

City of Tifton  
Request for Proposals  
Tift Theatre Lighting Project (Bid # 18-017)

**Notice to Bidders:**

The City of Tifton requests sealed proposals for all labor and materials for the replacement and installation of a new lighting system in the Tift Theatre for Performing Arts. Sealed proposals will be received at the Office of the City Manager located at 130 E. 1<sup>st</sup> Street, Room 205, Tifton, GA 31794 until **11:00 a.m.** on **December 10, 2018**. RFP specification packages are available online at [www.tifton.net](http://www.tifton.net). A non-mandatory pre-proposal conference/inspection will occur at **2:00 pm** on **November 19, 2018** 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. It further reserves the right to waive any and all technicalities and informalities in the proposal process and to make an award in the best interest of the City of Tifton.

The City of Tifton provides equal opportunities for all businesses and does not discriminate against any person or business because of race, color, religion, sex, national origin, handicap, or veteran status.

**Designated Contact**

Josh Davis  
Technical Director, ABAC Arts Connection  
Howard Auditorium  
ABAC 13, 2802 Moore Hwy  
Tifton, GA 31793  
912.657.5237  
229.391.5065  
[Joshua.davis@abac.edu](mailto:Joshua.davis@abac.edu)  
Office Hours: M-T, 8-5:30; F – 8-3:00

**Site Visit & Pre-Proposal Meeting:**

Date: November 19, 2018  
Time: 2:00 PM  
Location: Tift Theatre  
320 S. Main Street  
Tifton, GA 31794

**Sealed Proposals Due By: December 10, 2018 at 11:00 a.m.**

Office of the City Manager  
City of Tifton  
130 E. First Street, Room 205  
Tifton, GA 31794

### **Scope of work/ Specifications:**

1. Replacement of all traditional fixtures on the first, second, and third electrics as well as the lighting cove/catwalk.
2. All fixtures should be ETC Source Four LED and ETC ColorSource or closely comparable.
3. Replacement of dimmer system with installation of a relay panel; or reconfiguration of the existing dimmer rack to be DMX compatible.
4. Programming the existing ETC-element 40-channel console to be compatible with new lights and dimmer system.
5. Installation includes all wiring and electrical work.

### **Add alternatives:**

-Installations of LED lights on 4<sup>th</sup> electric to light CYC

### **Project notes:**

- Removal and proper disposal of existing lights on first, second, and third electrics.
- Inspection of existing physical structure of electrics prior to installation of new equipment.
- Installation, wiring, and programming of 32 new light fixtures.
- Installation of 6 PAR cans and 2 lekolites on the first, second, and third electric for total of 18 PAR cans and 6 lekolites on stage. Additionally, installation of six lekolites in the cove.
- Assessment of existing dimmer system to determine if a relay panel should be installed or if the current system should simply be reconfigured to be compatible with the new system.
- Assessment and configuration of 40-channel lighting console to effectively operate all new equipment.

### **Additional Specifications:**

The Tift Theatre has four electrics; the front three are in need of replacement.

All battens are dead hung at a height of 18ft 7in.

A non-driveable genie lift will be available for use at all times.

Stage access: The theatre stage is directly accessible via a standard size roll door. This door can be accessed via the alley behind Tift Theatre between Main St. and Commerce Way. The alley is one way facing north and can be accessed from Hwy 82.

The lighting booth is located in the balcony of theatre and can only be accessed via stairs; three flights in total.

The lighting cove/catwalk is located in the ceiling of the theatre and can be accessed via a hatch opening near the lighting booth in the balcony. The opening is approximately 4ft x 4ft. The cove also contains a rope that can be utilized for lifting equipment into the cove.

The theatre will be available for closure to accommodate project beginning on Monday, December 17, 2018. The project must be completed in its entirety by January 19, 2019. The project should be able to be completed in one week.

### **Proposal Submission**

Submit a TOTAL COST PROPOSAL for all work specified (Cost must include materials, labor, equipment and travel). Contractors are encouraged to provide adequate background material with their submissions to adequately determine equipment and material specifications, prior similar experience, references, and job performance. A performance bond will be required of the contractor, once award is made. Proposals should be sealed and marked on the outside "Theatre Lighting Proposal". It is solely the responsibility of the bidder to verify that their bid is present at the time and place specified.

### **Method of Award**

Award will be made to the responsive and responsible bidder submitting the proposal 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 Lighting Rehabilitation Project**  
**Due: December 10, 2018, 11:00 AM**

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: material/equipment specifications or data sheets, certificate of insurance, vendor forms included in package, and background/experience 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



**Bidder/Vendor Application**

**CITY OF TIFTON**

**Purchasing Division**

**Any vendor doing business with the city of Tifton may be required to provide a City of Tifton's Business license number and/or State Contractors License Number.**

**A W-9 Form will be required prior to adding your company to City of Tifton's Vendor/Bidder's List.**

FEDERAL TAX ID NUMBER/SSS NUMBER: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

BUSINESS LICENSE NUMBER \_\_\_\_\_ STATE CONTRACTOR'S LICENSE NUMBER: \_\_\_\_\_

COMPLETE NAME OF BUSINESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

REMITTANCE ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP/WEBSITE: \_\_\_\_\_

TELEPHONE NUMBER/FAX NUMBER: \_\_\_\_\_

CONTACT PERSON/E-MAIL ADDRESS: \_\_\_\_\_

NAME OF THE REPRESENTATIVE SERVING THE CITY OF TIFTON: \_\_\_\_\_

PAYMENT METHOD VIA: \_\_\_\_\_ CHECK

\_\_\_\_\_ ACH (PLEASE PROVIDE BANK INFORMATION)

TYPE OF ORGANIZATION: (CHECK APPLICABLE TYPE)

- |                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> DEALER       | <input type="checkbox"/> PARTNERSHIP    | <input type="checkbox"/> OTHERS _____ |
| <input type="checkbox"/> MANUFACTURER | <input type="checkbox"/> INCORPORATED   | <input type="checkbox"/> RETAILER     |
| <input type="checkbox"/> FACTORY REP  | <input type="checkbox"/> INDIVIDUAL     | <input type="checkbox"/> JOBBER       |
| <input type="checkbox"/> MINORITY     | <input type="checkbox"/> SMALL BUSINESS |                                       |

INSURANCE REQUIREMENTS(IF APPLICABLE): PLEASE INCLUDE COPY OF CURRENT CERTIFICATE OF LIABILITY OR INSURANCE DECLARATION PAGE SHOWING INSURANCE COVERAGE AND LIMITS.

NAME AND TITLE OF PERSONS AUTHORIZED TO SIGN BIDS. THE LIST MUST BE KEPT CURRENT

_____	TITLE: _____
_____	TITLE: _____
_____	TITLE: _____

**ATTENTION:** ALL ITEMS FOR THE CITY OF TIFTON MUST BE QUOTED F.O.B. DESTINATION AND INVOICING TERMS IS NET 30 DAYS.

IT WILL BE THE RESPONSIBILITY OF EACH BIDDER TO NOTIFY THE CITY OF TIFTON OF ADDRESS OR TELEPHONE NUMBER CHANGES. PLEASE SEND CHANGES AND THIS COMPLETED FORM TO:

\*\*\*\*\* CITY OF TIFTON – HPCPEGF GRV  
130 E 1<sup>ST</sup> STREET.'RQ0DQZ'44;  
TIFTON, GA. 31794

I certify that the foregoing information is a full, true and correct statement of facts. I understand that my failure to respond to three (3) Bid Invitations of any one class will result in the City of Tifton's Purchasing Division discontinuance in sending future bid invitations on that particular commodity.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	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.

<b>Sign Here</b>	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.