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# City of Winder

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## REQUEST FOR PROPOSALS

The City of Winder is soliciting proposals for furniture in the City's Operations building.

### PROPOSALS DUE:

Friday, February 22, 2013  
2:00 PM EST

### SUBMIT PROPOSALS TO:

Leslie Henderson  
Finance Director  
City of Winder  
45 East Athens Street  
PO Box 566  
Winder, GA 30680  
[leslie.henderson@cityofwinder.com](mailto:leslie.henderson@cityofwinder.com)  
678-425-6882

## INSTRUCTIONS TO BIDDERS

### General Information

The City of Winder's Finance Department is currently soliciting bids for office furniture in the Operations Building.

### Specifications

1. Bow Top Desk, Office Star Products, Model number: NAP1YP1, Mahogany finish (71"X41")
2. L Shape with Bow Top Desk, Office Star Products, Model number: NAP1YP8, Mahogany finish (71"X89")
3. U Shape with Bow Top Desk, Office Star Products, Model numbers: NAP1YP8 plus NAP43, Mahogany finish (108"X113")
4. Four-Drawer Lateral file, Office Star Products, Model number: NAP109, Mahogany finish (36"X22"X56")
5. Two-Drawer Lateral File, Office Star Products, Model number: NAP12, Mahogany finish (36"X22"X29")
6. Storage credenza with overhead storage, Office Star Products, Credenza model number: NAP10, Overhead storage model number: NAP44, Mahogany finish
7. 5-shelf bookcase, Office Star Products, Credenza model number: NAP56, Mahogany finish (36"X14"X65")
8. Faux leather managers chair with flip arms, Office Star manufacturer, Work Smart line , model number: FL89675
9. Big & Tall Series Executive Swivel/Tilt Chair with upholstered arms, Mayline manufacturer, Model number: 6446AGBLT
10. Guest chairs without arms, La-Z-Boy manufacturer, Model number Conceive/C010, Vinyl Blue seat and plastic black back, grade 2
11. Folding/Nesting Training tables with modesty panel, Office Star Products, Model number: 84226TM, Mahogany finish (72"X24"X29.5")
12. Nesting Valore High Back Chair, armless, Model number TSH2, Mayline manufacturer, Black seat and back
13. Guest, Visitor, Tandem with right arm, La-Z-Boy manufacturer, Model number LF14R, Blue seat and back
14. Guest, Visitor, Tandem with no arms, La-Z-Boy manufacturer, Model number LF14N, Blue seat and back
15. Guest, Visitor, Tandem with arms, La-Z-Boy manufacturer, Model number BLF14A, Blue seat and back
16. Ganging brackets for visitor chair, La-Z-Boy manufacturer, Model number 93288
17. ESD Workbench, Mayline manufacturer/Techworks line, Model number 702E, Black Finish (60"X36")
18. ESD Workbench, Mayline manufacturer/Techworks line, Model number 703E, Black Finish (72"X36")
19. ESD Workbench Organizer, Mayline manufacturer/Techworks line, Model number 713, Black Finish (72"X36")
20. ESD Workbench Service bars, Mayline manufacturer/Techworks line, Model number 731, Black Finish (15Amp, 12 Outlets)
21. ESD Workbench Service bars, Mayline manufacturer/Techworks line, Model number 732, Black Finish (15 Amp, 16 Outlets)
22. ESD Workbench Overhead Lockable Storage Unit, Mayline manufacturer/Techworks line, model number 763, black finish (24")

## **Submittal Requirements**

Each bidder must submit three (3) copies of their Proposal, enclosed in a sealed envelope or box, and marked with the bidders' name, address and labeled: **“Operations Building First Floor”** and addressed to:

City of Winder  
Leslie Henderson, Finance Director  
P O Box 566  
Winder, Georgia, 30680-0566

Proposals shall be received no later than **2:00 PM, Friday, February 22, 2013** at the City of Winder's City Hall, 45 East Athens Street, Winder, Georgia 30680, at which time and place all proposals will be publicly opened and acknowledged.

## **Qualifications and Experience**

Proposals must provide the following information to establish the qualifications and experience of the Bidder:

1. Certification that the Bidder or its officers or any predecessor companies are not under any part of the Bankruptcy Act nor ever filed under the Bankruptcy Act within the previous seven years.
2. Provide a listing of relative experience with projects and related services similar in nature, with emphasis on projects similar in scope or characteristic to that proposed for the City of Winder.
3. Provide a summary of qualifications, specific and general, of the company and the resume of the person to be assigned to the project.

## **Terms & Conditions**

1. The City reserves the right to reject any and all proposals. The City will not discriminate against any Vendor submitting a bid because of race, creed, color, national origin, or handicap.
2. The City of Winder reserves the right to exercise discretion and apply its judgment with respect to all bid proposals submitted. The City also reserves the right to reject all proposals, either in part or in its entirety, or to request and obtain, from one or more of consulting firms submitting proposals, supplementary information as may be necessary for City staff to analyze the bids proposals.
3. The City of Winder may elect to award a contract in multiple phases, as is deemed to be in the City's best interest. Should the City award projects in phases, the City reserves the right to award the phases to the same firm. All proposals submitted in response to the RFP become property of the City of Winder and public records, and will be subject to public view.
4. All proposals shall constitute, for a period of 90 calendar days, an irrevocable offer to provide the City the services set forth in the specifications and proposal.
5. At no time shall the successful Vendor reproduce the City of Winder's logo, return address or any other identifying or proprietary information for any other purpose. Also, the Vendor shall not use the City of Winder in advertisements without the written consent of the City.

## **Delivery**

1. Delivery should be no more than 60 calendar days after award of bid, or otherwise noted in bid.
2. All prices quoted are F.O.B. Destination unless the City indicates otherwise in bid specifications.

## **Price Structure**

The vendor must provide a comprehensive cost proposal that includes all cost associated with delivery, assembly and installation of furniture. No quotation shall include Federal or State tax as the City is exempt from such tax and will furnish the appropriate tax exemption documentation.

**Equivalent Bids**

When model numbers are followed by “or equivalent”, it is for the quality, style and features. For a “or equivalent” bid to be considered there must be sufficient descriptive literature and/or specifications clearly identified for competitive evaluation.

**Questions and Interpretations**

No inquiries or interpretation of meaning concerning this Request for Proposal will be made to any interested party orally. Every inquiry or request for interpretation should be made in writing via e-mail. All inquiries and requests for interpretation should be sent via e-mail to Leslie Henderson at [leslie.henderson@cityofwinder.com](mailto:leslie.henderson@cityofwinder.com). All questions and all answers will be posted on the website [www.cityofwinder.com](http://www.cityofwinder.com). It will be the responsibility of interested parties to periodically check the website for any new information.

Qty	Unit Price	Or Equivalent Description/Part Number	Unit Price	Extended Price
6		Bow Top Desk: Model number NAPTYP1 Office Star Products Two file drawers pedestal A. Two box drawers and one file drawer pedestal B. Two file drawer pedestal Mahogany finish (71"X41")		
7		L Shape with Bow Top Desk with right return: Model number NAPTYP8 Office Star Products Two file drawers pedestal A. Two box drawers and one file drawer pedestal B. Two file drawer pedestal Mahogany finish (71"X89")		
6		L Shape with Bow Top Desk with left return: Model number NAPTYP8 Office Star Products Two file drawers pedestal A. Two box drawers and one file drawer pedestal B. Two file drawer pedestal Mahogany finish (71"X89")		
6		U Shape with Bow Top Desk with left return: Model number NAPTYP8 plus NAP43 Office Star Products Two file drawers pedestal A. Two box drawers and one file drawer pedestal B. Two file drawer pedestal Mahogany finish (108"X113")		
7		Four-Drawer Lateral file: Model number NAP109 Office Star Products Mahogany finish (36"X22"X56")		
12		Two-Drawer Lateral File: Model number NAP12 Office Star Products Mahogany finish (36"X22"X29")		

Qty	Unit Price	Or Equivalent Description/Part Number	Unit Price	Extended Price
1		Storage credenza with overhead storage: Model number NAP10 plus NAP44 . Office Star Products . Two file drawers pedestal A. Two - Two file drawer pedestal . Mahogany finish		
3		5-shelf bookcase: Model number NAP56 . Office Star Products . Mahogany finish (36"X14"X65")		
35		Faux Leather Managers chair with flip arms: Model number FL89675 . Office Smart manufacturer . Black seat and back		
3		Big & Tall Series Executive Swivel/Tilt Chair with upholstered arms: Model number: 6446AGBLT . Mayline manufacturer . Black seat and back		
52		Guest chairs without arms: Model number Conceive/CO10 . La-Z-boy manufacturer . Vinyl blue seat and plastic black back . Grade 2 finish		
12		Folding/Nesting Training tables with modesty panel: Model number 84226TM . Office Star Products . Mahogany finish (72"X24"X29.5")		
42		Nesting Valore High Back Chair, armless: Model number TSH2 . Mayline manufacturer . Black seat and back		

Description	Qty	Unit Price	Or Equivalent Description/Part Number	Unit Price	Extended Price
Guest, Visitor, Tandem with right arm: Model number LF14R . Lazyboy manufacturer . Blue seat and back	4				
Guest, Visitor, Tandem with no arms: Model number LF14N . Lazyboy manufacturer . Blue seat and back	2				
Guest, Visitor, Tandem with arms: Model number BLF14A . Lazyboy manufacturer . Blue seat and back	4				
Ganging brackets for Guest, Visitor, Tandem with arms: Model number 93288 . Lazyboy manufacturer	6				
ESD Workbench: Model number 702E . Mayline manufacturer/Techworks line . Black Finish (60"X36")	1				
ESD Workbench: Model number 703E . Mayline manufacturer/Techworks line . Black Finish (72"X36")	4				
ESD Workbench Organizer: Model number 713 . Mayline manufacturer/Techworks line . Black Finish (72"X36")	4				
ESD Workbench Service bars: Model number 731 . Mayline manufacturer/Techworks line . Black Finish (15 Amp, 12 Outlets)	1				

City of Winder, GA  
 Operatons Building Furniture Proposal

Description	Qty	Unit Price	Or Equivalent Description/Part Number	Unit Price	Extended Price
ESD Workbench Service bars: Model number 732 . Mayline manufacturer/Techworks line . Black Finish (15 Amp, 16 Outlets)	4				
ESD Workbench Overhead Lockable Storage Unit: Model number 763 . Mayline manufacturer/Techworks line . Black Finish (24")	12				
Total Extendend Price:					

Proposing Company \_\_\_\_\_



**BIDDERS DECLARATION**

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the requirements.

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 will be provided before the commencement of any work.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **February 22, 2013** at **2:00 p.m.** but may not be withdrawn after such date and time.

That the City of Winder 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 Winder 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 Winder 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 Winder. The bidders may be declared, by the City of Winder, ineligible for further contracts with the City of Winder 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.

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**BIDDER**

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**SIGNATURE**

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**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 officer of the City of Winder 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 Winder 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**

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is 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.

Social security number									
				-			-		

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

Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

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

**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 4.

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

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

***City of Winder Verifying Status  
For City Public Benefit Application  
O.C.G.A. § 50-36-1(e)(2) Affidavit***

By executing this affidavit under oath, as an applicant for a(n) Business License, Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from the City of Winder, I, the undersigned applicant, verify one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States 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:\_\_\_\_\_.

**I, the undersigned applicant, also hereby verify that I am 18 years of age or older and have provided at least one secure and verifiable document (Georgia Driver’s License, State Issued ID, US Passport, etc.), 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

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

*City of Winder*  
**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 City of Winder 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)

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

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

\_\_\_\_\_  
Contractor's Physical Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
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:  
\_\_\_\_\_