

Washington County Schools

501 Industrial Drive
Sandersville, GA 31082
(478)552-3981
Fax (478)552-3128

Dr. Rickey Edmond
Superintendent

REQUEST FOR PROPOSAL:

Football Stadium LED Video Screen

PERTINENT DATES

April 2, 2021	Request for Proposal Issued
May 3, 2021	Proposal Deadline
May 6, 2021	Recommendations Presented to Board
May 7, 2021	Award of Proposal

Washington County Schools

REQUEST FOR PROPOSAL (RFP) Football Stadium LED Video Screen

The Washington County School District will receive sealed proposals for the provision of the Football Stadium LEC Video Screen as specified herein.

INTERESTED PARTIES: Interested parties may obtain proposal documents from the District's administrative offices located at 501 Industrial Drive, Sandersville, Georgia, or from the District website – www.washingtoncountyschoolsga.org. No consideration will be given to any claim based on lack of knowledge of existing conditions. All site visits must be scheduled with Willie Coneway-Director of Facilities and Transportation, at least 24 hours in advance.

DEADLINE FOR PROPOSALS: The deadline for receiving proposals is May 3, 2021 at 2:00 PM. Proposals will be time stamped when received. Late proposals will not be opened. No exception will be made for late proposals.

PROPOSAL SUBMISSION: A signed copy of the proposal must be submitted in a sealed envelope marked on the outside, "RFP Football Stadium Screen." The sealed, marked envelope containing the copy of the proposal should be addressed to:

Vicki Frost
Purchasing Manager
Washington County Schools
501 Industrial Drive
Sandersville, GA 31082

Faxed or emailed proposals will not be accepted. In order to be considered all proposals must be signed.

QUESTIONS/INQUIRIES: All inquiries and requests for information regarding proposal submission shall be directed to Vicki Frost, Purchasing Manager, Washington County Schools, by **mail** – 501 Industrial Drive, Sandersville, GA 31082; by **phone** – (478)552-3981 ext 1253, by **fax** – (478)552-3128, or **email** – vfrost@washington.k12.ga.us.

SECTION 1: GENERAL PROVISIONS

WAIVER OF FORMAL DEFECT: The District may waive any technical or formal defect in any proposal not prepared and submitted in accordance with the provisions herein, and reject any or all proposals. The District will make the award to the most responsive Proposer in its own judgment and in the best interest of the District. The award may or may not be given to the Proposer with the lowest cost proposal. The District reserves the right not to award a contract to any proposer.

BID ACCEPTANCE: Vendors shall hold their price firm and subject to acceptance by the District for a period of ninety (90) working days from the date of the proposal opening unless otherwise indicated in their proposal. The District's purchases are not subject to taxation. A tax exempt certificate will be provided upon request.

EQUAL OPPORTUNITY EMPLOYER/DRUG-FREE EMPLOYER/E-VERIFY: The District is an equal opportunity employer and reserves the right to refuse or reject any or all proposals that are not in the best interest of the school system.

The Proposer must comply with all statutes of the Equal Opportunity Employer Act, be a Drug-Free Employer in the State of Georgia, and participate in the federal E-Verify program. Proposer must submit an E-Verify Affidavit with its proposal (form attached). Proposer must drug test employees before employment and conduct criminal background as well as fingerprint checks according to Georgia's requirements for school employees prior to the employee beginning allowed work or be present at any District facility where students are present. No employee with a felony conviction or any conviction of sex crime, crime of moral turpitude, or any crime against a child may be assigned by Proposer to a District facility. Copies of drug tests and background tests must be permanently maintained on file by the Proposer and must be made available for inspection by the District upon request.

INSURANCE REQUIREMENTS: The Contractor will provide proof of and maintain insurance coverage for injuries to persons and/or property damage as may arise from or in conjunction with the work performed on behalf of the Board of Education by the proposer, his agents, representatives, and employees. Proposer must provide a copy of their insurance certificate with their proposal package.

PAYMENT FOR SERVICES: Vendors are advised that a minimum of thirty (30) days are required to process invoices for payment.

SAFETY: The Contractor will comply with all Occupational Safety, and Health Administration (OSHA), State and County Safety and Occupational Health Standards and any other applicable rules and regulations

VENDOR DEFAULT: The District reserves the right, in case of vendor default, to procure the articles or services from other sources and hold the defaulting vendor responsible for any excess costs occasioned thereby.

ASSIGNMENT: The Contractor may not assign or transfer this Contract without the prior written consent of the Board.

SECTION 2: SCOPE OF SERVICES

Vendor will provide a Full Matrix LED Video Screen with the following specifications:

- 16mm True Pixel Matrix Screen- 340 Pixels High x 600 Pixels Wide
- LED Video Screen with 6” trim – 18’ 11” High x 32’ 6.75” Wide
- 204,000 Pixels/ 612,000 LEDS total with 1,088 LEDs per square foot

Installation – installation on current I-beam structure with one additional I-beam System to include:

- One 16mm LED Full Matrix Screen
- Video Control System with Video Processor
- Monitor, Mouse, Keyboard and Scoring Console
- Score multiple sports, zoning software for ads, play live video, play recorded video, play commercials
- Horn
- Non-illuminated Truss, Non-illuminated lettering and logos
- Rear Catwalks
- Freight, Installation, Onsite technician, control room set-up and training

Warranty – Warranty on the Board – at least 10 years on parts, 2 years onsite, 10 year brightness
Warranty on Control Rack – at least 2 years on all parts

Vendor Service Plan – Plan should include but not be limited to:

1. A summary of products and services to be provided.
2. A timeline showing how the Vendor plans to deliver products and/or services to fulfill any contract issued as a result of this RFP.
3. Any resource requirements on the part of the school system necessary in order for the Vendor to meet its obligations under an agreement resulting from this RFP.
4. Any hardware, software or other technology the school system must have in order to use the Vendor’s products or services.

Manuals – Upon completion and prior to onsite training with the school district, the vendor will provide four (4) operation and maintenance manuals. The manuals will have tab dividers and shall be logically organized to provide easy access to information. All documents will be in English and will provide sufficient detail as to be understood by an individual with no knowledge of LED displays or the associated control equipment and/or operating systems.

SECTION 3: EVALUATION CRITERIA

The proposals will be evaluated according to the following criteria:

1. Experience with projects of this size and reliability of Vendor.
2. References, adequacy of resources, financial stability and coverage by professional liability insurance.
3. Proof of E-Verify compliance.
4. Total Cost to complete Scope of Services.

VENDOR INFORMATION AND PRICING

Vendor Name _____

Vendor Address _____

Telephone # _____

Contact Person _____

Email Address _____

Total Cost _____

Authorized Representative (please print) _____

Authorized Signature _____ Date _____

Appendix A

Agreement between Washington County Board of Education and

Name of Individual or Business

Any contractor or service provider submitting a proposal or bid, accepting a Purchase Order, and/or entering into any contract for the physical performance of services with the Washington County Board of Education, by signature and witness herein affirms, attests and declares that they are in compliance with O.C.G.A. 13-10-90.

Paragraph (a)

_____ at _____
Name of Individual or Business Address of Individual or Business

has registered with, is authorized to use, and uses the federal work authorization program.

Paragraph (b)

The User Identification Number and date of authorization for

_____ is:
Name of Individual or Business

User ID # _____ (Everify #)

Date of Authorization _____

Paragraph (c)

_____ will continue to use e-verify
Name of Individual or Business

for any contracted services performed for the Washington County Board of Education..

Paragraph (d)

_____ will contract for the physical
Name of Individual or Business

performance of services only with sub-contractors who present an affidavit to

_____ with the same information as required in
Name of Individual or Business

paragraphs (a), (b), and (c) of this document.

Hereby attested, affirmed, and declared by below individual signature or signature of authorized agent of:

Name of Individual or Business

Printed Name

Signature

Date

Notarized and Witnessed:

Printed Name of Registered Notary

Signature of Registered Notary

Affixed Seal and Date of Witness

<div style="text-align: center;">Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service</div>	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)																																		
<p>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 <i>How to get a TIN</i> on page 3.</p> <p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>																																		
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<p>Under penalties of perjury, I certify that:</p> <p>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</p> <p>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</p> <p>3. I am a U.S. citizen or other U.S. person (defined below).</p> <p>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.</p>																																		
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General Instructions																																		
<p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Purpose of Form</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none">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, or3. 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.																																		
<p>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.</p> <p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none">• 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). <p>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.</p>																																		

Affidavit
Verification of Lawful Presence in United States
Pursuant to O.C.G.A. § 50-36-1(e)

By executing this affidavit under oath, as an applicant for public benefits from the Washington County School District, the undersigned applicant verifies one of the following with respect to my citizenship status:

- 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: _____ (ex.,
driver's license, birth certificate, state I.D. with photo, military I.D., or list type of document issued by federal immigration agency)

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: _____