



# City of Summerville

P. O. Box 180, Summerville, GA 30747

Phone: 706-859-0900

Web: <http://www.summervillega.org>

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**CITY OF SUMMERVILLE  
REQUEST FOR BID  
FIRE HYDRANT MAINTENANCE & REPAIR  
RFB-2024-103-FIRE HYDRANT REPAIR**

Sealed bids will be received by the City of Summerville, 120 Georgia Ave., Summerville, Georgia 30747 until **2:00 p.m.** on **4/03/2024** for Fire Hydrant Maintenance & Repair. All bids must be good for 30 business days. All bids are subject to the provisions of the conditions outlined in this document. Bids shall be opened promptly at the council meeting the same day at 2:00 p.m. at the City Hall, Council Room, and their contents will be made public for the information of the Respondents, and others properly interested. The bid will not be awarded until the applicable designated city officials have had ample time to review each bid. Bids must be submitted in sealed envelopes with "RFB-2024-103-Fire Hydrant Repair" clearly marked on the outside of the envelope for easy identification by the City of Summerville. Any bids received later than the specified time will not be accepted/considered. The City will not be responsible for late submissions caused by the postal service, other carriers, or any other delivery problems regardless of the reason.

Bids submitted by USPS should be addressed to:

**City of Summerville  
PO Box 180  
Summerville, GA 30747  
ATTN: PURCHASING AGENT**

Bids submitted by Federal Express, United Parcel Services, etc. and should be addressed to:

**City of Summerville  
120 Georgia Ave  
Summerville, GA 30747  
ATTN: PURCHASING AGENT**

The City of Summerville reserves the right to engage in discussions with or request additional information from any or all responsible Respondents who submit bids which appear to be eligible for the award, for the purpose of clarification to assure full understanding of and responsiveness to the RFB requirements herein. In the event the City elects to negotiate a contract with the successful vendor, any contract shall contain, at a minimum, the term and conditions (or substantially the same term and conditions) as hereinafter stated. The City reserves the right, in its sole discretion, to reject all submissions, reissue a subsequent RFB, terminate, restructure or amend this procurement process at any time. The final selection and contract negotiation rest solely with the City. This solicitation does not commit the City of Summerville to award a contract/purchase order, to pay any costs incurred in the preparations of a bid, or to procure or contract for services. The City of Summerville reserves the rights to reject any and all responses, to cancel this solicitation, and to make an award deemed in its own best interest.

## **INSTRUCTIONS FOR BIDS:**

### **All Bids must include:**

1. Signed Bid
2. Signed Certificate of Non-Discrimination
3. Signed E-Verify Compliance Affidavit
4. Signed Save Compliance Affidavit
5. Request for Taxpayer I.D. Number (W-9)
6. Certificate of Insurance

### **Signed Bids**

All bids must be signed by an authorized officer or agent of the company submitting the bid and delivered in sealed envelopes to City Hall no later than the time and dates indicated above. Bids received after the time and date indicated above will not be considered. Faxed bids will not be accepted under any circumstances. The City will assume no responsibility for oral instructions or suggestions. All official correspondences in regard to the specifications should be directed to and will be issued by the designated City official. No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. The City of Summerville shall not be legally bound by any amendment or interpretation that is not in writing. The City will rank, based upon the evaluation criteria, all responsible and responsive vendors.

The City will begin negotiations with the top-ranked vendor or vendors and will continue with negotiation down the ranking until a satisfactory contract with the City is finalized if any. The terms and conditions of the contract will be no less advantageous than the provisions of the RFB or the Vendor's bid. The City reserves the right to make a partial award or to split the award at its sole discretion.

## **DEFINITIONS:**

Responsible Respondent means a respondent who has the capability in all respects to fully perform contract requirements and the integrity and reliability, which will assure good faith performance.

Responsive Respondent means a respondent who has submitted a bid, which conforms in all material respects to the Request for Bid.

## **CHANGES:**

Any changes to the specifications in this request for bid package shall be in writing and an addendum will be distributed to all prospective respondents so each respondent can compete equitably.

Any changes in this request for bid after the purchase order/contract agreement has been awarded must be with the written consent of the designed city official or the City Manager; otherwise, the responsibility for such changes lies with the vendor.

## **INQUIRIES:**

Questions concerning this Request for Bid (RFB) should be directed to the Public Works Director by email at [ttinney@summervillega.org](mailto:ttinney@summervillega.org). The deadline for the submission of all inquiries is 3/29/2024. Any changes to the specifications in the bid package shall be in writing and an addendum will go out to all prospective respondents so each vendor can compete equitably.

## **AWARD OF CONTRACT:**

Selection shall be made of one or more Respondents deemed fully qualified and best performing among those submitting bids. Negotiations shall be conducted with the Respondents so selected. Price shall be considered, but may not be the sole determining factor. After negotiations have been conducted with each Respondent so selected, the

City shall select the Respondent(s), which in its opinion, has made the best bid, and recommend that a contract(s) be awarded to the Respondent.

All contracts shall be in accordance with the laws of the State of Georgia. The City of Summerville may cancel this RFB; reject bids or any portion thereof at any time prior to an award, and is not required to furnish a statement of the reason why a particular bid was not deemed to be the most advantageous.

**EVALUATION PROCEDURE:**

All bids will be evaluated and ranked by the City of Summerville. Negotiations and/or award of a contract may be initiated without further contact with the other Respondents.

**BASIS FOR AWARD:**

A committee consisting of the City of Summerville City Manager, Finance Director and Public Works Director will review RFB submittals and will make its recommendation. The Committee may make such reasonable investigation, as it deems proper and necessary to determine the ability of the Respondent to perform the work/services.

**SELECTION PROCESS:**

The City shall select the most qualified Respondent. Each response shall be subject to the same review and evaluation process.

**INSURANCE REQUIREMENTS:**

The successful respondent shall agree to hold harmless, indemnify and defend the City of Summerville, its agents, and employees from any claims for property damages or personal injury (including death resulting therefrom). Such claims are not limited to actual, consequential, incidental or punitive damages. The successful respondent shall agree to maintain sufficient comprehensive general liability insurance in the amount of \$1,000,000.00 per occurrence and \$1,000,000.00 per person. Proof of such insurance shall be given to the City by an appropriate certificate-of-insurance issued by the successful respondent's insurance agent. The successful respondent shall maintain vehicle liability insurance with minimum combined single limits of \$1,000,000.00 per occurrence.

**SCOPE OF WORK:**

The City of Summerville is seeking bids from qualified Vendors for Fire Hydrant Maintenance & Repair throughout the City of Summerville.

**BASE BID AMOUNT:**

Main Valve Assembly – Under Pressure

Description of work	Est. Qty.	Unit Cost
Replace Operating Nut	50	
Replace Top Operating Rod	50	
Install New Rod Coupling	50	
Replace Seal/Gasket Between Bonnet and Nozzle Section	50	
Replace Hose Nozzles	50	
Replace Pumper Nozzles	50	
Replace Gasket Between Upper & Lower Standpipe Sections	50	
Replace O-Ring Seals Associated with Hydrant Repair	50	

**CERTIFICATE OF NON-DISCRIMINATION**

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

The vendor 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 vendor’s non-compliance with this non-discrimination clause, the contract may be cancelled or terminated by the City of Summerville. The vendors may be declared, by the City of Summerville, ineligible for further contracts with the City of Summerville until satisfactory proof of intent to comply shall be made by the vendor.

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

\_\_\_\_\_  
Vendor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**City of Summerville, Georgia**

**E-Verify Compliance Affidavit**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

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 Summerville, 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 ID Number

\_\_\_\_\_  
Signature (if less than 10 employees)

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

\_\_\_\_\_  
Name of Contractor/Company

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

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

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

Executed on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Printed Name of Officer or Agent

Subscribed and sworn before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

**CITY OF SUMMERVILLE, GEORGIA**

**SAVE COMPLIANCE AFFIDAVIT  
O.C.G.A. §50-36-1(f)(1)(B)**

By executing this affidavit under oath, as an applicant for a Contract, as referenced in O.C.G.A. §50-36-1, from the City of Summerville, Georgia, the undersigned applicant verifies one of the following with respect to my application for 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: \_\_\_\_\_

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(f)(1)(A), 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 statutes.

Executed on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_  
Printed Name of Officer or Agent

Subscribed and sworn before me  
This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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



**Request for Taxpayer  
Identification Number and Certification**

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

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 of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <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) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<b>or</b>	
<b>Employer identification number</b>	

**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 for Part II, later.

**Sign Here**

Signature of U.S. person ▶

Date ▶

**General Instructions**

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**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, later.*

**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 SUMMERVILLE) 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

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

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

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

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

\_\_\_\_\_  
Will You Be Using Sub-Contractors

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:  
\_\_\_\_\_