

ADDENDUM #3: April 1, 2020

Unless explicitly noted herein, all requirements will remain as originally prepared. Any variations or claims of equality or superiority must be demonstrated, proven and tested to the satisfaction of ABI. **A signed copy of this addendum must be submitted with your bid as confirmation of your receipt.**

ANNOUNCEMENT:

THE OFFICE LOCATION OF ATLANTA BELTLINE, INC. (ABI) IS CLOSED. At this time the date for opening the office is undetermined. ABI staff is working remotely. ABI is excited to implement a new electronic solicitation posting and submittal process through Vendor Registry. While this ITB is the first solicitation in Vendor Registry, ABI is planning to make this a permanent, efficient and robust addition to the procurement process. Please continue with the following instructions:

Bid Due Date Extension: REPEAT FROM ADDENDUM 2

The bid due date has been extended to April 7, 2020, by 1:00 pm EST

Electronic Bid Submittal: REPEAT FROM ADDENDUM 2

Bids shall be submitted online via Vendor Registry (VR). In order to submit your bid online, please follow the steps below:

1. One-time, free registration:

REGISTRATION IS REQUIRED TO SUBMIT A BID. The first step to submitting a bid is to register as a vendor with Atlanta BeltLine, Inc. by clicking on the link below or at beltline.org/procurement and select Vendor Registry (VR) . This process is new to you and ABI so please register as soon as you can even if you are not prepared to upload your bid at the time of registration: <https://vrapp.vendorregistry.com/Vendor/Register/Index/atlanta-beltline-ga-vendor-registration>

2. Submit Bid:

Once you are a registered vendor, please click the link to submit a bid for Ponce de Leon Avenue LCI Streetscape Construction:
<https://vrapp.vendorregistry.com/Bids/View/BidsList?BuyerId=59cc52d9-0aa4-4703-87b8-f98a3a71f368>



If you have any questions or need assistance to register and/or to submit your bid, please do not contact ABI, contact the VR Support Team by email at cservice@vendorregistry.com or call toll-free at (844)802-9202.

3. Bid Opening Tabulation:

The bid results will be posted on the ABI procurement website for public viewing. Please note that the low bid does not guarantee a contract award. The basis of award is to the low responsive and responsible bid.

NEW INFORMATION: MISSING FORMS

The Bid Checklist and the Exhibits and Forms list on page 25 are out of synch. Please see the corrected page 25, additional forms and Bid Checklist:

***Please see additional information on the next pages below.**

By signing below, the recipient acknowledges receipt of Addendum #3 and agrees to submit this page along with any proposal presented to ABI in response to the above-referenced ITB.

Recipient's Signature

Recipient's Printed Name

Date

“AMENDED”
EXHIBITS AND FORMS (PAGE 25 OF ITB)

EXHIBIT “A” CERTIFICATION OF NO ORGANIZATIONAL CONFLICT OF INTEREST

EXHIBIT “B” S.A.V.E. PROGRAM AFFIDAVIT UNDER O.C.G.A. §50-36-1(e)(2)

EXHIBIT “C” CONTRACTOR AFFIDAVIT UNDER O.C.G.A. §13-10-91(b)(1)

EXHIBIT “D” ATLANTA BELTLINE, INC. CODE OF ETHICS

EXHIBIT “E” BIDDER CERTIFICATION FORM

EXHIBIT “F” AFFIDAVIT OF NON-COLLUSION

EXHIBIT “G” BIDDER’S AFFIDAVIT

EXHIBIT “H” GEORGIA UTILITY CONTRACTOR’S LICENSE CERTIFICATION

EXHIBIT “I” BIDDER/CONTRACTOR’S DISCLOSURE & QUESTIONNAIRE FORM

EXHIBIT “J” INSURANCE & BONDING REQUIREMENTS

EXHIBIT “K” INSURANCE COVERAGE & BONDING CAPACITY

EXHIBIT “L” BID BOND

EXHIBIT “M” BID FORM

EXHIBIT “N” GA 190247 GEORGIA DEPARTMENT OF LABOR - DAVIS BACON WAGE RATES

EXHIBIT “O” STATEMENT OF BIDDER’S QUALIFICATIONS

EXHIBIT “P” DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION

EXHIBIT “Q” DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION PLAN

EXHIBIT “R” SUBCONTRACTOR/SUB-CONSULTANT UTILIZATION & DBE PARTICIPATION CERTIFICATION

EXHIBIT “S” GOOD FAITH EFFORT AFFIDAVIT

EXHIBIT “T” GOOD FAITH EFFORT ASSESSMENT

EXHIBIT “U” DBE/NON-DBE VENDOR PARTICIPATION INVOICE SUMMARY

EXHIBIT “V” BID SUBMITTAL CHECKLIST

EXHIBIT "O"

STATEMENT OF BIDDER'S QUALIFICATIONS

This statement is to accompany bids submitted for the project identified above.

Bidders must meet the minimum qualification criteria set forth under items 5, 7, 8, 9, 10 and 11 of this section, must provide the organization chart as set forth under item 6 of this section and must complete the project experience forms for qualifying projects to be deemed a "responsive and responsible bidder."

1. NAME OF BIDDER: _____

2. BUSINESS ADDRESS: _____

3. TELEPHONE NUMBER: _____

4. OFFICIAL REPRESENTATIVE AND TITLE: _____

5. Using the forms provided in this Section, list previously completed or current projects which are similar in scope and complexity to this project which were competed or assigned to your firm or joint venture, including name of project, location of project, owner's name, address and phone number, description of work performed, initial contract amount, final contract amount, start date, scheduled completion date and actual completion date. (If a joint venture or subcontractor that will be awarded a portion of the work exceeding 10% of the total bid amount, list separately for each joint venture partner or subcontractor.) Limit to 5.
- a. Contractors must have successfully completed at least two contracts involving construction of utility systems which include major storm sewer construction, utility relocations/connection to active sewer systems, pavement/concrete demolition, and grading.
 - b. Contractors must have successfully completed at least one contract involving construction of passive park components which include numerous retaining walls with architectural finishes, concrete pavement with architectural finishes, landscaping, water features including multiple fountains and recirculation systems, installation of mechanical equipment, and electrical equipment.
6. Using the forms provided in this section, provide information for key project personnel, project manager, project superintendent, estimator, project engineer, safety engineer and QA/QC manager.

7. The contractor must have an established safety program that as a minimum includes those items as listed on the attachment entitled "CONTRACTOR SAFETY PROGRAM."
8. The Contractor's worker's compensation rating (EMR-Experience Modification Rate) must not exceed an average of 1.0 over the last three (3) years.
9. The Contractor's OSHA Incidence Rates must not exceed the industry standard published by the US Department of Labor.
 - a. Contractor's Recordable Incidence Rates: _____
 - b. Contractor's Lost Time Incidence Rates: _____
10. If there have been any fatalities during the last five (5) years on any projects performed by the contractor or on any work performed under the direct supervision of a proposed project manager and the contractor or proposed project manager was cited by OSHA for "willful" violation, in performing the work in which the fatality occurred, the Contractor will be disqualified based on the ABI's review. The contractor may also be disqualified in the event that a Recordable Incident occurred due to the same condition that existed when a previous fatality occurred and resulted in an OSHA citation or failure to implement a corrective action plan.
 - a. Fatalities during the last five (5) years where Contractor was cited by OSHA for "willful" violation:

 - b. Fatalities during the last five (5) years where the proposed Project Manager was cited by OSHA for "willful" violation: _____
11. If there have been any repeat OSHA (state and federal) violations during the last five (5) years on any projects performed by the contractor or on any work performed under the direct supervision of a proposed project manager and the contractor or proposed project manager, the contractor may be disqualified based on the ABI's review.
12. If there have been incidents during the last five (5) years on any projects performed by the contractor or on any work performed under the direct supervision of a proposed project manager that resulted in the wastewater or water treatment facility failing to meet NPDES Discharge Permit Requirements due to the actions of the contractor or project manager or failure of the contractor or project manager to perform work on schedule, then the contractor will be disqualified based on ABI's review.

The previous statements and attachments are true, correct and complete to the best of my knowledge.

Date: _____

Firm Name: _____

By: _____

Title: _____



Sworn to and subscribed before me

this ____ day of _____, 202_

Notary Public

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STATEMENT OF BIDDER'S QUALIFICATIONS

COMPANY PROJECT EXPERIENCE

(Complete Form Only for Projects That Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Contractor's Project Superintendent	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of major Project Components	

STATEMENT OF BIDDER'S QUALIFICATIONS

PROJECT KEY STAFF EXPERIENCE

(Complete Form Only for Projects that Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of major Project Components	

STATEMENT OF BIDDER'S QUALIFICATIONS

PROJECT SUPERINTENDENT'S EXPERIENCE

(Complete Form Only for Projects that Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of major Project Components	

STATEMENT OF BIDDER'S QUALIFICATIONS

PROJECT MANAGERS EXPERIENCE

(Complete Form Only for Projects that Meet Minimum Criteria)

Project Name	
Project Location	
Contractor's Project Manager	
Owners Representative & Phone Number	
Design Engineer Representative Name & Phone Number	
Initial Contract Amount	\$
Final Contract Amount	\$
Project Duration	Date Started: Date Completed: Time Extensions:
Was Project Completed on Time?	
Description of major Project Components	

CONTRACTOR SAFETY PROGRAM

- | | | | |
|----|---|------------------------------|-----------------------------|
| A. | <i>Do you have a written Safety Program?</i>
(If yes, attach outline; if no, attach explanation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. | <i>Which of the following does your Safety Program Contain?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 1. Health and safety training of its subcontractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 2. Documentation of Health and safety training required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 3. Hazard communication Program?
(29 CFR 1910.1200, CCR Title 8 Section 5194) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 4. Confined Space Entry and Rescue Program?
(29 CFR 1910.146, CCR Title 8 Section 5156-5159)
(If yes, attach explanation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 5. "Hot Work" permit program?
(29 CFR 1910.146, CCR Title 8 Section 5156-5159)
(If yes, attach explanation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 6. Lock-Out/Tag-Out program?
(29 CFR 1910.417)
(If yes, attach explanation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. | <i>Equipment Maintenance Program for the following:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 1. Miscellaneous construction tools and equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 2. Ladders | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 3. Scaffolds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 4. Heavy Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 5. Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. | <i>Do you have a new employee safety orientation program?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | If yes, does it include the following: | | |
| - | 1. Company Safety Policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 2. Company Safety Rules | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 3. Safety Meeting Attendance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 4. Company Safety Record | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 5. Hazard Recognition | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 6. Hazard Reporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 7. Injury Reporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 8. Non-Injury Accident Reporting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 9. Personal Protective Equipment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 10. Respiratory Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 11. Fire Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 12. Housekeeping | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 13. Toxic Substance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 14. Electrical Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 15. Fall Protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 16. First Aid/CPR | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 17. Driving Safety | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 18. Hearing conservation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 19. Lock-out/Tag-out | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 20. Blood-borne Pathogens | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| - | 20. Asbestos | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 21. Confined Spaces Yes No
- 22. Hazard communication Yes No

- E. *Do you conduct Safety Meetings for your employees?* Yes No
 - If yes, how often:
 - Daily ___ Weekly ___ Bi-Weekly___ Monthly ___ As needed ___

- F. *Do you conduct health and safety audits of work in progress?* Yes No
 - If yes, who conducts audits?
 - _____
 - How often are the audits conducted?
 - _____

- G. *Do you notify all employees of accidents and precautions related to accidents and near misses?* Yes No
 - If yes, how is this notification accomplished?
 - 1. Safety Meetings Yes No
 - 2. Post notification in office Yes No
 - 3. Post notification at the site where incident occurred Yes No
 - 4. Other _____ Yes No

- H. *Is Safety a criteria in evaluating the performance of:*
 - 1. Employees Yes No
 - 2. Supervisors Yes No
 - 3. Management Yes No

- I. *Does your firm hold "tailgate" safety meetings?* Yes No
 - If yes, how often:
 - Daily ___ Weekly ___ Bi-Weekly___ Monthly ___ As needed ___

- J. *Does your company have a drug and alcohol testing policy?* Yes No

- K. *Does your company require that subcontractors participate in a drug surveillance/testing program?* Yes No

- L. *Does your company have a method of disseminating safety information?* Yes No
 - If yes, how is information disseminated to employees?
 - 1. Safety Meetings Yes No
 - 2. Post notification in office Yes No
 - 3. Post notification at the site where incident occurred Yes No
 - 4. Other _____ Yes No

EXHIBIT “P”**DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION**

ABI is committed to the practice of non-discrimination in the selection of team members and relationships with sub-contractors with a desire to reflect diversity, equity and inclusion in the participation of companies engaged in the Atlanta BeltLine Project. ABI strongly encourages participation by Female Business Enterprises (“FBE”), Minority Business Enterprises (“MBE”), Small Disadvantaged Businesses (“SDB”), Women Business Enterprise (“WBE”), and Small Business Enterprises (“SBE”) in all contracts issued by ABI. These enterprises shall be collectively referred to in herein as DBEs. It is anticipated that as a part of a responsive submittal, DBE participation will be included. This Project has a DBE goal and local business utilization goal. The goal for the Project has been set at 30%.

However, nothing herein should indicate that an FBE, MBE, SDB, WBE or SBE may not apply and be selected independently, as FBEs, MBEs, SDBs, and SBEs that meet the qualifications of this ITB are encouraged to submit their qualifications for consideration. In order to participate as an FBE, MBE, SDB, WBE, or SBE on the contract, said FBE, MBE, SDB, or SBE must be certified as an FBE, MBE, SDB or DBE through GDOT, MARTA, the Georgia Minority Supplier Development Council, Women’s Business Enterprise Network Council, the U.S. Small Business Administration, or the City of Atlanta. SBEs must be registered with the City of Atlanta and are defined in Section 2-1357 of Division 9 of the City of Atlanta Code of Ordinances, as amended. ABI maintains data on the utilization of DBE entities for all contracts with the utilization of ABI’s Subcontractor/Sub-consultant Utilization and DBE Participation Certification.

Each Bidder for ABI shall list any and all Female, Minority, Small Disadvantaged Business Women’s Business Enterprise or Small Business Enterprises (FBE, MBE, SDB, WBE, and SBE) that have been or will be utilized on this contract; the amount of revenue received or to be received by the FBE, MBE, SDB, WBE and SBE; and the percentage of the overall scope of services the specific DBE will provide under the contract. All invoices should be in a format approved by the ABI Project Manager and reflect the sums to be received by DBEs, (FBEs, MBEs, SDBs, WBE and SBEs) from the total payment to be received by the Bidder. The invoices should also reflect a total amount of compensation paid to date to the Bidder and each DBE participant along with their corresponding percentage of the total compensation received. Bidder will also be responsible for submitting lien waivers from each of its DBE participants for all payments received, where necessary, and affirm that the Bidder is current with all payment obligations due to the DBE participants at the time of the submission of an invoice for payment. Bidder shall be deemed a constructive trustee of the funds paid to it that are to be disbursed to a specific DBE participant. Failure to pay sums due to DBE participants shall be deemed a material breach of the terms of any agreement to which Bidder may become a party as a result of its selection as the Bidder.

Persons or firms interested in obtaining applications for certification should contact one or more of the following organizations:

- **City of Atlanta** – Office of Contract Compliance (FBE/MBE/SBE Certification): 55 Trinity Avenue, Atlanta, Georgia 30303, Tel: (404) 330-6010, Fax: (404) 658-7359.
- **U.S. Small Business Administration** (SDB certification) acceptable provided certification reflects minority

or women-owned status. Requirements are found at www.sba.gov.

- **Georgia Department of Transportation** (DBE Certification): One Georgia Center, 600 West Peachtree NW, Atlanta, GA 30308, Tel: (404) 631-1990. DBE Helpdesk: (404) 631-1273.
- **MARTA** (DBE Certification): 2424 Piedmont Road NE, Atlanta, GA 30324, Tel: (404) 848-5270 Fax: (404) 848-4302
- **Georgia Minority Supplier Development Council, Inc.** (MBE Certification): 759 West Peachtree Street, Suite 107, Atlanta, GA 30308, Tel: (404) 589-4929.
- **Women's Business Enterprise Network Council -WBENC** (WBE Certification): 1120 Connecticut Ave, NW, Suite 1000, Washington, DC 20036; Tel: 202.872.5515; support@wbenc.org; <https://wbenc.wbenlink.org/>

A firm selected by the bidder can only satisfy one of the three categories. The same firm may not, for example, be listed for participation as an MBE organization and an SBE organization even if the level of participation exceeds each category's goal. All firms must be registered or certified prior to the submittal of the bid. A bidder is at risk in that there may be an issue of time to certify or register if it intends to use a firm that is not certified or registered at the time the bid is submitted. Applicants must include copies of MBE, FBE, SDB, SBE, and/or DBE certifications for the contractors and subcontractors listed in their submittal packages, if any.

In accordance with ABI's DBE participation policy, all bidders shall complete and submit the Good Faith Effort Affidavit attached hereto as Exhibit I.

ABI is an Equal Opportunity Employer.

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EXHIBIT "Q"
DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION PLAN

BID PERCENTAGE % _____

TOTAL DBE PARTICIPATION AS A PERCENT OF TOTAL PROJECT = _____%

DBE Firm	Description of Work	Value	% Of Project
TOTAL			

 Bidder's Name: _____
 (Please include the DBE Certificates)



EXHIBIT "R"

**SUBCONTRACTOR/SUB-CONSULTANT UTILIZATION AND
DBE PARTICIPATION CERTIFICATION**

Contract: _____

Date: _____

Contract Date: _____

Total Contract Amount: _____

Atlanta BeltLine, Inc. (ABI) strongly encourages participation by Female Business Enterprise (FBE), Minority Business Enterprise (MBE), Small Disadvantaged Business (SDB), Women’s Business Enterprise (WBE), Small Business Enterprise (SBE) entities in all contracts issued by ABI. As a part of this commitment, ABI is gathering data on the utilization of FBE, MBE, SDB, and SBE entities on all contracts. Each contractor or consultant for ABI shall list any and all Female, Minority, Small Disadvantaged, or Small Business Enterprises (FBE, MBE, SDB, and SBE) that have been or will be utilized on this contract; the amount of revenue received or to be received by the FBE, MBE, SDB, WBE, and SBE; and the percentage of the overall Scope of Services provided under the contract.

Contractor/Consultant: _____

1. My firm, as the Contractor/Consultant on the above contract (is) _____ (is not) _____ a Female, Minority, Small Disadvantaged, Women’s Business Enterprise or Small Business Enterprise. (Please indicate below the portion of work, including percentage of contract amount, that your firm will carry out directly.):

2. If the Contractor/Consultant is a Joint Venture, please indicate by checking here (___) and complete a Joint Venture Disclosure Affidavit. ABI will also need to have a copy of the executed Joint Venture Agreement.
3. Subcontractors/Sub-consultants (including suppliers) used or to be utilized in the performance of this project, if awarded, are:

Subcontractor/Sub-consultant Name:

Address _____

Phone _____ Contact Person _____

Email address: _____

Ethnic Group* _____ FBE/MBE/SBE/SDB Certification from

(name of agency) _____



Work to be Performed _____

Amount awarded \$ _____ Amount received \$ _____

Percent of Total Contract Amount _____% Percent of Scope of Services _____%

***Groups: African American Business Enterprise (AABE); Asian Business Enterprise (ABE); Female Business Enterprise (FBE); Hispanic Business Enterprise (HBE); Native American Business Enterprise (NABE); Small Business Enterprise (SBE); Women’s Business Enterprise (WBE); Small Disadvantaged Business; as certified by the Georgia Department of Transportation, the City of Atlanta, Georgia Minority Supplier Development Council, the U.S. Small Business Administration, or MARTA.**

Subcontractor/Sub-consultant Name: _____

Address _____

Phone _____

Contact Person _____

Email address: _____

Ethnic Group* _____ FBE/MBE/SBE/WBE/SDB Certification from

(name of agency) _____

Work to be Performed _____

Amount awarded \$ _____ Amount received \$ _____

Percent of Total Contract Amount _____% Percent of Scope of Services _____%

Subcontractor/Sub-consultant Name: _____

Address _____

Phone _____



Contact Person _____

Email address: _____

Ethnic Group* _____ FBE/MBE/SBE/WBE/SDB Certification from

(name of agency) _____

Work to be Performed _____

Amount awarded \$ _____ Amount received \$ _____

Percent of Total Contract Amount _____% Percent of Scope of Services _____%

Subcontractor/Sub-consultant Name: _____

Address _____

Phone _____

Contact Person _____

Email address: _____

Ethnic Group* _____ FBE/MBE/SBE/WBE/SDB Certification from

(name of agency) _____

Work to be Performed _____

Amount awarded \$ _____ Amount received \$ _____

Percent of Total Contract Amount _____% Percent of Scope of Services _____%

Subcontractor/Sub-consultant Name: _____

Address _____

Phone _____ Contact Person _____

Email address: _____



Ethnic Group* _____ FBE/MBE/SBE/WBE/SDB Certification from (name of agency) _____

Work to be Performed _____

Amount awarded \$ _____ Amount received \$ _____

Percent of Total Contract Amount _____% Percent of Scope of Services _____%

Total Amount of All DBE Subcontractor/Sub-consultant Agreements \$ _____

Percentage Value of Total Contract _____

If the contract is completed, please indicate the total amount paid to the above Subcontractors or Sub-consultants. \$ _____

Total Amount of FBE Subcontractor/Sub-consultant Agreements \$ _____

Total Amount of MBE Subcontractor/Sub-consultant Agreements \$ _____

Total Amount of SBE Subcontractor/Sub-consultant Agreements \$ _____

Total Amount of SDB Subcontractor/Sub-consultant Agreements \$ _____

The undersigned certifies that he/she is legally authorized by the Contractor/Consultant to make the statements and representations in this document and that said statements and representations are true and correct to the best of his/her knowledge and belief.

Contractor/Consultant Name: _____

Signature: _____

Title: _____

Address: _____

Contact Person for Contract: _____



Telephone No.: _____

Email Address: _____

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EXHIBIT "S"**GOOD FAITH EFFORT AFFIDAVIT****DBE Participation Policy**

The ABI DBE Participation Policy establishes subcontracting goals for all prospective bidders (ITB), offerors (RFP), and respondents (RFQ) to ensure a reasonable degree of DBE participation in ABI contracts. It is the goal of ABI that a certain percentage of work under each contract be executed by one or more DBEs.

The successful bidder/selected submitter shall agree to meet the established goals or must demonstrate and document a "good faith effort" to include DBEs in subcontracting opportunities. The successful bidder/selected submitter who fails to adequately document good faith efforts to subcontract or purchase significant material supplies from DBEs may be denied award of the contract by ABI based on the contractor's failure to be a "responsive" respondent, offeror or bidder.

By signing below, I agree to provide ABI with a completed copy of all forms required by the DBE Participation policy. I understand that if I fail to provide all of the required documents within five (5) business days after notification, my submission or proposal may be deemed "non-responsive" and I may be denied award of the contract.

Procurement title: _____

Date _____

Name of Company _____

Printed Name of Certifying Official of Company

Title

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EXHIBIT "T"
GOOD FAITH EFFORT ASSESSMENT
(To be completed immediately following Notice of Award)

Contractor Name: _____

Date: _____

Contractor Address: _____

Contract Name: _____

Comments:

Comments:

Comments:

Comments:

Comments:

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Comments:

Comments:

Comments:

Contractor's Authorized Signature and Date

The foregoing assessment from _____
contractor/supplier has made/not made (please circle) a good faith effort for this contract.

Signature and Date:

DBE Policy Manager

Signature and Date:

Procurement Officer

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Invitation to Bid
Ponce de Leon Avenue LCI Streetscape
PI 0012586

EXHIBIT "U"

DBE/NON-DBE VENDOR PARTICIPATION INVOICE SUMMARY

(ON NEXT PAGE)

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AMENDED

EXHIBIT "V"

Bid Submittal Check List

Project: PI 0012586 Ponce de Leon Avenue LCI Streetscape

The following submittals shall be reviewed, completed and submitted with each bid. Please verify that these submittals are in the envelope before it is sealed. Each document shall be reviewed, completed and/or executed as appropriate. The checklist is a guide and may not be inclusive of all forms. It is the bidder's responsibility to submit a responsive and responsible bid.

For the privacy of all bidders, ABI requires that the electronic copy not include the response forms that contain personal information such as driver's licenses. The bid and other required documents, as outlined in the Bid Submittal Check Sheet, may be photocopied for submission of bids.

Item Number	<u>REQUIRED ITEMS</u>	Check (v)
1	INVITATION TO BID	
2	INSTRUCTIONS TO BIDDERS	
3	AUTHORIZATION TO TRANSACT BUSINESS	
4	DBE UTILIZATION PARTICIPATION PLAN	
5	FEDERAL-AID CERTIFICATION (FOR REVIEW ONLY)	
6	GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT	
<u>EXHIBITS</u>		
A	EXHIBIT "A" CERTIFICATION OF NO ORGANIZATIONAL CONFLICT OF INTEREST	
B	EXHIBIT "B" S.A.V.E. PROGRAM AFFIDAVIT UNDER O.C.G.A. §50-36-1(e)(2)	
C	EXHIBIT "C" CONTRACTOR AFFIDAVIT UNDER O.C.G.A. §13-10-91(b)(1)	
D	EXHIBIT "D" ATLANTA BELTLINE, INC. CODE OF ETHICS	
E	EXHIBIT "E" BIDDER CERTIFICATION FORM	
F	EXHIBIT "F" AFFIDAVIT OF NON-COLLUSION	
G	EXHIBIT "G" BIDDER'S AFFIDAVIT	
H	EXHIBIT "H" GEORGIA UTILITY CONTRACTOR'S LICENSE CERTIFICATION	
I	EXHIBIT "I" BIDDER/CONTRACTOR'S DISCLOSURE & QUESTIONNAIRE FORM	
J	EXHIBIT "J" INSURANCE & BONDING REQUIREMENTS	
K	EXHIBIT "K" INSURANCE COVERAGE & BONDING CAPACITY	
L	EXHIBIT "L" BID BOND	
M	EXHIBIT "M" BID FORM	
N	EXHIBIT "N" GA 190247 GEORGIA DEPARTMENT OF LABOR - DAVIS BACON WAGE RATES	



O	EXHIBIT "O" STATEMENT OF BIDDER'S QUALIFICATIONS	
P	EXHIBIT "P" DISADVANTAGED BUSINESS ENTERPRISE PARTICIPATION	
Q	EXHIBIT "Q" DISADVANTAGED BUSINESS ENTERPRISE UTILIZATION PLAN	
R	EXHIBIT "R" SUBCONTRACTOR/SUB-CONSULTANT UTILIZATION & DBE PARTICIPATION CERTIFICATION	
S	EXHIBIT "S" GOOD FAITH EFFORT AFFIDAVIT	
T	EXHIBIT "T" GOOD FAITH EFFORT ASSESSMENT	
U	EXHIBIT "U" DBE/NON-DBE VENDOR PARTICIPATION INVOICE SUMMARY	
V	EXHIBIT "V" BID SUBMITTAL CHECKLIST	
APPENDICES REVIEWED		

Date: _____ Email address: _____

Firm Name: _____

By: _____

Title: _____

Phone Number: _____ FAX Number: _____