



# **REQUEST FOR QUALIFICATIONS**

## **RFQ-12292023 CITY OF FOREST PARK PROPERTY & LIABILITY INSURANCE BROKERAGE SERVICES**

Issue Date: December 29, 2023



**RFQ – Property and Liability Insurance Brokerage Services**

**City of Forest Park 745 Forest Parkway  
Forest Park, Georgia 30297**

**SECTION 1: INTRODUCTION**

The City of Forest Park, Georgia (the “City”) is seeking qualifications from experienced and qualified professionally licensed insurance brokers for consulting services for the City’s Property and Casualty (P&C) and Worker’s Compensation (WC) Insurance Policies.

If interested in this opportunity, one (1) three ring binder original of the proposal (one original, three copies) and one usb containing the proposal must be received.

Emailed responses will NOT be accepted. The deadline for bid proposals will be Thursday, February 8, 2024 at 2:00 PM local time. The Mayor and Council reserve the right to reject any or all proposals, request additional information concerning any proposal for purposes of clarification, and to waive any irregularities if such action serves the City's best interest as determined solely by the Mayor and Council.

Complete RFQ packages are available on the city's website at either [www.forestparkga.gov](http://www.forestparkga.gov) or <https://www.bidnetdirect.com/georgia/cityofforestpark>.

As specified in the attached qualification requirements, the city reserves the right to accept or reject any or all proposals, to waive formalities and technicalities, and to make an award in the best interest of the City. All bidders must comply with all Federal, State, and Local Laws.

Factors to be considered in making this award, if awarded, will be proposed service, experience, qualifications, and adherence to requirements. The City will be the sole judge of the weights given these factors.

Proposals will be opened in the Council Chambers at City Hall, 745 Forest Parkway, Forest Park, GA, on the hour and date specified above. No proposals will be accepted after bid opening time. No electronic proposals will be accepted.

**PROPOSALS SHOULD BE**

**MAILED TO:  
BROKER**

**GIRARD GEETER  
CITY OF FOREST PARK, CITY HALL  
RE: RFQ12292023 – PROPERTY & LIABILITY**

**745 FOREST PARKWAY  
FOREST PARK, GEORGIA 30297**

**OR HAND DELIVERED TO:  
(PRIOR TO OPENING) .**

**SAME AS ABOVE**

**PROPOSAL CORRESPONDENT:**

Upon Release of this Request for Qualifications, all vendor communications concerning this RFQ must be directed to the representative listed below. *Unauthorized contact regarding the proposal with other City employees may result in disqualification. Any oral communications will be considered unofficial and non-binding. Vendor should rely only on written statements issued by the proposal representative noted above.*

**MINIMUM QUALIFICATIONS**

1. Agency/Firm should have been in business at least five years.
2. Experience with public sector clients (minimum of three present or previous public sector clients and at least five years cumulative experience in public sector accounts.)
3. Agency/Firm or any individual within the firm shall not have been named as a defendant in any current litigation with any past or present client.
4. Confirm that you are a licensed broker in the State of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.

**PROPOSAL QUESTIONS/ADDENDA**

All questions must be submitted in writing to the proposal correspondent named above. Questions must be received by 5:00 p.m., EST, January 18, 2024..

**PROPOSAL RESPONSE DATE AND LOCATION**

City must receive the vendor's proposal in a sealed envelope, in its entirety, not later than 2:00 p.m., Eastern Standard Time in Forest Park, GA on February 8, 2024. Proposals arriving after the deadline will not be considered. All proposals and accompanying documentation will become the property of the City and will not be returned. One (1) three ring binder original, (3) copies in a three binder and (1) usb of this proposal must be submitted to allow for evaluation. Proposals must be clearly marked on the outside of the package:

**PROPERTY AND LIABILITY INSURANCE BROKERAGE SERVICES**

Proposers assume the risk of the method of dispatch chosen. The city assumes no responsibility for delays caused by any delivery service. Postmarking by the due date will not substitute for the actual proposal receipt. Late proposals will not be accepted, nor will additional time be granted to any vendor. Proposals may not be delivered by facsimile transmission, telecommunication, or electronic means.

**Proposal Schedule:**

|  |                                       |
|--|---------------------------------------|
| Request for Qualifications/Proposal Release: | December 29, 2023                     |
| Pre-Bid Conference                           | 11:00 a.m. January 11, 2024           |
| Proposal Questions Deadline:                 | 5:00 p.m. January 18, 2024            |
| Proposal Due Date:                           | 2:00 p.m. February 8, 2024            |
| Presentations (If Necessary):                | February 22, 2024 – February 29, 2024 |

## **WAIVER OF TECHNICALITIES**

All items must meet or exceed specifications as stated by the City. Determination of the best response to the proposal will be the sole judgment of the City. Proposals shall remain valid for ninety days for the date of proposal opening. The city reserves the right to waive any technicalities.

## **PROPOSAL REJECTION**

The city reserves the right to waive any formalities and to reject any or all proposals at any time without penalty, and to make an award that is in the best interest of the City.

## **MODIFICATION OF PROPOSALS**

Any clerical mistake that is patently obvious on the face of the proposal may, subject to the limitations described below, be corrected upon written request and verification submitted by the proposers. A non-material omission in a proposal may be corrected if it determined that correction to be in the City's best interest.

## **NO OFFER BY CITY; FIRM OFFER BY PROPONENT**

This procurement does not constitute an offer by City to enter into an agreement and cannot be accepted by any Proponent to form an agreement. This procurement is only an invitation for offers from interested Proponents and no offer shall bind City. A Proponent's offer is a firm offer and may not be withdrawn except under the rules specified in City's Code of Ordinances and other applicable law.

## **EXAMINATION OF PROPOSAL DOCUMENTS:**

Each Proponent is responsible for examining, with appropriate care, the complete RFO and all Addenda and for informing itself with respect to all conditions which might in any way affect the cost or the performance of any Services. Failure to do so will be at the sole risk of the Proponent, who is deemed to have included all costs for performance of the Services in its Proposal.

Each Proponent shall promptly notify the City in writing should the Proponent find discrepancies, errors, ambiguities or omissions in the Proposal Documents, or should their intent or meaning appear unclear or ambiguous, or should any other question arise relative to the RFO. Replies to such notices may be made in the form of an addendum to the RFO, which will be issued simultaneously to all potential Proponents who have obtained the RFO from City.

The City may, in accordance with applicable law, by addendum, modify any provision or part of the RFO at any time prior to the Proposal due date and time. The Proponent shall not rely on oral clarifications to the RFO unless they are confirmed in writing by the City in an issued addendum.

## PROPOSER REQUIREMENTS

- Proposer must have five years of continuous experience.
- Proposer must provide evidence, satisfactory to the City, of the following insurance requirements:
  - City requires Proposer to have and maintain the following insurance coverage and indemnification provisions.
  - Proposer agrees to provide and maintain insurance coverage until the contract is completed and to furnish certificates from its' insurance carriers showing that it carries insurance in the following minimum limits:

General Liability:                    \$1,000,000 per occurrence / \$2,000,000 aggregate

Automobile Liability:                \$1,000,000 including non-owned liability

Workers' Compensation:            Statutory Limits

Errors and Omissions:              \$2,000,000

Immigration Documentation:

Proposer shall furnish a completed Proposer Affidavit (Affidavit under O.C.G.A. 13-10-91(b)(1)c

## RESPONSE PROPERTY OF CITY OF FOREST PARK

All material submitted in response to this request becomes the property of City. Selection or rejection of a response does not affect this right..

## COST OF PREPARING PROPOSALS

City is not *liable* for any cost incurred by proposers in the preparation and presentation of proposals and demonstrations submitted in response to this proposal.

**PROPOSAL AWARD AND EXECUTION** City will select the proposal that, in its sole discretion, is the most responsive and responsible proposal to the City. City reserves the right to make any award without further discussion of the proposal submitted; there may be no best and final offer procedure. Therefore, the proposal should be initially submitted on the most favorable terms the vendor can offer. The specification may be altered by City based on the proposer's proposal and an increase or reduction of services with the service provider may be negotiated before proposal award and execution.

Should the City require additional time to award the contract, the time may be extended by the mutual agreement between the City and the successful proposer. If an award of contract has not been made within ninety days from the proposed date or within the extension mutually agreed upon, the proposer may withdraw the proposal without further liability on the part of either party.

## **PROPOSAL REQUIREMENTS/EVALUATION CRITERIA**

City will evaluate all written submittals. It is incumbent upon the proposers to demonstrate within their proposals how each requirement will be satisfied. All proposals must meet the specifications as outlined in this proposal. The city reserves the right to investigate the qualifications and experience of the proposers or to obtain new proposals. Proposals not sufficiently detailed or in an unacceptable form may be rejected by the City. Dates and documentation included in the proposal become public information upon opening the proposals. Interested firms must follow the process outlined in the following pages in submitting their proposal.

## **GENERAL CONDITIONS**

### **2. Purpose:**

The purpose of this Request of Qualifications (RFQ) is to seek experienced and qualified brokers to assist the City with strategically planning, designing, and negotiating the best coverage and cost for the City's liability, property, and casualty coverage and for providing other insurance-related services as further defined herein. The proposal should detail the firm's conceptual approach to handling the City's account, and providing both insurance placement and advisory services.

### **3. Contract Execution:**

The broker which results from the awarding of this RFQ shall begin services as Agent/Broker of Record effective for the policy period beginning **July 1, 2024** or other time as deemed necessary by the City. The term of service shall continue until any subsequent RFQ for the same services is issued and awarded or unless otherwise terminated.

### **4. Respondent Minimum Qualifications:**

1. Agency/Firm should have been in business at least five years.
2. Experience with public sector clients (minimum of three (3) present or previous public sector clients and at least five years cumulative experience in public sector accounts.)
3. Agency/Firm or any individual within the firm shall not have been named as a defendant in any current litigation with any past or present client.
4. Confirm that you are a licensed broker in the State of Georgia and provide documentation. Confirm that you serve as a broker, independently, and are not affiliated with any insurance company, third party administrative agency or provider network.

### **5. Scope of Work**

THE SELECTED PROPOSER(S) SHALL PROVIDE THE FOLLOWING SERVICES:

1. Prepare annual marketing strategy reports identifying anticipated market conditions and proposing a marketing strategy for the City's major loss exposure areas prior to policy renewal.
2. Assist in developing underwriting data and specifications for renewal negotiations.

3. Assist in providing value trends for property insurance.
4. Select insurance markets and evaluate coverage quotations.
5. Market insurance policies, including preparation of quality marketing submissions and development of coverage specifications.
6. Obtain bids from the insurance industry and negotiate the best terms and coverage for the various exposure areas.
7. Fully document marketing of insurance coverages, including declinations received from insurance carriers.
8. Exhibit the knowledge of and willingness to work with alternative risk coverage providers.
9. Evaluate the commitment and financial stability of the insurance companies or alternative coverage providers and make recommendations to the City's Senior Staff.
10. Service existing insurance policies by tendering losses, reviewing coverage issues, assisting in collection of losses, reporting values, issuing Certificates of Insurance as needed, processing policy changes, etc. in a timely manner.
11. Assist with coverage and claim disputes.
12. Schedule quarterly meetings with the City's Senior Staff to discuss loss control issues, exposure changes, and general administrative matters.
13. Analyze the City's exposure to loss, adequacy of coverage, and develop options on coverage not presently purchased by the City.
14. Prepare an annual report including a schedule of policies in force, coverage provisions, premiums, insurance claims experience for the prior policy year and recommendations for possible adjustments to insurance coverage for the next policy year. The report should provide a summary of broker support services rendered during the prior year, with recommendations for broker services recommended for the subsequent year.
15. Provide research and prompt response to insurance and risk management questions from the City's Senior Staff or any Administrator or Department Head concerning contracts or new exposures.
16. Provide other services that are normally and customarily required of a public sector insurance broker.
17. Respond to communications the same business day in general; if not practicable, response should be within twenty-four hours.
18. Have key personnel available between 9:00 a.m. and 5:00 p.m. Eastern Standard Time.
19. Facilitate annual stewardship report to and meeting with the City's Senior Staff and other officials as needed.



20. Give advice on preparing a renewal calendar. Meet or exceed the City's time expectations and renewal calendar.
21. Coordinate, attend and participate in carrier loss control surveys and underwriter visits.
22. Make educational presentations to City staff, if needed, on requested topics.
23. If other services are included in your fee for this section of the Scope of Work, such as, Risk Control Services, please state them in the Method of Approach section of your proposal.

#### **6. Broker Proposal and Consulting Services Request for Qualifications:**

The proposal response must clearly demonstrate the required qualifications, expertise, competence and capability of the vendor. Please provide a concise description of your firm's ability to provide the services required in the scope of the document.

#### **MANAGEMENT PLAN**

1. Briefly describe the level of service and support that will be provided by your firm to our company on a day- to-day basis.
2. What makes your organization unique from other organizations that may submit proposals?

Provide any additional information regarding your organization or services that you feel would be beneficial in helping the City to select a broker.

#### **ORGANIZATION STRUCTURE AND RESUMES**

1. Describe your organizational structure (i.e. publicly held corporation, partnership, etc.). Please briefly describe your company's organization, philosophy, and management. Also, provide a brief company history.
2. Please provide bios of individual brokerage staff that would provide services to the City.

#### **EXPERIENCE/PAST PERFORMANCE**

3. How long has your organization been providing insurance brokerage services?
4. Describe your contractual relationships, if any, with organizations or entities necessary to your proposal's implementation (i.e. insurance companies, TPA firms, actuarial services, data information services, etc.).

5. How many public municipality entities does your firm service. Please provide their name and length of service with each?
6. Please provide a minimum of three verifiable client references of similar scope and industry, all of whom are able to comment on your organization's relevant experience. This list should include at least three active client references in the public entity/ municipality sector. Please include company names, address, contact name, telephone number and a complete description of the insurance services and dates provided. It is the broker's responsibility to provide valid reference information and our company reserves the right to use reference checks in its evaluation of proposals.
7. Please provide examples of recent solutions you have provided to public sector clients with regards to insurance program structure, premium reductions, and/or a risk management solution

## **QUALITY CONTROL**

1. Describe your firm's capabilities regarding loss forecasting and reserve analysis.
2. Describe your organization's anticipated involvement in the annual review process. Include information regarding process timeframes, negotiation of rates and vendor selection.
3. How would your firm assist the City in developing coverage and design specifications? Explain your process for providing plan recommendations to your clients.

## **7. Questions:**

1. If retained by City of Forest Park, what would be your first priority?
2. Describe your organization's Quality Assurance/Peer Review process.
3. Provide us an implementation and reporting schedule for the establishment of a new or renewal of an existing Commercial Property and Casualty insurance plan.
4. Describe your procedures for monitoring client satisfaction.
5. Describe the key characteristics of your firm that distinguishes your firm in the marketplace.
6. Describe your marketplace presence, which allows your organization to access national vendors, administrative services, and other insurance products.
7. Describe your experience with self-funded and alternative-funded plans, including your ability to set reserves, report experience, and project funding levels.
8. Please outline your ability and the resources (e.g. actuaries, economic forecasting) available to establish trends and recommendation in plan design.

9. Explain your ability to monitor regulatory and legislative developments on the federal and state level that may impact our company's benefit plans. How does your firm typically disseminate this information to clients?
10. What innovation "outside the box" solutions have you provided your clients?
11. What advantage will the City of Forest Park have by working with your firm?
12. Describe how your firm will be compensated for the proposed work? .
13. Please provide a list of four verifiable (preferably public sector) references, all of whom are able to comment of your organization's relevant experience. Please include group name, contact name, and telephone number.
14. What education offerings does your firm provide for clients?
15. What are your capabilities in Loss Control and Claims?
16. Describe analytical tools to be used to help identify optimal program design.
17. Describe your Claims Management.

Please furnish:

1. Services you provided
2. Time period covered
3. Number of covered employees
4. Contact name and phone number

### **8. Evaluation:**

The purpose of the proposal evaluation process is two-fold: (1) to assess the responses for compliance with minimum qualifications, content, and format requirements and (2) to identify the proposers that have the highest probability of satisfactorily performing the services as described herein. The evaluation process will be conducted in a comprehensive and impartial manner.

All proposals will be reviewed to determine if they satisfy the minimum qualifications specified in Item 3. Those not satisfying the Minimum Qualifications will not be considered.

A. Written Proposal Evaluation:

| <b>RELATIVE WEIGHT</b> | <b>GRADED ITEM</b>  | <b>SCORE</b> |
|------------------------|---|--------------|
| <b>10</b>              | Management Plan   |              |
| <b>20</b>              | Experience and Past Performance                             |              |
| <b>15</b>              | Organizational Structures and Resumes                       |              |
| <b>15</b>              | Quality Control Plan  |              |
| <b>5</b>               | Local, Small Business, and Diversity Program(Outreach Plan) |              |
| <b>20</b>              | Questions and Answers                                       |              |
| <b>15</b>              | Fees  |              |
| <b>100%</b>            | Total Score   |              |

All proposals that pass the pre-evaluation review will undergo an evaluation process conducted by a selection committee.

B Reference Checks:

Reference checks will be conducted for each firm selected for an oral presentation/interview with the Selection Committee.

**9. Pricing**

It is City's expectation that brokerage fees and commissions will be borne by the selected insurance provider. If additional brokerage fees are expected of the City, or if your firm offers additional fee-supported services that are supplemental to your proposal, please clearly outline all costs and services on a separate fee addendum.

**10.Oral Presentations:**

During the evaluation process, City, may, at its discretion, request oral presentations from all qualified bidders for the purpose of clarification or amplifying the materials presented.

However, respondents are cautioned that City is not required to request clarification; therefore, all proposals should be complete and reflect the most favorable terms available from the broker. All Oral Presentations will take place the week of February 22, 2024 – February 29, 2024.

**8. Right to Reject**

City reserves the right to reject any and all bids.

\*\*City is an equal opportunity owner/employer and will not discriminate against any vendor because of race, creed, color, religion, sex, national origin, or ADA disability status.

**FORM 1**  
**BID SUBMITTAL LETTER**

This Form Must Be Signed and Return with Bid or Bid will be Deemed Non-responsive.

RFP # \_\_\_\_\_

The undersigned, \_\_\_\_\_, hereby submits its qualification based bid to furnish all services, labor, materials, or equipment, delivered by the undersigned for the above referenced RFP to the City of Forest Park, Georgia.

The undersigned acknowledges and agrees that the bid submitted by the undersigned shall be binding upon the undersigned and that if City of Forest Park, Georgia, awards a contract to the undersigned, the bid made by the undersigned and delivered to City of Forest Park, Georgia herewith, together with such award, will constitute a legal, valid and binding contract between the undersigned and City of Forest Park, Georgia. The Contract created pursuant to the previous sentence shall incorporate the terms and conditions of the bid including, but not limited to, the bid Scope of Work, solicitation instructions and conditions, the contract provisions and the contractor's proposal, all as described in the bid.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this RFP Submittal Letter this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

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

[SEAL]

**Required Submittal (FORM 2)**  
**Illegal Immigration Reform and Enforcement Act Forms (Page 1 of 3)**

**INSTRUCTIONS TO OFFERORS:**

All Offerors **must** comply with the **Illegal Immigration Reform and Enforcement Act, O.C.G.A §13-10-90, et seq. (IIREA)**. IIREA was formerly known as the Georgia Security and Immigration Compliance Act or GSICA. Offerors must familiarize themselves with IIREA and are solely responsible for ensuring compliance. Offerors must not rely on these instructions for that purpose. The instructions are offered only as a convenience to assist Offerors in complying with the requirements of the City's procurement process and the terms of this solicitation document.

1. The attached Contractor Affidavit (Form 1) must be filled out **COMPLETELY** and submitted with the proposal/bid.
2. The Contractor Affidavit must contain an active Federal Work Authorization User ID Number, also known as an E-Verify Company ID Number or E-Verify Number, and Date of Authorization (mm/dd/yyyy). **Please Note: The E-Verify Company ID Number is not a Tax ID Number, Social Security Number or formal contract number.**
3. If the Offeror is a Joint Venture and the Joint Venture has an EIN, **one** Contractor Affidavit must be completed by the Joint Venture and it must include the E-Verify Company ID Number issued to the Joint Venture. Each business participating in the Joint Venture does **not** need to submit a separate Contractor Affidavit.
4. If the Offeror is a Joint Venture and the Joint Venture does not have an EIN, each business participating in the Joint Venture **must** complete and submit its own Contractor Affidavit. The Contractor Affidavit must include the participating business's E-Verify Company ID Number.
5. All Contractor Affidavits must be executed by an authorized representative of the entity named in the Affidavit.
6. **All Contractor Affidavits must be sworn, signed and dated in the physical presence of a notary public. The signature dates for both the authorized representative and notary public must be the same.**
7. \*Subcontractor and sub-subcontractor affidavits are not required at the time of proposal/bid submission but will be required at contract execution phase or in accordance with the timelines set forth in IIREA.
8. Offeror's failure to comply with the above instructions may result in the Offeror being deemed non-responsive.

**Required Submittal (FORM 2)**

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(l)**

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows: **(a)** the Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program; **(b)** the Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof; **(c)** the Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof; **(d)** the Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract; **(e)** the Contractor will contract for the 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(a), (b), and (c); **(f)** the Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10- 91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and **(g)** Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

\_\_\_\_\_  
Federal Work Authorization User Identification Number Date of Authorization (mm/dd/yyyy)

\_\_\_\_\_  
Name of Contractor (Legal Name of Offeror) Name of Project/Solicitation Number

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

***\*The signature dates for both the authorized representative and notary public must be the same.***

**Required Submittal (FORM 2b)**

**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 (name of public employer) 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 that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the 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 (*mm/dd/yyyy*)

\_\_\_\_\_  
Name of Subcontractor (*Legal Name*)

\_\_\_\_\_  
Name of Project/Solicitation Number

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

***\*The signature dates for both the authorized representative and notary public must be the same.***



**Required Submittal (FORM 3)**

**Contractor's Statement of Legal Status and Financial Capability**

*For official and confidential use by the City of Forest Park, Georgia*

**Purpose/Instructions:** The following information will be used by the City of Forest Park, Georgia in determining whether or not the identified **Contractor** has, in the opinion of the City of Forest Park, Georgia, the financial capability to successfully fulfill its obligations to the City.

If space on this form is inadequate for any requested information, please furnish on attached pages with a reference to the appropriate question number on this form.

**A. Submission Information:**

1. This Statement is being submitted as required by a FOREST PARK Solicitation:

FOREST PARK Solicitation #: \_\_\_\_\_

Project Name: \_\_\_\_\_

2. This information is current as of (date): \_\_\_\_\_

**B. Contractor Information**

1. Official Company/Entity Name: \_\_\_\_\_

(hereinafter "Contractor")

2. Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

3. If at this address less than 1 year, prior address: \_\_\_\_\_

\_\_\_\_\_ City/State/Zip: \_\_\_\_\_

4. Primary contact regarding this information: \_\_\_\_\_

5. Telephone Number: \_\_\_\_\_

6. Email Address: \_\_\_\_\_

**C. Development Entity.** The Development entity named above is:

A sole proprietorship — Soc. Sec. # \_\_\_\_\_

A corporation — FID # \_\_\_\_\_

A nonprofit or charitable institution or corporation — FID # \_\_\_\_\_

A partnership \_\_\_\_\_ — FID # \_\_\_\_\_

A business association or a joint venture — FID # \_\_\_\_\_

A limited liability company — FID # \_\_\_\_\_

A Federal, State, or local government or instrumentality thereof

Other / explain: \_\_\_\_\_

**D. Date and State of Organization.** If the Contractor is not an individual or a government agency or instrumentality:

1. Date of organization: \_\_\_\_\_

2. State of organization: \_\_\_\_\_

**E. Contractor Principals.** Names of owners, officers, directors, trustees, and principal representatives of the development entity

| Name, Title, Address, ZIP Code | Description of interest/relationship | % of Ownership Interest |
|--------------------------------|--------------------------------------|-------------------------|
|                                |                                      |                         |
|                                |                                      |                         |
|                                |                                      |                         |
|                                |                                      |                         |
|                                |                                      |                         |
|                                |                                      |                         |
|                                |                                      |                         |
|                                |                                      |                         |

**F. Contractor Affiliations.** Is the Contractor a subsidiary or parent of or affiliated with, any other corporation or corporations or any other firm or firms?

Yes                       No

If Yes, provide the following information:

| Corporation/Firm | Relationship to Contractor | Common Officers/Directors/Owners/ Trustees/Representatives |
|------------------|----------------------------|--|
| Name<br>Address  |                            |  |
| Name<br>Address  |                            |  |

If the Contractor is different than the parent corporation or firm, will the parent corporation or firm guarantee performance under this proposal?

Yes                       No

**G. Bankruptcy.** Has the Contractor or the parent corporation (if any), or any subsidiary or affiliated corporation of the Contractor or said parent corporation, or any of the Contractor’s officers or principal members, shareholders or investors filed for bankruptcy, either voluntary or involuntary, within the past 10 years?

Yes                       No

If Yes, provide the following information:

| Name | Court | Date | Status |
|------|-------|------|--------|
|      |       |      |        |
|      |       |      |        |

**H. Loan Defaults.** Has the Contractor or the parent corporation (if any), or any subsidiary or affiliated corporation of the Contractor or said parent corporation, or any of the Contractor’s officers or principal members, shareholders or investors defaulted on a loan or other financial obligation? *(attach additional sheets if needed)*

Yes                       No

If Yes, explain: \_\_\_\_\_

**I. Criminal Litigation.** Is the Contractor or the parent corporation (if any), or any subsidiary or affiliated corporation of the Contractor or said parent corporation, or any of the Contractor’s officers or principal members, shareholders or investors party to any past or pending criminal litigation?

Yes                       No

If Yes, provide the following information, and attach any additional information or explanation deemed necessary:

| Date Filed | Court | Charge/Current Status |
|------------|-------|-----------------------|
|            |       |                       |
|            |       |                       |

**J. Civil Litigation.** Is the Contractor or the parent corporation (if any), or any subsidiary or affiliated corporation of the Contractor or said parent corporation, or any of the Contractor’s officers or principal members, shareholders or investors party to any pending civil litigation that could potentially impact the financial capability of the Contractor to complete the proposed development?

Yes                       No

If Yes, provide the following information, and attach any additional information or explanation deemed necessary:

| Date Filed | Court | Current Status |
|------------|-------|----------------|
|            |       |                |
|            |       |                |

**K. Conflict of Interest.** Does any member or employee of the City of Forest Park, Georgia have any direct or indirect personal interest in the Contractor or in the redevelopment or rehabilitation of the property being proposed by the Contractor?

- Yes                       No

If Yes, explain:

**L. Source of Financing.** Provide an itemization of planned or likely sources of funds to be used to cover Contractor’s obligations under the project.

1. Provide a copy of a letter of interest from potential lenders, or
2. Provide any other evidence of Contractor’s ability to obtain debt financing.
3. Provide name and address of financial institution reference(s).

**M. Financial Condition.** Provide an audited financial statement for each of the previous two years presented in accordance with generally accepted accounting principles and accompanied by an unqualified opinion of certified public accountants. If the date of this audited financial statement precedes the date of this submission by more than six months, also attach an interim balance sheet not more than 60 days old.

**N. Previous Forest Park Projects.** Has the Contractor or its parent entity (if any), or any subsidiary or affiliated entity of the Contractor or said parent corporation, or any of the Contractor’s officers or principal members, shareholders or investors had any previous contractual relationship with the City of Forest Park?

- Yes                       No

| Project Name | Description | Date |
|--------------|-------------|------|
|              |             |      |
|              |             |      |
|              |             |      |
|              |             |      |
|              |             |      |
|              |             |      |
|              |             |      |

**O. Additional Information.** Attach any additional evidence deemed helpful to demonstrate the Contractor's financial capacity and capability to complete the project.

**CERTIFICATION**

I \* \_\_\_\_\_ certify under penalty of perjury under the laws of the State of Georgia that I am authorized to submit this information on behalf of the Contractor and that the statements made in this Proposal are true and correct. I further authorize the City of Forest Park, Georgia, or any employee or agent acting on behalf of the City of Forest Park, Georgia, to undertake any investigation deemed appropriate to verify the information contained herein.

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: \_\_\_\_\_

\* If the Contractor is an individual, this statement should be signed by such individual; if a partnership, by one of the partners; if a corporation or other entity, by one of its chief officers having knowledge of the facts required by this statement.

**FORM 4**

**Acknowledgement of Insurance**

I \_\_\_\_\_ on behalf of \_\_\_\_\_  
 (“Proponent”), acknowledge that if selected as the successful Proponent for (enter project name  
 and number) \_\_\_\_\_, Proponent shall comply  
 with all insurance requirements for the project listed above and any other attachments to the RFP  
 which pertain to insurance.

Proponents understands that it is expected to share these requirements with potential sureties and  
 insurance brokers, agents, underwriters, etc. prior to the award of a contract and to take all  
 necessary steps to ensure compliance with the applicable requirements without delay. The  
 Proponent understands, acknowledges and agrees that any failure to fully comply with the  
 insurance requirements within 10 days of the date the Proponent receive a final contract.

By executing this Acknowledgement of Insurance, I represent that the Proponent understands  
 and agrees to comply unconditionally with all requirements. I represent that I am authorized to  
 make the representation contained herein on behalf of the Proponent.

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: \_\_\_\_\_

**FORM 5**

**ACKNOWLEDGMENT OF ADDENDA**

The undersigned Proponent hereby acknowledges receipt of the following Addenda:

| <u>Addendum Number</u> | <u>Dated</u> | <u>Acknowledge Receipt</u><br>(initial) |
|------------------------|--------------|---|
| _____                  | _____        | _____                                   |
| _____                  | _____        | _____                                   |
| _____                  | _____        | _____                                   |
| _____                  | _____        | _____                                   |

**No addenda were received:**

Acknowledged for: \_\_\_\_\_  
(Name of Proponent)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Date: \_\_\_\_\_



**Required Submittal (FORM 6)**  
**Contact Directory**

**Proponent Name:** \_\_\_\_\_

| NAME | POSITION/TITLE<br>(JV Relationship,<br>if applicable) * | MAILING ADDRESS | PHONE NUMBER | EMAIL ADDRESS |
|------|---|-----------------|--------------|---------------|
|      |   |                 |              |               |
|      |   |                 |              |               |
|      |   |                 |              |               |
|      |   |                 |              |               |
|      |   |                 |              |               |

The purpose of the Offeror Contact Directory is to provide the City with a centralized, easily identified source of important contacts and other information regarding each of the business entities constituting an Offeror. This Offeror Contact Directory must include the names, positions/titles, firms, mailing addresses, phone and fax numbers and e-mail addresses for at least one (1) primary contact, and names, positions, titles of at least one (1) secondary contact, where applicable, authorized to represent the firm for purposes of this solicitation.

*\* Joint Ventures established less than three (3) years must include at least one (1) primary contact for each member.*

**Required Submittal (FORM 7)**  
**Reference List**

Each Offeror must provide a list of at least three (3) references. The references provided shall not be from the same project and must be able to attest to an Offeror's performance ability and credibility in a particular industry or trade. The City may also consider the information obtained through other sources. Past and present performance information will be utilized to determine the quality of the Offeror's past and present performance as it relates to the probability of success for this Project.

**Reference No. 1**

Project Name: \_\_\_\_\_

Owner/Client of Project: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Services:

Total Amount of Contract Including Change Orders:

Offeror's Role and Responsibilities:

Current Completion Status:

**Reference No. 2**

Project Name: \_\_\_\_\_

Owner/Client of Project: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Services:

Total Amount of Contract Including Change Orders:

Offeror's Role and Responsibilities:

Current Completion Status:

**Required Submittal (FORM 7)**  
**Reference List (cont.)**

**Reference No. 3**

Project Name: \_\_\_\_\_

Owner/Client of Project: \_\_\_\_\_

Contact Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Description of Services:

Total Amount of Contract Including Change Orders:

Offeror's Role and Responsibilities:

Current Completion Status:

**FORM 10**  
**NON-COLLUSION AFFIDAVIT**

The undersigned proponent or agent, being duly sworn on oath, says that he/she has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to be bid by anyone at such letting nor to prevent any person from bidding nor to include anyone to refrain from bidding, and that this bid is made without reference to any other bid and without any agreement, understanding or combination with any other person in reference to such bidding. He/She further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee gift, commission or thing of value on account of such sale.

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING RESPONSE ARE TRUE AND CORRECT.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

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

**FORM 11**  
**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER**  
**MATTERS**

The Proposer, \_\_\_\_\_, certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency;
2. Have not within a three-year period preceding this Proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or Contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/Proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Where the proposer is unable to certify to any of the statements in this certification, such proposer shall attach an explanation to this Proposal.

The proposer certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Name/Title of Authorized Agent

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_ [SEAL]

**FORM 12**  
**TRADE SECRET STATUS**

**Attachment A**

**Local, Small, Business Diversity  
Program**

**LSBD Forms (1-6)**

## Local Small Business Diversity Program

The City of Forest Park has implemented a Local, Small Business, Diversity Program to promote full and open competition in all city contracts. LSBDD participation goals are set on a contract-by-contract basis for each specific prime contract with subcontracting possibilities. The City wants to ensure that Proponents are non-discriminatory in their process of selecting sub-contractors. The City also wants to encourage Proponents to utilize local, veteran-owned, minority, women, and disadvantaged business enterprises whenever possible.

Included in this proposal are subcontracting/subconsultant forms that all proponents will be required to complete along with their Proposals. All forms included in this solicitation must be completed for Proponent to be considered responsive.

Each Proponent must propose to achieve the LSBDD participation goal that is equal or greater than the percentage required. Each Proponent will be required to submit evidence demonstrating that “good faith efforts” were made if you cannot meet the goal.

These forms are requirements under the City of Forest Park’s Local, Small Business, Diversity Program, and it is a requirement to comply with making the “good faith effort” to achieve the goal. Failure to complete these forms will deem you non-responsive.

### **The participation goal for this procurement is 25 percent (25%)**

A business is considered Local if they meet the following:

1. The business or supplier must operate and maintain a regular place of business within the geographical boundaries of the city;

The business or supplier must provide a copy of a current occupational tax certificate;

The business or supplier must have paid all real and personal taxes (if any) owed the city and not otherwise owe the city any funds; and

The business or supplier must certify its compliance with the Georgia Security and Immigration Act.

A Small Business means a locally based business whose average annual gross receipts or number of employees averaged over the past five years must not exceed the size standards as defined pursuant to 15 C.F.R § 121.201 et al., who demonstrates that individual owner’s personal net worth and does not exceed \$750,000.00, exclusive of the individual’s ownership interest in their primary residence and the value of the LSBDD.

LSBDD Required Forms –

#### **To be submitted with Bid:**

1. LSBDD-1 Covenant of Non-Discrimination: The signed agreement stating that the firm



will not discriminate on the basis of a firm's size (revenue or employee count) with regard to prime contracting, subcontracting, or partnering opportunities.

2. LSBD-2 Sub-Contractor Contact Form: A list of all firms contacted to participate as LSBD sub-contractors/suppliers on a contract.
3. LSBD-3 LSBD Sub-Contractor/Supplier Utilization Form: A list of all firms procured as LSBD sub-contractors/suppliers to be utilized on a contract.
4. LSBD-4 Statement of Good Faith Efforts (Including the Checklist): Documented efforts to seek and procure the utilization of LSBD's as sub-contractors/suppliers on a contract where a goal is required.

**To be submitted post-award:**

5. LSBE-5 Post Award Monthly LSBD Participation Report – Contract Goal: Report detailing percentage of LSBD participation (work performed) and payments to VOB/MBE/WBE/DBE subcontractors on a monthly basis.
6. LSBD-6 Request for Subcontractor Removal/Substitution Form: Required to fill out and obtain approval if a LSBD subcontractor is being substituted following post award.

**Supplements**

1. Form LSBD-1, Covenant of Non-Discrimination
2. Form LSBD-2, Sub-Contractor Contact Form – Contract Goal
3. Form LSBD-3, Local, Small Business, Diversity Project Participation Plan
4. Form LSBD-4, Statement of Good Faith Efforts
5. Form LSBD-5, Post-Award-Monthly LSBD Participation Report Contract Goal
6. Form LSBD-6, Subcontractor Removal/Substitution Form

**FORM LSBD-1**

**COVENANT OF NON-DISCRIMINATION**

The undersigned understands that it is the policy of the City of Forest Park (COFP) to promote full and equal business opportunity for all persons doing business with the City. The undersigned covenants that we have not discriminated on the basis of a firm's revenue, employee count, social or economic disadvantages, minority, gender, or veteran status, with regard to prime contracting, subcontracting or partnering opportunities. The undersigned further covenants that we have completed truthfully and fully the required forms LSBD-2, LSBD-3 and LSBD-4. Set forth below is the signature of an officer of the Bid entity with the City of Forest Park to bind the entity.

I, \_\_\_\_\_ (Name, Title), on behalf of  
(Company), \_\_\_\_\_ by my signature below, do  
hereby promise:

1. To adopt the policies of the City of Forest Park relating to equal opportunity in contracting on projects and contracts funded, in whole or in part, with funds of COFP;
2. Not to otherwise engage in discriminatory conduct; To provide a discrimination-free working environment;
3. That this Covenant of Non-Discrimination shall be continuing in nature and shall remain in full force and effect without interruption; and
4. That this Covenant of Non-Discrimination shall be incorporated by reference into any contract or portion thereof which we may hereafter obtain.

We understand that our failure to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Sworn to and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

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

[SEAL]

## FORM LSBD-2

### SUB-CONTRACTOR CONTACT FORM – CONTRACT GOALS Instructions to Contractors

The prime contractor must complete and sign the sub-contractor **contact form** and submit the completed and signed form with the proposal. **Failure to submit this form will result in being deemed nonresponsive.**

1. Name of contractor/supplier: Provide name of the contractor or supplier you contacted to perform on the task order.
2. Contact Name, Address and Phone Number: Provide the contact information of the contractor/supplier you contacted.
3. City of Forest Park Business License: State if the contractor/supplier you contacted is a City of Forest Park Licensed business.
4. Type or work solicited for: Describe the type of work for which you are soliciting from the contractor/supplier.
5. Business Ownership (Enter Code): State whether the contractor/supplier you contacted is an MBE – Minority Business Enterprise, DBE – Disadvantaged Business Enterprise, WBE – Women Business Enterprise, or VOB – Veteran Owned Business **(if applicable)**
6. Results of Contact: Describe the results of your contact.
7. Sign and date the form.

**FORM LSBDD-2**

**CITY OF FOREST PARK  
SUBCONTRACTOR CONTACT FORM**

List all subcontractors or suppliers (*LSBE and Non-LSBD*) that were **contacted** regarding this project

| Name of Sub-Contractor/Supplier | Company Name, Address, Email, and Phone Number   | City of Forest Park Business License? (Yes or No) | Type of Work Solicited For | Business Ownership (Enter Code) | Results of Contact  |
|---------------------------------|--|---|----------------------------|---------------------------------|---------------------|
| John Smith                      | Company ABC<br>123 Main Street<br>Morrow, GA 30260<br>jsmith@email.com<br>770-123-4698 | Yes   | Hauling                    | DBE                             | Will perform as sub |
|                                 |  |   |                            |                                 |                     |
|                                 |  |   |                            |                                 |                     |
|                                 |  |   |                            |                                 |                     |
|                                 |  |   |                            |                                 |                     |
|                                 |  |   |                            |                                 |                     |
|                                 |  |   |                            |                                 |                     |
|                                 |  |   |                            |                                 |                     |

**Diversity Code: MBE – Minority Business Enterprise, DBE – Disadvantaged Business Enterprise, WBE – Women Business Enterprise, VOB – Veteran Owned Business (Sample)**

**FORM LSBDD-2**

**CITY OF FOREST PARK  
SUBCONTRACTOR CONTACT FORM**

| Name of Sub-Contractor/Supplier | Company Name, Address, and Phone Number | City of Forest Park Business License? (Yes or No) | Type of Work Solicited For | Business Ownership (Enter Code) | Results of Contact |
|---------------------------------|---|---|----------------------------|---------------------------------|--------------------|
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |

List all subcontractors or suppliers (*LSBE and Non-LSBD*) that were contacted regarding this project

**Diversity Code: MBE – Minority Business Enterprise, DBE – Disadvantaged Business Enterprise, WBE – Women Business Enterprise, VOB – Veteran Owned Business**

**FORM LSBD-2**

**SUB-CONTRACTOR CONTACT FORM – Cont'd**

*List all sub-contractors or suppliers (LSBD and Non-LSBD) that were contacted regarding this project*

| Name of Sub-Contractor/Supplier | Company Name, Address, and Phone Number | City of Forest Park Business License? (Yes or No) | Type of Work Solicited For | Business Ownership (Enter Code) | Results of Contact |
|---------------------------------|---|---|----------------------------|---------------------------------|--------------------|
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |
|                                 |   |   |                            |                                 |                    |

Proponent's Name: \_\_\_\_\_ Project Name: \_\_\_\_\_ FC#: \_\_\_\_\_

Signature: \_\_\_\_\_ Contact No: \_\_\_\_\_ Date: \_\_\_\_\_

## FORM LSBD-3

### LOCAL, SMALL BUSINESS, DIVERSITY OPPORTUNITY SUBCONTRACTOR PROJECT PLAN SUBCONTRACTOR/SUPPLIER UTILIZATION Instructions to Contractors

The Proponent must complete the project participation plan for sub-contractor/supplier utilization and **submit the form with the Bid**. **Failure to submit this form will result in a Bid being deemed “nonresponsive”**. Each project participation plan for sub-contractor/supplier must include the following:

1. Name of subcontractor/supplier: Provide name of the subcontractor or supplier contacted to perform work on the project.
2. Contact Name, Address & Phone Number: Provide contact information of the subcontractor/supplier contacted.
3. City of Forest Park Business License: State if the subcontractor/supplier contacted is a City of Forest Park licensed business.
4. Type or Scope of Work to be Performed: Describe the type or scope of work subcontractor/supplier will perform.
5. Certification of Business Owner: Provide minority code/classification (if applicable). Examples include, but not limited to: Minority Business Enterprise (MBE), Disadvantaged Business Enterprise (DBE), Women Business Enterprise (WBE), Veteran Owned Business (VOB), etc.
6. Estimated Dollar Value of Work: Provide an estimated dollar value for the work to be performed by subcontractor/supplier within the project scope.
7. Percentage of Total Bid Amount: Provide an estimated percentage of the total Bid amount that will be paid to the subcontractor/supplier.
8. Signature of Proponent: All LSBD Participation Plans must be signed and dated by Proponents.

**Estimated Dollar Value of the Work / Total Bid Amount = % of Total Bid Amount**

**FORM LSBDD-3**

**CITY OF FOREST PARK LOCAL, SMALL BUSINESS, DIVERSITY OPPORTUNITY SUBCONTRACTOR PROJECT PLAN  
SUBCONTRACTOR/SUPPLIER UTILIZATION**

List all subcontractors/suppliers, including lower tiers, to be used on this project.

| Name of Sub-Contractor/Supplier | Company Name, Address, Email, and Phone Number  | City of Forest Park Business License? (Yes or no) | Type of Work to be Performed | Owner of Business (See code below) | Dollar (\$) Value of Work | Percentage of Total Bid Amount |
|---------------------------------|---|---|------------------------------|------------------------------------|---------------------------|--------------------------------|
| John Smith                      | Company ABC<br>123 Main Street<br>Forest Park, GA 30297<br>jsmith@email.com<br>770-123-4698 | Yes   | Hauling                      | DBE                                | \$4200                    | 8.4%                           |
|                                 |   |   |                              |                                    |                           |                                |
|                                 |   |   |                              |                                    |                           |                                |
|                                 |   |   |                              |                                    |                           |                                |
|                                 |   |   |                              |                                    |                           |                                |

**Total Local Business, %** \_\_\_\_\_ **Total Small Business %** \_\_\_\_\_ **Total Minority Business %** \_\_\_\_\_

**Diversity Code: MBE – Minority Business Enterprise, DBE – Disadvantaged Business Enterprise, WBE – Women Business Enterprise, VOB – Veteran Owned Business**

**Proponent’s Company Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **FC#:** \_\_\_\_\_

**Proponent’s Contact Number:** \_\_\_\_\_ **Project Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Sample**



**FORM LSBDD-3**

**CITY OF FOREST PARK LOCAL, SMALL BUSINESS, DIVERSITY OPPORTUNITY SUBCONTRACTOR PROJECT PLAN  
SUBCONTRACTOR/SUPPLIER UTILIZATION**

List all subcontractors/suppliers, including lower tiers, to be used on this project.

| Name of Sub-Contractor/Supplier | Company Name, Address and Phone Number | City of Forest Park Business License? (Yes or no) | Type of Work to be Performed | Owner of Business (See code below) | Dollar (\$) Value of Work | Percentage of Total Bid Amount |
|---------------------------------|--|---|------------------------------|------------------------------------|---------------------------|--------------------------------|
|                                 |  |   |                              |                                    |                           |                                |
|                                 |  |   |                              |                                    |                           |                                |
|                                 |  |   |                              |                                    |                           |                                |
|                                 |  |   |                              |                                    |                           |                                |
|                                 |  |   |                              |                                    |                           |                                |
|                                 |  |   |                              |                                    |                           |                                |

Total Local Business, % \_\_\_\_\_ Total Small Business % \_\_\_\_\_ Total Minority Business % \_\_\_\_\_

Diversity Code: MBE – Minority Business Enterprise, DBE – Disadvantaged Business Enterprise, WBE – Women Business Enterprise, VOB – Veteran Owned Business

Proponent's Company Name: \_\_\_\_\_ Date: \_\_\_\_\_ FC#: \_\_\_\_\_

Proponent's Contact Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**FORM LSBD-4**

**STATEMENT OF GOOD FAITH EFFORTS**

Instructions:

If you will not meet the Local Small Business Diversity (LSBD) goal set forth in the RFQB, in addition to the information included on the LSBD Form 2 Sub-contractors Contact Form submitted with your bid/proposal, please provide a narrative explanation of why you cannot meet the LSBD goal and the steps taken to include LSBDS in your bid/proposal. Describe specific actions (i.e. phone calls, etc.). Please provide copies of any solicitation notices sent, whether by email, fax or mail, and the amount of time given for response. Describe efforts to follow up initial communications. Identify the individuals from your organization who performed these activities. Attach additional pages as needed.

**CERTIFICATION OF GOOD FAITH EFFORTS**

I hereby attest that I have exercised good faith efforts to meet the Local Small Business Diversity goal for this bid. Despite such good faith efforts, I have not been able to meet the LSBD goal for this bid.

\_\_\_\_\_  
(Name of Organization)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FORM LSBSD-4 (Cont'd)**  
**STATEMENT OF GOOD FAITH EFFORTS**  
**Checklist**

A Proponent that does not meet COFP's LSBSD participation goal is required to demonstrate that it made "good faith efforts." Please indicate whether or not any of the following actions were taken:

- |     | Yes                      | No                       |  |
|-----|--------------------------|--------------------------|--|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Attendance at a pre-bid meeting, if any, scheduled by COFP to inform LSBSDs of subcontracting opportunities under a given solicitation; Advertisement for solicitation of LSBSDs in general circulation media, trade association publications, and minority- focus media, to provide notice of subcontracting opportunities.   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Advertisement in general circulation media at least seven (7) days prior to Bid or Bid opening any and all Sub-contractor opportunities. Proof of advertisement must be submitted with the Bid or Bid.   |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Provided interested LSBSDs with timely, adequate information about the plans specifications, and other such requirements of the Contract to facilitate their quotation and conducted follow up to initial solicitations.   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Provided written notice to LSBSDs that their interest in subcontracting opportunities or furnishing supplies is solicited. Provided a contact log showing the name, address, email and contact number (phone or fax) used to contact the proposed certified sub- contractors, nature of work requested for quote, date of contact, the name and title of the person making the effort, and the amount of the quoted price if one was obtained.   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Efforts were made to divide the work for LSBSD subcontracting in areas likely to be successful and identify portions of work available to LSBSDs consistent with their availability. Include a list of divisions of work not subcontracted and the corresponding reasons for not including them. The ability or desire of a Proponent/Bidder to perform the work of a contract with its own organization does not relieve it of the responsibility to make good faith efforts on all scopes of work subject to subcontracting. |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Efforts were made to assist potential LSBSD sub-contractors to meet bonding, insurance or other governmental contracting requirements. Where feasible, facilitating the leasing of supplies or equipment when they are of such a specialized nature that an LSBSD could not readily and economically obtain them in the marketplace.   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Utilization of services of available minority community organizations, minority contractor groups and other organizations that provide assistance in the recruitment and placement of LSBSDs.  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Communication with the COFP Procurement Department seeking assistance in identifying available LSBSDs.   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Exploration of joint venture opportunities with LSBSDs.  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Other actions (specify):   |

Please explain any "no" answers listed above (by number):

*This list is a guideline and by no means exhaustive. The City of Forest Park will review these efforts, along with other documents, towards assessing the Proponent/Bidder's efforts to meet COFP's LSBDD goal. If you require assistance in identifying certified LSBDDs, please contact the Procurement Department at [procurement@forestparkga.gov](mailto:procurement@forestparkga.gov) or at 404-366-4720.*

## FORM LSBSD-5

### POST AWARD MONTHLY LSBSD PARTICIPATION REPORT – CONTRACT GOAL Instructions to Contractors

The prime contractor must complete the **participation report** and submit the form with each pay application to the COFP Department Project Manager in charge of the contract. **Failure to submit this form will result in payment application being deemed incomplete.**

1. Report Number: Reports must be consecutively numbered. It will only be necessary to submit a report in a period when the approved VOB/MBE/WBE/DBE has performed a portion of the work that has been designated for the contract.
2. Date: Actual date of the report.
3. Pay application period end date: Reports must acknowledge the end date for the period for which is being reported.
4. VOB/MBE/WBE/DBE Amount: The amount of the contract for which the VOB/MBE/WBE/DBE will earn.
5. Prior Earned Pay Application Amount: The amount previously submitted for payment on pay application.
6. Current Earned Pay Application Amount: The amount submitting with current payment application.
7. Earnings To-Date: The actual amount that each VOB/MBE/WBE/DBE has earned to-date under the contract.
8. Percent of Contract: This percentage is calculated using the contract amount and the total VOB/MBE/WBE/DBE earnings-to-date. Divide the total contract amount by the total VOB/MBE/WBE/DBE earnings-to-date.
9. Certification: The contractor's authorized representative must sign this form prior to submittal.

#### **GENERAL INFORMATION**

When the approved VOB/MBE/WBE/DBE is to provide materials, goods or services, this completed form must be submitted to the COFP Department Project Manager. The prime contractor must notify COFP of any changes to VOB/MBE/WBE/DBE firms.

When the prime contractor is an approved LSBSD, it will only be necessary to complete the total LSBSD earnings to-date. Joint ventures between non-LSBSD and certified LSBSD: Only that portion of the work for which the LSBSD is responsible may be used to satisfy the requirement.

**It is not necessary to complete this form if there are no subcontracting opportunities available for the use of VOB/MBE/WBE/DBE firms.**

**FORM LSBSD-5**

**POST AWARD – LSBSD PARTICIPATION REPORT – CONTRACT GOAL**

PROJECT NO. (S): \_\_\_\_\_ REPORT NO.: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ DATE: \_\_\_\_\_

CONTRACT AMOUNT: \$ \_\_\_\_\_ PAY APPLICATION PERIOD END DATE: \_\_\_\_\_

Check if final payment >>>  FINAL PAYMENT

% LSBSD GOAL \_\_\_\_\_ VOB/MBE/WBE/DBE AMOUNT \$: \_\_\_\_\_

| NAME OF APPROVED VOB/MBE/WBE/DBE | DESCRIPTION OF WORK | PRIOR EARNED PAY APPLICATION AMOUNT | CURRENT EARNED PAY APPLICATION AMOUNT | EARNINGS TO-DATE |
|----------------------------------|---------------------|-------------------------------------|---------------------------------------|------------------|
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |
|                                  |                     |                                     |                                       |                  |

TOTAL VOB/MBE/WBE/DBE EARNINGS TO-DATE: \_\_\_\_\_  
 % CONTRACT: \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE STATEMENT IS TRUE AND CORRECT AND SUPPORTING DOCUMENTATION IS ON FILE AND IS AVAILABLE FOR INSPECTION BY COPP AT ANY TIME.

SIGNED \_\_\_\_\_ CONTRACTOR

REMARKS \_\_\_\_\_

**FOR DEPARTMENT USE ONLY:**

THIS DOCUMENT HAS BEEN REVIEWED AT THAT PROJECT LEVEL BY:  
 SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

THIS DOCUMENT HAS BEEN REVIEWED AT THE PROGRAM LEVEL BY:  
 SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

## FORM LSB-D-6

### Request for Subcontractor Removal/Substitution

Prior to submitting this form to the Procurement Department you must notify the LSB-D in writing of your intent and allow the LSB-D five (5) days to respond.

|                           |                       |                       |  |
|---------------------------|-----------------------|-----------------------|--|
| Request Date:             |                       | Contract/Project #:   |  |
| Contract Value:           | LSBD Contract Amount: | Amount Paid to LSB-D: |  |
| Prime Contractor Name:    |                       |                       |  |
| Prime Contractor Address: |                       |                       |  |
| Prime Contact Name:       | Prime Contact Email:  | Prime Contact Phone:  |  |
| Name of LSB-D Firm:       |                       | LSBD Contact Name:    |  |
| LSBD Firm Address:        | LSBD Email:           | LSBD Phone:           |  |

Was LSB-D firm given five (5) days written notice of intent?  Yes or  No If yes, please attach written notice.

Will the LSB-D goal for the project still be met?  Yes or  No or  N/A

Reason(s) for removal/substitution. **Check all that apply**

- The listed LSB-D** is no longer in business.
- The listed LSB-D** requested removal.
- The listed LSB-D** failed or refused to perform under the terms of the contract or failed to furnish the listed materials.
- The work performed by **the listed LSB-D** was unsatisfactory and was not in accordance with the scheduled specifications.

|  |   |
|--|---|
| Name/Address of Substitution Contractor:                                   | Is the substituted contractor an LSB-D? <input type="checkbox"/> Yes or <input type="checkbox"/> No |
| Fully describe the type of work the substitute subcontractor will perform: |   |
| Prime Authorized Signature:  | Date:   |
| Approved <input type="checkbox"/> Rejected <input type="checkbox"/>        | Reason for rejection:   |
| Procurement Manager Authorized Signature:                                  | Date:   |

**EXHIBIT B**

**City Council Authorizing Resolution  
(To Be Inserted)**





## PROPOSAL FORM COVER SHEET

### SUBMITTED TO:

The City of Forest Park  
Attn: Girard Geeter, Procurement Manager  
785 Forest Parkway  
Forest Park, Georgia 30297

**Responses must be received by 2:00PM on February 8, 2024.**

**The time/date stamp clock located in the Office of the City Manager shall serve as the official authority to determine the lateness of any proposal. The above response deadline shall be strictly observed. Under no circumstances shall proposals delivered after the specified time be considered. Such proposals will be returned unopened.**

*Type or print*

### SUBMITTED BY:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Firm

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

***I am fully aware of the requirements established by the City for selection of a Broker for Property, Casualty & Loss Insurance. The attached information is complete and accurate.***

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date