

ATTACHMENT A

DRUG – FREE WORKPLACE CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT THE PROVISIONS OF CODE SECTIONS 50-24-1 THROUGH 50-24-6 OF THE OFFICIAL CODE TO GEORGIA ANNOTATED, RELATED TO THE **DRUG-FREE WORKPLACE**, HAVE BEEN COMPLIED WITH IN FULL. THE UNDERSIGNED FURTHER CERTIFIES THAT:

1. A Drug-Free Workplace will be provided for the employees during the performance of the contract; and
2. Each sub-contractor under the direction of the Contractor shall secure the following written certification:

_____(CONTRACTOR)
certifies to SEDA and the City of Savannah that a Drug-Free Workplace will be provided for the employees during the performance of this contract known as procurement POOLER PARKWAY / PINE BARREN INTERSECTION (PROJECT) pursuant to paragraph (7) of subsection (B) of Code Section 50-24-3. Also, the undersigned further certifies that he/she will not engage in the unlawful manufacture, sale, distribution, possession, or use of a controlled substance or marijuana during the performance of the contract.

CONTRACTOR

DATE

NOTARY

DATE

ATTACHMENT B

CONTRACTOR AFFIDAVIT under O.C.G.A. § 13-10-91(B)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of THE City of Pooler 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 when 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

Date of Authorization

Name of Contractor

Name of Project

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

Executed on _____, _____, 2021 in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

State of _____ County of _____

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

2021 by _____ representing him/herself to be

_____ of the company named herein.

Notary Public

My Commission Expires:

Resident State

ATTACHMENT C

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 on behalf of the City of Pooler 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 contractor will contract for the physical performance of services in satisfaction of such contract only when subcontractors who present an affidavit to the contractor 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 (5) business days of receipt. If the undersigned subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five (5) business days of receipt, a copy of such 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

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

Executed on _____, _____, 2021 in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

State of _____ County of _____

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

2021 by _____ representing him/herself to be

_____ of the company named herein.

Notary Public

My Commission Expires:

Resident State

ATTACHMENT D

SAVE AFFIDAVIT IN ACCORDANCE WITH O.C.G.A §50-36-1(e)(2)

By executing this affidavit under oath, as an applicant for a contract with the City of Pooler, or other public benefit as provided by O.C.G.A. §50-36-1, and determined by the Attorney General of Georgia in accordance therewith, I state the following with respect to my application for a public benefit from the City of Pooler:

For: _____ .

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

- 1) _____ I am a United States Citizen OR
- 2) _____ I am a legal permanent resident 18 years of age or older or
- 3) _____ 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. All non-citizens must provide their Alien Registration Number below.

Alien Registration number for non-citizens _____

The undersigned applicant also hereby verifies that he or she 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 is:

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

Signature of Applicant: _____

Date: _____

Printed Name: _____

Sworn to and subscribed before me This ____ day of _____, 2022

Notary Public My commission expires:

ATTACHMENT E
REFERENCE FORM

For bidders to be deemed responsive, each must provide information on the most **recent three (3) projects** with similar scope of work as well as other information to determine experience and qualifications as follows.

- 1) **Project Name:** _____
Location: _____
Owner: _____
Address: _____
City and State: _____
Contact: _____
Phone & Fax: _____
Engineer of Record: _____
Contact: _____
Phone & Fax: _____
Email: _____
- 2) **The awarded bid amount and project start date.** _____
- 3) **Final cost of project and completion date.** _____
- 4) **Number of Change Orders.** _____
- 5) **Contracted project completion in days.** _____
- 6) **Project completed on time? Yes** _____ **No** _____ **Days exceeded** _____
- 7) **Has contractor ever failed to complete a project?** _____ **If so, provide explanation.**
- 8) **Have any projects ever performed by contractor been the subject of a claim or lawsuit by or against the contractor?** _____ **If yes, please identify the nature of such claim or lawsuit, the court in which the case was filed and the details of its resolution.**

CHECKLIST FOR SUBMITTING BID

- 1) Acknowledgment of any/all addendums.**
- 2) Original surety bond (5% of Bid) along with surety requirements sheets filled out.**
- 3) Bid sheet completely filled out and signed.**
- 4) “List of Subcontractors” sheet filled out with all subcontractors and suppliers.**
- 5) Submit at least 3 references of projects similar in scope to bidded project.**
- 6) Complete and submit all attachments to this Invitation to Bid.**
- 7) Provide a copy of the General Contractor’s GDOT Pre-Qualification.**

Name/Title

Company Name

Address

City/State/Zip

Phone/Fax Numbers

Email