



MEMORANDUM

TO: Prospective Bidders

FROM: Johnna M. Allen, Purchasing Director

RE: Request for Bid - #016-17

DATE: March 6, 2017

Enclosed you will find the necessary information for preparing and submitting your Request for a Proposal for **Citywide Lawn care, Shrubbery Maintenance, Fertilization and insecticide treatment** for various locations for the City of Rome.

The deadline for submitting your bid is **April 13, 2017 at 9:00 a.m.**

A Pre-bid tour will be held Monday, March 13, 2017 at 8:45 a.m. in front of City Hall at 601 Broad Street, Rome, GA 30161. Due to limited space, only one person from your company may attend. RSVP to jallen@romega.us or call 706-236-4410.

All questions and answers must be submitted in writing via e-mail to Johnna M. Allen at jallen@romega.us. All questions and answers will be posted on the City of Rome website www.romefloyd.com. It is the responsibility of interested firms to visit the site often to receive any new information that may be posted.

Johnna M. Allen
Purchasing Director

INSTRUCTIONS FOR BIDDERS

I. Bids must be received by **April 13, 2017 at 9:00 a.m.**

II. Bids must be delivered to:

City of Rome
Attn: JOHNNA M. ALLEN
601 Broad Street
P.O. Box 1433
Rome, Georgia 30162

III. Bids must be sealed and marked:

“016-17 – Citywide Lawn care, Shrubbery Maintenance, Fertilization and insecticide treatment”

IV. Bids must be complete and include:

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

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

Bidder shall submit all required forms and information simultaneously with sealed bids, which forms and information become a part of the property of the City of Rome and will not be returned to bidders unless a written request to withdraw is received prior to **April 13, 2017 @ 9:00 a.m.**

V. Payment:

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

REQUIREMENTS FOR BIDDERS

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

Notice is hereby given that the City of Rome will receive sealed bids from interested parties until **April 13, 2017 at 9:00 a.m.** at its offices located at 601 Broad Street, Rome, Georgia 30162-1433.

Any bids received thereafter will not be considered.

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

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

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

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

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

Citywide Lawn Maintenance Specifications-Mowing

1. Lawns must be mowed on a 7 day schedule during the growing season and as needed during the remaining portion of the year.
2. Each mowing should include necessary edging, trimming and blowing debris from sidewalk areas. Leaves, limbs and grass clipping debris is to be removed after each mowing event. Blowing leaves, trimming, mowing debris into the street is not permitted.
3. A Certificate of insurance must be provided in the amount of \$2,000,000 liability coverage with the City of Rome as the certificate holder. Workers Compensation insurance as required by the State of Georgia.
4. Cutting crews are required to wear ANSI 107 Level II Safety Green Safety Vest while working on City Property and Rights-of-way.
5. The amount bid must be stated is on a **per mowing basis** and will be paid monthly for **City buildings and designated areas in arrears**. Standard terms are net 30, however, any discount for early payment will be considered. Any available discount must be stated on the bid.
6. The contractor should provide in the bid an hourly rate for man-hours and equipment hours if additional work is requested by the City.
7. The contract will run for a period of one year with the option to renew for an additional year if no cost increase is requested and the quality of work is satisfactory. The Contract may be renewed for a total of three (3) years.
8. Include a complete description of the lawn maintenance services to be provided with the bid submittal if they differ from those requested in this bid.
9. The contractor must state the number of years in business; provide a list of equipment currently owned by the company and at least three references of commercial customers presently being served. References from at least one previous customer should also be provided.
10. If the bidders' business location is within the incorporated limits of the City a copy of the current business should be submitted with the bid.

Seasonal fertilization, insecticide, and fungicide application.

The bidder should provide a program that addresses the issues of weed control, fertilization **and** other necessary applications year round.

EARLY SPRING (February-March)

- Weed control herbicide for broadleaf weeds (chickweed, dandelions, henbit, etc.) as needed.
- Weed control herbicide to prevent the seed germination of: crabgrass, goosegrass and other grassy weeds.

SPRING (April-May)

- Complete seasonal fertilizer
- Weed control herbicide for broadleaf weeds; (Chickweed, dandelions, henbit, clover, etc.) as needed.

LATE SPRING (June-July)

- Weed control herbicide for broadleaf weeds; (plantain, dandelions, clover, etc.) as needed.
- Complete seasonal fertilizer.

SUMMER (August-October)

- Weed control and prevention herbicide for annual grassy weeds; (poa annua) and for broadleaf weeds; (henbit, speedwell, chickweed, etc.)

FALL (October-December)

- Weed control herbicide for broadleaf weeds.
- 1. Soil testing when necessary
- 2. Lime application to correct soil PH when necessary
- 3. Insecticides to control lawn insects
- 4. Fungicides for lawn disease when necessary
- 5. Extra herbicides for weed control when necessary
- 6. Aeration when necessary

Bidders should provide a complete summary of the services being bid if different than services listed above. The bidder must provide a copy of all necessary licenses necessary for application of chemicals of this type.

Cost—Spraying and Fertilization Only_____

Tree and shrubbery shaping, trimming, pruning and bed maintenance

The contractor is required to maintain all shrubbery as part of a professional landscape maintenance package. It is the goal of the City of Rome that all shrubbery be maintained year round to insure that it remains healthy and aesthetically pleasing at all times.

The contractor should provide within the bid submitted a maintenance plan that includes, thinning, trimming and pruning any other activity necessary to maintain optimum appearance and good health of the plants.

The contractor will be required to maintain the application of pine straw or other mulch that may be present in the spring and the fall of each year.

The contractor should provide pre-emergent and period bed, weed control

The contractor should provide a summary of services to be provided including the frequency of the elements of the service to be provided.

The contractor should provide a flat monthly cost to cover a period of 12 months.

Seasonal Flower beds should be maintained at City Hall and The Carnegie Building only.

Cost-Shrubbery and tree care only_____

City-Wide Locations Mowing

	Per Cut Pricing
1. City Hall/Auditorium Grounds 601 Broad Street	_____
2. Streetscape Broad Street	_____
3. Civic Center Civic Center Drive	_____
4. Tourism Civic Center Drive	_____
5. Clock Tower Hill Bailey Park	_____
6. Veterans Administration Office Calhoun Ave.	_____
7. Levy Bank at Radio Station Bale St. & Turner McCall	_____
8. Water Filter Plant 1 Blossom Hill Road	_____
9. Pump Station Spider Web Drive	_____
10. Senior Center Riverside Drive	_____
11. Cleveland Training Center 2626 Callier Springs Road	_____

**Per Cut
Pricing**

12. Amphitheater
Vaughn Road/Civic Road

13. Oostanaula Pump Station
Riverside Drive

14. Square Area/West 1st Street (Include stage area weedeating)
Bridge Point Plaza

15. Carnegie Building
607 Broad Street

16. Reservoir Street Park
off Turner McCall

17. DFCS
Riverside Parkway

18. Boy's Open Door
792 John Davenport Dr.

19. Tennis Center at West 3rd Street
339 West Third Street

Total at 1 Single per Cut Cost

Signature

City-Wide Locations Shrubbery, Trimming, Shaping and Pruning, etc.

	Per Cut Pricing
1. City Hall/ Auditorium Grounds 601 Broad St.	_____
2. Streetscape Broad Street	_____
3. Civic Center Civic Center Drive	_____
4. Tourism Civic Center Drive	_____
5. Clock Tower Hill Bailey Park	_____
6. Veterans Administration Office Calhoun Ave.	_____
7. Water Filter Plant Blossom Hill Road	_____
8. Senior Center Riverside Drive	_____
9. Cleveland Training Center 2626 Callier Springs Road	_____
10. Square Area/ West 1st Street Bridge Point Plaza	_____
11. Carnegie Building 607 Broad Street	_____
12. Reservoir Street Park off Turner McCall	_____

**Per Cut
Pricing**

13. DFCS

Riverside Parkway

14. Boy's Open Door (include hill area pine straw)

792 John Davenport Drive

15. Tennis Center at West 3rd St.

339 West Third St.

Total per Cut Rate

Signature

City-Wide Locations Spraying, Fertilizing, etc.

	Per Treatment Pricing
1. City Hall/Auditorium Grounds 601 Broad Street	_____
2. Streetscape Broad Street	_____
3. Civic Center Civic Center Drive	_____
4. Tourism Civic Center Drive	_____
5. Clock Tower Hill Bailey Park	_____
6. Veterans Administration Office Calhoun Ave.	_____
7. Senior Center Riverside Drive	_____
8. Cleveland Training Center 2626 Callier Springs Road	_____
9. Square Area/ West 1st Street Bridge Point Plaza	_____
10. Carnegie Building 607 Broad St.	_____
11. Reservoir Street Park off Turner McCall	_____
12. DFCS Riverside Parkway	_____

**Per
Treatment
Pricing**

13. Boy's Open Door (Weed Control Front Only)
792 John Davenport Dr.

14. Tennis Center at West 3rd St.
339 West Third St.

15. Myrtle Hill
Mausoleum, Memory Garden and Tomb of the Known Soldier
Weed Control only for these areas only

Total per Treatment Cost

Signature

BID FORM

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

“016-17 – Citywide Lawn care, Shrubbery Maintenance, Fertilization and insecticide treatment”

Description	Unit Total
Citywide Lawn Maintenance	_____
Spraying, fertilizer, herbicide	_____
Shrubbery—trimming etc.	_____

TOTAL COST: _____

Expected Start Date: _____

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

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

Name of Individual, Partner
or Corporation

Company

Title

Address

Authorized Signature

City, State, Zip Code

Company phone number

Please Attach Contact's Business Card:

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

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

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form is included in the bid package.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **April 13, 2017 @ 9:00 a.m.** but may not be withdrawn after such date and time.

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

That by submission of this bid the bidder acknowledges that the City of Rome has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

Name

Title

Name

Title

AFFIX CORPORATE SEAL (If Applicable)

CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by the City of Rome. The bidders may be declared, by the City of Rome, ineligible for further contracts with the City of Rome until satisfactory proof of intent to comply shall be made by the vendor.

The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

BIDDER

SIGNATURE

TITLE

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF _____

COUNTY OF _____

Owner, Partner or Officer of Firm

Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of the City of Rome or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of the City of Rome or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME _____

SIGNATURE _____

TITLE _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

NOTARY PUBLIC

STATE OF GEORGIA PROMPT PAY ACT AFFIDAVIT

THIS AFFIDAVIT IS TO ACCOMPANY THE BID

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

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

Firm Name: _____

Signature: _____

Title: _____

Subscribed and Sworn to before me this _____ day of _____, 20_____

Notary Public

**Request for Taxpayer
 Identification Number and Certification**

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

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

Part I Taxpayer Identification Number (TIN)

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

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

Social security number						
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
OR						
Employer identification number						
<input type="text"/>	-	<input type="text"/>				

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

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

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

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that 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.

CITY OF ROME
DRUG-FREE WORKPLACE CERTIFICATE

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

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

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

Bidder: _____

By: _____

Name Printed: _____

Title: _____

Date: _____

**CITY OF ROME, GEORGIA
E-VERIFY COMPLIANCE AFFADAVIT**

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

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

Signature (if less than 10 employees)

Date of Authorization

Name of Contractor

Name of Project

Name of Public Employer

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

Executed on _____, ____, 20____ in _____ (city) _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

**SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____**

NOTARY PUBLIC
My Commission Expires:

CITY OF ROME, GEORGIA

SAVE COMPLIANCE AFFADAVIT

O.C.G.A § 50-36-1(e) (2) Affidavit

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

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

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

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

Executed in _____ (city), _____ (state).

Signature of Applicant

Name of Applicant

Printed

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

_____ DAY OF _____, 20_____

NOTARY PUBLIC

My Commission Expires: