: January 27, 2017, NO LATER THAN 5:00 PM (Eastern Time). *Submit one original and six identical hard copies of the proposal. For proper identification the proponent's complete name and address should appear on the exterior of the proposal package.***

To achieve uniform review process and maximum degree of comparability, proposals should be spiral bound on the left hand side or in a ring binder and organized in tabbed sections. For proper identification, the proponent's complete name and address should appear on the exterior of the proposal package. The proposal should be hand delivered or mailed to the following:

Columbus Consolidated Government  
Purchasing Division

**RE: RFP NO. 17-0011 – ADMINISTRATION OF THE COLUMBUS  
FIRE & EMERGENCY MEDICAL SERVICES PROMOTIONAL  
PROCEDURE (ANNUAL CONTRACT)**

**Mail: P.O. Box 1340  
Columbus, Georgia 31902-1340**

**Deliver: 100 10th Street  
Columbus, Georgia 31901**

If the proposal does not reach the Purchasing Division on or before the due date, the proposal will be returned to the Proposer unopened. It is the Proponent's responsibility to insure the proposal is mailed or delivered by the due date. The City will not be held responsible for proposals delayed by the US Mail or any other courier.

The City shall not be held liable for any expenses incurred by the respondent in preparing and submitting the proposal and/or attendance at any interviews, final contract negotiations or applicable site visits. **The City reserves the right to award this project or to reject any and all proposals; whichever is in the best interest of the City.**

**B. RECEIPT OF PROPOSALS:**



Unless otherwise stated in the technical specifications of the RFP, the City will accept one, and only one, proposal per Offeror. In the event a team of firms is entering into a joint venture to respond to the RFP, one firm shall be named the prime contractor and the proposal shall be submitted in the name of the prime contractor. All correspondence concerning the RFP will be between the City and prime contractor.

**C. SUBCONTRACTING:**

Should the offeror intend to subcontract all or any part of the work specified, name(s) and address(es) of subcontractor(s) must be provided in proposal response. The offeror shall be responsible for subcontractor(s) full compliance with the requirements of the RFP specifications. **If awarded the contract, payments will only be made to the offerors submitting the proposal. The Columbus Consolidated Government will not be responsible for payments to subcontractors.**

**D. QUESTIONS ABOUT THE RFP:**

Communication concerning any solicitation currently advertised must take place in writing and be addressed to the Purchasing Division. See page titled "Do You Have Questions ..." within this proposal package.

**E. PUBLIC INFORMATION:**

All information and materials submitted will become the property of the Columbus Consolidated Government, Columbus, Georgia; and shall be subject to the provisions of the Georgia public records law. If awarded the contract, the proposal submission, in its entirety, will be included as part of the contract documents and filed, as public record, with the Clerk of Council.

**F. ADDENDA:**

The proposer shall include acknowledgment of receipt of addenda (if any) in their sealed proposal. The proposer should include an initialed copy of each addendum in the proposal package. It is the proposer's responsibility to contact the City for copies of addenda if they receive the proposal document from any other source other than the City.

**G. CONTRACT:**

Each proposal is received with the understanding that an acceptance in writing by the City of the offer to furnish any or all of the services and materials described shall constitute a contract between the proposer and the City. This contract shall bind the proposers to furnish and deliver the services and materials quoted, at the prices stated and in accordance with the condition of said accepted proposal.

It is agreed that the successful respondent 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.

**H. NON-COLLUSION:**

Proposer declares that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities, and that the proposal is bona fide and is in all respects fair and without collusion or fraud.

**I. INDEMNITY:**

The successful respondent 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.

**J. DISADVANTAGED BUSINESS ENTERPRISE CLAUSE:**

Disadvantaged Business Enterprises (minority or woman 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 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.

**K. SPECIFICATION DESCRIPTIONS:**

The specifications detailed herein represent the quality of equipment, goods or services required by the City. Whenever in this invitation any particular process, service or equipment is indicated or specified by patent, proprietary or brand name of manufacturer/developer/inventor, such wording will be deemed to be used for the purpose of facilitating descriptions of the process, service or equipment desired by the City. It is not meant to eliminate offerors or restrict competition in any RFP process. Proposals that are equivalent or surpass stated specifications will be considered. Determination of equivalency shall rest solely with the City.

**L. 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.

**M. DRUG-FREE WORKPLACE:**

Per Ordinance No. 93-55, in compliance with Federal and State Drug Free Workplace Acts, the Council of Columbus, Georgia adopted a drug free Workplace Policy. Consequently, any vendor providing goods or services to Columbus Consolidated Government must comply with all applicable Federal and State Drug Free Workplace Acts.

**N. FEDERAL, STATE, LOCAL LAWS:**

All respondents will comply with all Federal, State and Local laws, ordinances, rules and regulations relative to conducting business in Columbus, Georgia and performing the prescribed service. Ignorance on the part of the respondent shall not, in any way, relieve the respondent from responsibility for compliance with said laws and regulations or any of the provisions of these documents.

**O. PROVISIONS OF THE PROCUREMENT ORDINANCE:**

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia as adopted and amended by Council shall apply to all invitations to respond to Requests for Proposals and is specifically incorporated herein by this reference. A copy of the ordinance is on file in the Purchasing Division.



**P. INSURANCE:**

All respondents shall maintain, and if requested, show proof of insurance applicable for services described in these specifications.

**Q. HOLD HARMLESS AGREEMENT:**

The successful respondent hereby agrees to indemnify, hold free and harmless Columbus Consolidated Government (The City), its agents, servants, employees, officers, directors and elected officials or any other person(s) against any loss or expense including attorney fees, by reason of any liability imposed by law upon the City, except in cases of the City's sole negligence, sustained by any person(s) on account of bodily injury or property damage arising out of or in the consequence of this agreement.

**R. TERMINATION OF CONTRACT:**

1. **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 Director may notify the contractor in writing of the delay or nonperformance and if not cured within **ten (10) days** or any longer time specified in writing by the Purchasing Division Director, such director may terminate the contractor's right to proceed with the contract or such part of the contract as to which there has been delay or a failure to properly perform.

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

2. **Compensation:** Payment for completed supplies or services delivered and accepted by the City will be at the contract price. The City may withhold from amounts due the contractor such sums as the Purchasing Director 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.
3. **Excuses 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 Director 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 was reasonably obtainable from other sources in sufficient time to permit the contractor to meet the contract requirements.

Upon request of the contractor, the Purchasing Division Director shall ascertain the facts and extent of such failure, and, if such director determines that any failure to perform was occasioned by anyone 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.

**S. TIME FOR CONSIDERATION:**

Due to the evaluation process, proposals must remain in effect for at least **120 days** after date of receipt.

**T. CONTRACT AWARD:**

Award of this contract will be made in the best interest of the City.

**U. REQUEST FOR EVALUATION RESULTS:**

Per the City's Procurement Ordinance, evaluation results cannot be divulged until after the award of the contract. After contract award, proponents desiring to review documents relevant to the RFP evaluation results will be afforded an opportunity by appointment only.

**V. GOVERNING LAW:**

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

**W. FINAL CONTRACT DOCUMENTS:**

IT IS UNDERSTOOD THAT THE FINAL CONTRACT SHALL INCLUDE THE FOLLOWING:

- 1). THE RFP
- 2). ADDENDA
- 3). AWARDED VENDORS(S) RESPONSE
- 4). AWARDED VENDOR(S) CLARIFICATIONS
- 5). NEGOTIATED COMPONENTS
- 6). ADDITIONAL AGREEMENTS REQUIRED BY AWARDED VENDOR(S); AND
- 7). AWARDED VENDOR(S) BUSINESS REQUIREMENTS

**X. 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.

**Y. 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, which 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.

# **REQUEST FOR PROPOSAL SPECIFICATION FOR ADMINISTRATION OF THE COLUMBUS FIRE AND EMERGENCY MEDICAL SERVICES PROMOTIONAL PROCEDURE**

## **I. INTRODUCTION**

The Columbus Department of Fire and Emergency Medical Services is internationally accredited and performance driven. The department is results oriented, focuses on customer service, continuous improvement, and the safety and welfare of our customers and employees.

The Columbus Department of Fire and Emergency Medical Services is dedicated to the protection of life, property, and the environment by providing professional and courteous services of exceptional quality in the areas of Fire Prevention, Fire Safety Education, Fire Suppression, Advanced Life Support, Basic Life Support, Hazardous Materials Response, Homeland Security/Emergency Management, Fire/Cause and Origin Determination, Investigation, and Rescue at an acceptable cost to the community. The established goals of the Columbus Department of Fire and Emergency Medical Services are as follows:

- a. To increase the effectiveness of emergency services deliverables by providing training opportunities and resources to all personnel.
- b. To meet or exceed the Commission on Fire Accreditation International, Inc. requirements for accreditation.
- c. To meet the Department's standard of cover by providing adequate facilities, staffing, appropriate equipment, and reliable apparatus.
- d. To provide safe, effective and efficient response, quality patient care, mitigation, and limited remediation of all emergency situations.
- e. To provide safe and quality training to all department members that will meet or exceed all levels of required training for Insurance Services Office and Federal, State, and Local government standards and to create an environment that will encourage members to maintain a positive attitude.
- f. To recruit, employ, and retain a professional and diverse workforce.
- g. To prevent the loss of life and minimize injuries through pro-active approaches to public education and awareness, code enforcement and fire scene investigation.
- h. To expand upon the "All Hazards All Emergency" concept in prevention, planning, preparation, response, and recovery from any event that threatens life, property, and the environment.

## **II. OBJECTIVE**

The Columbus Consolidated Government (the City) desires to select a qualified firm to conduct a promotional procedure for the Department of Fire and Emergency Medical Services. The promotional procedure shall comply with Columbus, Georgia - Code of Ordinances PART II - CODE OF ORDINANCES Chapter 11 – FIRE PROTECTION ARTICLE II. - FIRE DEPARTMENT DIVISION 2. - PROMOTIONAL PROCEDURES.



The offeror will administer a promotional process that will accomplish the Fire and Emergency Medical Services' mission.

### **III. OVERVIEW OF THE DEPARTMENT:**

The Department of Fire and Emergency Medical Services is a fully paid department with five divisions: Operations, Fire prevention, Training, Logistics and Emergency Management, with a total of 384 authorized personnel. The City has 14 stations, which respond to incidents of fire, rescue, hazardous materials, unsafe conditions, and requests for emergency medical care. The department also conducts non-emergency functions such as community risk reduction, fire prevention code enforcement, fire origin and cause investigation and public education.

### **IV. CONTRACT TERM**

- a. The term of the contract shall be five (5) years with option to renew for five (5) years. The total contract term, including renewal option, will be 10 years. The City will initiate contract renewal. The 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 Manager, 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, GA. In the event the necessary funding is not approved, the affected multi-year contract becomes null and void, effective July 1<sup>st</sup> 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.

### **V. REQUIREMENTS OF THE SUCCESSFUL VENDOR:**

The following specifications are considered minimum requirements.

#### **Part A:**

1. Insure that City, State, Federal laws and ordinances are adhered to.

#### **Part B:**

1. Continue with the current Fire and Emergency Medical Services promotional procedure. The offeror will develop and administer a written test, which shall have the score of each candidate and list according to rank order.

2. The vendor will also manage and coordinate an orientation for all personnel prior to the promotional process beginning.
3. The successful offeror shall be required to complete a job task analysis of job descriptions prior to the next promotional process.
4. The successful offeror shall provide a promotional procedure, which consists of a Written test (Phase I), a multiple-choice written examination, based on the results of a current job-task analysis. The successful offeror shall also provide a promotional procedure, which consists of a Performance-based assessment (Phase II). A performance-based assessment, based on the results of a current job-task analysis. The performance-based assessment shall consist of multiple exercises such as oral presentation, role-playing, incident command, in-basket task, situational judgment, or other job-related exercises.
5. The successful offeror shall provide feedback reports to each candidate completing the assessment center (performance based) process.
6. The successful offeror shall develop a pump operator and driving test for candidates testing for sergeant, the proficiency for fire apparatus operations (PFAO) Performance-based examination shall be administered by the Department of Fire and Emergency Medical Services' Training Division.
7. The successful offeror shall furnish (40) forty copies of their final recommendation.

#### **VI. INDEMNIFICATION**

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

#### **VII. INSURANCE**

The offeror shall respond to this RFP specification as an independent contractor and not as an employee of this City. The offeror shall provide a Certificate of Insurance for each category listed below and carry each in force if awarded this contract for the duration of the project:

- (1) General liability property damage insurance
- (2) General liability bodily injury insurance
- (3) Automotive/truck insurance covering all owned, hire and non-owned vehicles used in project.
- (4) Workman's compensation insurance.

- (5) Employer's liability insurance.
- (6) Professional Liability Insurance

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

In accordance with the Georgia Security and Immigration Compliance Act/E-Verify of 2006, every public employer, every contractor of a public employer, and every subcontractor of a public employer's contractor must register and participate in a federal work authorization program. Appendix C must be completed and returned with proposal.

**IX. PROPOSAL SUBMISSION REQUIREMENTS**

The complete proposal shall contain the following information and shall be submitted in the order shown below. Please address each section in your proposal submission and divide each section, of your proposal, with identifying tabs.

Firms should submit proposals that address each of the sections specified below. The City reserves the right to request any omitted information. Firms 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 firm shall be deemed non-responsive and the proposal will not receive further consideration.

**PART ONE - PROPOSAL**

Part One of the offerors proposal submission shall include the following sections:

**Section 1: TRANSMITTAL LETTER**

Transmittal letter shall introduce the firm, describe the ownership, include complete address, phone and fax numbers (if applicable), and include the name and email of contact person(s) during this proposal process. The cover letter must contain a statement to the effect that the proposal is binding for at least 180 days from the proposal date. **An authorized agent of the business must sign the transmittal letter.**

**Section 2: ADDENDA ACKNOWLEDGEMENT (IF APPLICABLE)**

Provide acknowledgement of receipt of all addenda for this RFP (if any). **It is the vendor's responsibility to check for copies of addenda on the City's website.**  
([http://www.columbusga.org/finance/Excel\\_Docs/Bid\\_Opportunities.htm](http://www.columbusga.org/finance/Excel_Docs/Bid_Opportunities.htm))

**Section 3: EXPERIENCE/QUALIFICATIONS:**

Offeror shall provide a qualification statement, which demonstrates the vendor's experience in providing specified services. Include resumes of individual(s) who will be dedicated to the project.

**Section 4: SERVICE PLAN:**

Provide a detailed description of the proposed service plan to complete the specified services. Offers shall include a proposed work schedule in the service plan.

**Section 5: REFERENCES**

Provide at least five (5) entities using similar services in the southeast within the last five years. The references list shall include the name, telephone numbers, email and addresses of the entities, the full name of the responsible person to contact at each location.



**Section 6: BUSINESS REQUIREMENTS:**

- a) Provide Insurance Certificates or provide a completed copy of (**Appendix A**)
- b) Complete e-Verify/GSICA Affidavit (**Appendix B**)
- c) Provide completed copy of W-9 (**Appendix C**)
- d) Provide copy of Business License

Vendors shall submit, with their bid or proposal, a copy of the Business license (Occupation License) that is required to conduct business at your location.

If awarded the contract, the successful vendor must obtain a business license within five (5) business days from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia.

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

**Section 7: CONTRACT SIGNATURE PAGE & TAX IDENTIFICATION NUMBER**

Complete **Appendix D**. City officials will sign the awarded vendor's copy after City Council has approved the contract award.

**PART TWO - COST**

**Section 8: COST:**

Provide a detailed itemization of the proposed cost.

**X. RFP EVALUATION**

Each firm's submittal will be evaluated to determine which vendor can provide the Columbus Consolidated Government (the City) the best service. The following criteria will be used to evaluate proposals and are weighted as follows:

Criteria	Weight
A. Experience /Qualifications	50%
B. Service Plan	25%
C. References	20%
D. Cost	5%
<b>Total</b>	<b>100%</b>

Each of the above criteria (A-D) will be given a rating, of 1 through 100, by each member of the Evaluation Committee. The ratings are as follows:

RATING	DESCRIPTION
1-20	Poor
21-40	Fair
41-60	Good
61-80	Excellent
81-100	Superior

After the review and rating of proposal(s) by the evaluation committee, individual scores will be averaged and ranked. Offerors will be ranked in descending order of numerical predominance.

**APPENDIX A****INSURANCE CHECKLIST****RFP NO. 17-0011**

**ADMINISTRATION OF THE COLUMBUS FIRE AND  
EMERGENCY MEDICAL SERVICES PROMOTIONAL  
PROCEDURE  
(ANNUAL CONTRACT)**

**CERTIFICATE OF INSURANCE MUST SHOW ALL COVERAGE  
AND ENDORSEMENTS INDICATED BY "X"**

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

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



Required Coverage(s)		Limits (Figures denote minimums)	Bidders Limits/Response
X	11. Professional Liability	\$1 Million per occurrence/claim	
	12. Architects and Engineers	\$1 Million per occurrence/claim	
	13. Asbestos Removal Liability	\$2 Million per occurrence/claim	
	14. Medical Malpractice	\$1 Million per occurrence/claim	
	15. Medical Professional Liability	\$1 Million per occurrence/claim	
	16. Dishonesty Bond		
	17. Builder's Risk	Provide Coverage in the full amount of contract	
	18. XCU (Explosive, Collapse, Underground) Coverage		
	19. USL&H (Long Shore Harbor Worker's Compensation Act)		
	20. Contractor Pollution Liability	\$2 Million per occurrence/claim	
	21. Environmental Impairment Liability	\$2 Million per occurrence/claim	
	22. Pollution	\$2 Million per occurrence/claim	
X	23. Carrier Rating shall be Best's Rating of A-VII or its equivalents		
X	24. Notice of Cancellation, non-renewal or material change in coverage shall be provided to City at least 30 days prior to action.		
X	25. The City shall be named Additional Insured on all policies		
X	26. Certificate of Insurance shall show Bid Number and Bid Title		

\*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.

**INSURANCE AGENT'S STATEMENT:**

I have reviewed the above requirements with the bidder named below and have advised the bidder of required coverages provided or not provided through this agency. The bidder can comply with the insurance requirements stated above.

AGENCY NAME: \_\_\_\_\_

AGENTS NAME: \_\_\_\_\_

SIGNATURE of AGENT: \_\_\_\_\_

**BIDDER'S STATEMENT:**

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

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

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

## **APPENDIX B**

### **VENDOR INFORMATION REGARDING GEORGIA SECURITY AND IMMIGRATION COMPLIANCE**

*and*

**House Bill 87, also known as,  
The Illegal Immigration Reform and Enforcement Act of 2011**

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

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

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

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

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

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

**[http://www.columbusga.org/finance/Purchasing docs/Georgia Security and Immigration Compliance Act.pdf](http://www.columbusga.org/finance/Purchasing_docs/Georgia_Security_and_Immigration_Compliance_Act.pdf)**

**CONTRACTOR AFFIDAVIT  
E-VERIFY / GEORGIA SECURITY & IMMIGRATION  
COMPLIANCE ACT**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of ***Columbus Consolidated Government*** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Company ID Number (*numerical, 4-6 digits*)

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

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

**ADMINISTRATION OF THE COLUMBUS FIRE AND EMERGENCY MEDICAL  
SERVICES PROMOTIONAL PROCEDURE (ANNUAL CONTRACT)**

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

**Columbus Consolidated Government**

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

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

Executed on \_\_\_\_\_, \_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

*Subscribed and sworn before me on this the \_\_\_\_ day of \_\_\_\_\_, 201\_\_.*

\_\_\_\_\_  
*NOTARY PUBLIC*

*My Commission Expires:*



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

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with

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

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

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

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

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

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

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

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

Executed on \_\_\_\_\_, \_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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

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

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

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

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation that is engaged in the physical performance of services under a contract for

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

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

on behalf of **Columbus Consolidated Government** has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to

\_\_\_\_\_  
(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)  
Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to

\_\_\_\_\_  
(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)  
Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

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

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

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

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

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

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

Executed on \_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_ (city), \_\_\_\_ (state).

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

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_ DAY OF \_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_



# APPENDIX C

<b>Form W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	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 <b>one</b> of the following seven boxes: <div style="display: flex; justify-content: space-between; font-size: x-small;"> <div> <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <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) ▶ _____             </div> <div> <input type="checkbox"/> C Corporation    <input type="checkbox"/> S Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Trust/estate             </div> </div>
<div style="display: flex;"> <div style="flex: 1;">5 Address (number, street, and apt. or suite no.)</div> <div style="flex: 1; font-size: x-small;">Requester's name and address (optional)</div> </div>
6 City, state, and ZIP code
7 List account number(s) here (optional)

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.)*

**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.
 

**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.

**Social security number**  
 or  
**Employer identification number**

<b>Sign Here</b>	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/irv9](http://www.irs.gov/irv9).  
**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 (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.  
 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.

Cat. No. 10231X
Form W-9 (Rev. 12-2014)

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***



**APPENDIX D**

**CONTRACT SIGNATURE PAGE  
ADMINISTRATION OF THE COLUMBUS FIRE AND EMERGENCY  
MEDICAL SERVICES PROMOTIONAL PROCEDURE  
(ANNUAL CONTRACT)**

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

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

\_\_\_\_\_  
Witness as to the Contractor

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

\_\_\_\_\_  
Witness as to the Contractor

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

(Corporate Seal)

\_\_\_\_\_  
Business Address

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

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

\_\_\_\_\_  
Email Address

**CONSOLIDATED GOVERNMENT OF  
COLUMBUS, GEORGIA**

Accepted this \_\_\_ day of \_\_\_\_\_ 2017

**APPROVED AS TO LEGAL FORM:**

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

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

**ATTEST:**

\_\_\_\_\_  
Tiny B. Washington, Clerk of Council

**\*\*COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL\*\***

## **EXHIBIT C**

*Industrial/Organizational Solutions, Inc.*

*Proposal*

*See Proposal Book submitted  
(In yellow folder)*

*Available Upon Request*