

# COLUMBUS CONSOLIDATED GOVERNMENT

Georgia's First Consolidated Government



## FINANCE DEPARTMENT PURCHASING DIVISION

100 TENTH STREET, P. O. BOX 1340  
COLUMBUS, GEORGIA 31902-1340  
706-653-4105, FAX 706-653-4109  
BIDLINE 706-225-4536  
[www.columbusga.org](http://www.columbusga.org)

Date: February 1, 2012

INVITATION FOR BIDS:  <b>RFB NO. 12-0035</b>	Pre-Qualified vendors are invited to submit sealed bids, subject to conditions and instructions as specified, for the furnishing of:  <b>Pine Grove Municipal Solid Waste Landfill Phase 4 – Cells 4A, 4B, 4C, 4D, 4E, 4F, 4G and 4H</b>
GENERAL SCOPE	The Project will consist of clearing and grubbing; earthwork (cut/fill) to subbase elevations; placement of 24-inch thick liner base with permeability not to exceed $1 \times 10^{-7}$ cm/sec., or GCL with a 24-inch thick base liner with a permeability not to exceed $1 \times 10^{-5}$ cm/sec. and placement of either a 24-inch thick leachate collection layer with a permeability no less than $1 \times 10^{-2}$ cm/sec. or placement of geonet and 24 inches of a soil layer with no specified permeability; a 60 mil HDPE geomembrane liner over 16.1 acres; the construction of 1,300 feet of 24-foot gravel access road; installation of erosion control devices; installation of a stormwater protection layer; installation of underdrain and leachate collection, and force main piping. <b>The City will only consider bids from pre-qualified contractors.</b>
DUE DATE	<b>FEBRUARY 29, 2012 - 2:30 PM (Eastern)</b>  Bids must be received and date/time stamped on or before the due date by the Purchasing Division of Columbus Consolidated Government, located in the Finance Department, 5 <sup>th</sup> Floor, Government Center, 100 10th Street, Columbus, GA. Bids will be opened during the 3:00 p.m. hour in the Conference Room of the Purchasing Division. Bidders are not required, but are invited to attend the bid opening.
INSTRUCTIONS TO OBTAIN SPECIFICATIONS	<b><u>THIS SHEET DOES NOT REPRESENT BID SPECIFICATIONS</u></b>  Plans, Specifications and Bid Documents are available for a non-refundable fee of \$200.00 from the office of the Engineer, Jordan, Jones & Goulding, Inc. a Jacobs company, 6801 Governors Lake Parkway, Bldg. 200, Norcross, Georgia 30071, No partial sets will be sold. Shipment will be via delivery service – two-day delivery. Other shipping will be at the purchaser's additional expense. Street address must be provided to allow delivery. By purchasing the Contract Documents, purchaser agrees to have their company information published as a "plan holder" on the websites of Columbus Consolidated Government ( <a href="http://www.columbusga.org">www.columbusga.org</a> ) and Jordan, Jones & Goulding ( <a href="http://www.jjg.com">www.jjg.com</a> ). Specifications may be examined at the Purchasing Division of Columbus Consolidated Government and Jordan, Jones & Goulding, at the addresses listed above, and at Jordan, Jones & Goulding, Inc. a Jacobs company, 945 Broadway, Suite 222, Columbus, GA, 31901.
NO BID RESPONSE	If you are not interested in this solicitation, refer to page 2.

Andrea J. McCorvey, CPPB  
Purchasing Division Manager

# STATEMENT OF "NO BID SUBMISSION"

**NOTIFY THE PURCHASING DIVISION IF YOU DO NOT INTEND TO SUBMIT A BID:**

Email [dlewis@columbusga.org](mailto:dlewis@columbusga.org) or return this form, via fax or mail, to:

**Fax number (706) 653-4109**  
**Attn: Della Lewis, CPPB, Buyer Specialist**  
Columbus Consolidated Government  
Purchasing Division  
P. O. Box 1340  
Columbus, Georgia 31902-1340

We, the undersigned decline to submit a bid for **RFB NO. 12-0035** for **Pine Grove Municipal Solid Waste Landfill Phase 4 – Cells 4A, 4B, 4C, 4D, 4E, 4F, 4G and 4H** for the following reason(s):

- Specifications are too "tight", i.e. geared towards one brand or manufacturer (explain below)
- There is insufficient time to respond.
- We do not offer this product and/or service.
- We are unable to meet specifications.
- We are unable to meet bond requirements.
- Specifications are unclear (explain below).
- We are unable to meet insurance requirements.
- Remove us from your vendor list for this commodity or service.
- Other (specify below)

**Comments** \_\_\_\_\_

**We understand that if this statement is not completed and returned, our company may be deleted from the Columbus Consolidated Government's bidder list for this commodity or service.**

**COMPANY NAME:** \_\_\_\_\_

**AGENT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

# GENERAL PROVISIONS

## **THE GENERAL PROVISIONS SHALL BE DEEMED AS PART OF THE BID SPECIFICATIONS.**

The provisions of the Procurement Ordinance for the Consolidated Government of Columbus, Georgia, as adopted and amended by Council, shall apply to all invitations for bids and award of all contracts and is specifically incorporated herein by reference. A copy of the ordinance is on file in the Purchasing Division.



## **NOTICE TO VENDORS**

Columbus Council, by Ordinance 92-60 has prohibited any business that is owned by any member of Columbus Council or the Mayor, or any business in which any member of Columbus Council or the Mayor has substantial pecuniary interest from submitting a bid for goods or services to the Consolidated Government of Columbus, Georgia.

Likewise, Ordinance 92-61, no business which is owned by any member or any board, authority or commission, subordinate or independent entity, or any business in which any member or any board, authority or commission, subordinate or independent entity has substantial pecuniary interest may submit a bid to the Consolidated Government if such bid pertains to the board, authority or commission.

## **BID BOND SUBMISSION**

The City will accept a copy of a bid bond at the bid opening. However, if a copy of a bid bond is submitted, the bidder must submit to the Purchasing Division the identical original document within 5 days after the bid opening. **If the original document is not received within 5 days, then the bid will not be considered.**

## **BUSINESS LICENSE**

The successful contractor shall submit a copy of the Business License (Occupation License) that is required to conduct business at their location. If awarded the contract, the successful contractor must obtain a business license from the City of Columbus. However, if the business is located in Georgia and has proof of being properly licensed by a municipality in Georgia, and paid applicable occupation taxes in that city, the contractor will not be required to pay occupation taxes in Columbus, Georgia. If you have questions regarding this requirement, please contact Yvonne Ivey, Occupation Tax Supervisor, 706-225-3091.

## **ADDENDA**

Vendors must acknowledge receipt of addenda, if any; failure to do so may render your bid non-responsive and ineligible for further consideration. Any addenda will be posted on the web page of the Purchasing Division, at <http://www.columbusga.org/finance/proposals.htm>. Vendors are responsible for periodically visiting the web page, to check for addenda, prior to the bid due date and before submitting a bid.

## **DO YOU HAVE QUESTIONS, CONCERNS OR NEED CLARIFICATION ABOUT THIS SOLICITATION?**

**ANY INQUIRY RECEIVED SEVEN OR MORE BUSINESS DAYS PRIOR TO THE DUE DATE OF SOLICITATIONS WILL BE GIVEN CONSIDERATION.**

**Communication concerning any solicitation currently advertised must take place in writing and must be addressed to the Purchasing Division.**

All questions or clarifications concerning this solicitation shall be submitted in writing. The City will not orally or telephonically address any question or clarification regarding specifications or procedures. If a vendor visits or calls the Purchasing Division with such questions, he or she will be instructed to submit the questions in writing.

**All contact concerning this solicitation shall be made through the Purchasing Division.** Vendors shall not contact department heads or using agencies with questions about solicitations. You must submit the written question to the Purchasing Division. If it is necessary that a technical question needs addressing, the Purchasing Division will forward such to the using agency, which will submit a written response.

The Purchasing Division will forward written responses to the respective vendor or if it becomes necessary to revise any part of this solicitation, a written addendum will be issued to all vendors.

***The City is not bound by any oral representations, clarifications, or changes made to the written specifications by City's employees, unless such clarification or change is provided to the vendors in written Addendum form from the Purchasing Division Manager.***

Any request by vendors after a solicitation has been opened and pending award must also be submitted in writing to the Purchasing Division.

**Use the attached Question/Clarification Form or email [Dlewis@columbusga.org](mailto:Dlewis@columbusga.org) to submit inquiries regarding the bid.**



RFB No. 12-0035  
Pine Grove Municipal Solid Waste Landfill  
Phase 4 – Cells 4A, 4B, 4C, 4D, 4E, 4F, 4G and 4H

MINORITY AND WOMEN PARTICIPATION

CONSISTENT WITH THE PROCUREMENT ORDINANCE FOR THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA; THE CITY IS COMMITTED TO USING DISADVANTAGED BUSINESS ENTERPRISES (DBES) TO THE FULLEST EXTENT POSSIBLE IN ALL FTA ASSISTED PROCUREMENT CONTRACTS, CONSTRUCTION PROJECTS, AS WELL AS THE DAY-TO-DAY PROCUREMENT NEEDS OF THE CITY.

EACH BIDDER IS RESPONSIBLE FOR MAKING A GOOD FAITH EFFORT TO MEET OR EXCEED THE 10% WOMEN/MINORITY (DBE) PARTICIPATION GOAL IDENTIFIED BY THE CITY. THEREFORE, BIDDERS SHOULD UTILIZE THE SERVICES OF WOMEN/MINORITY (DBE) SUBCONTRACTORS IN ANY AREA POSSIBLE IN ORDER TO REACH THE CITY'S GOAL.

THE CITY RESERVES THE RIGHT TO REQUEST BIDDER SEEK ADDITIONAL DBE PARTICIPATION IF THE BIDDER'S DBE PARTICIPATION IS LESS THAN THE CITY'S 10% GOAL.

IN THE EVENT A DBE SUBCONTRACTOR IS NOT AVAILABLE OR UNABLE TO PERFORM ANY PORTION OF THIS PROJECT, THE PRIME CONTRACTOR WILL BE RESPONSIBLE FOR PROVIDING ENOUGH INFORMATION TO ENABLE THE CITY TO DETERMINE WHETHER EFFORTS MADE TO CONTACT DBE SUBCONTRACTORS WERE GOOD-FAITH EFFORTS. FAILURE TO PROVIDE THE INFORMATION WILL RENDER THE VENDOR'S BID INCOMPLETE.

DBE ATTACHMENT I IS A BINDING PART OF THE BID RESPONSE. THE CITY EXPECTS THE SUCCESSFUL BIDDER TO UTILIZE THE DBE SUBCONTRACTORS LISTED ON DBE ATTACHMENT I. CONSEQUENTLY, THE SUCCESSFUL BIDDER SHALL FORWARD ANY CHANGES IN DBE UTILIZATION TO THE PURCHASING DIVISION.

THE PRIME CONTRACTOR SHALL HAVE A VALID STATE OF GEORGIA BUSINESS LICENSE. IT IS THE RESPONSIBILITY OF THE PRIME CONTRACTOR TO ENSURE THAT ALL SUBCONTRACTORS HAVE VALID GEORGIA BUSINESS LICENSES.

# DBE PARTICIPATION ATTACHMENT I

**(BIDDERS ARE REQUIRED TO COMPLETE AND RETURN THIS SHEET WITH BID PACKAGE. THE CITY RESERVES THE RIGHT TO REQUEST THE FORM OF ANY BIDDER, IF NOT INCLUDED WITH BID PACKAGE.)**

Consistent with the Procurement Ordinance for the Consolidated Government of Columbus, Georgia; the City is committed to using Disadvantaged Business Enterprises (DBEs) to the fullest extent possible in all FTA assisted procurement contracts, construction projects, as well as the day to day procurement needs of the City. Therefore, prime contractors who bid on this project shall seek the services of DBE subcontractors to perform portions of the work, where feasible.

List below all DBE subcontractors, suppliers, service firms, etc. expected to work on this project. Show complete name, address, phone number, owner and total dollars committed for all subcontract work by DBEs. **IF THE PRIME CONTRACTOR IS A CERTIFIED DBE, PLEASE STATE BELOW. IF VENDOR IS NOT UTILIZING ANY SUBCONTRACTORS, PLEASE STATE BELOW.**

## PARTICIPATING DBE SUBCONTRACTORS

NAME OF DBE COMPANY ADDRESS, PHONE NUMBER, OWNER	PROJECT WORK ASSIGNED	DOLLARS COMMITTED TO DBE COMPANY

**(IF PRIME CONTRACTOR IS NOT FAMILIAR WITH CERTIFIED DBES TO PERFORM SERVICES, CONTACT DELLA LEWIS, BUYER SPECIALIST AT 706-225-3072 or [dlewis@columbusga.org](mailto:dlewis@columbusga.org))**

**I UNDERSTAND THAT THIS PAGE IS CONSIDERED A BINDING PART OF MY BID RESPONSE. The City expects the above listed DBE subcontractor(s) to be utilized on this project. Consequently, any changes in DBE utilization shall be forwarded to the Purchasing Division, in the event I am awarded the contract.**

**AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_**



## Request for Taxpayer Identification Number and Certification

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

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

<b>Part I Taxpayer Identification Number (TIN)</b>									
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.									
<p><b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="text-align: center;">[ ] [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="text-align: center;">[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]</td> <td></td> </tr> </table>	<b>Social security number</b>		[ ] [ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]		<b>Employer identification number</b>		[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
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<b>Employer identification number</b>									
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<b>Part II Certification</b>
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

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

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

**Purpose of Form**

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

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

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

**VENDOR INFORMATION REGARDING**  
**GEORGIA SECURITY AND IMMIGRATION COMPLIANCE**  
*and*  
**House Bill 87, also known as,**  
**The Illegal Immigration Reform and Enforcement Act of 2011**

Section 3 of House Bill 87 amends O.C.G.A. §13-10-91.

O.C.G.A. §13-10-91(b)(1) states, in part, “A public employer shall not enter into a contract ... for the physical performance of services unless the contractor registers and participates in the federal work authorization program.”

Accordingly, the affidavits on the pages that follow relate to documentation you must provide the City.

All contractors must complete the attached “CONTRACTOR AFFIDAVIT”. **Additionally, if you utilize subcontractors, they must complete the “SUBCONTRACTOR AFFIDAVIT” and or the “SUB-SUBCONTRACTOR AFFIDAVIT.”**

**\*\*\*In lieu of the affidavit required by this subsection, a contractor, subcontractor, or sub-subcontractor who has no employees and does not hire or intend to hire employees for purposes of satisfying or completing the terms and conditions of any part or all of the original contract with the public employer shall instead provide a copy of the state issued driver's license or state issued identification card of such contracting party and a copy of the state issued driver's license or identification card of each independent contractor utilized in the satisfaction of part or all of the original contract with a public employer. A driver's license or identification card shall only be accepted in lieu of an affidavit if it is issued by a state within the United States and such state verifies lawful immigration status prior to issuing a driver's license or identification card.**

**The complete verbiage for the law is on the Purchasing Web Page:**  
**[http://www.columbusga.org/finance/Purchasing\\_docs/Georgia\\_Security\\_and\\_Immigration\\_Compliance\\_Act.pdf](http://www.columbusga.org/finance/Purchasing_docs/Georgia_Security_and_Immigration_Compliance_Act.pdf)**

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**

**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 *Columbus Consolidated Government* 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:  
\_\_\_\_\_

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**  
**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 *Columbus Consolidated Government* 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 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

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

**"GEORGIA SECURITY AND IMMIGRATION COMPLIANCE"**

**Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)**

By executing this affidavit, the undersigned sub-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 for

\_\_\_\_\_  
*(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)*  
and

\_\_\_\_\_  
*(Name of Contractor)*

on behalf of ***Columbus Consolidated Government*** 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 sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to

\_\_\_\_\_  
*(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)*

Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to

\_\_\_\_\_  
*(Name of subcontractor or sub-subcontractor with whom such sub-subcontractor has privity of contract)*

Sub-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 Sub-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:

\_\_\_\_\_