



Purchasing Department

140 Stonewall Avenue West, Ste 204

Fayetteville, GA 30214

Phone: 770-305-5420

www.fayettecountyga.gov

July 28, 2023

**Subject: Request for Quote #2295-A: McCurry Park Seamless Floor System
Addendum #1**

Gentlemen/Ladies:

Below, please find responses to questions, clarification, or additional information for the above referenced Request for Quote. You will need to consider this information when preparing your quote.

Received Before the Pre-Quote Meeting:

Regarding the subject referenced bid, I wanted to bring to your attention that the interior pages required for submission have a different bid name listed.

The updated documents are attached with the correct project name. Please use these when submitting your quote.

Received by (Name): _____ Company _____

Note: If this addendum is not returned to the Fayette County Purchasing Department or if it is returned not signed, responding individuals or companies will still be responsible for the requirements of this addendum and the specifications or changes herein.

Sincerely,

Ted L. Burgess
Director of Purchasing

Checklist of Required Documents

*(Be Sure to Return This Checklist and
the Required Documents in the order listed below)*

RFQ #2295-A: McCurry Park Seamless Floor System

Company information – on the form provided	_____
Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)	_____
Pricing sheet	_____
List of exceptions, if any – on the form provided	_____
References – on form provided	_____
Addenda, signed, if any are issued	_____
Manufacturer's product data sheet	_____
Provide information for components of joint sealant, crack treatment, And other materials used	_____
Manufacturer's color charts, samples, bound brochures for care	_____
Certification from manufacturer that installer is certified to install the Flooring quoted	_____
Warranty Information	_____

COMPANY NAME: _____

COMPANY INFORMATION
RFQ #2295-A: McCurry Park Seamless Floor System

A. COMPANY

Company Name: _____

Physical Address: _____

Mailing Address (if different): _____

Website (if applicable): _____

B. AUTHORIZED REPRESENTATIVE

Signature: _____

Printed or Typed Name: _____

Title: _____

E-mail Address: _____

Phone Number: _____ Fax Number: _____

C. PROJECT CONTACT PERSON

Name: _____

Title: _____

Office Number: _____ Cell Number: _____

E-mail Address: _____

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

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the 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(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

Federal Work Authorization User Identification Number

Date of Authorization

Name of Contractor

#2295-A: McCurry Park Seamless Floor System
Name of Project

Fayette County, Georgia
Name of Public Employer

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

Executed on _____, _____, 2023 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 _____, 2023.

NOTARY PUBLIC

My Commission Expires: _____

PRICING SHEET
RFQ #2295-A: McCurry Park Seamless Floor System

Responder agrees to perform all the work described in the Contract documents for the following prices:

Item	Quote for Initial Installation	Price for cleaning and repair service (Year 1)	Price for cleaning and repair service (Year 2)	Net Price
Seamless floor system for North Soccer Restroom				
Seamless floor system for Football Restroom				
Seamless floor system for Picnic Restroom				
Seamless floor system for South Soccer Restroom				
Total Price				

NOTES:

1. All applicable charges shall be included in your total quoted amount, including but not limited to materials, equipment, installation, labor, and any other amounts. No additional charges will be allowed after the quote received by date.
2. All warranties shall be included in your total quoted amount.

State Brand & Model No. Quoted: _____

State time needed to commence work after notice to proceed is issued _____ Days.

State length of time needed to complete project _____ Days.

State, List or Attach the terms of your warranty, (see scope & specifications, work Areas #10):

COMPANY'S NAME _____

Please list below any exceptions or clarifications to the specifications of this quote. Explain any exceptions in full.

[illegible]

COMPANY NAME: _____

REFERENCES

RFQ #2295-A: McCurry Park Seamless Floor System

Please list three (3) references for current or recent customers who can verify the quality of service your company provides. Projects of similar size and scope are preferable.

1. Government/Company Name _____

City & State _____

Work or Service Provided _____

Approximate Completion Date _____

Contact Person and Title _____

Phone _____ Email _____

2. Government/Company Name _____

City & State _____

Work or Service Provided _____

Approximate Completion Date _____

Contact Person and Title _____

Phone _____ Email _____

3. Government/Company Name _____

City & State _____

Work or Service Provided _____

Approximate Completion Date _____

Contact Person and Title _____

Phone _____ Email _____

COMPANY NAME: _____