

## **APPRAISAL SERVICES**

### **EVENT NO. 5817**

#### **SPECIFICATIONS AND SPECIAL CONDITIONS**

- 4.0 The purpose of these specifications is to describe requirements for a qualified appraisal services firm to appraise the market value of real property acquisitions, as well as any resulting severance damages or special benefits, to parcels associated with the DeLesseps / LaRoche Avenue road widening project. The parcels will be located along DeLesseps / LaRoche Avenue between Waters Avenue and Skidaway Road. A general plan of these parcels is attached. The widening project includes the development of new bike paths, sidewalks, and enhanced drainage, among other improvements.

To submit pricing electronically for this event, enter pricing for each line item shown under the lines tab on the event summary. To enter pricing manually, complete the attached bid proposal form. Manually submitted bids must be submitted on the bid proposal forms contained in these specifications in order to be considered.

The City of Savannah actively encourages disadvantaged business employment and disadvantaged business participation in all its improvement projects. The Bidder shall comply with Section 01310, Disadvantaged Employment Provisions, which requires the Bidder to submit documentation of compliance with these provisions in a separate sealed envelope with their bid. Further attention is called to contract conditions contained herein pertaining to nondiscrimination, equal employment opportunity, subcontract and opportunities for project area residents. The Disadvantaged Business Enterprise (DBE) goal is 18 %.

A pre-bid conference has been scheduled to be conducted at the Purchasing Office, City Hall, third floor, 2 East Bay Street, Savannah, Georgia 31401. This meeting will allow contractors to discuss the specifications and resolve any questions and/or misunderstandings that may arise with City staff. You are invited to attend.

- 4.1 The project will include the partial acquisitions of 120 parcels including 86 fee simple right-of-way acquisitions and 119 construction easement acquisitions. The project consists of 108 residential parcels and twelve (12) commercial parcels. No whole property acquisitions or tenant relocations are expected. A set of right-of-way plans will be made available to any interested proposers to review to understand the scope of the appraisal assignment.
- 4.2 All bidders must be Georgia certified general real estate appraisers and must be registered on the Georgia Department of Transportation (GDOT) approved appraiser list.
- 4.3 Appraisals reports for each parcel that include the Market Value of the Fee Simple and Easement interests in the parcels, as applicable, as of date of inspection, in accordance with the Uniform Standards of Professional Appraisal Practice and the Uniform Appraisal Standards for Federal Land Acquisitions shall be delivered. Two (2) originals and one (1) electronic copy of each appraisal report will be required as a deliverable upon completion. The appraisals will be subject to review by a Review Appraiser, and the appraiser is expected to respond to any questions/concerns of the Reviewer.

4.4 Description of Properties to be Appraised: Properties include single family residential and commercial properties fronting DeLesseps / LaRoche Avenue between Waters Avenue and Skidaway Road. The City will provide the awarded appraiser with recent title information and a complete set of right-of-way plans.

4.5 Qualifications: Bidders must submit a minimum of three (3) references for appraisals completed for similar types of project on Attachment 1 contained in the specifications. Copies of state issued licenses, certifications, and proof of GDOT approval shall also be submitted as part of the bid package. Bids must be submitted with this information in order to be further considered.

4.6 Insurance Requirements

4.6.1 Comprehensive General Liability

Contractor shall carry comprehensive general liability on an occurrence form with no “x, c, or u” exclusions with the following minimum limits:

- Each occurrence - \$1,000,000
- Damage to Rented Premises - \$50,000
- Medical Expense - \$5,000
- Personal & Adv Injury - \$1,000,000
- General Aggregate - \$2,000,000
- Products – Completed Ops. Aggregate - \$2,000,000

General aggregate shall apply on a per project basis.

Contractor will provide a Certificate of Insurance reflecting required coverage.

A waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate.

4.6.2 Commercial Automobile Liability

The automobile policy must include coverage for owned, non-owned and hired automobiles.

- Minimum limits are \$1,000,000.
- Contractor will provide a Certificate of Insurance reflecting required coverage.
- A waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.
- A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate.

4.6.3 Workers Compensation

Contractor shall carry a workers compensation policy including all statutory coverage required by Georgia state law.

Minimum employers liability limits:

- \$500,000 each accident
- \$500,000 each employee (disease)

- \$500,000 policy limit (disease)

Contractor will provide a Certificate of Insurance reflecting required coverage.

A waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate.

#### 4.6.4 Umbrella/Excess Liability

Contractor shall carry an umbrella/excess liability policy which must follow form over underlying policies: general liability, auto liability and employer's liability.

Minimum limits: \$1,000,000 per occurrence  
\$1,000,000 aggregate

Contractor will provide a Certificate of Insurance reflecting required coverage.

Waiver of subrogation endorsement to the policy in favor of the City shall also be provided and attached to the certificate.

A (30) day notice of cancellation in favor of the City must be endorsed to policy and attached to the certificate.

#### 4.6.5 General

All insurance shall be placed with Georgia admitted carriers with a current Best's rating of A (minus), X, or better. Any modifications to specifications must be approved by the City.

#### 4.6.6 The contractor shall secure and maintain during the term of this contract Workman's Compensation for all of its employees connected with the work on this bid. Such insurance shall comply with the Georgia Workman's Compensation Law.

Proof of coverage must be provided within ten (10) days of the City's request.

A minimum of thirty (30) days' notice prior to cancellation shall be given to the City of Savannah, in writing, prior to cancellation by insurance carrier.

#### 5.0 General Conditions

##### 5.1 The bid response must include the following documents in this order:

- Bid Proposal Form (as a cover sheet)
- Exception Sheet
- Non-Discrimination Statement
- Proposed Schedule of DBE Participation
- Other submittals as stated

All referenced documents must be completed and returned in their entirety to constitute a complete bid.

##### 5.2 Original invoices should be sent to:

City of Savannah  
Accounts Payable  
P.O. Box 1027

Savannah, Georgia 31402

- 5.3 The vendor is responsible for determining and acknowledging any addenda issued in connection with this bid solicitation. All addenda issued for this event must be acknowledged in order for a bid to be considered.
- 5.4 To be awarded bids, vendors must be registered as suppliers on the City of Savannah's website at [www.savannahga.gov](http://www.savannahga.gov).
- 5.5 This contract will be awarded to the vendor offering the lowest net price to the City, and meeting or exceeding all specifications herein.

**EXCEPTION SHEET**

Event # 5817

If the commodity(ies) and/or services proposed in the response to this bid is in anyway different from that contained in this proposal or bid, the bidder is responsible to clearly identify by specification section number, all such differences in the space provided below. Otherwise, it will be assumed that bidder's offer is in total compliance with all aspects of the proposal or bid.

Below are the exceptions to the stated specifications:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company

\_\_\_\_\_  
Title

**BID PROPOSAL FORM**

**(SUBMIT AS THE COVER SHEET)**

City of Savannah Purchasing Department  
3rd Floor, City Hall  
P. O. Box 1027  
Savannah, Georgia 31402  
ATTN: Purchasing Director

**EVENT NUMBER: 5817**

**Business Location: (Check One)**

Chatham County  
 City of Savannah  
 Other

**ALL BIDDERS MUST BE REGISTERED VENDORS ON THE CITY'S WEBSITE TO BE AWARDED AN EVENT. PLEASE REGISTER AT WWW.SAVANNAHGA.GOV.**

**MANUALLY SUBMITTED BIDS MUST BE SUBMITTED ON THIS BID PROPOSAL FORM IN ORDER TO BE CONSIDERED.**

Name of Bidder: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**DO YOU HAVE A BUSINESS TAX CERTIFICATE ISSUED IN THE STATE OF GEORGIA? (CHECK ONE) YES: \_\_\_\_\_ NO: \_\_\_\_\_**

**FROM WHAT CITY/COUNTY \_\_\_\_\_  
TAX CERTIFICATE #: \_\_\_\_\_ FED TAX ID #: \_\_\_\_\_**

**INDICATE LEGAL FORM OF OWNERSHIP OF BIDDER (STATISTICAL PURPOSES ONLY): CHECK ONE: \_\_\_\_\_ CORPORATION \_\_\_\_\_ PARTNERSHIP  
\_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ OTHER  
(SPECIFY: \_\_\_\_\_)**

**INDICATE OWNERSHIP STATUS OF BIDDER (CHECK ONE):**

NON-MINORITY OWNED  ASIAN AMERICAN  
 AFRICAN AMERICAN  AMERICAN INDIAN  
 HISPANIC  OTHER MINORITY  
 WOMAN (non-minority) (describe) \_\_\_\_\_

**Do you plan to subcontract any portion of this project? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please complete the attached schedule of DBE participation. Also complete the schedule if you will be using any DBE suppliers.**

**ADDENDA ACKNOWLEDGEMENT**

My signature below confirms my receipt of all addenda issued for this proposal.

\_\_\_\_\_  
Signature

\*This acknowledgement is separate from my signature on the fee proposal form. My signature on the fee proposal form will not be deemed as an acknowledgement of addenda.

**THE UNDERSIGNED PROPOSES TO FURNISH THE FOLLOWING ITEMS IN STRICT CONFORMANCE TO THE BID SPECIFICATIONS AND BID INVITATION ISSUED BY THE CITY OF SAVANNAH FOR THIS BID. ANY EXCEPTIONS ARE CLEARLY MARKED IN THE ATTACHED COPY OF BID SPECIFICATIONS.**

ITEM NO	DESCRIPTION	ESTIMATED QUANTITY	UNIT PRICE	TOTAL
1	Residential Fee Strip and Easement Acquisitions	108		
2	Commercial Fee Strip and Easement Acquisitions	12		

TOTAL BID \$ \_\_\_\_\_

**PAYMENT TERMS: PLEASE CHECK ONE AND FILL IN BLANKS**

(Minimum of 10 working days must be allowed for discount to be considered in bid award)

\_\_\_ Less \_\_\_ % \_\_\_ Days Prompt Payment Discount (if offered) (\_\_\_\_\_)

\_\_\_ Net - 30 Days (no discount offered) - 0 -

TOTAL NET BID \$ \_\_\_\_\_

UPDATE APPRAISAL AND TESTIMONY FEE/PARCEL IF REQUIRED IN EMINENT DOMAIN LITIGATION \$ \_\_\_\_\_/PARCEL

DO YOU HAVE THE REQUIRED INSURANCE? \_\_\_\_\_

HAVE YOU SUBMITTED ATTACHMENT 1 PER SECTION 4.5? \_\_\_\_\_

HAVE YOU ATTACHED STATE LICENSES/CERTIFICATIONS/PROOF OF GDOT APPROVAL PER SECTION 4.5? \_\_\_\_\_

ESTIMATED NUMBER OF DAYS REQUIRED FOR COMPLETION: \_\_\_\_\_

I certify this bid complies with the General and Specific Specifications and Conditions issued by the City except as clearly marked in the attached copy.

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

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

**NON-DISCRIMINATION STATEMENT**

The bidder certifies that:

- (1) No person shall be excluded from participation in, denied the benefit of, or otherwise discriminated against on the basis of race, color, national origin, or gender in connection with any bid submitted to the City of Savannah or the performance of any contract resulting therefrom;
- (2) That it is and shall be the policy of this company to provide equal opportunity to all business persons seeking to contract or otherwise interested in contracting with this company, including those companies owned and controlled by racial minorities, cultural minorities, and women;
- (3) In connection herewith, we acknowledge and warrant that this company has been made aware of, understands and agrees to take affirmative action to provide such companies with the maximum practicable opportunities to do business with this company;
- (4) That this promise of non-discrimination as made and set forth herein shall be continuing in nature and shall remain in full force and effect without interruption;
- (5) That the promises of non-discrimination as made and set forth herein shall be and are hereby deemed to be made as part of and incorporated by reference into any contract or portion thereof which this company may hereafter obtain and;
- (6) That the failure of this company to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract entitling the City of Savannah to declare the contract in default and to exercise any and all applicable rights and remedies including but not limited to cancellation of the contract, termination of the contract, suspension and debarment from future contracting opportunities, and withholding and/or forfeiture of compensation due and owing on a contract.

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

\_\_\_\_\_  
**Title**



# DBE SUBCONTRACTOR PAYMENT REPORT

Report No. \_\_\_\_\_

<b>Contract #:</b>	<b>Contract Amount:</b>	<b>Date Form Submitted:</b>	
<b>Project Name:</b>		<b>Project Completion Date:</b>	
<b>Prime Contractor:</b>		<b>Period Ending:</b>	<b>Amt. Paid to Prime:</b>
<b>Contact Person:</b>		<b>Telephone#:</b> (    )	<b>Fax#:</b> (    )

## SUBCONTRACTING INFORMATION

TO BE SUBMITTED TO THE CITY OF SAVANNAH OFFICE OF BUSINESS OPPORTUNITY

DBE Subcontractor	Telephone #	Description of Work	Original Agreed Price	% of work Completed to Date	Amount Paid This Period	Amount Paid To Date

**Total Amount Paid to Subcontractors to Date:**

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I certify that the information submitted in this report is in fact true and correct to the best of my knowledge

<b>Signature:</b>	<b>Title:</b>	<b>Date:</b>
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Note: The information provided herein is subject to verification by the Office of Business Opportunity.

**OFFICE OF BUSINESS OPPORTUNITY  
SCHEDULE OF DISADVANTAGED BUSINESS ENTERPRISE (DBE) PARTICIPATION<sup>1</sup>**

<b>EVENT NUMBER:</b>		<b>PROJECT TITLE:</b>			
<b>PRIME CONTRACTOR NAME:</b>		<b>ADDRESS:</b>		<b>PHONE:</b>	<b>FAX:</b>
<b>SUBCONTRACTOR NAME</b>	<b>ADDRESS and PHONE NUMBER</b>	<b>SERVICES/WORK TO BE PERFORMED</b>	<b>DBE? (Y/N)</b>	<b>SUB-CONTRACT AMT (% OF TOTAL BASE BID)</b>	<b>SUB-CONTRACT AMT (\$)</b>
<b>TOTAL BASE BID<sup>2</sup></b>					\$
<b>TOTAL PROPOSED DBE SUBCONTRACTS<sup>2</sup></b>					\$
<b>BIDDER'S PROPOSED DBE PARTICIPATION<sup>3</sup></b>					%

I hereby certify that the above is a true reflection of proposed subcontracts, and that said firms shall be contracted to work on the trades specified and/or supply materials and/or equipment for this project. I have included a properly executed letter of intent for each DBE firm mentioned in this schedule with our response.

<b>Name and Title of Authorized Representative</b>	<b>Signature</b>	<b>Date</b>
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<sup>1</sup> Form to be completed and signed by the bidder/offeror; Use additional sheets if necessary.  
<sup>2</sup> To be provided only when the solicitation requires that the bidder/offeror include the dollar amount in its bid.  
<sup>3</sup> Total proposed DBE participation (\$) divided by bidder's total base bid (less any exclusions specifically mentioned in the solicitation), or total of all DBE Participation (%) if dollar amount is not required.

**CONTRACTOR AFFIDAVIT AND AGREEMENT**  
Employment Eligibility Verification

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 contracting with the City of Savannah has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the City of Savannah, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Savannah at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

BY:

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

\*As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV / Basic Pilot Program" operated by the U. S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

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### **Instructions for Completing Contractor Affidavit and Agreement Form**

As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: [http://www.dol.state.ga.us/pdf/rules/300\\_10\\_1.pdf](http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf).) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”

***Affidavit Verifying Status for City of Savannah Benefit Application***

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

1.) \_\_\_\_\_ I am a citizen of the United States.

**OR**

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

**OR**

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

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:    Date

\_\_\_\_\_

Printed Name:

\_\_\_\_\_

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\* \_\_\_\_\_  
Alien Registration number for non-citizens.

Notary Public  
My Commission Expires:

*Instruction for Completing Systematic Alien Verification  
for Entitlement (SAVE) Form*

O.C.G.A. § 50-36-1, requires Georgia's cities to comply with the federal **Systematic Alien Verification for Entitlements (SAVE) Program**. SAVE is a federal program used to verify that applicants for certain "public benefits" are legally present in the United States. Contracts with the City are considered "public benefits." Therefore, the successful bidder will be required to provide the Affidavit Verifying Status for City of Savannah Benefit Application prior to receiving any City contract. The affidavit is included as part of this bid package but is only required of the successful bidder.

# Attachment 1

## References

Bidders must submit proof of performance of professional grounds maintenance services as their primary livelihood for the past three (3) years, and, unless otherwise specified, must have performed satisfactorily on at least three (3) commercial or government projects of similar size and scope, and at least one (1) project for more than twelve (12) months. Bidders must provide three (3) references indicating past performance on Attachment 1. **Attachment 1 must be submitted with a bid to be further considered.**

1. Name of Company/Municipality: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates service provided: \_\_\_\_\_
  
2. Name of Company/Municipality: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates service provided: \_\_\_\_\_
  
3. Name of Company/Municipality: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates service provided: \_\_\_\_\_
  
4. Name of Company/Municipality: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates service provided: \_\_\_\_\_
  
5. Name of Company/Municipality: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Dates service provided: \_\_\_\_\_