

Bedford County Department of Finance

200 Dover Street, Suite 102
Shelbyville, TN 37160
(931) 685-2024 FAX (931) 680-1029

Request for Proposal

Renovations to Bedford County Health Department Bid No. 17-24

The Bedford County Department of Finance is requesting proposals for Renovations to the Bedford County Health Department. **Sealed bids will be received until 2:00 p.m., Wednesday, February 1, 2017**, in the office of the Bedford County Department of Finance and will be opened publicly at that time. The Department of Finance reserves the right to reject any and all bids and waive any irregularities for the purpose of ensuring that the award given is in the best interest of Bedford County. Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.

GENERAL BID TERMS AND CONDITIONS

Proposals from all responsible bidders will be considered. To qualify as a responsible bidder, the proposal submitted must:

- 1. Meet or exceed the minimum requirements specified.**
- 2. Furnish all documents requested by the representative of the Bedford County Department of Finance prior to and following the bid opening.**
- 3. Submit their completed bid prior to the bid opening date and time.**
- 4. Have bid name and bid number placed on the outside lower left corner of the sealed envelope containing the bid form. (Facsimile bids will not be considered.)**

Award

A purchase order from the Bedford County Department of Finance will be issued to the successful bidder acknowledging the award. A copy of these terms and conditions, specifications and the vendor's proposal form will become a part of the purchase order.

Prospective bidders may contact Tammy Cook at the Health Department at (931) 684-3426 for any questions as to the specifications of the bid.

Lowest and/or best bid will be awarded.

Other Considerations

Bedford County Department of Finance reserves the right to purchase only those bid items and quantities that conform to overall budgetary, functional, and performance constraints.

The terms of this bid will be extended to other local government agencies, other municipalities, and Boards of Education. Bedford County is responsible only for purchases made and received by Bedford County.

INSTRUCTIONS TO BIDDERS

All Proposals are to be made be on the Proposal Form provided. Bids must be delivered in hand or by a mail service in a sealed envelope marked on the outside lower left corner, **Bid No. 17-24 Renovations to Health Department.** Bids will be received and opened on **Wednesday, February 1, 2017, at 2:00 p.m.** **Any bids received after the scheduled closing time for receipt of bids will be returned to the bidder unopened.**

Proposals are to be made complete in every detail as required and called for by said Proposal Form. Proposals that are incomplete, conditional, contain irregularities of any kind, or which are not in accord with the Instructions to Bidders and Proposal Form furnished by the Department of Finance may be rejected as informal.

The submission of a proposal will signify that the Bidder has thoroughly familiarized himself with all conditions and that he fully understands what will be expected of the successful bidder.

The Department of Finance reserves the right to reject, without liability whatsoever, any or all bids submitted, and waive informalities therein, if deemed by the Department of Finance for their best interest to do so.

Please complete enclosed W-9 and return with bid.

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: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	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.

Social security number										

or

Employer identification number										

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.

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 ▶
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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.

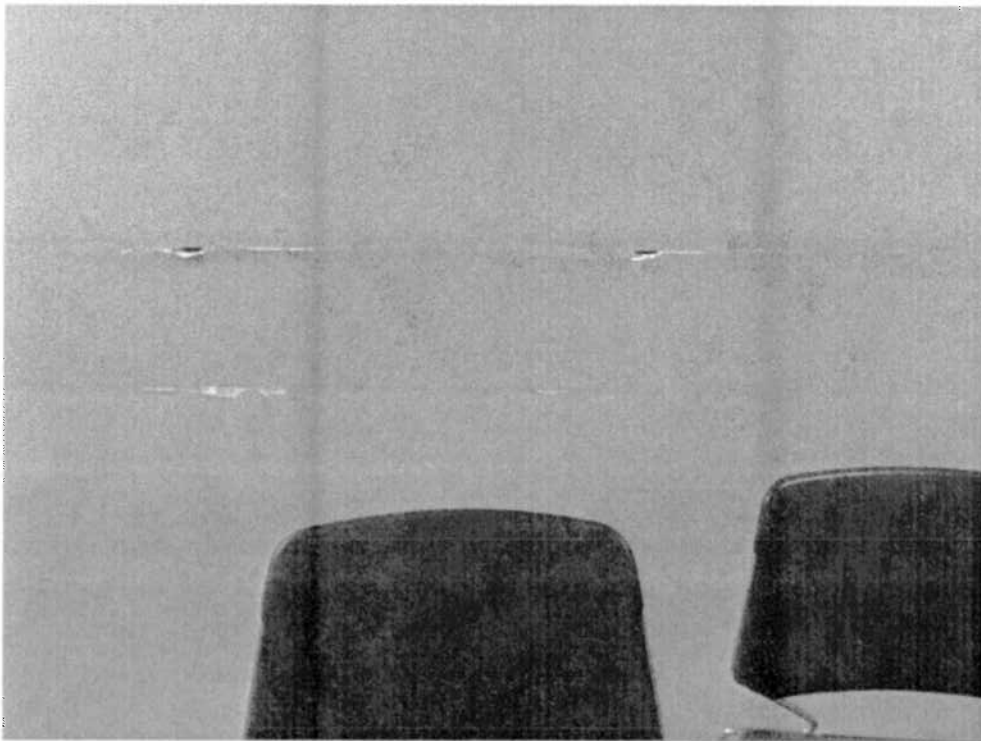
By signing the filled-out form, you:

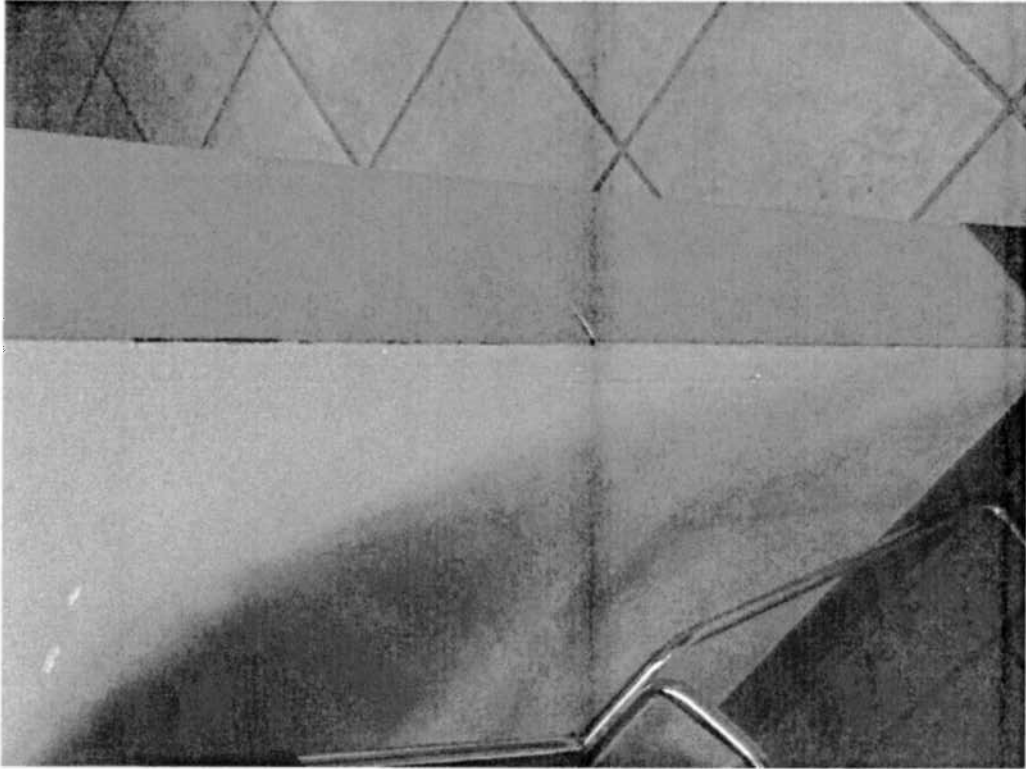
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your 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.

SCOPE OF WORK AND SPECIFICATIONS

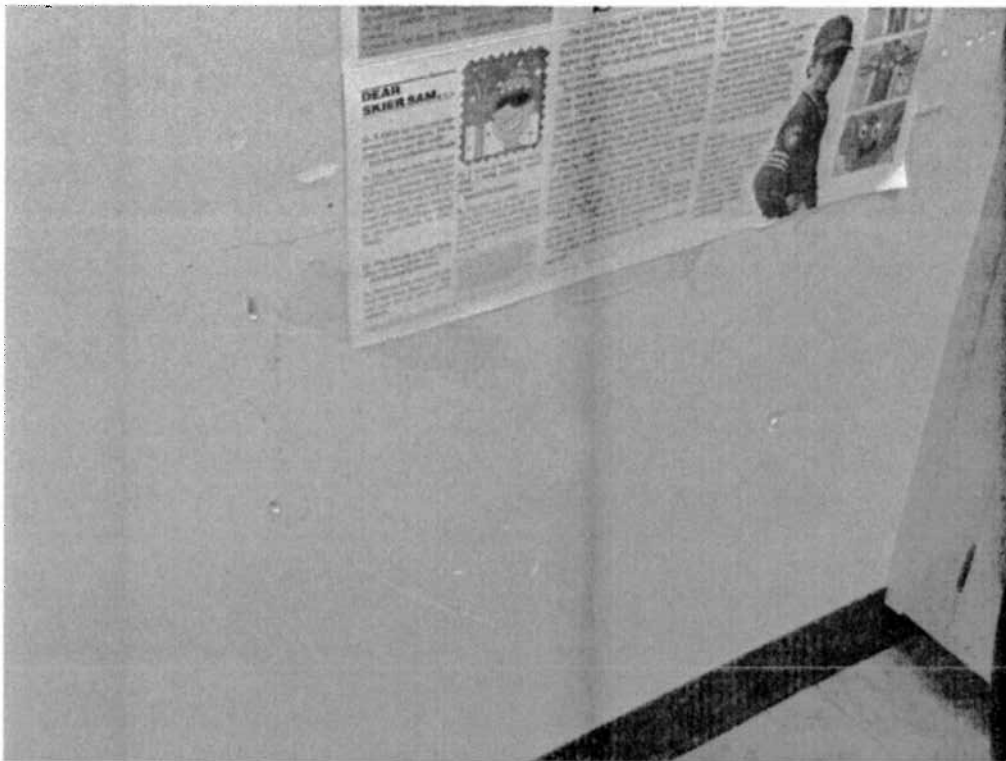
Furnish all labor, materials, taxes, tests, permits, dumpsters and final clean-up, etc. for renovations of the Bedford County Health Department building located at 140 Dover Street Shelbyville, TN 37160.

1. 4 Patient bathrooms completely remodeled with tile flooring, drywall, sinks, faucets and mirrors.
2. Lobby drywall replaced, fixed, or patched where needed. (Examples attached)





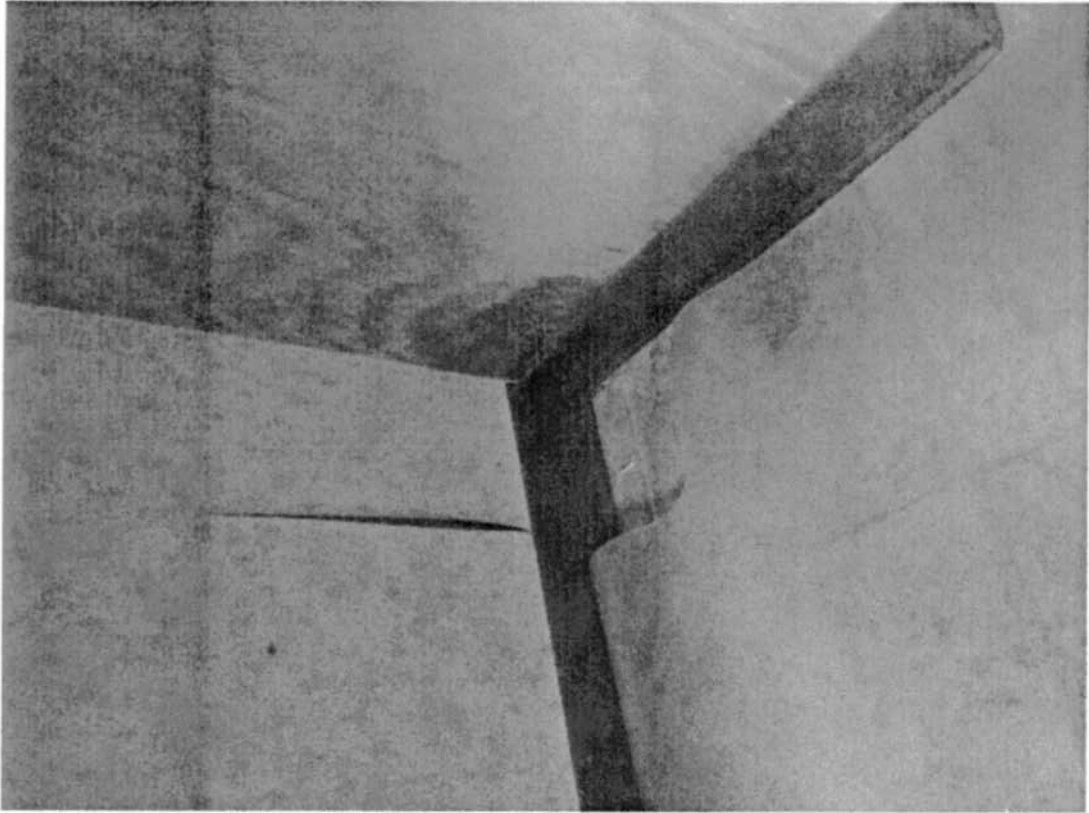
3. All clinic room drywall replaced, fixed or patched where needed. (see photos)



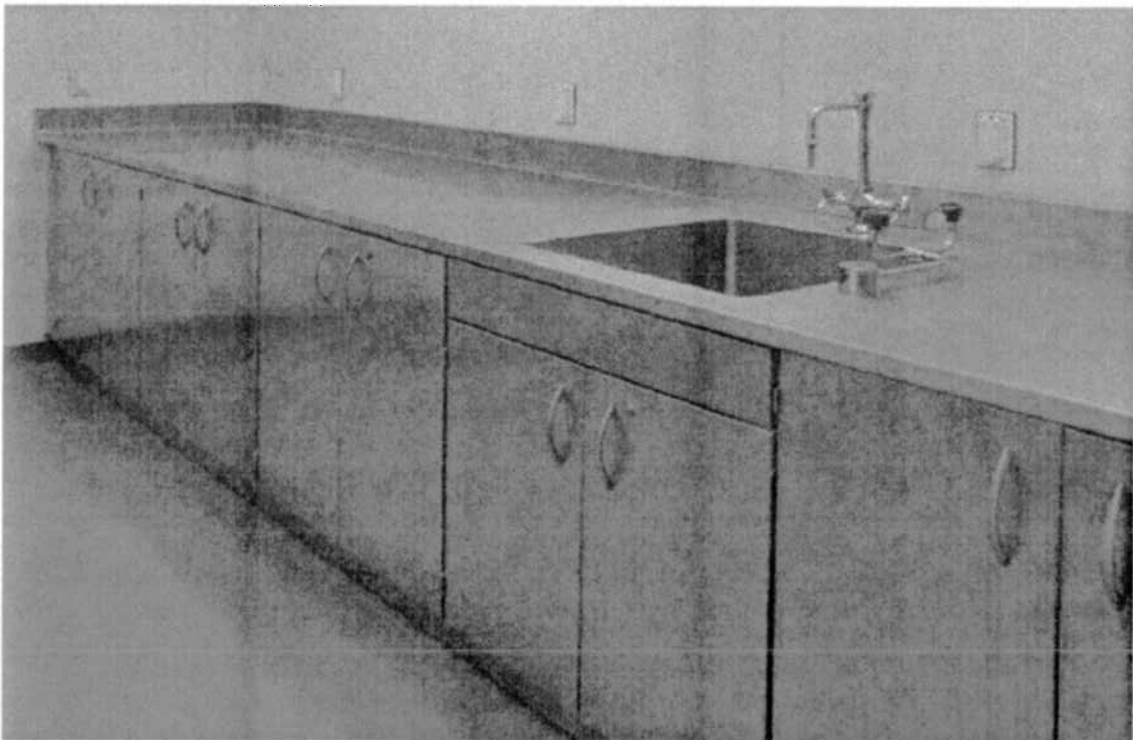


4. Replace all rotten or molded materials in HUGS/CSS office, hemoglobin room, and lab room.





5. Replace counter top in lab room with stainless steel material. (Ex: Attached)



6. Replace broken lab cabinets.



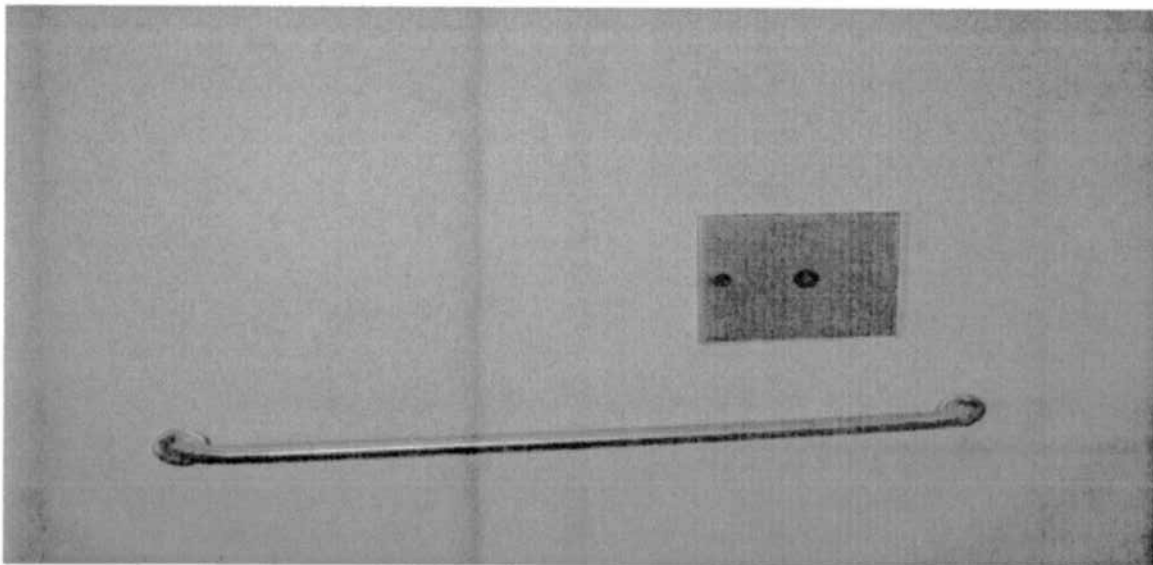
7. Remove border, remove wallpaper, and paint interior of entire building.

8. Replace all soap, hand towel and wall mounted fixtures after completion of painting.

9. Replace light on admin hall and replace any lights that are not working.

10. Paint front foyer.

Patient Restrooms in clinic area will require a pass through for specimens (see photo).



All restrooms will be outfitted with new commercial pressure assisted ADA compliant toilets, new sinks and fixtures.

All walls will need to be stripped of wall paper and border and painted.

Paint is to be of high quality, scratch resistant and washable.

Previous medical office construction strongly preferred. Please visit site to determine your bid. The Health Department must remain open to the public during business hours of 8:00 am-4:30pm Monday through Friday. Work will need to be scheduled around these hours.

All colors and finishes TBD by County Director.

PROPOSAL FORM

**TO: Bedford County Department of Finance
200 Dover Street, Suite 102
Shelbyville, Tennessee 37160**

Re: Bid No. 17-24

Gentlemen:

Having examined the specifications for Renovations to the Bedford County Health Department, we (I) submit the following proposal:

Total Bid Price \$ _____

Company Name: _____

Mailing Address: _____

Signature and title of bidder: _____

Date: _____

Telephone Number: _____

Email: _____