



CITY OF STATESBORO

PURCHASING DEPARTMENT

Post Office Box 348

Statesboro, Georgia 30459

Telephone: 912-764-0642

Fax: 912-489-6825

Web Site: www.statesboroga.gov

Dear City of Statesboro Vendor,

Thank you for your interest in becoming an approved vendor with the City of Statesboro. We are providing this vendor packet to be completed in order to place your company on the approved active vendor list for the City. The requested information allows us to comply with the City, County, State, and Federal laws and regulations. Although there is a lot of information enclosed in this packet, it is our intention to make this process as easy as possible. The following instructions will walk you through the required documents that we require to be returned to the City in order to make your vendor packet complete. Should you have further questions regarding this process, our purchasing department is always willing to answer your questions.

The following documents must be returned to the City in order to make your company an approved active vendor with the City:

1. **Vendor Application (page 4)** – Ensure that all the information you include on this application is accurate and legible as this is our primary way of ensuring we contact the proper people within your company.
2. **W9 (page 5)** – Only remit the first page of the four page document. Ensure that you include your social security number or the employer identification number and that this page is signed.
3. **Contractor Affidavit Under O.C.G.A. § 13-10-91(b)(1) (page 9)** – You must include your Company ID Number that is provided to you once you register with the Federal E-Verify system or indicate that you or your company qualify as exempt. Ensure that you enclose the original signed and notarized affidavit.
4. **Affidavit Verifying Status for City Public Benefit Application (page 11)**– Ensure that you have checked that you are a US citizen, legal permanent resident, or qualified alien. *If you check legal permanent resident or qualified alien ensure that you provide your federally issued alien number and a copy of your INS card as issued by the department of homeland security.* Enclose the original signed and notarized affidavit.
5. **A Copy of Your Identification** – This is typically a copy of your driver's license or US passport; however, a list of acceptable identification has been included in this packet.
6. **Information Security Affidavit(page-14)** Enclose the original signed and dated affidavit.
7. **Certificate of Insurance** – This is a certificate issued to your company through your insurance agency verifying that you have a valid insurance policy.

Should you have questions regarding this packet, contact Darren Prather at 912-764-0642 or email: darren.prather@statesboroga.gov, or Ramona Carver at 912-764-0636 email ramona.carver@statesboroga.gov

Please return all completed paperwork to the City of Statesboro


Purchasing Department located at:


50 E. Main St.


Post Office Box 348


Statesboro, Georgia 30459


THIS PACKET INCLUDES THE FOLLOWING:


-  **City of Statesboro Purchasing Policy** – This policy outlines the City's purchasing process based on the amount of the expenditure. Additionally, the policy includes the City's Insurance requirements.

-  **Vendor Application** – This information is required to be filled out in order to ensure communication with your company is being directed to the proper person(s) and to make certain payments to your company are received in a timely manner.

-  **W-9** – This information is required by the IRS in order to verify your social security number or tax identification number. This is a four page document; however, only the first page is required to be returned to the City.

-  **Contractor Affidavit Under O.C.G.A. § 13-10-91(b)(1)** – This affidavit is a mandatory requirement under Section 3 of House Bill 87 that requires any company with more than zero employees that engage in the physical performance of services on behalf of the City to register with and use the Federal E-Verify System. If you have zero employees or you provide only products to the City you are exempt from having to register. However, we still require that you indicate on the affidavit that you are exempt. This affidavit must include your company ID Number (E-Verify number) or a check indicating that you are exempt because you either have zero employees or you only provide a product to the City. This affidavit must be signed and notarized. Information on where to register for the E-Verify program and frequently asked questions have been included. This affidavit must be updated annually; however, you only have to register with E-Verify one time.

-  **Affidavit Verifying Status for City Public Benefit Application** – Section 50-36-1 of the Official Code of Georgia states that any individual applying for a public benefit must verify his/her status in order to receive such benefit. Any purchase order issued through the City is considered, under Federal and State law, to be a public benefit. This affidavit is a requirement of House Bill 87 and must be signed and notarized. You must indicate on this affidavit that you are a US citizen, a legal permanent resident, or a qualified alien. If you check legal permanent resident or qualified alien you must provide your alien number issued by the Department of Homeland Security or other federal immigration agency. Provisions of House Bill 87 also require that the person who signs this affidavit must also submit a form of secure and verifiable identification regardless of which status you check. A list of acceptable identification has been provided in this packet. This affidavit must be updated annually.

-  **Information Security Affidavit** – The City requires you sign this affidavit to ensure confidential information will not be shared.



City of Statesboro PURCHASING OVERVIEW

Our purchasing policies are such that we attempt to consider at least three vendors for qualifying purchases. Historically, we generally have knowledge of which best meets our specifications and the lowest bid usually wins; however, each bid awarded is given careful judgment. The City of Statesboro reserves the right to reject any and all responses, waive technicalities, and make such decisions as deemed necessary in its own best interest.

1. **PURCHASES UNDER \$1,000** – Buyer uses judgment as to source, supply and number of quotations to obtain. Purchase Order is not necessary.
2. **PURCHASES \$1,000 TO UNDER \$5,000** – Requisition and Purchase Order required with three competitive telephone quotes referenced.
3. **PURCHASES \$5,000 TO \$19,999.99** - Requisition and Purchase Order required with three competitive written quotes.
4. **PURCHASES \$20,000 and over** - Requisition and Purchase Order required with formal sealed bid or proposal process.

You are welcome to check with our office to inquire about current possibilities or check the local newspaper for publicly advertised request for qualifications, proposals or bids. Many (but not all) RFP/RFQ/Bid packages are also listed on our website- www.statesboroga.gov. We are permitted to participate in existing State contracts and do make comparisons to those prices.

The City of Statesboro is an equal opportunity owner/employer and will not discriminate against any bidder and/or contractor because of race, creed, color, religion, sex, national origin or ADA disability status.

City of Statesboro Insurance Requirements

General Liability Coverage : (all vendors) - Before commencing any work for the City of Statesboro, you must furnish a valid **General Liability Certificate of Insurance** with a minimum limit of \$1,000,000 per occurrence for bodily injury and property damage \$2,000,000 aggregate. The City of Statesboro, GA must be shown as an additional insured.

Worker's Compensation: (all vendors) - A valid Worker's Compensation Certificate of Insurance must be submitted evidencing:

- Workers' Compensation Statutory Limits as required by State of Georgia.

Auto Liability Certificate of Insurance (if auto is used in the performance of work):

- Minimum \$1,000,000 per occurrence and \$2,000,000 aggregate limits for bodily injury and property damage. Comprehensive form covering all owned and non-owned and hired vehicles.
- \$1,000,000 errors and omissions coverage for professional services if required.



CITY OF STATESBORO PURCHASING OFFICE

POST OFFICE BOX 348
 STATESBORO, GA 30459
 Tel. 912-764-0642
 Fax. 912-489-6825

Email: darren.prather@statesboroga.gov

VENDOR APPLICATION

FOR CITY USE ONLY			
<input type="checkbox"/> Initial Application		<input type="checkbox"/> Revision	
Vendor ID Number			
Month	Day	Year	
Initial Below when complete			
Packet Completion verified _____			

General Vendor Information

Company/Individual Name		
Doing Business As (If Sole Proprietor)		
Remittance Address		
City	State	Zip Code
Main Office Address (If different)		
City	State	Zip Code
Principal Line of Business		
Phone Number	Fax Number	Email Address
Organized As: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Date: _____ State _____		

FEDERAL TAX I.D. NUMBER (If Company)
SOCIAL SECURITY NUMBER (If Individual)
PRIMARY BUSINESS (Check one)
<input type="checkbox"/> Construction Firm
<input type="checkbox"/> Heavy Equipment
<input type="checkbox"/> Retail Dealer
<input type="checkbox"/> Vehicle Dealer
<input type="checkbox"/> Manufacturer
<input type="checkbox"/> Professional Services Firm
SPECIAL STATUS
<input type="checkbox"/> Minority Owned (51% +)
<input type="checkbox"/> Other: _____

Vendor Representatives

Please type or Print in Ink
 (Additional names may be submitted on a separate sheet)

Name of Vendor Representative	Title	Business Phone	Email
Name of Vendor Representative	Title	Business Phone	Email
Name of Vendor Representative	Title	Business Phone	Email
Purchasing Contact	Title	Business Phone	Email

Name and Signatures of Person(s) Authorized to Sign Bids and Contracts. This <u>MUST</u> be kept current. (Additional names may be submitted on a separate sheet)			
Actual Signature (Manually Signed)	Title	Business Phone	Printed Name
Actual Signature (Manually Signed)	Title	Business Phone	Printed Name

Name and Signature of Person(s) Authorized to make changes to your vendor file and/or Sign Wire transfer request or change request. This <u>MUST</u> be kept current.			
Actual Signature (Manually Signed)	Title	Business Phone	Printed Name
Actual Signature (Manually Signed)	Title	Business Phone	Printed Name

Dun & Bradstreet Rating: _____ as of _____	Normal Selling Terms & Discounts Offered _____
Bank Reference: _____	Return & Refund Policy: _____
Statesboro Business License # _____ exp _____	Bulloch County Business License # _____ exp _____
What type of business insurance do you carry? What are the Maximum Benefits? _____	
Number of Employees _____	Will Subcontractors be used? _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number		
[] [] [] - [] [] - [] [] [] []		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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).

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 on page 4.

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

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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.

Note. If 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 on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

City of Statesboro Purchasing Office

STATE OF GEORGIA
BULLOCH COUNTY
CITY OF STATESBORO

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

COMES NOW before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

_____ By executing this affidavit, the undersigned vendor verifies its compliance with O.C.G.A § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of the City of Statesboro has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A § 13-10-91. Furthermore, the undersigned vendor will continue to use the federal work authorization program through the contract period and the undersigned vendor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the vendor with the information required by O.C.G.A § 13-10-91(b). Vendor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Company ID Number (E-Verify Number)

Date of Authorization

OR

_____ I hereby declare under penalty of perjury that I _____ (name), have zero employees and thereby am exempt from the above regulations.

OR

_____ I hereby declare under penalty of perjury that _____ (vendor name) does not engage in the physical performance of services on behalf of the City of Statesboro and thereby is exempt from the above regulations.

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

Executed on __/__/20__ in _____(city),__(state).

(Vendor Name)

(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 _____, _____

(Notary Public)

My commission expires: _____

E-Verify

Contractor and Subcontractor Affidavit and Agreements

It is the policy of the City of Statesboro that unauthorized aliens shall not be employed to perform work on City contracts involving the physical performance of services. Therefore, the City shall not enter into a contract for the physical performance of services within the State of Georgia unless the contractor shall provide evidence on City-provided forms that it and its subcontractors have registered for and are participating in the federal work authorization program as defined by O.C.G.A. § 13-10-90(2) to verify information of all new employees. **The City of Statesboro shall be authorized to conduct random audits of a contractor's or subcontractor's compliance with O.C.G.A. § 13-10-91 and the rules and regulations of the Georgia Department of Labor.** The contractor/subcontractor shall retain all documents and records of compliance for a period of five (5) years following completion of the contract. This requirement shall apply to all contractors for the physical performance of services.

State Law requires that all who enter into a contract for the physical performance of services with the City must satisfy O.C.G.A. § 13-10-91 and Rule 300-10-1-.02, in all manner, and such are conditions of the contract.

By submitting a proposal to the City, contractor agrees that, in the event the contractor employs or contracts with any subcontractor(s) in connection with the covered contract, the contractor will secure from the subcontractor(s) such subcontractor(s)' indication of the employee-number category applicable to the subcontractor, as well as attestation(s) from such subcontractor(s) that they are in compliance with O.C.G.A. § 13-10-91 and Rule 300-10-1-.02. Such attestation(s) shall be maintained and may be inspected by the City at any time. Any such attestation shall become a part of the contractor/subcontractor agreement.

An affidavit of such compliance with O.C.G.A. § 13-10-91 and Rule 300-10-1-.02 will be initiated by the City, signed by the contractor, and will become part of the contract.

For further information and Registration in the Employment Eligibility Verification Program please go to the following link:

<https://e-verify.uscis.gov/enroll/startpage.aspx>

City of Statesboro

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for the City of Statesboro, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my Business Occupational Tax Certificate (Business License), Alcohol License, Taxi Permit or other public benefit that:

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

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

*****The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. 50-36-1 (e)(1), with this affidavit. (MUST BE PROVIDED BY EVERYONE—A list of acceptable documents are enclosed)**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city) _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires: _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

STATE OF GEORGIA
BULLOCH COUNTY
CITY OF STATESBORO

INFORMATION SECURITY AFFIDAVIT

I understand that as a vendor with the City of Statesboro, there is a possibility that the employees of _____ (vendor) may be exposed to confidential information including, but not limited to social security numbers, credit card numbers, checking account information, and/or personal health information of customers or employees.

In consideration of the active vendor status with the City of Statesboro, and as an integral part of the terms and conditions of the continued active status, I hereby pledge as a representative of my company to safeguard the integrity of this information and agree that _____ (vendor) will not at any time disclose any information to any person(s) within or outside the City of Statesboro except as may be required in the performance of the duties my company has been hired for.

_____ (vendor) will not reproduce any confidential information or take any confidential information outside the office without authorization from the City.

_____ (vendor) also agrees to notify the City if any of its employees witness another individual divulging such confidential information for any purpose other than the performance of his/her duties.

Any vendor in violation of any part of this policy will be subject to vendor status termination, up to and including any necessary legal action.

Vendor Name (Print)

Date

Vendor Signature