



REQUEST FOR QUOTATION

For

“Surveying Services of Real Property formerly known as Constantine Tract”

QUOTE NUMBER: 13-0026-7

The Number Must Appear On All Quotations and Related Correspondence.

Quotation must be received **NOT LATER THAN 2:00 PM, on March 28, 2013** at the office of the Purchasing Agent. Quotes may be faxed, emailed, mailed or hand delivered.

Address Reply To: Robin Maurer, 912-790-1623

Mail to: 1117 Eisenhower Drive Suite C Savannah Georgia 31406

Fax to: 912 -790-1627

Email to: rlmaurer@chathamcounty.org

NAME OF BIDDER: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ FAX: _____

EMAIL: _____ FED TAX ID #: _____

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):

CHECK ONE:

NON-MINORITY OWNED

AFRICAN AMERICAN

HISPANIC

ASIAN AMERICAN

AMERICAN INDIAN

WOMAN

The purpose of this request is to obtain services of a Georgia Registered Surveyor to perform a boundary survey, provide legal description and set one (1) inch iron pins to combine the referenced four (4) parcels of real property formerly known as the Constantine Tract. Firm is to provide electronic copy. Plats are to be in accordance with local approvals for a recombination platting requirements.

Parcels include: PIN 2-0937-01-001
 PIN 2-0937-01-002
 PIN 2-0937-01-003
 PIN 2-0937-01-004

Attached is a tax map that identifies the properties included in the boundary survey.

Total acreage is approximately 290+/- acres.

Project is to be completed within 30 calendar days after receipt of notice to proceed.

For any questions regarding the Request for Quote, please contact Robin Maurer, Procurement Specialist, at 912-790-1623

Description	LUMP SUM FEE
Surveying Services of Real Property formerly known as Constantine Tract	\$

ALL FIRMS REQUESTING TO DO BUSINESS WITH CHATHAM COUNTY MUST REGISTER ON-LINE AT [HTTP://PURCHASING.CHATHAMCOUNTY.ORG](http://PURCHASING.CHATHAMCOUNTY.ORG)

NAME/TITLE

COMPANY NAME

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

FAX NUMBER



2-0937 -01-003

2-0937 -01-001

2-0937 -01-004

2-0937 -01-002

NIC
2-0937 -01-001
NOT INCLUDED



Request for Quotation Instructions

1. **Quote must be submitted on sheets provided in spaces indicated.**
2. All information required by request for quotation must be completed to constitute a proper bid.
3. Price Protection Period of sixty (60) days for all items desired from date of bid opening. Vendors are advised that prices in effect at time of bid shall apply and not be subject to revision at time of shipment.
4. Minority/Women Business Enterprise (MWBE) Policy: It is the policy of the County to provide minority and women owned business enterprises with equal opportunity for participating in selling goods and services to the County.
5. A copy of your current business license shall be submitted with your quote.
6. **Insurance Provisions:** The selected Contractor shall be required to procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be included in the Quote. **Contract work will not proceed unless Chatham County has in their possession, a current Certificate of Insurance.**
7. **Employment Eligibility Verification:** As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf.) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. You may go to <http://www.uscis.gov> to find E-Verify information. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”
8. O.C.G.A. § 50-36-1, requires Georgia’s cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain “public benefits” are legally present in the United States. Contracts with the County are considered “public benefits.” Therefore, the bidders are required to provide the Affidavit Verifying Status for Chatham County Benefit Application prior to receiving any County contract. The affidavit is included as part of this bid package.
9. The original invoice is to be submitted to the County Finance Department. The purchase order number must be shown on all invoices and packing lists.
10. References may be requested of the successful bidder.

THIS IS NOT AN ORDER

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 CHATHAM COUNTY 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

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:

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 under a contract with _____ (name of contractor) on behalf of CHATHAM COUNTY 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 subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor 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

Name of Public Employer

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:

***Systematic Alien Verification for Entitlements (SAVE)
Affidavit Verifying Status for Chatham County Benefit Application***

By executing this affidavit under oath, as an applicant for a Chatham County, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit, Contract or other public benefit as reference in O.C.G.A. Section 50-36-1, I am stating the following with respect to my bid for a Chatham County contract for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1.) _____ I am a citizen of the United States.

OR

2.) _____ I am a legal permanent resident 18 years of age or older.

OR

3.) _____ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 et seq.) 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____ DAY OF _____, 20____

* _____
Alien Registration number for non-citizens.

Notary Public
My Commission Expires: