



IWQ 14-09
Informal Written Quotes
Brookhaven Parks and Recreation Site Amenities
DUE Thursday, November 13th at 2:00pm

The City of Brookhaven Parks and Recreation Department is seeking informal written quotes from vendors for the following park site amenities (trash receptacle, recycling receptacle, park bench, picnic table, grills, dog waste stations, and park swings). The City is requesting both qualifications and written quotes for site amenities outlined within Exhibit 1. The City will select vendor, and subsequently negotiate pricing and contract with the selected vendor.

Written quotes shall be returned by **email only** to purchasing@brookhavenga.gov by Thursday, November 13th at 2:00pm. Submissions should not exceed ten (10) pages, and should be in .pdf format. If you have any questions, please email purchasing@brookhavenga.gov no later than November 6th. All questions will be gathered and an addendum answering all questions will be issued shortly thereafter. Questions will only be accepted via email. No questions will be answered by phone to ensure the same information is given to all bidders. When awarded, the announcement will be made on the City's Purchasing Page, and the winning bidder will be contacted directly. Candidates may or may not be contacted for further information.

Please see Exhibit I that describes the scope in detail.

All bidders are expected to read and comply with the City's Purchasing Policy posted at:

<http://www.brookhavenga.gov/city-departments/purchasing>

The following must be completed and returned with Qualifications:

Legal Business Name _____ Federal Tax ID _____

Address _____

Representative Signature _____ Printed Name _____

Telephone Number _____ Fax Number _____

Email _____

Bid Sheet

Item	Quantity	Unit Price	Total
Park Benches			
Option #1	50	_____	_____
Option #2	50	_____	_____
Option #3	50	_____	_____
Installation		_____	_____
Picnic Tables			
Picnic Tables	20	_____	_____
ADA Picnic Tables	5	_____	_____
Installation		_____	_____
Park Bench Swings			
Park Bench Swings	10	_____	_____
Installation		_____	_____
Trash Receptacle			
Option #1	60	_____	_____
Option #2	60	_____	_____
Installation		_____	_____
Recycling Receptacle			
Option #1	30	_____	_____
Option #2	30	_____	_____
Installation		_____	_____
Pet Waste Stations			
Pet Waste Stations	10	_____	_____
Installation		_____	_____
Park Grills			
Park Grills (Large)	5	_____	_____
Park Grills (Small)	5	_____	_____
Installation		_____	_____

E-Verify Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)
****This form is required by Georgia State Law****

By executing this affidavit under oath, as an applicant for a(n) _____

[*business license, occupational tax certificate, or other document required to operate a business*] as referenced in O.C.G.A. § 36-60-6(d), from the City of Brookhaven, Georgia the undersigned applicant representing the private employer known as _____ [*printed name of private employer*] verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section yearly between July 1, 2012 and June 30, 2013

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees.
(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed _____ less than one hundred (100) or more employees.

If the employer selected 1(a) please fill out Section 2 below.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

E-verify number / Federal Work Authorization User Identification Number (not your FEI number) Date of Authorization

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 allowed by such statute.

Executed on the _____ date of _____, 20__ in _____ (City), _____ (State).

Signature of Authorized Officer or Agent Date

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF, 20_____.

NOTARY PUBLIC/SEAL

My Commission Expires