



CLARENDON COUNTY PROCUREMENT

Solicitation Number

2015-1216-ROAD & DRAINAGE REPAIRS/REQUIRED RECOVERY RESULTING FROM 2015 FLOOD

REQUEST FOR PROPOSAL

THIS DOCUMENT WILL SERVE AS CONTRACT

Tamika Malone CPPO, CPPB Procurement Director

procurement@clarendoncountygov.org

*****INSTRUCTIONS*****

AWARD& AMENDMENTS

Please submit your technical and price proposals in separate sealed envelopes.

DEADLINE TO SUBMIT: 4:00 P.M. Wednesday, December 16, 2015

Please SUBMIT (FORMS 1-3) on pages 31-35, including any separate pages, along with signed CERTIFICATES (referred to as EXHIBITS A-E) on pages 38-45 as your sealed "TECHNICAL PROPOSAL"

In a separate sealed envelope, please SUBMIT this page, PAGE 2, it MUST be signed, along with (FORM 4) on page 36 as your sealed "PRICE PROPOSAL"

If you do not intend to respond to this solicitation, please fill out Page 46 and kindly return via e-mail or fax.

NAME OF OFFEROR (Full legal name of business submitting the offer)

OFFEROR'S TYPE OF ENTITY: (Check one)

- checkbox Sole Proprietorship checkbox Partnership checkbox Corporation checkbox State of Incorporation checkbox Government entity (federal, state, or local) checkbox Other checkbox DBE/MBE/WBE checkbox SC RESIDENT VENDOR checkbox CERTIFICATE OF INSURANCE ENCLOSED checkbox GENERAL CONTRACTOR

AUTHORIZED SIGNATURE

Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above. My signature indicates my agreement to be bound to the terms and conditions contained herein.

TITLE (Business title of person signing above)

TAX PAYER ID DUNS

ACKNOWLEDGEMENT OF ADDENDUMS

- checkbox ADDENDUM #1 checkbox ADDENDUM #2 checkbox ADDENDUM #3

PRINTED NAME (Printed name of person signing above)

DATE

OFFEROR'S ADDRESS

CITY/STATE

ZIP CODE

PHONE

FAX

E-MAIL

By submission of a signed agreement, I certify, under penalties of perjury, that my firm complies with section 12-54-1020(B) of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes.

I hereby affirm that my OFFER includes cost for permits, fees, personnel, supervision, labor, time, materials and equipment required to perform all work in accordance with all terms and conditions contained herein.

This solicitation, along with an assigned PO# will serve as contract for this purchase.

My signature indicates that I have the authority to enter into an agreement with Clarendon County and will be responsible for the fulfillment of this solicitation.

ACCEPTED BY:

TAMIKA MALONE CPPO, CPPB PROCUREMENT DIRECTOR, CLARENDON COUNTY

DATE / PO#

SUBMITTAL FORM(S)

RFP

Offeror shall note that submission of a response to this Request for Proposals, authorizes Clarendon County or its agents/representatives to make inquiries concerning the Offeror and the offer submitted from any entity it deems appropriate.

Date of Offer: _____ **Federal Identification Number:** _____

Offeror Firm/Company Name: _____

Offeror Mailing/Street Address: _____

Offeror City / State / Zip: _____

Telephone Number: _____ **Fax Number:** _____

Website Address: _____

Name / Title of Authorized Agent: _____

Signature of Authorized Agent: _____

Telephone Number: _____ **Fax Number:** _____

E-mail Address: _____

Employee Name Licensed With SC Licensing Board (Qualifier): _____ **License Number:** _____

Number of Years: _____ **Number of Years with Company:** _____

Are you certified as a DBE (disadvantaged business enterprise) by the State of South Carolina?

Yes No If yes, provide certification number: _____

If no, would you qualify as a DBE based on being at least fifty-one percent (51 %) Ownership by a woman or person of ethnic (non-white) origin? Minority-owned Woman-owned No

Are you willing to make positive efforts to use a DBE as sub-contractors for this project? Yes No

Acknowledge receipt of all addenda issued: Addendum Number: _____ Initials: _____
Addendum Number: _____ Initials: _____
Addendum Number: _____ Initials: _____

Clearly list any deviations from the requested specifications and fully explained such deviations?

Please indicate if you have previously provided products/services to Clarendon County.

Key Personnel & Qualifications & Experience

Offerors shall submit their responses to the Request for Proposals in the order/format listed below:

1. Qualifications of Firm

1. Summary of Qualifications: Provide a description and history of the firm which summarizes Proposer's experience in all aspects of civil works construction (reference resources, operations, planning, contract management, accounting systems, and knowledge and experience with Federally reimbursed projects).
2. Resources / Equipment:. Provide a list of contractor owned equipment that is applicable to the scope of work included herein.
3. Litigation Summary: Provide a list of all claims, arbitrations, administrative hearings, and lawsuits brought against your company. Has the proposer been a defendant in any litigation in the last ten years? If so, provide a detailed description of such litigation and the outcome. Has the proposer ever been the subject of an investigation involving construction work? If so provide a detailed description of the investigation and its outcome. Has the proposer ever brought suit against a state or local government? If so, provide a detailed description of the suit and its outcome. Is the proposer currently barred from doing FEMA related work?

2. Technical Approach

1. Project Approach: Provide a short narrative description of your overall approach to completing the scope of work required by the County.
2. Accounting & Document Management: Describe your approach to documenting work completed, invoicing and documentation.
3. Quality Control: Briefly describe your approach and methods used to ensure that quality work is performed.

3. Project Management

1. Key Personnel: Provide a list of key personnel to be assigned to provide the required services including brief resumes (no to exceed 1 page each) for each describing experience, training, and education relevant to the required services.
2. Certifications: Provide a list of certifications held by key personnel.

4. References

1. References: List at least three references. The reference list should demonstrate the company's work experience with roadway / civil works projects and identify each reference with contact name, address, and telephone number. Letters of reference may be included.

Provide detailed employee resumes for those persons performing the following functions:

- a. Project Oversight/Management
- b. Assessment of Market Factors & Lead Time Management
- c. Cost Estimating
- d. Site Superintendent
- e. Subcontractor Scheduling & Management
- f. Quality Assurance
- g. Safety and Claims Management

Provide detailed resumes for those persons/organizations performing the following functions when Offeror does not have in-house expertise to do so but must outsource the work (subcontractor)

1. Number of consecutive years you have operated as a General Contractor: _____

Number of years licensed in State of South Carolina: _____

Number of years you have operated under the current name and structure: _____

If less than five (5), provide name of previous company: _____

Name of Qualifier: _____ SC License Number: _____

Explanation for reorganization to current name and structure: (Explain on separate sheet)

Number of permanent employees: _____ Number of Construction Project Managers: _____

Number of Field Supervisors: _____ Number of Clerical Staff: _____

Provide copy of incorporation and licensing.

2. Do you have an accounting system that permits timely and adequate development of cost data accurately across all Projects in progress acceptable to general accounting standards? Yes No

Do you currently have and use Expedition software to manage projects and communicate with subcontractors, project managers and owners? Yes No

State current financial rating: _____ Dunn & Bradstreet Other (Specify): _____

Provide information on your certified public accountant: Name: _____

Phone Number: _____ Address: _____

Contact Name: _____ Address: _____

(Financial statements are not required at this time; however, by providing this information, you are authorizing your Accountant to release such financial information to Clarendon County, upon request and as required, that will assist Clarendon County in determining your financial stability.)

Have you in the past five (5) years or do you anticipate currently or in the future to: File a voluntary or involuntary petition of bankruptcy? Yes No Be insolvent? Yes No

Be appointed a receiver or trustee? Yes No

Be assigned for the benefit of creditors? Yes No (If answered yes to any question, explain on separate sheet)

3. Provide information on your bonding company: Name: _____

Phone Number: _____ Address: _____

Contact Name: _____ Address: _____

Licensed in South Carolina? Yes No Listed on US Treasury List, Circular 570? Yes N

Provide information on your attorney-in-fact:

Name: _____

Phone Number: _____ Address: _____

Contact Name: _____ Address: _____

By providing this information, you are authorizing your Bonding Company and/or Attorney-in-fact to release such bonding information to Clarendon County, upon request and as required, that will assist Clarendon County in determining your financial stability.)

Provide information on other bonding company or attorney-in-fact you have had in past five (5) years. (Separate Sheet)

Maximum amount allowed to bond an individual project: \$ _____

Aggregate bonding capacity as of the date of this offer: \$ _____

Amount of aggregate bonding capacity utilized as of the date of this offer: \$ _____

Number of applications for payment and performance bonds made in past five (5) years:

Number of those applications denied: _____ (Explain on Separate Sheet)

Have any claims filed against your surety in past five (5) years? Yes No (If yes, explain on separate sheet)

4. List current insurance experience modifier rating (EMR): _____

List current workers' compensation experience modification rating (EMR), if different: _____

Explain your established safety plan for this Historical building project. (Explain on separate sheet)

Do you include subcontractors and suppliers in your safety plan? Yes No (If yes, explain on separate sheet)

Briefly describe, citing specific evidence of your safety record for the past five (5) years. (Explain on separate sheet)

5. Have you filed any lawsuit or requested arbitration/mediation relative to a construction contract in past ten (10) years?

Yes No (If yes, explain on separate sheet) Have you failed to complete any contracted work or been found in breach or default on any contract in past ten (10) years? Yes No (If yes, explain in detail on separate sheet)

Have you ever failed to pay a subcontractor/supplier amounts owed that resulted in a lawsuit, judgment, lien or other action by the subcontractor/supplier to collect monies owed? Yes No (If yes, explain in detail on separate sheet)

Are there currently any judgment, claim, arbitration, mediation proceedings or lawsuits pending/outstanding at the time of This offer? Yes No (If yes, explain in detail on separate sheet) Have you or any officer, director, key employee or

qualifier been convicted of a state/federal crime related to construction contracting including violations of ethics, anti-trust laws, fraud, conspiracy to bid rig or other such acts in the past ten (10) years?

Yes No (If yes, explain in detail on separate sheet)

Are you currently or have you ever been debarred from bidding or contracting with any public entity in any state or with the federal government? Yes No (If yes, explain in detail on separate sheet) Have you or any officer, director, key

employee or qualifier had a contractor's license revoked or been assessed any fines or issued any consent orders/letters or other administrative action by a contractors' licensing board? Yes No (If yes, explain in detail on separate sheet)

Clarendon County Flood Recovery Roadway Repairs – DR 4241

PROPOSED UNIT PRICE SCHEDULE

<u>BAMS #</u>	<u>DESCRIPTION</u>	<u>UNIT</u>	<u>UNIT PRICE</u>
1031010	MOBILIZATION (PER SITE)	EA	
1071000	TRAFFIC CONTROL (PER DAY)	EA	
2031000	UNCLASSIFIED EXCAVATION	CY	
2033000	BORROW EXCAVATION (1-1000 CY)	CY	
2033000	BORROW EXCAVATION (1001 CY & ABOVE)	CY	
2081001	FINE GRADING	SY	
2091100	SELECT MATERIAL FOR SHOULDERS & SLOPES	CY	
2103000	FLOWABLE FILL	CY	
3050199	GRADED AGGREGATE BASE COURSE (1-500 SY)	TON	
3050199	GRADED AGGREGATE BASE COURSE (501 SY & ABOVE)	TON	
3069900	MAINTENANCE STONE	TON	
-	ASPHALT MILLINGS FOR PAVING	TON	
3100310	H/M ASPH. BASE CR.-TYPE A INCLUDES BINDER (1-100 TON)*	TON	
3100310	H/M ASPH. BASE CR.-TYPE A INCLUDES BINDER (101 TON & ABOVE)*	TON	
4012040	FULL DEPTH ASPHALT PATCHING (4" UNIF.)	SY	
4013990	MILL.EXIST.ASPH.PVMT.-VARIABLE	SY	
4020320	H/M ASPH.INTERMEDIATE CR.TYPE B INCLUDES BINDER (1-100 TON)*	TON	
4020320	H/M ASPH.INTERMEDIATE CR.TYPE B INCLUDES BINDER (101 TON & ABOVE)*	TON	
4030340	H/M ASPH.SURF.CR. TYPE C INCLUDES BINDER (1-100 TON)*	TON	
4030340	H/M ASPH.SURF.CR. TYPE C INCLUDES BINDER (101 TON & ABOVE)*	TON	
6270000	TEMPORARY PAVEMENT MARKINGS	LF	
6270000	PERMANENT PAVEMENT MARKINGS (THERMO.)	LF	
6301100	PERM.YEL.PAV.MARK BI-DIR 4"X4"	EA	
7141113	18" RC PIPE CUL.-CLASS III	LF	
7141114	24" RC PIPE CUL.-CLASS III	LF	
7141116	36" RC PIPE CUL.-CLASS III	LF	
7141118	48" RC PIPE CUL.-CLASS III	LF	
7152003	18" CORR. STEEL PIPE CUL.-0.064"	LF	
7152005	24" CORR. STEEL PIPE CUL.-0.064"	LF	
7152008	36" CORR. STEEL PIPE CUL.-0.064"	LF	
7152011	48" CORR. STEEL PIPE CUL.-0.064"	LF	
8041015	RIP-RAP (CLASS A)	CY	
8048200	GEOTEX/EROS.CONT(CLASS2)TYPE A	SY	
8100101	PERM. GRASSING FOR SMALL PROJ.	ACRE	
8153000	SILT FENCE	LF	
	DITCH CHECK	TON	
8156490	STABILIZED CONSTR. ENTRANCE	SY	

**INSURANCE REQUIREMENTS
(Contracts Greater Than \$25,000)**

Consultants working for the Clarendon County are required to procure and maintain for the duration of their contract with the County insurance against claims for injuries to persons or damages to property which may arise from or in connection with work performed by the Consultant, his agents, representatives, employees or subconsultants. The cost of such insurance shall be the responsibility of the Consultant.

- A. The Consultant shall carry liability insurance with a reliable company licensed to do business in South Carolina. Coverage shall be at least broad as:
1. Insurance Services Office Commercial General Liability Coverage Form ("occurrence") CG 00 01 10 93.
 2. Insurance Services Office Business Auto Coverage Form CA 00 01 6 92 covering automobile liability, code 1 "any auto".
- B. Consultant shall carry workers' compensation as required by the State of South Carolina and Employers Liability insurance (including applicable occupation disease provisions and all state endorsements.)
- C. Consultant shall maintain limits no less than the following:
1. **GENERAL LIABILITY:** \$1,000,000 combined single limit per occurrence for bodily injury, property damage, and personnel injury with a \$2,000,000 general aggregate limit.
 2. **AUTOMOBILE LIABILITY:** \$1,000,000 combined single limit per accident for bodily injury and property damage.
 3. **WORKERS' COMPENSATION:** Statutory limits are required by South Carolina state law, and employer's liability limits of \$100,000 per accident.

Insurance Requirements

- D. Required policies are to contain, or be endorsed to contain, the following provisions:

1. General Liability and Automobile Liability Coverages

The Clarendon County, its officials, employees and volunteers are to be covered as insureds as respects: Liability arising out of activities performed by or on behalf of the Consultants; premises owned, occupied or used by the Consultant; or automobiles owned, leased, hired or borrowed by the Consultant. The coverage shall contain no special limitations on the scope of protection afforded to the Clarendon County, its officials, employees or volunteers. To accomplish this objective, the Clarendon County shall be named as an additional insured under the Consultant's general liability policy by attaching Insurance Services Office Commercial General Liability Endorsement CG2010 10 93 (Additional Insured - Owners, Lessees or Consultants - Form B) or its equivalent. Consultants' insurance coverage shall be primary insurance as respects the Clarendon County, its officials, employees and volunteers. Any insurance or self-insurance maintained by the Clarendon County, its officials, employees, or volunteers shall be in excess of the Consultant's insurance and shall not be required to contribute. To accomplish this objective, the following wording should be incorporated in the previously referenced additional insured endorsement.

Other Insurance: This insurance is primary, and our obligations are not affected by any other insurance carried by the additional insured whether primary, excess, contingent or on any other basis.

Any failure to comply with reporting provisions of the Consultant's policies shall not affect coverage provided to the Clarendon County, its officials, employees or volunteers.

2. **Workers' Compensation**

The Consultant shall agree to waive all rights of subrogation against the Clarendon County, its officials, employees and volunteers for losses arising from work performed by the Consultant for the Clarendon County.

- E. Any deductibles or self-insured retentions larger than \$5,000 must be declared to and approved by the Clarendon County.
- F. Each insured policy required by the Clarendon County shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the Clarendon County.
- G. All coverages for subconsultants shall be subject to all the requirements stated herein.
- H. Insurance must be placed with an approved insurance company with current Best's rating of A+, A, or A-. Exceptions to this requirement must be approved in writing by the Department of Risk Management.
- I. If the County elects to assign the attached contract to the Clarendon Public Facilities Corporation, as set for in the contract, than the Clarendon Public Facilities Corporation shall be named an additional insured along with the Clarendon County and shall be equally entitled to all coverages and benefits of the policies.
- J. Consultant shall furnish the Clarendon County with Certificates of Insurance noting the endorsements. The Certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the Clarendon County, Procurement Department, before work commences. The Clarendon County reserves the right to require complete, certified copies of all required insurance policies, at any time.

Required certificates should be mailed to: Tamika Malone, CPPO, CPPB
Clarendon County Procurement Department
411 Sunset Drive, Room 603
Manning, South Carolina 29102

Project: **ROAD & DRAINAGE REPAIRS/REQUIRED RECOVERY RESULTING FROM 2015 FLOOD**

It is hereby warranted that the CONTRACTOR possesses LICENSE NUMBER _____ issued by the State of South Carolina.

WITNESSETH:

CONTRACTOR/VENDOR:

Signature & Title:

WITNESSETH:

CLARENDON COUNTY

Tamika Malone, CPPO, CPPB
Procurement Director
Clarendon, SC

**Clarendon County
Drug-free Workplace Certification
(Consultant/Vendor Other Than Individuals)**

This certification is required by the Drug-free Workplace Act, Section 44-107-10 et seq South Carolina Code of Laws (1976, as amended). The regulations require certification by Consultants/Vendors prior to award, that they will maintain a drug-free workplace as defined below. The certification set out below is a material representation of fact upon which reliance will be placed when determining the award of a contract. False certification or violation of the certification shall be grounds for suspension of payments, suspension or termination of contract, or suspension or debarment from the right to submit bids for proposals for Clarendon County projects.

For purposes of this Certification, "Drug-free Workplace" is defined as set forth in Section 44-107019 (1), South Carolina Code of Laws (1976, as amended). The aforesaid Section defines workplace to include any site where work is performed to carry out the Consultant's/ Vendor's duties under the contract. Consultant's/Vendor's employees shall be prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in accordance with the requirements of the Drug-free Workplace Act.

By signing this document, the Consultant/Vendor hereby certifies that it will provide a drug-free workplace by:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing possession or use of a controlled substance is prohibited in the Consultant's/Vendor's workplace and specifying the actions that will be taken against employees for violation of the prohibition;
- (2) Establishing a drug-free awareness program to inform employees about:
 - (a)The dangers of drug abuse in the workplace;
 - (b)The Consultant's/Vendor's policy of maintaining a drug-free workplace;
 - (c)Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d)The penalties that may be imposed upon employees for drug violations;
- (3) Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (1) above;
- (4) Notifying the employee in the statement required by paragraph (1) that, as a condition of employment under the contract, the employee will:
 - (a)Abide by the terms of the statement, and
 - (b)Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after the conviction;
- (5) Notifying the using agency within ten (10) days after receiving notice under subparagraph (4) (b), from an employee or otherwise receiving actual notice of the conviction;
- (6) Taking one of the following actions, within thirty (30) days of receiving notice under subparagraph (4) (b) with respect to any employee who is convicted:
 - (a)Taking appropriate personnel action against the employee, up to and including termination; and

(b) Requiring the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(7) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1), (2), (3), (4), (5), and (6) above.

Project: **ROAD & DRAINAGE REPAIRS/REQUIRED RECOVERY RESULTING FROM 2015 FLOOD**

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NUMBER _____ issued by the State of South Carolina.

WITNESSETH:

CONTRACTOR/VENDOR:

Signature & Title:

WITNESSETH:

CLARENDON COUNTY

Tamika Malone, CPPO, CPPB
Procurement Director
Clarendon, SC

49 CFR PART 20--CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

Byrd Anti-Lobbying Amendment, 31 U.S.C. 1352, as amended by the Lobbying Disclosure Act of 1995, P.L. 104-65 [to be codified at 2 U.S.C. § 1601, et seq.] - Contractors who apply or bid for an award of \$100,000 or more shall file the certification required by 49 CFR part 20, "New Restrictions on Lobbying." Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract grant or any other award covered by 31 U.S.C. 1352. Each tier shall also disclose the name of any registrant under the Lobbying Disclosure Act of 1995 who has made lobbying contacts on its behalf with non-Federal funds with respect to that Federal contract, grant or award covered by 31 U.S.C. 1352. Such disclosures are forwarded from tier to tier up to the recipient. (To be submitted with each bid or offer exceeding \$100,000)

The undersigned [Contractor] certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form--LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)]
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.

The Contractor, _____, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

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CLARENDON COUNTY

Tamika Malone, CPPO, CPPB
Procurement Director
Clarendon, SC

49 CFR PART 29—SUSPENSION AND DEBARMENT

This contract is a covered transaction for purposes of 49 CFR Part 29. As such, the contractor is required to verify that none of the contractor, its principals, as defined at 49 CFR 29.995, or affiliates, as defined at 49 CFR 29.905, are excluded or disqualified as defined at 49 CFR 29.940 and 29.945.

The contractor is required to comply with 49 CFR 29, Subpart C and must include the requirement to comply with 49 CFR 29, Subpart C in any lower tier covered transaction it enters into. By signing and submitting its bid or proposal, the bidder or proposer certifies as follows:

The certification in this clause is a material representation of fact relied upon by Clarendon County. If it is later determined that the bidder or proposer knowingly rendered an erroneous certification, in addition to remedies available to Clarendon County, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment. The bidder or proposer agrees to comply with the requirements of 49 CFR 29, Subpart C while this offer is valid and throughout the period of any contract that may arise from this offer. The bidder or proposer further agrees to include a provision requiring such compliance in its lower tier covered transactions.

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WITNESSETH:

CLARENDON COUNTY

Tamika Malone, CPPO, CPPB
Procurement Director
Clarendon, SC

CERTIFICATE OF FAMILIARITY

The undersigned, having fully familiarized with the information contained within this entire solicitation and applicable amendments, submits the attached bid and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this bid is made without prior understanding agreement, or connection with any corporation, firm or person submitting a bid for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid. ***By submission of a signed bid, I certify, under penalties of perjury, that the below company complies with section 12-54-1020(B) of the SC Code of Laws 1976, as amended relating to payment of any applicable taxes.*** I further certify that this bid is good for a period of one hundred and twenty (120) days, unless otherwise stated.

 Company Name (as registered with the IRS)

 Authorized Signature

 Correspondence Address

 Printed Name

 City, State, Zip

 Title

 Date

 Telephone Number

CONTRACTOR'S BIDDERS LICENSE # _____

CONTRACTOR'S LICENSE # _____

NO OFFER/BID/PROPOSAL" RESPONSE FORM

To submit a "No Offer/Bid/Proposal" response for this project, this form must be completed for your company to remain on our bidders list for commodities/services referenced. If you do not respond your name may be removed from this bidders list. In order to ensure that the County file has current information, or if you wish to be added to Clarendon County's Vendor Listing, you must also return the Certificate of Familiarity form completed in its entirety.

Note: Please show the solicitation number on the outside of the envelope.

Please check statement(s) applicable to your "No Offer/Bid/Proposal"

- Specifications are restrictive; i.e. geared toward one brand or manufacturer only (explain below).
- Specifications are ambiguous (explain below).
- We are unable to meet specifications.
- Insufficient time to respond to the solicitation.
- Our schedule would not permit us to perform.
- We are unable to meet bond requirements.
- We are unable to meet insurance requirements.
- We do not offer this product or service.
- Remove us from your vendor list for this commodity/service.
- Other (specify below).

Comments:

Company Name (as registered with the IRS)

Authorized Signature

Correspondence Address

Printed Name

City, State, Zip

Title

Date

Telephone

/ _____
Fax