

Washington County Schools

501 Industrial Drive
Sandersville, GA 31082
(478)552-3981
Fax (478)552-3128

REQUEST FOR PROPOSAL:

Washington Co High School Track Resurfacing/Repair

PERTINENT DATES

June 3, 2025	Request for Proposal Issued
July 2, 2025	Proposal Deadline
July 10, 2025	Recommendations Presented to Board
July 11, 2025	Award of Contract
July 14, 2025	Contract Beginning Date

Washington County Schools

REQUEST FOR PROPOSAL (RFP) WCHS Track Resurface/Repair

The Washington County School District is seeking proposals for Resurfacing and Repairing of the Washington Co High School Track located in Sandersville and Washington County, Georgia. In this RFP, the vendor is referred to as the “Contractor” and the Washington County School District as the “District.”

INTERESTED PARTIES: Interested parties may obtain proposal documents from the District’s administrative offices located at 501 Industrial Drive, Sandersville, Georgia. Documents also can be found on the District's website- washingtoncountyschoolsga.org.

DEADLINE FOR PROPOSALS: The deadline for receiving proposals is July 2, 2025 at 2:00 PM.

PROPOSAL SUBMISSION: A signed copy of the proposal must be submitted in a sealed envelope marked on the outside, “RFP WCHS Track.” The sealed, marked envelope containing the copy of the proposal should be addressed to:

Vicki Frost
Purchasing Manager
Washington County Schools
501 Industrial Drive
Sandersville, GA 31082

All proposals must be signed by an authorized representative of the Contractor in spaces provided within this RFP and must be returned with the proposal.

QUESTIONS/INQUIRIES: All inquiries and requests for information regarding proposal submission shall be directed to Vicki Frost, Purchasing Manager, Washington County Schools, by **mail** – 501 Industrial Drive, Sandersville, GA 31082; by **phone** – (478)552-3981 ext 1253, by **fax** – (478)552-3128, or **email** – vfrost@washington.k12.ga.us.

APPOINTMENTS FOR SITE VISITS: Contact Facilities Manager, Tim Chapman to set up a site visit. Phone: 478-232-1521, Email: tim.chapman@washington.k12.ga.us

EQUAL OPPORTUNITY EMPLOYER: The District is an equal opportunity employer and reserves the right to refuse or reject any or all proposals.

WAIVER OF FORMAL DEFECT: The District may waive any technical or formal defect in any proposal not prepared and submitted in accordance with the provisions herein, and reject any or all proposals. The District will make the award to the most responsive Contractor in its own judgment

and in the best interest of the District. The award may or may not be given to the Contractor with the lowest cost proposal. The District reserves the right not to award a contract to any bidder.

SCOPE OF WORK:

1. Remove the existing track surface from the track and properly dispose of it off-site.
2. Remove approximately twenty feet by the track width of the track that has settled and reconstruct this area.
3. Existing track must be thoroughly cleaned and prepped for new surface installation.
4. Provide and install a 13mm Polyurethane Basemat Sealed Structural Spray Track Surfacing System.
5. Provide a 5-year Track Surface Warranty.
6. Provide striping for GHSA competition.
7. Replace all rotten take-off boards.

1. Subcontractors:

The Contractor shall not employ subcontractors for this contract nor shall the contract be assigned without the written permission of the Washington County Board of Education.

2. Insurance Requirements:

The Contractor will provide proof of and maintain insurance coverage for injuries to persons and/or property damage as may arise from or in conjunction with the work performed on behalf of the Board of Education by the contractor, his agents, representative, and employees. Proof of coverage as contained herein will be submitted fifteen (15) days prior to the commencement of work and such coverage will be maintained by the Contractor for the duration of the contract period; for occurrence policies. If at any time the policy lapses or is terminated, the Contractor will be subject to immediate termination.

A. General Liability

Coverage will be as broad as: Comprehensive General Liability endorsed to include Broad Form, Commercial General Liability form including Products/Completed Operations.

Minimum Limits

- \$1,000,000 General Aggregate Limit
- \$1,000,000 Products & Completed Operations
- \$1,000,000 Personal & Advertising Injury
- \$1,000,000 Each Occurrence Limit
- \$50,000 Fire Damage Limit
- \$5,000 Medical Expense Limit

B. Automobile Liability

Coverage sufficient to cover all vehicles and equipment owned, used or hired by the contractor, his agent(s), representative(s), and employees.

Minimum Limits

- \$1,000,000 Combined Single Limit
- \$1,000,000 Each Occurrence Limit
- \$5,000 Medical Expense Limit

C. Worker's Compensation

Limits as required by the Workers Compensation Act of Georgia.

- Employer's liability \$1,000,000

D. Coverage Provisions

- All deductibles or self-insured retention will appear on the certificate(s).
- The contractor's insurance will be primary over any applicable insurance or self-insurance by the Board
- The Washington County Board of Education, its officers/officials, agents, and volunteers will be added as "additional insured" as their interests may appear.
- The contractor will provide thirty (30) days written notice to the Board of Education before any cancellation, suspension or void of coverage in whole or part, where such provision is reasonable.
- Failure to comply with any of the reporting provisions of the policy(s) shall not affect coverage provided to the Board, its officers/officials, agents, employees, and volunteers.
- The insurer will agree to waive all rights of subrogation against the Board, its officers/officials, agent(s), employees, and volunteers for any act, omission, or condition of premises which the parties may be held liable by reason of negligence.
- The contractor will furnish the Board of Education certificates of insurance including endorsements affecting coverage.

3. Safety:

All contractors and subcontractors performing services for the Board are required and shall comply with all Occupation Safety and Health Administration (OSHA), State and County Safety and Occupational Health Standards and any other applicable rules and regulations. Also all contractors shall be held responsible for the safety of their employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and around the work site area under this contract.

4. Payment for Services:

Payment for services will be made upon satisfactory completion of the scope of work.

- 5. Termination for Cause:** The District may terminate their participation in this contract in whole or in part for any reason, or because of failure of the Contractor to fulfill the contract obligations in any respect. Contractor will be notified in person, if possible, or by phone or email. A formal letter of termination will be provided. All financial obligations on behalf of the District shall cease as of the date of termination. Payment for any outstanding services

will be issued within ten days of termination, provided any property or resources belonging to the District are in the possession of the District (keys, equipment, etc.).

9. Equal Opportunity, Drug-Free Employer, E-Verify:

The Contractor must comply with all statutes of the Equal Opportunity Employer Act, be a Drug-Free Employer in the State of Georgia, and participate in the federal E-Verify program. Contractor must submit an E-Verify Affidavit with its proposal (form attached). Contractor must drug test employees before employment and conduct criminal background as well as fingerprint checks according to Georgia's requirements for school employees prior to the employee beginning allowed work or be present at any District facility where students are present. No employee with a felony conviction or any conviction of sex crime, crime of moral turpitude, or any crime against a child may be assigned by Contractor to a District facility. Copies of drug tests and background tests must be permanently maintained on file by the Contractor and must be made available for inspection by the District upon request.

Proposal Sheet

Contract Price Quotation for WCHS Track Resurfacing/Repair
Proposal Deadline is July 2, 2025, 2:00 PM

Name of Company _____

Address _____

Telephone/Fax Numbers _____

Email Address _____

Company Website _____

Authorized Company Representative (type or print)

Title/Position _____

Signature of Authorized Company Representative

Date _____

Contract Price _____

**Affidavit
Verification of Lawful Presence in United States
Pursuant to O.C.G.A. § 50-36-1(e)**

By executing this affidavit under oath, as an applicant for public benefits from the Washington County School District, the undersigned applicant verifies one of the following with respect to my citizenship status:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____ (ex., *driver's license, birth certificate, state I.D. with photo, military I.D., or list type of document issued by federal immigration agency*)

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 O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

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

NOTARY PUBLIC

My Commission Expires: _____

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 (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 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:

_____ *← E-Verify #*
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:

**Request for Taxpayer
Identification Number and Certification**

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the
requester. Do not
send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2 Business name/disregarded entity name, if different from above.	
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>	
	5 Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<input type="text"/>	<input type="text"/>
or	
Employer identification number	
<input type="text"/>	<input type="text"/>

Part II Certification

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they