



## **REQUEST FOR PROPOSAL (RFP)**

**For**

### **Roofing Services**

**CLOSING DATE – 12 P.M. February 21, 2017**

**INQUIRIES AND PROPOSALS SHOULD BE DIRECTED TO:**

Belva Dorsey

CEO

Enrichment Services Program, Inc. (ESP)

2601 Cross Country Bldg. C

Columbus, GA 31906

Phone: 706-649-0796

ESP is an Equal Opportunity Employer

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## **I. GENERAL INFORMATION**

### **A. Purpose and Background Information**

This Request for Proposal (RFP) is to contract a professional roofing company.

Enrichment Services Program, Inc. is a 501(c)(3) non-profit community action agency founded in 1965. It provides opportunities and assistance to residents within an nine county area of the lower Chattahoochee Valley including Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, and Talbot counties in Georgia and Russell County in Alabama.

Enrichment Services Program, Inc's mission is to eliminate poverty through education, services, and partnership by providing early childhood education through its Head Start and Early Head Start Programs and serving the community through its energy assistance, employment training, food distribution, and family strengthening service.

Head Start and Early Head Start are federally funded programs serving more than 1,000 children and their families. The program ensures that children ages 0-5 are provided with comprehensive education, health, nutrition, and parent involvement services.

The Community Services Block Grant and Low Income Household Energy Assistance Program allow Enrichment Services Program, Inc. to administer the Employment Training programs, assistance on energy payments, and family strengthening.

ESP is governed by up to 21-member volunteer Board of Directors. Administrative offices are located at 2601 Cross Country, Bldg. C, Columbus, GA 31906.

### **B. Who May Respond**

Only qualified companies may respond to this RFP.

### **C. Instructions on Proposal Submission**

#### **1. Closing Submission Date**

Proposals must be submitted no later than 12P.M. on February 21, 2017.

#### **2. Inquiries**

Inquiries concerning this RFP should be directed to Belva Dorsey (706-649-0796 or [bdorsey@espcaa.org](mailto:bdorsey@espcaa.org))

#### **3. Conditions of Proposal**

All costs incurred in the preparation of a proposal responding to this RFP will be the responsibility of the Offeror and will not be reimbursed by ESP.

#### 4. Instructions to Prospective Contractors

Your proposal should be addressed as follows:

Belva Dorsey, CEO

Enrichment Services Program, Inc.

2601 Cross Country, Bldg. C

Columbus, GA 31906

It is important that the Offeror's proposal be submitted in a sealed envelope clearly marked in the lower left-hand corner with the following information:

Request for Proposal

12 P.M. (February 21, 2017)

#### SEALED PROPOSAL

Failure to do so may result in premature disqualification of your proposal. It is the responsibility of the Offeror to ensure that the proposal is received by ESP by the date and time specified above. Late proposals will not be considered.

#### 5. Right to Reject

ESP reserves the right to reject any and all proposals received in response to this RFP. A contract for the accepted proposal will be based upon the factors described in this RFP.

#### 6. Notification of Award

It is expected that a decision selecting the successful company will be made within four (4) weeks of the closing date for the receipt of proposals. Upon conclusion of final negotiations with the successful firm, all Offerors submitting proposals in response to this Request for Proposal will be informed, in writing, of the name of the successful firm.

#### 7. Terms of Service

ESP expects to utilize the selected company for a term of two (2) years with an option to renew services for another one (1) year.

## 8. Termination of Services

ESP reserves the right to terminate any part of or the entirety of services that may result from this request, without cause and at any time, within thirty (30) calendar days written notice. In such case, the Offeror/Contractor shall be paid for services rendered through the date of the termination notice, and the result of all such work (including all documents and files) through that date shall become the property of ESP. The contract shall be non-exclusive for the sole convenience of ESP.

## 9. Conflict of Interest

Information of possible conflicts of interest should be provided as part of the qualification response. Such information will be taken into account in making a decision on the selection of the offeror/contractor. Should a conflict arise during preparation for or while undertaking these services, the offeror/contractor shall immediately advise ESP of such conflict.

## II. SCOPE OF SERVICES

The roofing company to be contracted by ESP will be expected to provide the following services:

1. Complete roof repairs
2. Replace the roof at 2601 Cross Country Drive, Bldg. C with a membrane roof
3. Replace roofs, as needed, at other locations

## III. OFFEROR'S TECHNICAL QUALIFICATIONS

The Offeror, in its proposal, shall, as a minimum, include the information requested herein:

### A. Prior Experience

- Describe the expertise your firm has in providing roofing services to an organization similar to ours.
- Describe experience in dealing with community action agencies and/or non-profit organizations related to roofing services.
- Provide three (3) client references, including the local area. Preferably, references should be organization of similar size, complexity, and magnitude to ESP. Please include information (name, phone number, and email address) of the primary contact.

### B. Qualifications

- Provide a narrative stating the reasons why your company should be awarded this contract.

### C. Certifications

The Offeror/Contractor must sign and include as an attachment to its proposal the Certifications enclosed with this RFP.

## **IV. PROPOSAL EVALUATION**

### **A. Submission of Proposals**

All proposals shall include one copy of the Offeror's/Contractor's proposal and one copy of the signed Certifications. These documents will become part of the contract.

### **B. Nonresponsive Proposals**

Proposals may be judged nonresponsive and removed from further consideration if any of the following occur:

1. The proposal is not received timely in accordance with the terms of this RFP.
2. The proposal does not follow the specified format.
3. The proposal does not include the Certifications.

### **C. Evaluation**

In evaluating submissions, ESP shall consider several factors, including but not limited to:

- Qualifications and experience.
- Experience with organizations of similar complexity including community action agency and/or non-profit organizations.
- Commitment to service.
- References (including current customer satisfaction with services).

### **D. Review Process**

ESP reserves the right to enter into a contract without further discussion of the proposals submitted. Therefore, proposals should be submitted initially on the most favorable terms, from both technical and price standpoints, which the Offeror can propose. ESP contemplates award of the contract to the responsible Offeror/Contractor with the highest total points.

## **CERTIFICATIONS**

On behalf of the Offeror/Contractor:

1. The individual signing certifies that he/she is authorized to contract on behalf of the legal entity.
2. The individual signing certifies that the legal entity is not involved in any agreement to pay money or other considerations for the execution of this agreement, other than to an employee of the legal entity.
3. The individual signing certifies that the prices in this proposal, bid, or quote have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition.
4. The individual signing certifies that the prices quoted in this proposal/bid/quote have not been knowingly disclosed by the legal entity prior to an award to any other or potential legal entity submitting a proposal, bid, or quote.
5. The individual signing certifies that there has been no attempt by the legal entity to discourage any other or potential legal entity from submitting a proposal, bid, or quote.
6. The individual signing certifies that the legal entity is a properly licensed to do business in Georgia and/or Alabama.
7. The individual signing certifies that he/she has received, read, and understands all of the information for the proposal, bid, or quote, including the standard terms and conditions, which will become part of the contract .
8. The individual signing certifies that the legal entity, and any individuals to be assigned by the legal entity, does not have a record of substandard work and has not been debarred or suspended from doing work with any federal, state, or local government.
9. The individual signing certifies that the prices submitted in the proposal, bid, or quote are INCLUSIVE of all applicable charges such as but not limited to shipping, handling, and taxes.
10. The individual signing certifies that the W-9 is signed by the legal entity's authorized representative and the information provided therein is complete and accurate. See Attachment A for W-9 form.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Offeror's/Contractor's Firm Name)

\_\_\_\_\_  
(Signature of Offeror's/Contractor's Representative)

\_\_\_\_\_  
(Printed Name and Title of Individual Signing)

**Standard Contract Terms, Conditions & Provisions  
(PLEASE SIGN AND ATTACH TO THE PROPOSAL/BID/QUOTE)**

**Relationship of Parties:** It is understood by the parties that the Offeror/Contractor is an independent entity with respect to ESP, and not an employee of ESP. ESP will not provide fringe benefits, including health insurance, paid vacation, or any other employee benefit, for the benefit of the Contractor or the Contractor's employees.

**Notices:** All notices required or permitted under this Agreement shall be in writing and shall be deemed delivered when delivered in person, deposited in the United States mail, postage prepaid or email sent with date stamp.

**Entire Agreement:** The Agreement, with this attachment, contains the entire agreement of the parties and there are no other promises or conditions in any other agreement whether oral or written. This Agreement and these Terms and Conditions supersede any prior written or oral agreements between the parties.

**Amendment:** The Agreement may be modified or amended if the amendment is made in writing and is signed by both parties.

**Change Orders:** No Change Orders will be acceptable unless written approval is given by ESP prior to the work being performed. Any pricing quoted in the Contractor's proposal should be a "Not to exceed" price and strictly adhered to, unless a Change Order is instigated by a request from ESP.

**Nonfederal Match:** The Contractor for services rendered may elect to contribute as an in-kind donation the difference between the Contractor's normal and customary fees/services and the fees and/or services charged to ESP by virtue of the ESP being a non-profit organization.

**Severability:** If any provision of this Agreement shall be held to be invalid or unenforceable for any reason, the remaining provisions shall continue to be valid and enforceable.

**Indemnity:** THE CONTRACTOR IS ACKNOWLEDGED AS AN INDEPENDENT CONTRACTOR OF ESP AND AS SUCH WILL INDEMNIFY AND HOLD HARMLESS ESP FOR ANY AND ALL LOSS, EXPENSE, AND/OR CLAIMS ASSOCIATED WITH OR ARISING OUT OF SUCH INJURY OR DAMAGE DUE TO THE ACTIVITIES OR FROM ANY ACT OR OMISSION OF THE CONTRACTOR, ITS BOARD MEMBERS (IF APPLICABLE), EMPLOYEES, REPRESENTATIVES, FAMILY MEMBERS, INVITEE, AND VOLUNTEERS).

**Insurance.** The contractor shall acquire and carry throughout the contract term any applicable insurance, including workers comprehensive or employee accident insurance if the contractor has employees. At a minimum the contractor shall secure liability/professional insurance if there are no employees or sub-contractors. Proof of insurance shall be furnished by the Contractor prior to the first day of work.

**Right of Access to Contractor Records:** ESP, the awarding agency, the Comptroller General of the United States, or any of their duly authorized representatives shall have access to any books, documents, papers, and records of the Contractor that are directly pertinent to a specific program (such as but not limited to Head Start, Early Head Start, CSBG, LIHEAP) for the purpose of



making audits, examinations, excerpts, and transcripts. Records shall be maintained for at least three years from the termination date of the agreement.

**Waiver of Contractual Right:** The failure of either party to enforce any provision of the Agreement shall not be construed as a waiver or limitation of that party's right to subsequently enforce and compel strict compliance with every provision of this Agreement.

**Applicable Law:** This Agreement shall be governed by the laws of the State of Georgia unless superseded by federal law.

**Equal Opportunity.** During the performance of this contract, the CONTRACTOR agrees to follow:

1. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, age, religion, disability, political belief, sex, or national origin. The CONTRACTOR shall take affirmative action to ensure that applicants are employed, and that employees are treated during employment without regard to their race, color, age, religion, disability, political belief, sex, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notices to be prepared by the Contracting Officer setting forth the provisions of this Equal Opportunity clause.

2. The OFFEROR/CONTRACTOR shall, in all solicitation or advertisements for employees placed by or on behalf of the OFFEROR/CONTRACTOR, state that all qualified applicants shall receive consideration for employment without regard to race, color, religion, sex, or national origin, or political belief.

**Additional Provision:**

Immigration Reform and Control Act.-

- Requires employers to attest to their employees' immigration status
- Makes it illegal to knowingly hire or recruit unauthorized Immigrants.

**ADDITIONAL CERTIFICATIONS:** By signing the Offeror/Contractor agrees to and certifies, if applicable, that:

1) The OFFEROR/CONTRACTOR shall be in compliance with the Copeland Act, 18 U.S.C. 874, as supplemented by Department of Labor regulations, 29 CFR part 3, providing that each contractor and sub-recipient shall be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up part of the compensation to which he is otherwise entitled. The recipient shall report all suspected or reported violations to the AGENCY.

2) The OFFEROR/CONTRACTOR shall take action to insure that all work is performed in accordance with OSHA guidelines and OSHA required record keeping and training is current and ongoing.

3) If this contract requires renovation or construction to include landscaping or other maintenance, then the OFFEROR/CONTRACTOR shall, if on-site costs exceed \$2,000.00, comply with the Davis-Bacon Act and pay employees the rate of pay in accordance with Department of Labor "prevailing wages" schedule and supply the Agency with the DOL required certification forms and payroll records. (See Exhibit A for details on requirements)

4) The OFFEROR/CONTRACTOR shall be in compliance with the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251 et seq.). violations shall be reported to the HHS and the appropriate Regional Office of the Environmental Protection Agency.

5) The OFFEROR/CONTRACTOR shall to the best of its knowledge or belief, not be currently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal or state agency, and are not currently or previously been indicted or convicted either civilly or criminally by a governmental entity (local, state or federal) for violations of procurement, consumer, and/or felony statutes. The Contractor is not listed in the General Services Administration's List of Parties Excluded from Federal Procurement or Nonprocurement Programs

6) The OFFEROR/CONTRACTOR shall not and will not use Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant, or any other award covered by 31 U.S.C. 1352.

7) The OFFEROR/CONTRACTOR shall include the provisions of paragraphs (1) through (7) in every subcontract or purchase order (over \$100,000) unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to section 204 of Executive Order No. 11246 of September 24, 1965, as amended by Executive Order No. 11375 of October 13, 1967, so that such provisions shall be binding upon each subcontractor or vendor.

In the event of the OFFEROR'S/CONTRACTOR'S noncompliance with the above terms, conditions, and certifications or with any state or federal rules, regulations, or orders, this agreement may be canceled, terminated, or suspended, in whole or in part, and the CONTRACTOR may be declared ineligible for further contracts. No other terms and conditions may take precedence without the written permission of ESP.

I have read the above and agree to abide by these terms and conditions. I further, by my signature, certify that I am an authorized representative of the CONTRACTOR with authority to obligate such to comply with the above.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

By:  
Contractor \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

By:  
Agency \_\_\_\_\_ Date \_\_\_\_\_  
Enrichment Services Program, Inc.

## Attachment A:

|  |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Form<br><b>W-9</b><br>(Rev. December 2014)<br>Department of the Treasury<br>Internal Revenue Service   | <b>Request for Taxpayer<br/>Identification Number and Certification</b>   | Give Form to the<br>requester. Do not<br>send to the IRS. |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Print or type<br>See Specific Instructions on page 2.  | 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; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small>   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 5 Address (number, street, and apt. or suite no.)   | Requester's name and address (optional)                   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 City, state, and ZIP code  |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 List account number(s) here (optional)   |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Part I Taxpayer Identification Number (TIN)</b><br>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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.<br><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.  |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td><td style="width: 20%;"> </td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table>  |   |   | <b>Social security number</b> |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | or |  |  |  |  |  |  |  |  |  | <b>Employer identification number</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Social security number</b>  |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Employer identification number</b>  |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Part II Certification</b><br>Under penalties of perjury, I certify that:<br>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<br>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<br>3. I am a U.S. citizen or other U.S. person (defined below); and<br>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.<br><b>Certification instructions.</b> 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 3.   |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"><b>Sign Here</b></td> <td style="width: 65%;">Signature of U.S. person ▶ _____</td> <td style="width: 20%;">Date ▶ _____</td> </tr> </table>   |   |   | <b>Sign Here</b>              | Signature of U.S. person ▶ _____ | Date ▶ _____ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Sign Here</b>   | Signature of U.S. person ▶ _____  | Date ▶ _____  |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>General Instructions</b><br>Section references are to the Internal Revenue Code unless otherwise noted.<br><b>Future developments.</b> Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/fw9">www.irs.gov/fw9</a> .<br><b>Purpose of Form</b><br>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:<br><ul style="list-style-type: none"> <li>• Form 1099-INT (interest earned or paid)</li> <li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li> <li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> <li>• Form 1099-S (proceeds from real estate transactions)</li> <li>• Form 1099-K (merchant card and third party network transactions)</li> </ul> <ul style="list-style-type: none"> <li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> <li>• Form 1099-C (canceled debt)</li> <li>• Form 1099-A (acquisition or abandonment of secured property)</li> </ul> Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.<br>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.<br>By signing the filled-out form, you:<br>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),<br>2. Certify that you are not subject to backup withholding, or<br>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<br>4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information. |   |   |                               |                                  |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Cat. No. 10231X

Form W-9 (Rev. 12-2014)

## **Attachment B:**

### **Davis-Bacon Act Contract Provisions**

**The Davis Bacon Act (DBA) shall apply to contracts in excess of \$2,000 for the construction, alteration, or repair (including painting, decorating, replacement of doors/windows, landscaping, playground installation and other similar work) of facilities/buildings.**

**The Contractor needs to comply with the following DBA requirements:**

- (1) Laborers and mechanics employed on a project funded by a Federal grant must be paid the minimum prevailing wage for that area in which the work is being done including bona fide fringe benefits. The Davis-Bacon wage determinations are published on and can be obtained from the Wage Determinations On Line (WDOL) website.
- (2) Apprentices or trainees may be paid at less than the prevailing wage rates only when the apprenticeship program are registered with or with a state apprenticeship agency recognized by the Department of Labor.
- (3) Post the applicable Davis-Bacon wage determination with the Davis-Bacon poster (WH-1321) on the job site in a prominent and accessible place where they can be easily seen by the workers.
- (4) Pay must be done on a weekly basis
- (5) A Certified Payroll available on the DOL website (<https://www.dol.gov/whd/forms/wh347.pdf>) must be completed and submitted on a weekly basis (Form WH-347) to ESP's designated project manager.

**Following are the typical violations of the DBA provisions:**

1. Misclassification of laborers and mechanics
2. Failure to pay full prevailing wage, including fringe benefits, for all hours worked (including overtime hours).
3. Inadequate recordkeeping, such as not counting all hours worked or not recording hours worked by an individual in two or more classifications during a day.
4. Failure of to maintain a copy of bona fide apprenticeship program and individual registration documents for apprentices.
5. Failure to submit certified payrolls weekly.
6. Failure to post the Davis-Bacon poster and applicable wage determination.

**Failure to comply with the DBA provisions will result to contract payments withheld in sufficient amounts to satisfy liabilities for underpayment of wages and for liquidated damages for overtime violations under the Contract Work Hours and Safety Standards Act (CWHSSA).**

**In addition, violations of the Davis-Bacon contract clauses are grounds for contract termination, contractor liability for any resulting costs to the federal government and debarment from future contracts.**

## **Enrichment Services Program, Inc. Vision Statements & Long Range Goals**

### **Vision Statement for Individuals:**

All individuals and families in the Chattahoochee Valley Region have a voice, are valuable community contributors, and have the resources needed to be healthy and self-sufficient.

### **Vision Statement for the Community:**

Communities in the Chattahoochee Valley Region are safe, produce economic growth, provide an abundance of opportunities, and strive for ongoing improvement.

### **Vision Statement for the Agency:**

Enrichment Services Program, Inc. is a national leader and a model in ending systemic poverty. We are an organization based on:

- Integrity
- Excellence
- Dedication
- Respect
- Diversity
- Compassion
- Teamwork
- Hope
- Continuous Improvement

## **Long Range Goals**

### **Education**

Develop community capacity to ensure all children receive a high quality well-rounded education and individuals and families receive educational services that lead to good health and self-sufficiency.

### **Self-Sufficiency**

Expand community and agency capacity to ensure families and individuals are mentally (intellectually), physically, emotionally, and financially stable.

### **Basic Needs**

Build community coalitions which address the basic needs of residents.

### **Agency**

Establish ESP as a recognized national leader and a model to end systemic poverty.