CITY OF
SANDERSVILLE

WWTP Department
New Mobile Office Trailer

Request for Bids
RFB # 2026-09
Due Date: June 30th, 2026 @ 3PM

REQUEST FOR BIDS
CITY OF SANDERSVILLE
WWTP DEPARTMENT
MOBILE OFFICE TRAILER

GENERAL

The City of Sandersville waste water treatment plant department is seeking bids for the purchase of a new 3 office mobile trailer. All bids must be sealed and clearly marked. **"WWTP MOBILE OFFICE TRAILER".**

The City of Sandersville will reserve the right to accept or reject any and all bids and act in the best interest of the City of Sandersville.

SPECIFICATIONS:

30' x 12' Unit with Three Offices 10' x 12'

The Unit will need to be constructed maintenance free with metal roofing, metal siding and metal front landings with steps. The Unit must have an HVAC system that heats and cools the entire Unit efficiently. The Unit must be delivered to Sandersville Ga and set up and leveled with hurricane style tie downs installed.





CONTRACTOR'S RESPONSIBILITY

Nothing in these specifications shall be construed as placing the work under the specific direction or control of the Owner or relieving the Contractor from his liability as an independent Contractor and, as such, he shall be solely responsible for the method, manner and means by which he shall perform his work, including, but not limited to supervision and control of his own personnel and scheduling of the work required to insure its proper and timely performance and he shall exercise due care to prevent bodily injury and damage to property in the prosecution of the work.

It shall be the responsibility of the contractor to verify all quantities and measurements prior to bidding. No change orders will be accepted due to differences in the bid packet measurements and the number of materials required to complete the scope of the project.

Until the work is accepted, it shall be in the custody and under the charge and care of the Contractor, and he shall take every necessary precaution against injury or damage to the work by the action of all the elements, or from any other cause whatsoever. The Contractor shall restore and make good at his own expense all injuries or damages to any portion of the work before its completion and acceptance. Issuance of any estimate or partial payment to the Contractor for any part of work done will not be considered as final acceptance of any work.

The Contractor agrees to assume and shall have full and sole responsibility for compliance with all Federal, State or Municipal laws and regulations in any manner affecting the work to be performed by the Contractor or subcontractors.

BID SUBMITTAL

Bids will be lump sum and include all cost of labor and materials to include delivery to the point of destination. The bids will be evaluated and awarded based on several factors to include cost, availability, suitability and quality.

1. Bids will be received until **3:00 p.m. on JUNE 30TH ,2026** at which time the bid opening will take place – City Hall Conference Room, 141 West Haynes Street, Sandersville, GA.

   Any bids received after the deadline shall be null and void. The City of Sandersville reserves the right to accept or reject any or all bids and act in the best interest of the City of Sandersville.

2. All bids must be submitted in a sealed envelope clearly marked **"WWTP MOBILE OFFICE TRAILER"** All shipping materials must be clearly marked with the project name.

3. **Three (3) copies of the bid as well as a copy of your bid estimate on a jump drive with the required information** must be submitted and received no later than above date to:

City of Sandersville, Attn: Travis Fort, **WWTP mobile office trailer.**
P.O. Box 71, 141 W. Haynes Street, Sandersville, GA 31082

1. All bids must be submitted on the bid forms furnished and accompanied by:
   - **W-9 Form** – Please complete attached form, check appropriate box, fill in Social Security Number or Employer Identification Number, Sign and Date.
   - **Notarized E-Verify Contractor Affidavit** – Please complete attached form. (To enroll in e-verify, you may visit the website www.uscis.gov/everify.)
   - **Notarized SAVE Affidavit** – Please complete attached form.
   - **Occupational Tax Certificate**
   - **General Public Liability and Property Damage Insurance Certificate** with a limit of liability of not less than $1,000,000.
   - **Worker's Compensation Proof of Insurance** – For more than three employees.

2. Bid should state the start date and the work should commence within three months after the bid award.

QUESTIONS/ADDENDUMS

All communication including questions and substitutions shall be in email form. Questions will be answered and responded to until **4:30 p.m. on Tuesday June 23rd, 2026** Communication may be sent to tfort@sandersvillega.org in regards to this request. Questions will be answered and posted on our website at www.sandersvillega.org under City Online, Bid Opportunities tabs.

.

CITY OF
SANDERSVILLE

BID FORM
WWTP DEPARTMENT
MOBILE OFFICE TRAILER

Return Date: **3:00 PM, Tuesday, JUNE 30TH, 2026.**

Return to: City of Sandersville, Attn: Travis Fort
141 W. Haynes Street, Sandersville, GA 31082

LUMP SUM BID AMOUNT $_____

EXPECTED START DATE:_____

ALL BID FORMS SHOULD INCLUDE THE FOLLOWING INFORMATION:

Company Submitting Bid: _____

Company Address: _____

Company Phone No:_____ Company Fax No._____

Authorized Representative: _____

Signature_____ Date:_____

Print Name and Title _____ Phone: _____

Email address _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) _____ [*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from the City of Sandersville, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

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.

The secure and verifiable document provided with this affidavit can best be classified as: _____.

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:

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

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.

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 **one** of the following seven boxes:

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____

Note. 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.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

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)

Part I Taxpayer Identification Number (TIN)

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 *How to get a TIN* on page 3.

Note. 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.

Social security number

			–			–				

or

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

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:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor 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 Sandersville has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

_____
Name of Contractor

_____
Name of Project
City of Sandersville_____
Name of Public Employer

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

Executed on _____, 20___ in _____(city), _____(state).

_____
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 _____,20____.

_____
NOTARY PUBLIC

My Commission Expires:

_____