



## CULTURAL ARTS CENTER, MOBILE EXHIBIT WALLS

EVENT NO. 6634

### SPECIFICATIONS AND SPECIAL CONDITIONS

- 4.0 The purpose of these specifications is to describe requirements for the purchase and installation of mobile exhibit walls for the newly built Cultural Arts Center, located at 201 Montgomery Street, Savannah.

**This event is only open to Savannah Business Enterprise (SBE) certified firms. Responses received from non-SBE certified firms will not be opened or read aloud. For more information about the Savannah Business Enterprise program, please visit the City's Office of Business Opportunity's webpage (<http://savannahga.gov/483/Office-of-Business-Opportunity>).**

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.

A pre-bid conference has been scheduled to be conducted at the Purchasing Office, 1375 Chatham Parkway, 2<sup>nd</sup> floor, Savannah, Georgia 31405. 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 Schedule: Installation of the wall panels is scheduled to occur in late November/early December 2018. Exact dates will be provided by the City as soon as substantial completion is achieved by the general contractor.
- 4.3 General and Supplementary General Conditions
- 4.3.1 The selected furnishings are listed as the preferred basis-of-design items, with all manufacturers, model numbers, general sizes, locations, and color/materiality listed. Each of these items also allows an "or equal" provision. The City of Savannah will evaluate any "or equal" products and in its sole discretion will determine if they are acceptable. If products are not accepted as "or equal" they will not be considered.
- 4.3.2 No substitutions after award of contract will be approved, except in case of unforeseeable conditions, and at the mutual discretion of the City of Savannah.
- 4.3.3 Bidders/vendors must bid on every item included in each bid package. Partial bids will not be accepted.
- 4.3.4 Bidders/vendors will be responsible for providing all tools and/or equipment to provide the installation.
- 4.3.5 Plans have been included as an attachment to this bid request showing the proposed layout of the mobile exhibit walls.

- 4.3.6 Bid response shall include the cost of installation. It is noted on the attached plan, Exhibit A, that an experienced crew of four people will take about twelve (12) hours to set up the configuration; and a new, inexperienced crew approximately 16-24 hours. Bidders must review the Exhibit B - Setting up Pareti Mobile Walls and ask any questions prior to the close of the question period.
- 4.3.7 Bid response shall include the cost of delivery. The delivery cost should be included as part of the overall line item for the furniture pieces.

4.4 List of Furniture Required:

Pareti Mobile Walls (All wall sections are 4”D, all wall sections to be white, See Exhibit A – “Savannah Cultural Arts Center” for layout).

- |                          |               |
|--------------------------|---------------|
| 1. 2’W x 8’H sections    | quantity: 9   |
| 2. 4’W x 8’H sections    | quantity: 3   |
| 3. 3’W x 8’H sections    | quantity: 8   |
| 4. Standard “L” sections | quantity: 10  |
| 5. Joiners               | quantity: 125 |
| 6. End Caps              | quantity: 8   |

Pareti Pedestals (all pedestals to be white laminate).

- |                      |             |
|----------------------|-------------|
| 1. 15” square x 36”H | quantity: 5 |
| 2. 20” square x 30”H | quantity: 5 |
| 3. 24” square x 24”H | quantity: 4 |

4.5 Insurance Requirements

4.5.1 General Liability

- Commercial/ General/ *Liability*
- Limits (or higher):
- General Aggregate: \$2,000,000
- Products Completed Operations Aggregate:\$2,000,000
- Each Occurrence Limit: \$1,000,000
- Personal Injury Limit: \$1,000,000
- Damage To Premises Rented To You \$1,000,000 Any One Event
- Medical Expenses \$5,000 Any One Person

Required wording on policy and COI: This policy provides a Waiver of Subrogation in favor of Mayor and Aldermen of the City of Savannah its agents and / or employees. No exclusions for products / completed operations OR limitations on products / completed operations for ongoing and completed operations. Coverage should fully extend for period of repose for the State of Georgia

4.5.2 Commercial Auto

- Required Limits: \$1, 000, 0000

Required Wording on policy and COI: This policy provides a Waiver of Subrogation in favor of Mayor and Aldermen of the City of Savannah its agents and / or employees.

4.5.3 Workers Compensation& Employers Liability (includes coverage all employees, volunteers and others under your direction and supervision)

Limits:

- Part A: Workers Compensation: Statutory
- Part B: Bodily Injury By Accident: \$500,000 Each
- Accident Bodily Injury by Disease: \$500,000 Policy
- Limit Bodily Injury by Disease: \$500,000 Each Employee

Required Wording on policy and COI: This policy provides a Waiver of Subrogation in favor of Mayor and Aldermen of the City of Savannah its agents and / or employees

Incidental USL&H Endorsement (Note: Actual USL&H required for any work on navigable waterways)

4.6 References: All bidders must have a minimum of five (5) years of commercial furniture installation/experience and provide at least three (3) references (with contact name and telephone number) for which they have completed projects of similar scope of work. This information shall be included in Attachment 1 and submitted with a bid to be further considered.

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
- 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 # 6634

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  
1375 Chatham Parkway  
2<sup>nd</sup> floor  
Savannah, Georgia 31405  
ATTN: Purchasing Director

**EVENT NUMBER: 6634**

**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: \_\_\_\_\_)**

**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	Pareti Mobile Wall Sections and Pedestals (as listed in 4.4), including delivery fees	1		
2	Installation	1		

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 \$ \_\_\_\_\_

=====

TIME REQUIRED FOR DELIVERY AFTER RECEIPT OF ORDER: \_\_\_\_\_ DAYS

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

IS ATTACHMENT 1 ATTACHED? \_\_\_\_\_

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

**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).  
\* \* \* \* \*

## **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**

**This attachment must be included with the bid response in order to be considered further.**

**REFERENCES**

In the space below, list at least three (3) current commercial references, similar in size. These references must have correct and current contact information.

- 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: \_\_\_\_\_