INVITATION FOR SEALED BIDS

ITB NO. 2026-300
Hampton City Hall Roof Replacement
for the City of Hampton, Georgia

SCHEDULE OF EVENTS	DATE
DELIVERY OF BID LOCATION AND PUBLIC OPENING DATE (Hand or Special Delivery): City of Hampton Attn: Office of the City Manager 17 East Main Street South Hampton, GA 30228 c/o James Turner, Interim City Manager	Tuesday, November 17, 2026 1:00 p.m. (EST)

TABLE OF CONTENTS

1. INFORMATION AND INSTRUCTIONS TO PROPONENTS 3
2. SCOPE OF WORK 8
3. MINIMUM QUALIFICATIONS 8
4. PROJECT DESCRIPTION 9
5. SPECIFICATIONS 10
6. PROPOSAL PREPARATION AND GUIDELINES 16
7. APPENDICES

Appendix A – Cost Bid Form 17

Appendix B - Insurance and Bonding Requirements 18

Appendix C – Required Forms Submittals 20

1. INFORMATION AND INSTRUCTION TO PROPONENTS

1.1 **Services Required:** This Invitation to Bid ("ITB") is for qualified Proponents ("Proponent" or "Proponents") to provide Contracting Services necessary and incidental to the City of Hampton, Georgia ("City"). The City of Hampton seeks contracting services to provide all labor, materials and management to remove and replace the roofing to the specifications outlined. The contractor will also be bonded and insured AND licensed in the State of Georgia.

1.2 **Solicitation Method:** This solicitation is being conducted in accordance with all applicable provisions of the City Code requirements. By submitting a Bid in reference to this solicitation, a Proponent acknowledges that it is familiar with all laws applicable to this solicitation, including, but not limited to, the City's Code of Ordinances, which laws are incorporated into this ITB by reference.

1.3 **Minimum Qualifications:** Each Proponent and team member shall have the minimum experience set forth in this ITB.

1.4 **Certificate of Authority to Transact Business in Georgia:** Each Proponent must submit documentation that demonstrates it is duly authorized to conduct business in the State of Georgia with its bid. This requirement also applies to Joint Venture (JV) Team Members, Sub-Consultants and Sub-Proponents.

1.5 **Business License:** Proponent is requested to submit a copy of its current, valid business license with its Proposal. If the Proponent is a Georgia corporation, Proponent is requested to submit a valid city business license. If Proponent is a joint venture, Proponent is requested to submit valid business licenses for each member of the joint venture. If the Proponent is not a Georgia corporation, Proponent is requested to submit a Certificate of Authority to Transact Business in the State of Georgia and a copy of its current, valid business license issued by its home jurisdiction.

1.6 **State Contractor License:** Proponent must attach a copy of any contractor license required by this ITB with its response.

1.7 **No Offer by City and Firm Offer by Proponent:** This solicitation does not constitute an offer by the City to enter into an agreement and cannot be accepted by any Proponent to form an Agreement. This solicitation 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 as provided in this ITB, and other applicable law.

1.8 **Proposal Duration:** Proposals submitted in response to this ITB shall remain valid for ninety (90) calendar days from the Qualification Submission Deadline and must be marked as such. **Qualification Submission Deadline:** Responses to this ITB will be received until **1:00 P.M., Eastern Standard Time (E.S.T.) on Tuesday,**

November 17, 2026 at 17 East Main Street South, **Attn: Office of the City Manager,** Hampton, Georgia. Late Proposals will not be considered.

1.9 **Solicitation Questions/Prohibited Contacts:** Any questions regarding this RFP should be submitted in writing to City of Hampton, Attn: Wanda D. Moore, PLA, Director of Community Development, 17 East Main Street South, Hampton, Georgia 30228 or emailed to wmoore@hamptonga.gov, on or before **Monday, November 9, 2026 at 5:00 P.M., E.S.T.** Questions received after the designated period may not be considered. Responses made by the City will be provided in writing to all Proponents by addendum, **Tuesday, November 10, 2026**. It is the responsibility of each Proponent to obtain a copy of any Addendum issued for this solicitation by monitoring the City's website at https://www.hamptonga.gov. No Proponent may rely on any verbal response to any question submitted concerning this ITB. All Proponents and representatives of Proponents are strictly prohibited from contacting any other City employees, City Officials or any third-party representative of the City on any matter having to do with this ITB.

1.10 **Georgia Open Records Act:** Information provided to the City is subject to disclosure under the Georgia Open Records Act, O.C.G.A. § 50-18-70 et. seq. Pursuant to O.C.G.A. § 50-18-72(a)(34), "[a]n entity submitting records containing trade secrets that wishes to keep such records confidential under this paragraph shall submit and attach to the records an affidavit affirmatively declaring that specific information in the records constitute trade secrets pursuant to Article 27 of Chapter 1 of Title 10 [O.C.G.A. § 10-1-760 et seq.]".

1.11 **Evaluation of Financial Information:** The City's evaluation of financial information concerning a Proponent and its consideration of such information in determining whether a Proponent is responsive and responsible may involve a review of several items of information required to be included in a Qualification Statement. The City will review the Financial Information disclosed by Proponent and attached to this ITB. Further, if this ITB requires a successful Proponent that is awarded an Agreement pursuant to this solicitation to post some type of performance guarantee (e.g. letter of credit, guaranty agreement, etc.), a Proponent must submit with its Qualification a notarized letter from an appropriate financial institution indicating that it is willing to issue such performance guarantee for the Proponent if an Agreement is awarded to it Proponent.

1.12 Examination of Qualification Documents:

1.12.1 Each Proponent is responsible for examining with appropriate care the complete ITB 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 qualifications in the Qualifications Statement.

1.12.2 Each Proponent shall promptly notify City in writing should the Proponent find discrepancies, errors, ambiguities or omissions in the Qualification Documents, or should their intent or meaning appear unclear or ambiguous, or should any other question arise relative to the ITB. Replies to such notices

may be made in the form of an addendum to the ITB, which will be issued simultaneously to all potential Proponents.

1.12.3 The City may in accordance with applicable law, by Addendum, modify any provision or part of the ITB at any time prior to the Qualification Submittal due date and time.

1.12.4 Each Proponent must confirm Addenda has been received and acknowledge receipt by executing the Acknowledgment of Addenda form provided with each Addendum.

1.13 **Solicitation, cancellation or rejection of Proposal**. The City may waive any technicalities and formalities in the qualification statement received. Additionally, the City reserves the right to cancel the ITB in its entirety. Proponents may withdraw their qualification Statement as long as it is done prior to opening. Proponents must submit on company letterhead the request to withdrawal their qualification statement. Withdrawal is not automatically granted and will be allowed solely at the City of Hampton's discretion.

1.14 **Award and Execution of Agreement:** If the City awards an Agreement pursuant to this solicitation, the City will prepare and forward to the Proponent an Agreement for execution. Upon approval of the Proponent by the City of Hampton, the City will provide the Successful Proponent with an unsigned Agreement. The Proponent shall execute and return three (3) Agreements, with required insurance certificates and other documents as listed in this ITB or required by the City, within no more than ten (10) calendar days from receipt of the Agreements.

1.15 **Illegal Immigration Reform and Enforcement Act**: This ITB is subject to the Illegal Immigration Reform and Enforcement Act of 2011 ("**Act**"), formerly known as the Georgia Security and Immigration Compliance Act. Pursuant to Act, the Proponent must provide with its Proposal proof of its registration with and continuing and future participation in the E-Verify Program established by the United States Department of Homeland Security. Completed Proponent Affidavit, Illegal Immigration Reform and Enforcement Act Forms attached herein Appendix B, Required Form Submittals must be submitted with the Proposal at the time of submission. Under State Law, the City cannot consider any Proposal, which does not include the completed forms. Where the business structure of a Proponent is such that Proponent is required to obtain an Employer Identification Number (EIN)

from the Internal Revenue Service, Proponent must complete the Proponent Affidavit on behalf of and provide a Federal Work Authorization User ID Number issued to, the Proponent itself. Where the business structure of a Proponent does not require it to obtain an EIN, each entity comprising Proponent must submit a separate Proponent Affidavit. It is not the intent of this notice to provide detailed information or legal advice concerning the Act. All Proponents intending to do business with the City are responsible for independently educating themselves of and complying with the requirements of the Act and assessing its effect on City solicitations and their participation in those solicitations. For additional information on the E-Verify program or to enroll in the program, go to: https://e-verify.uscis.gov/enroll. Additional information on completing and submitting the Proponent Affidavit can be found preceding this form in this RFP.

1.16 **Multiple Awards**: The City reserves, in its sole discretion, the right to make one (1) award, no award, or award to multiple Proponents.

1.17 **Joint Ventures:** Each party to a Joint Venture will be required to fully complete and submit the Required Submittal Forms unless otherwise indicated in this ITB.

1.18 **Conflict of Interest:** Proponents are advised to read and familiarize themselves with the conflict-of-interest provisions of this ITB. The City reserves the right to issue ITBs for specific projects that are independent of ITB 2026-300 Hampton City Hall Roof Replacement for City of Hampton, Georgia. Except as stated in this ITB these Instructions, and the Notice to Proponents concerning Conflicts of Interests, successful Proponents under this ITB are not precluded from responding to such solicitations.

1.19 **Tax Exemption Status:** The City is exempt from Federal Excise Tax or Georgia Sales Tax with regard to goods and services purchased directly by City of Hampton. Exemption certificates furnished upon request.

1.20 **Codes, Permits, Fees, Licenses and Laws**: All permits, fees, arrangements for inspections, licenses, and costs incurred for the same shall be the sole responsibility of the successful Proponent. All materials, labor and construction must comply with all applicable rules and regulations of local, state and/or national codes, laws and ordinances of all authorities having jurisdiction over the project, which shall apply to the contract throughout and will be deemed to be included in the contract the same as though herein written out in full.

1.21 **Negotiations/Best and Final Offers:** The City reserves the right to negotiate specifications, terms and conditions, which may be necessary or appropriate for the accomplishment of the intent of this ITB. The City may require the submission of Best and Final Offers and may require that this ITB and Proponent's response be incorporated in full or in part as Contract Documents. The ITB and all responses, supplemental information, and other submissions provided by Proponent during

discussions or negotiations may be held by the City as contractually binding upon Proponent. The City may seek clarification from a Proponent at any time during the procurement process, and failure of a Proponent to timely respond may be cause for rejection of Proponent's proposal.

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2. SCOPE OF WORK

The contractor will be responsible for providing all materials, installation requirements, and performance expectations for the contractor to remove and replace the roofing with the specifications outlined. Contractors may attend an in person **Prebid inspection only meeting** of city hall roof conditions, **Friday, November 6, 2026 @ 10:00 AM**, **EST**. Individuals shall be permitted access to the roof for site observation of existing conditions. No further instruction will be provided. Questions from the site observation visit and other inquiries shall be submitted in accordance with ITB 2026-300 provisions.

3. MINIMUM REQUIREMENTS

To be considered for selection, the Contractor ("Proponent") shall demonstrate the qualifications, experience, and capacity necessary to successfully complete the services described herein. Failure to meet the minimum requirements may result in the proposal being deemed non-responsive.

A. Firm Qualifications

The Proponent shall:

1. Be legally authorized to conduct business in the State of Georgia and maintain a current Business License.
2. Maintain State of Georgia Contractor's license for proposed classification of work to be performed.
3. Have successfully completed at least three (3) comparable projects within the last five (5) years for municipalities, governmental entities, or similarly sized public-sector clients.
4. Maintain sufficient staff, resources, and contracting capabilities to perform the required services within the project schedule.

B. Relevant Experience

The Proponent shall provide:

1. A description of the firm's history and qualifications.
2. Resumes of key personnel assigned to the project.
3. A minimum of three (3) references for projects comparable in scope and complexity.

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4. PROJECT DESCRIPTION

Provide a description of your proposal for the removal and replacement of the roofing materials. The proposed project is approximately 7,400 Sq Ft of old roofing materials. Work shall include the following:

- Full roof tear-off project.
- New 60-mil mechanically attached GAF TPO system.
- R-25 minimum insulation with tapered insulation.
- New edge metal, coping, counterflashing, and drain retrofits.
- 20-year GAF Diamond Pledge NDL warranty.
- FM 1-90 minimum wind uplift requirement.
- 25-sheet wood deck replacement allowance to be included.
- Add Alternate: 1/4" cover board beneath the membrane.
- Remove any existing roof top HVAC or equipment and reinstall if required
- Contractor will provide their own Porta Potty
- Contractor will provide a dumpster for debris and remove upon completion of work
- Contractor will keep the areas around City Hall free of construction debris at all times
- Must meet all applicable building codes. The contractor shall secure a building permit from the City of Hampton Community Development Department.

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5. SPECIFICATIONS

SECTION 075423
THERMOPLASTIC-POLYOLEFIN ROOFING (TPO) - GAF

PART 1 GENERAL

1.01 SECTION INCLUDES

A. TPO roofing membrane for tear-off applications.

B. Cover boards. (Add Alternate No. 1)

C. Insulation.

D. Deck sheathing.

1.02 REFERENCE STANDARDS

A. ASTM C1289 - Standard Specification for Faced Rigid Cellular Polyisocyanurate Thermal Insulation Board; 2025.

B. ASTM D6878/D6878M - Standard Specification for Thermoplastic Polyolefin-Based Sheet Roofing; 2026.

C. FM 4470 - Examination Standard for Single-Ply, Polymer-Modified Bitumen Sheet, Built-Up Roof (BUR) and Liquid Applied Roof Assemblies for Use in Class 1 and Noncombustible Roof Deck Construction; 2022.

D. FM 4474 - American National Standard for Evaluating the Simulated Wind Uplift Resistance of Roof Assemblies Using Static Positive and/or Negative Differential Pressures; 2020.

E. UL (DIR) - Online Certifications Directory; Current Edition.

F. UL 580 - Standard for Tests for Uplift Resistance of Roof Assemblies; Current Edition, Including All Revisions.

G. UL 790 - Standard for Standard Test Methods for Fire Tests of Roof Coverings; Current Edition, Including All Revisions.

H. UL 1897 - Uplift Tests for Roof-Covering Systems; Underwriters Laboratories Inc.; Current Edition, Including All Revisions.

1.03 ADMINISTRATIVE REQUIREMENTS

A. Preinstallation Meeting: Convene one week before starting work of this section.
   1. Attendees: Owner, Contractor, Architect, installer, roofing manufacturer's technical representative, and installers whose work interfaces with or affects the work of this section.
   2. Review project requirements, including the following:
      a. Preparation and acceptance of substrates.
      b. Sequencing and coordination between trades and acceptance of substrates for roofing installation.
      c. Approved materials, details and sequencing for transitions, tie-ins, flashings, drainage, penetrations, and curbs.
      d. Protection of installed materials.
      e. Repair procedures.

B. Permit Responsibility
   1. Contractor shall obtain and pay for all permits, inspections, and associated fees required for the work.

1.04 SUBMITTALS

A. Product Data: Provide data for roofing system materials, components, and accessories.

B. Manufacturer's Letter: Certify products meet or exceed specified requirements.

C. Wind Uplift Resistance Submittal: Indicate compliance with wind uplift performance requirements.

D. Field Quality Control Submittals: Field testing and inspection reports.

E. Manufacturer's qualification statement.

F. Installer's qualification statement.

G. Executed GAF Warranty or Guarantee.

H. Contractors Warrranty

I. Record photographs

1.05 QUALITY ASSURANCE

A. Installer Qualifications: Company specializing in performing work of this section with at least 3 years of documented experience and approved by manufacturer for specified warranty.

1.06 DELIVERY, STORAGE, AND HANDLING

A. Deliver materials in manufacturer's original containers, dry and undamaged, with seals unbroken and labels intact, unless otherwise indicated.

1.07 FIELD CONDITIONS

A. Do not expose materials vulnerable to water or sun damage in quantities greater than can be covered the same day.

B. Schedule applications so no partially completed sections of roof are left exposed at end of workday.

1.08 WARRANTY OR GUARANTEE

A. System Guarantee: Provide manufacturer's system guarantee. Complete forms in Owner's name and register with manufacturer.
   1. Guarantee: GAF EverGuard® Diamond Pledge NDL Roof Guarantee.
   2. Term: 20 years.
   3. Liability Limit: No dollar limit on covered repairs.
   4. Scope of Coverage:
      a. Repair of covered leaks resulting from manufacturing defects, ordinary wear and tear, or workmanship in applying the covering materials, subject to certain exclusions.

B. Extended Correction Period: Correct defective work within 2-year period commencing on date of Substantial Completion.

PART 2 PRODUCTS

2.01 MANUFACTURERS

A. Basis of Design:
   1. GAF; EverGuard 60-mil TPO; 1 Campus Drive; Parsippany, NJ 07054; Toll Free Tel: 877-423-7663; Email: designservices@gaf.com: www.gaf.com.
   2. Substitutions: Not permitted.
   3. Source Limitations: Obtain components for roofing system from roof membrane manufacturer or manufacturers approved by roof membrane manufacturer.

2.02 ROOFING SYSTEM

A. Roofing System Description: Listed from top of roof down.
   1. Single Ply Membrane: Mechanically attached.
   2. Insulation: Minimum two layers, having maximum board thickness of 2 inches (51 mm).
      a. Total System R-value (RSI-value): Minimum R-25 ci.
      b. Top Layers: Polyisocyanurate foam board; mechanically fastened.
      c. Bottom Layer: Polyisocyanurate foam board; loose-laid, no attachment.
      d. Crickets: Tapered insulation; minimum slope of 1/4 inch per foot (1:48) unless otherwise indicated in drawings.
   3. Deck Sheathing: Wood Sheathing; mechanically fastened.

B. Performance Requirements:

1. General: Roofing system to withstand specified uplift pressures, thermally induced movement, and exposure to ordinary weather conditions.
2. Material Compatibility: Provide roofing materials and accessories compatible with one another under conditions of service and application, as demonstrated by roof membrane manufacturer based on testing and field experience.
3. Wind Uplift Resistance: Design to withstand wind uplift forces in accordance with applicable local building code requirements as demonstrated by roofing manufacturer's independent testing.
   a. Roofing System: Tested in accordance with FM 4474, UL 580, or UL 1897.
4. Roof assembly shall meet or exceed 1-90 wind uplift resistance, or higher where requried by code.
5. Roof Covering External Fire Resistance Classification: Comply with UL (DIR). Class A when tested per UL 790.

2.03 MEMBRANE MATERIALS

A. Membrane:
   1. TPO Membrane: Thermoplastic polyolefin sheet complying with ASTM D6878/D6878M with internally reinforced scrim.
      a. Smooth Membrane: 60-mil, 0.060-inch (1.5 mm) nominal TPO thickness.
   2. Impact Resistance: Membrane to resist impact damage when tested in accordance with the Resistance to Foot Traffic Test in FM 4470.
   3. Color: White.
   4. Products:
      a. GAF; EverGuard® TPO 60-mil Membrane: www.gaf.com.
      b. Substitutions: Not permitted.

B. Membrane Attachment: mechanically attached in accordance with roofing manufacturer's requirements.

C. Membrane Fasteners: Induction welded type in accordance with roofing membrane manufacturer's requirements.

D. Flexible Flashing: Manufacturer's standard TPO sheet flashing matching primary membrane in type and color, minimum 55-mil, 0.055-inch (1.4 mm) thickness.

2.04 COVER BOARDS (ADD ALTERNATE NO.1)

A. Add Alternate No. 1
   1. Provide 1/4 inch GAF EnergyGuard HD Cover Board or DensDeck Prime over roof insulation beneath the TPO membrane.
   2. Include all fasteners, labor, and accessories required to maintain the specified GAF warranty.
   3. Proivde cost as a lump-sum add alternative.

2.05 INSULATION

A. Polyisocyanurate (ISO) Board Insulation: Rigid cellular foam, non-halogenated, TCPP-free, complying with ASTM C1289.
   1. Classification: Type II, Class 1, faced with glass fiber reinforced cellulosic facers on both major surfaces of the core foam.
   2. Compressive Strength: Grade 2, 20 psi (Grade 2, 138 kPa) minimum.
   3. Products:
      a. GAF; EnergyGuard™ Polyiso Insulation: www.gaf.com.

2.06 SHEET METAL

A. Contractor to provide all new metal coping, edge metal, and counterflashings.
   1. EverGuard Coping Aluminum (0.50") with Galv. steel cleat (20 ga.)
   2. EverGuard Drip Edge (0.50") with Galv. steel cleat (22 ga.)

2.07 ACCESSORIES

A. Miscellaneous Accessories: Provide pourable sealers, primers, preformed cone and vent sheet flashings, preformed inside and outside corner sheet flashings, T-joint covers, lap sealants, termination reglets, and other accessories.

B. Prefabricated Flashing Accessories: Same material as membrane in manufacturer's standard thicknesses, including:
   1. Inside corners, outside corners, universal corners, and fluted corners.
   2. Square tube wraps.
   3. Conical pipe boots and split pipe boots.
   4. Pourable sealer pockets.
   5. T-Joint cover patches.
   6. Primerless cover tape.
      a. All membrane flashings at parapets, curbs, penetrations, walls, and roof transitions shall be fully adhered and heat welded.

C. Fasteners: Factory-coated steel fasteners and metal or plastic plates complying with corrosion-resistance provisions in FM 4470, designed for fastening roofing components to substrate, and acceptable to roofing system manufacturer.

D. Roof Drains: Replace all existing roof drain inserts with manufacturer-approved retrofit drains and flashings.

E. Termination Bars: Manufacturer's standard aluminum bars with integral caulk ledge.

F. Sealants: In accordance with membrane manufacturer's requirements.

G. Thinners and Cleaners: In accordance with adhesive manufacturer's requirements, compatible with membrane.

H. Welded Flexible Walkways: Heavy-duty, slip-resistant, textured TPO walkway roll, suitable for maintenance traffic and visually distinctive from roof membrane.
   1. Roll Width: 34 inches (860 mm).
   2. Surface Color: Gray.
   3. Products:
      a. GAF; EverGuard™ TPO Walkway Roll: www.gaf.com.

PART 3 EXECUTION

3.01 TEAR-OFF & DISPOSAL

A. Remove all existing roofing materials, insulation, flashings, and accessories down to the structural deck.

B. Dispose of materials off-site in accordance with applicable regulations.

C. Provide temporary weatherproofing at the end of each workday and during inclement weather.

3.02 ROOF DECK REPAIR ALLOWANCE

A. Contractor shall provide an allowance of twenty five (25) sheets for replacement or damaged wood roof decking and unit price for additional sheets needed beyond the allowance.

B. No deck replacement shall occur without owner approval.

3.03 EXAMINATION

A. Verify surfaces and site conditions are ready to receive work.

B. Verify deck is supported and secure.

C. Verify deck is clean and smooth, flat, free of depressions, waves, or projections, properly sloped and suitable for installation of roof system.

D. Verify deck surfaces are dry and free of moisture, snow or ice.

E. Verify roof openings, curbs, and penetrations through roof are solidly set, and nailing strips are in place.

F. Preinstallation Testing: For recover roofing installations, provide the following:
   1. Testing or confirmation of adequate existing roof drainage.
   2. Core cut.
   3. Roof deck fastener pullout testing.
   4. Bonded pull testing.

3.04 PREPARATION - WOOD DECK

A. Verify wood deck conforms with manufacturer's minimum requirements.
   1. Minimum Thickness: 15/32 inch (12 mm) for wood sheathing.
   2. Wood Joist Spacing: Not exceeding 24 inches (610 mm) on center.
   3. Sheathing: Installed with all four sides bearing on and secured to joists and cross blocking. H clips are not acceptable.

B. Verify flatness and tightness of joints in wood decking; fill knot holes with latex filler.

C. Confirm dry deck by moisture meter with 12 percent moisture maximum.

D. Proceed with installation only after unsatisfactory conditions have been corrected.

3.05 INSTALLATION, GENERAL

A. Perform work in accordance with manufacturer's instructions.

B. Do not apply roofing components during cold or wet weather conditions outside of manufacturer's approved conditions.

C. Do not apply roofing membrane when ambient temperature is outside of manufacturer's required temperature range.

D. Do not apply roofing membrane to damp or frozen deck surface or when precipitation is expected or occurring.

E. Do not expose materials vulnerable to water or sun damage in quantities greater than can be covered the same day.

F. Coordinate this work with installation of associated counterflashings installed by other sections as work of this section proceeds.

G. Install roof membrane and auxiliary materials to tie in to existing roofing to maintain weathertightness of transition and to not void warranty or guarantee for existing roofing system.

H. Prevent materials from entering and clogging roof drains and conductors and from spilling or migrating onto surfaces of other construction. Remove roof-drain plugs when no work is taking place or when rain is forecast.

I. Install night seal at end of each workday or when rain is forecast. Provide temporary seals to prevent water from entering completed sections of roofing system. Ensure stagger and offset of underlying insulation to prevent thermal breaks. Remove and discard temporary seals before beginning work on adjoining roofing.

3.06 INSTALLATION - DECK SHEATHING

A. Install deck sheathing with long joints in continuous straight lines and end joints staggered not less than 24 inches (610 mm) in adjacent rows.

3.07 INSTALLATION - INSULATION

A. Lay subsequent layers of insulation with joints staggered from joints of preceding layer in accordance with manufacturer's instructions.

B. Place tapered insulation to required slope pattern in accordance with manufacturer's instructions.

C. Lay boards with edges in moderate contact without forcing. Cut insulation to fit neatly to perimeter blocking and around penetrations through roof.

D. At roof drains, slope insulation down to roof drains with each side equal to the diameter of the drain bowl plus 36 inches (914 mm).

E. Do not install more insulation than can be covered with membrane in same day.

3.08 INSTALLATION - MEMBRANE

A. Install membrane and flashings in accordance with roofing system manufacturer's instructions.

B. Roll out membrane, free from wrinkles or tears.

C. Accurately align roof membrane and maintain uniform side and end laps of minimum dimensions required by manufacturer. Shingle joints on sloped substrates in direction of drainage where possible.

D. Mechanical Attachment:
   1. Install membrane and mechanical attachment devices in accordance with manufacturer's instructions. Attach securely at terminations, penetrations, and perimeter of roofing.

E. Seams: Clean seam areas, overlap roof membrane, and hot-air weld side and end laps of roof membrane and sheet flashings. Test lap edges with probe to verify seam weld continuity in accordance with manufacturer's technical bulletins.

F. At intersections with vertical surfaces terminate and seal top of sheet flashings with termination bars secured to nailing strips or structural backing or in conformance with roofing manufacturer's approved details.

G. Extend membrane under copings and secure to outside face of wall.

H. Around roof penetrations, seal flanges and flashings with flexible flashing.

I. Walkways: Install walkways in accordance with roofing system manufacturer's instructions at the following locations. Provide manufacturer's minimum clearance between units.
   1. Perimeter of each rooftop unit.
   2. Between each roof access ladder and each rooftop unit location or path connecting rooftop unit locations.

3.09 FIELD QUALITY CONTROL

A. Provide regular on-site attendance of roofing manufacturer's representative during installation of this work.
   1. Probe heat welded seams and test seams in accordance with manufacturer's recommendations.

B. Repair or remove and replace components of roofing system where tests or inspections indicate they do not comply with specified requirements. Perform repairs using manufacturer's approved repair procedures.

C. Perform additional testing and inspecting at Contractor's expense to determine if repaired or additional work complies with specified requirements.

3.10 CLEANING

A. Properly dispose of all product wrappers, pallets, cardboard, scrap, waste and debris. Replace damaged material with new materials.

B. Clean adjacent construction where soiled by work of this section. Comply with manufacturer of adjacent construction's instructions and procedures.

3.11 PROTECTION

A. Protect installed roofing system from construction operations.

B. Correct deficiencies in work in accordance with warranty requirements. Repair or replace defaced or damaged finishes caused by work of this section.

END OF SECTION

6. PROPOSAL PREPARATION AND GUIDELINES

6.1 Proposal Format

6.1.1 **Labeling of Submittal**: Proponents are required to submit their proposals labeled as described under section 7.4 of this ITB.

6.1.2 **Letter of Transmittal**: The letter is not intended to be a summary of the proposal itself. The letter of transmittal must contain statements and information as listed below:

6.1.2.1.1 Company name, address, phone number(s), and website.

6.1.2.1.2 Name, title email address and phone number of the person to contact and who are authorized to represent the contractor and to whom correspondence should be directed.

6.1.2.1.3 Federal and State taxpayer identification number of the business.

A brief statement of your understanding of the services to be performed and make a positive commitment to providing services as specified.

6.1.2.1.4 A letter must be signed by a corporate officer or person authorized to bind the vendor to the proposal and cost schedule.

6.1.3 Cost Proposal: Bidders are to provide one (1) hard copy of their Cost Proposal Work Sheet with their bid response.

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7. COST PROPOSAL WORKSHEET

APPENDIX A: COST BID FORM

Please provide total cost for each item listed, including all costs, direct and indirect, administrative costs, and all things necessary for complete Hampton City Hall Roof Replacement, as referenced in "Scope of Work" and "Specifications".

Item	Description	Unit	Approx. Quantity	Unit Cost	Total Cost
Scope of Work					
1	Full Tear-off & Disposal of Existing Roof materials, insulation, flashings, and accessories down to the structural deck	LS	1		
2	60-mil GAF TPO Roofing System w/ FM 1-90 Wind Uplift, R-25 Insulation, Deck Sheathing, Drains, Membrane, Metal Coping Edge, and Flashing Installation, Drain Retrofits	LS	1		
3	25-sheet Wood Deck Replacement Allowance	LS	1		
4	Allowance to remove existing roof top HVAC or equipment and reinstalled as required	LS	1		
5	2.07 Accessories per Specifications	LS	1		
4	Cleaning and disposal of construction debris	LS	1		
5	Temporary weatherproofing, night seal	LS	1		
6	Porta Potty, Dumpster for debris	LS	1		
No. 1	Add Alternate-1/4" Cover Boards	LS	1		

Total project cost : _____

Bidder's Company Name: _____

Authorized signature: _____

Authorized Representative Name Typed or Printed: _____

Date of Bid Cost Form Completion: _____

Cost Bid must be completed and submitted with Bid in a Separate and Sealed Envelope.

APPENDIX B: INSURANCE REQUIREMENTS AND BONDING

7.1 Insurance Requirements

The proponent shall be responsible for his/her work and every part thereof and for all materials, tools, equipment, appliances, and properties of any and all description used in connection with this project. The proponent assumes all risks of direct and indirect damage or injury to the property of persons used or employed on or in connection with the work contracted for and of all damage or injury to any person or property where located, resulting from any action, omission, commission, or operation under the contract, or in connection in any way whatsoever with the contracted work. The proponent shall, during the continuation of all work under the contract, provide the following:

7.1.1 **Statutory Worker's Compensation and Employer's Liability insurance** as required by the Labor Code of the State of Georgia and Employers Liability Insurance. Evidence of qualified self-insured status may be substituted.

7.1.2 **Commercial General Liability Insurance**-The proponent agrees to maintain Commercial General Liability Insurance in an amount not less than One Million Dollars ($1,000,000) per occurrence subject to a Two Million Dollars ($2,000,000) aggregate. The policy shall include the City of Hampton, its officers and its employees, as additionally insured, with primary overage as respects of the City of Hampton, its officers and its employees, all contain a severability of interest provisions.

7.1.3 Certificates of insurance shall be provided by the Proponent as evidence that policies providing the required coverage, conditions, and minimum limits are in full force and effect, and shall be subject to review and approval by the City. No required coverage shall be cancelled, terminated or materially changed until at least 30 days prior written notice has been given to the City. The City reserves the right to request and receive a certified copy of any policy and any endorsement thereto.

7.1.4 Failure on the part of the Proponent to procure or maintain policies providing the required coverages, conditions, and minimum limits shall constitute a material breach of contract upon which the City may immediately terminate the Agreement, or at is discretion may procure or renew any such policy or any extended reporting period thereto and may pay any and all premiums in connection therewith, and all monies so paid by the City shall be repaid by the Contract to the City upon demand, or the City may offset the cost of the premiums against any monies due Proponent from the City.

7.1.5 Indemnification

Proponents shall agree to indemnify, defend, save and otherwise hold harmless the, City of Hampton, GA, its elected and appointed officials, departments, agencies, boards, authorities, directors, officers, employees,

and volunteers against and/or from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs, attorneys' fees and any other costs associated and/or related in any way to any claim or litigation for or on account of any property damage, injury or death to any person or action related to such brought by any person and/or estate which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract, except to the extent that such loss results from the negligence of The City of Hampton, GA. This indemnity provision shall include activities required for compliance with all applicable environmental laws, ordinances and regulations in effect during the term of the Agreement and continue for a period of two (2) years after termination thereof. The successful Proponent shall protect The City of Hampton, GA from claims involving infringements of patents and/or copyrights. The unauthorized use of patented articles is done at the risk of the Proponent. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation laws of the State of Georgia or arising out of the failure of such vendor to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. Proponent shall be responsible for primary loss investigation, defense and judgment costs where this indemnification is applicable. Proponent shall agree to waive all rights of subrogation and/or financial recovery of any kind in favor of the City of Hampton, Georgia, its departments, all elected and appointed officials for losses arising or alleged to have arisen out of any work performed in relation to the contract.

7.2 **Bonding Requirements**:

There are no Bonding Requirements for this ITB.

BALANCE OF PAGE INTENTIONALLY LEFT BLANK

APPENDIX C: REQUIRED FORM SUBMITTALS

7.3 Failure to submit any of the items below may cause rejection of the Proposal.

___Vendor's Information Form
___Vendor's Execution of Proposal Form
___W-9 Form
___Business Entity Certificate
___Non-Conflict of Interest
___Non-Collusion Affidavit
___Acknowledgement of Proponent
___Reference and Release Form
___Acknowledgement of Insurance Requirements
___Certificate of Authority-Joint Venture
___Illegal Immigration Reform Act-Proponent Affidavit
___Illegal Immigration Reform Act-Sub-proponent Affidavit
___Copy of Business License
___Copy of Contractor License

7.4 Label the Sealed Bid Envelope as follows:

From: _____
_____
_____

ITB#2026-300 Hampton City Hall Roof Replacement for the City of Hampton, Georgia

ITB SUBMITTAL DATE: 11/17/2026 @ 1:00 PM EST

DELIVER ONLY TO:
City of Hampton Attn:
Interim City Manager
17 East Main Street South
Hampton, GA 30228

CITY OF HAMPTON

VENDOR'S INFORMATION FORM

Legal Business Name: _____

Street Address: _____

City, State & Zip: _____

Type of Business: State of Registration: _____

Name & Title of Authorized Signer: _____

Primary Contact: _____

Phone Fax: _____

Email: _____

Company Website: _____

Has your company ever been debarred from doing business with any federal, state or local agency: Yes_____No_____

If yes, please state the agency name, dates, and reason for debarment.

_____

_____

_____

This page must be completed and submitted with proposal

CITY OF HAMPTON

VENDOR'S EXECUTION OF PROPOSAL FORM

Date: _____

The potential Proponent certifies the following by placing an "X" in all blank spaces:

_____That this Request for Proposal was signed by an authorized representative of the firm.

_____That the potential Proponent has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.

_____That all fees are listed in the Fee Schedule.

_____That the potential Proponent agrees to the conditions as set forth in this Request for Qualifications with no exceptions.

Therefore, in compliance with the foregoing proposal, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within ninety (90) days from the date of opening, to furnish the services for the prices quoted within the timeframe required.

_____
Business Name

_____
Authorized Signature Date

_____
Typed Name & Title

This page must be completed and submitted with proposal

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

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.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ 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 FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

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. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

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** ▶

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.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Cat. No. 10231X Form **W-9** (Rev. 10-2018)

This page must be completed and submitted with proposal

By signing the filled-out form, you:

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, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting,* later, for further information.

Note: If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the instructions for Part II for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code,* later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships,* earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code,* later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester,* later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.SSA.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/Businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code,* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor[2]
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee[1] The actual owner[1]
6. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity[4]
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships,* earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at *spam@uce.gov* or report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.IdentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/IdentityTheft* to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

CITY OF HAMPTON

BUSINESS ENTITY CERTIFICATE

(a) CORPORATE CERTIFICATE

I,_____, certify that I am the _____ _____ (title) of the Corporation named as Bidder herein, same being organized and incorporated to do business under the laws of the State of_____; that _____who executed this Bid on behalf of the Bidder was, then and there,_____(title) and that said Bid was duly signed by said officer for and on behalf of said corporation, pursuant to the authority of its governing body and within the scope of its corporate powers.

This_____day of_____, 20____.

_____
(Printed Name)

_____
(Signature)

(Corporate Seal must be affixed above)

(b) PARTNERSHIP, LLC AND OTHER ENTITIES

I,_____, certify that I am authorized to sign to commit_____named a Bidder in the foregoing Bid. That said company is formed under the laws of the State of_____.
This____day of_____, 20_____.

_____
(Printed Name)

_____
(Signature)

This page must be completed and submitted with proposal

CITY OF HAMPTON

NON-CONFLICT OF INTEREST

By submitting a proposal in response to this solicitation, Proponent represents that in the preparation and submission of this proposal, said Proponent did not either directly or indirectly, enter into any combination or arrangement with any person, Proponent, Corporation or enter into any agreement, participate in any collusion, or otherwise take any action in the restraint of free, competitive bidding in violation of the Sherman Act (15 U.S.C. Section I or Section 59.1-9.1 through 59.1-9.17 or Sections 59.1 – 68.6 through 59.68.8). Collusion and fraud in bid or proposal preparation shall be reported to the State of Georgia Attorney General and the United States Justice Department.

The proponent certifies that to the best of its knowledge, no circumstances exist which shall cause a conflict of interest in performing services for the City of Hampton, and that no company or person other than bona fide employees working solely for our firm has been employed or retained to solicit or secure an agreement resulting from this Request for Proposal.

Signature: _____

Type Name: _____

Title: _____

Firm: _____

This page must be completed and submitted with proposal

CITY OF HAMPTON

NON-COLLUSION AFFIDAVIT

I,_____of the City of_____, in the County of

_____, and the State of_____, of full age, being duly sworn

according to law on my oath depose and say that: I am _____

of the firm of_____.

The respondent making the Proposal for the above named Contract, and that I executed the said Proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participate in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named Contract; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the City of Hampton relied upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the Contract for the said Proposal.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such Contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by:

_____
(Name of Vendor)

Subscribed and sworn to before me

This_____day of_____, 20_____.

_____
(Signature of Notary Public)

Notary Public of _____

My Commission expires_____, 20_____

This page must be completed and submitted with proposal

CITY OF HAMPTON

ACKNOWLEDGEMENT OF PROPONENT

STATE OF GEORGIA
COUNTY OF HENRY

Before me, the undersigned authority a Notary Public in and for the State of _____, on this day personally appeared _____ who, after having first been duly sworn, upon oath did depose and say; that the forgoing proposal submitted by _____ hereafter called "Proponent" is duly authorized agent of said company and that the person signing said proposal has been duly authorized to execute the same. Proponent affirms that it is duly authorized to execute this Proposal, that this company, corporation, firm, partnership or individual has not prepared its proposal in collusion with any other Proponent, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

The undersigned certifies that the proposed costs contained in this proposal have been carefully checked and are submitted as correct and final and if proposal is accepted, agrees to furnish the articles and/or services listed and offered in this document at the prices and terms stated, subject to the conditions and specifications of this Request for Proposal.

Proponent Information:

_____ _____
(Company) (Signature)

_____ _____
(Address) (Printed Name)

_____ _____
(City, State, Zip) (Title)

Sworn to and subscribed before me this _____ day of _____ 20___.

_____
Notary Public in and for the State of _____
(Seal)

This page must be completed and submitted with proposal

CITY OF HAMPTON

REFERENCE AND RELEASE FORM

List at least three (3) references for the Proponent and each proposed sub-proponent using a separate Reference and Release Form for each. Provide the information requested in the form below for the contact person who will verify the Proponent's experience and ability to perform the type of services listed in the ITB.

Reference #1:

Name of Company/Entity:_____

Mailing Address:_____

City/State/Zip Code: _____

Contact Person Name:_____

Contract Person Phone No.: _____

Date Work Performed:_____

Brief Description of Work Performed: _____

_____

Reference #2:

Name of Company/Entity:_____

Mailing Address:_____

City/State/Zip Code: _____

Contact Person Name:_____

Contract Person Phone No.: _____

Date Work Performed:_____

Brief Description of Work Performed: _____

_____

Reference #3:

Name of Company/Entity:_____

Mailing Address:_____

City/State/Zip Code: _____

Contact Person Name:_____

Contract Person Phone No.: _____

Date Work Performed:_____

Brief Description of Work Performed: _____

_____

REFERENCE CHECK RELEASE STATEMENT

I hereby authorize you to contact the references provided above for purposes of the ITB.

Signed_____Title_____
(Authorized Signature)

Company Name_____☐ Proponent

☐ Sub-proponent Date_____

This page must be completed and submitted with proposal

CITY OF HAMPTON

ACKNOWLEDGEMENT OF INSURANCE REQUIREMENTS

I_____, as an authorized agent of _____ shall comply completely and promptly with all insurance requirements contained in ITB 2026-300 Hampton City Hall Roof Replacement Services for the City of Hampton, Georgia pertaining to insurance and/or bonding.

Proponent understands that it is required to share the City's insurance and/or bonding requirements with the appropriate surety company(s) and/or insurance brokers, agents, underwriters, etc. prior to any award of a contract and to take all necessary steps to ensure compliance with the applicable bonding, insurance and endorsement requirements without delay**. Proponent understands, acknowledges and agrees that its failure to fully comply with these requirements within five (5) days and no more than ten (10) days of the date proponent receives a final contract from the City, may result in the forfeiture of the bid guarantee submitted with its proposal and/or the disqualification of Proponent from further consideration for the contract.**

By executing this Acknowledgement of Insurance Requirements, I represent that I am authorized to make the representations contained herein on behalf of _____ _____. Further by signing below, I represent that _____understands and agrees to unconditionally comply with all requirements related to bonding and/or insurance contained in the City's contract attached hereto as Appendix A.

Date:_____, 20_.

Corporate Proponent

_____
Name:_____
Title: _____

_____
Notary Public (Seal)
My Commission Expires:_____

Non-Corporate Proponent

_____
Name:_____
Title: _____

_____
Notary Public (Seal)
My Commission Expires: _____

This page must be completed and submitted with proposal

CITY OF HAMPTON

CERTIFICATE OF AUTHORITY – JOINT VENTURE

(Separate Certificate to be submitted by each joint venture partner)

I,_____, certify that:
(Name of secretary if Venturer is a corporation, Manager, or CEO if Venturer is a LLP of Venturer)

- I am the_____of_____, (hereinafter "Venturer");
  (Title of person executing Certification) (Name of joint venture partner)
- Venturer is a partner and participation in the joint venture having submitted the Request for Proposal No. 2024-100 for Architectural Services.
- Venturer is organized and incorporated to do business under the laws of the State of _____; and
- Said Request for Proposal No. 2026-008 was duly signed by said officer for and on behalf of said Venturer and the Proponent pursuant to the authority of the governing body of each and within the scope of its corporate powers.

I further certify that the names and addresses of the owners of all the outstanding stock or ownership interest in Venturer as of this date are as follows:

_____

_____

_____

This_____day of_____, 20_____.

By:_____
Signature of Person Executing Certification

This page must be completed and submitted with proposal

CITY OF HAMPTON

ILLEGAL IMMIGRATION REFORM AND ENFORCEMENT ACT

Proponent Affidavit under O.C.G.A. § 13-10-91(b) (1)

By executing this affidavit, the undersigned proponent 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 for services on behalf of **The City of Hampton**, 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 proponent will continue to use the federal work authorization program throughout the contract period and the undersigned proponent will contract for the physical performance of services in satisfaction of such contract only with sub-proponents who present an affidavit to the proponent with the information required by O.C.G.A. § 13-10-91(b). Proponent 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 Proponent

RFP26 -008 Logo Design, Guidelines, and Branding Services
Name of Project

The City of Hampton
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

:

This page must be completed and submitted with proposal

CITY OF HAMPTON

ILLEGAL IMMIGRATION AND ENFORCEMENT ACT

SUB-PROPONENT AFFIDAVIT under O.C.G.A. § 13-10-91(b) (3)

By executing this affidavit, the undersigned sub-proponent 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 proponent)) on behalf of the **City of Hampton** 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-proponent will continue to use the federal work authorization program throughout the contract period and the undersigned sub-proponent will contract for the physical performance of services in satisfaction of such contract only with sub-sub-proponents who present an affidavit to the sub-proponent with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned sub-proponent will forward notice of the receipt of an affidavit from a sub-sub-proponent to the proponent within five business days of receipt. If the undersigned sub-proponent receives notice of receipt of an affidavit from any sub- sub-proponent that has contracted with a sub-sub-proponent to forward, within five business days of receipt, a copy of such notice to the proponent. Sub-proponent 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-Proponent

ITB 2026-300 Hampton City Hall Roof Replacement
Name of Project

The City of Hampton
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on_____,_____, 20 26 _____in_____(County),_____(State)

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this_____, day of_____, 20 26 .

_____ _____
Notary Public (Seal) My Commission Expires

This page must be completed and submitted with proposal