

CITY OF TIFTON
Request for Proposals
Tift Theatre Seat Rehabilitation Project

Project Title: Tift Theatre Seat Rehabilitation Project

Project Number: 17-016

Project Release Date: 11/10/2017

Notice to Bidders:

The City of Tifton requests proposals for all labor and materials for the re-upholstery and repair of 613 theatre seats at the Historic Tift Theatre. Sealed proposals will be received at the Office of the City Manager located at 130 E. 1st Street, Room 205, Tifton, GA 31794 until 10:00 a.m. on December 11, 2017. RFP specification packages are available online at www.tifton.net. A non-mandatory pre-proposal conference/inspection will occur at 2:00 pm on November 30, 2017 at the Tift Theatre located at 320 S. Main Street, Tifton, GA 31794.

The City of Tifton, Georgia reserves the right to reject any or all proposals including without limitation, the rights to reject any or all nonconforming, nonresponsive, unbalanced or conditional proposals; and to make an award in the best interest of the City of Tifton. It is the responsibility of the contractor to verify all numbers and conditions of seats.

The City of Tifton is committed to Affirmatively Further Fair Housing. The City of Tifton is committed to providing all persons with equal access to its services, programs, activities, education, and employment regardless of race, color, national origin, religion, sex, familial status, disability or age.

Designated Contacts

Michael V. Jacobs-Southern Georgia Regional Commission

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Email: mvjacobs@sgrc.us

Site Visit:

Date: November 30, 2017

Time: 2:00 PM

Location: Tift Theatre

320 S. Main Street

Tifton, GA 31794

Sealed Proposal Submission Date: December 11, 2017 at 10:00 a.m.

Office of the City Manager

City of Tifton

130 E. First Street, Room 205

Tifton, GA 31794

Scope of Work/ Specifications

1. Reupholster 613 theatre seats with new foam and similar fabric (color chosen by owner) and coated with Staingard (or similar stain treatment);
2. Inspect and make minor repairs to all seats, as needed, to insure safety of patrons; and
3. Make moderate to major repairs on approximately 13 seats (9 major repairs, 3 severely damaged end wood caps on upper seats, 1 wooden missing arm rest on upper seat).

Add Alternates:

1. Clean and paint theatre seating (613 seats) – Degrease and clean all metal, sand seats as needed to smooth, 1 coat gray primer, 2 coats gray paint to match type, color & finish of existing paint, lubricate all moving parts as required. Excludes wood and/or plastic seat backs on rear of seats.
2. Sand to smooth and putty as needed wood seat rears of 406 theatre seats in the lower area providing 1 coat of gray primer and 2 coats of gray paint to match type, color and finish of existing paint. Reinstall with new brass screws.
3. Provide and install new number tags on seats and letter tags on aisles according to seat plan (type and style same as original).

Project Notes

- Removal and reinstallation of seats in sections between January 1 and June 1, 2018;
- All materials, labor and transportation to be included;
- Seating chart shows 32 temporary seats in green that are not included in this project and seats for major repairs are in red. The remaining 4 seats to have moderate to major repairs are located in the balcony level;
- 406 seats in lower level are a different type from the 207 seats in the upper level;
- Springs to remain;
- Contractor is to coordinate with Theatre Director on removal and reinstallation schedule, as painting of floors will occur when seats are removed;
- Contractor is to coordinate with Theatre Director on non-installation of approximately 7 finished seats to be placed in storage due to ADA standards.

SPECIFICATIONS FOR RENOVATION OF THEATRE SEATING

1. Remove the old seat cover and foam from the seat pan, inner back and arms and replace in-kind with similar new materials as original. Arms on lower seats only are upholstered.
2. Inspect all moving parts of the seat mechanism. Adjust and align pivots and replace any worn bushings, pins, bumpers, springs, etc. as needed.
3. Install new, individually molded polyurethane foam seating pad and Dacron batting (as needed). The molded foam pad and batting shall be of first quality materials, it shall conform with industry standards and applicable fire codes.
4. The seat cushion will be upholstered and the sewn cover will be installed smooth, evenly taut with no visible fasteners. The fabric will run perpendicular to the front seat edge and in the same direction on all pieces.
5. Install new individually molded polyurethane foam pad and Dacron batting (as needed) to the seat inner back. The foam pad and batting shall be of first quality materials, it shall conform with industry standards and applicable fire codes.
6. The back will be upholstered on the front side and the fabric will be installed smooth, evenly taut and with no visible fasteners. The fabric will run in the same direction on all pieces.
7. Install new polyurethane foam pad and Dacron batting to the arms of the seats in the lower theatre. The foam pad and batting shall be of first quality materials, it shall conform with industry standards and applicable fire

codes.

8. The fabric shall be of first quality. The source of the fabric, manufacturer, cost per yard, number of yards required for project and samples shall be provided.
9. Prior to upholstering, the fabric will be checked for flaws and the pattern will be laid out with attention to pattern or nap direction.
10. All work will be performed by skilled craftsman trained and experienced in the methods and equipment necessary to complete this work.
11. All labor, materials and workmanship will be guaranteed to be free from defect, under normal usage, for a period of one (1) year.

Proposal Submission:

Submit a **TOTAL COST PROPOSAL** for all work specified (Cost must include materials, labor, equipment and travel). The source of the fabric, manufacturer, cost per yard, number of yards required for project and samples shall be provided. Contractors are encouraged to provide adequate background material with their submissions to adequately determine prior similar experience, references and job performance. A performance bond will be required of the contractor, once award is made.

Method of Award

Award will be made to the responsive and responsible bidder submitting the cost by the due date for all work specified herein. Award may be based not only on costs, but also by prior similar experience, references, job performance and quality of materials proposed for project. Contractors are encouraged to provide adequate background material with their submissions to adequately determine above factors.

INSURANCE REQUIREMENTS

The contractor shall procure and maintain, at contractor's own cost and expense, the following kinds of insurance:

- a. Contractor's Commercial General Liability Insurance.

RFP FORM
Tift Theatre Seat Rehabilitation Project
Due: December 11, 2017

Business Name: _____

Contact Person for Project: _____ Phone: _____

Address: _____

Phone: _____ Email: _____

Years in Business: _____ Historical Experience: Yes / No _____

Business References:

1.	_____	_____	_____
	Name	Phone	Work Performed
2.	_____	_____	_____
	Name	Phone	Work Performed
3.	_____	_____	_____
	Name	Phone	Work Performed

Total Cost Base Proposal: _____

Alternate 1: _____

Alternate 2: _____

Alternate 3: _____

Please attach any additional information requested in the Request for Proposals including but not limited to: fabric samples, certificate of insurance, vendor forms included in package, and background information.

Submitted By

Date

VENDOR/CONTRACTOR AFFIDAVIT AND AGREEMENT

(This form should be fully completed & returned with your submittal)
SB 529, SECTION 2: GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT OF 2006

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02, stating affirmatively that the individual, firm, or corporation which is contracting with the City has registered with and is participating in a federal work authorization program commonly known as E-Verify, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.02.

The undersigned contractor further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to the contract with the City of Tifton, Georgia, of which this affidavit is a part, the undersigned contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A § 13-10-91 and Georgia Department of Labor Rule 300-10-1-.08 or a substantially similar subcontractor affidavit. The undersigned contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the City of Tifton at the time the subcontractor(s) is retained to perform such service.

EEV / E-Verify ID Number

Date of Authorization

By: Authorized Officer or Agent

Date

Printed Name of Authorized Officer or Agent

Title of Officer or Agent

Contractor Name / Company Name

Sworn to and subscribed before me

This _____ day of _____, 20__

Notary Public

My Commission Expires: _____

Exemption:

By signing below, the Contractor verifies that their firm has **no** employees which makes them exempt from O.C.G.A. § 13-10-91. Contractor must submit a copy of a valid Driver's License with form.

Contractor Name / Company Name

Date

Signature

Printed Name

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.