

Macon Bibb County Urban Development Authority

REQUEST FOR PROPOSALS For

Design Services for Government Offices at the Macon Mall

Issued:

January 12th, 2022

Section 1. General Information

Introduction:

In January of 2022, the Macon Bibb County Urban Development Authority, in partnership with the Macon-Bibb County Consolidated Government, acquired the majority of the property known as the Macon Mall located at 3661 Eisenhower Parkway Macon, GA 31206. The acquisition was undertaken as part of a strategy to revitalize the Mall as a mixed-use facility and spur economic opportunity in the surrounding neighborhood. The first phase of this project is to locate several government offices in the facility.

Purpose of RFP:

The MBCUDA is soliciting requests for proposals from qualified architects to coordinate and design several governmental offices in the existing Macon Mall facility. This multi-year phased project will include planning for multiple former stores and converting the area into a government services complex. Up to 104,432 sq. ft. of space is intended to be converted on this contract, but the number of offices and total sq. ft. is subject to change throughout the project. The following offices are intended to be or potentially will be included:

- Macon Bibb County Board of Elections
- Macon Bibb County Planning and Zoning
- Macon Bibb County Business Development Services
- Macon Bibb County Economic and Community Development
- Middle Georgia Regional Commission

The successful architect will enter into a retainer contract to design and manage the above projects.

Key Dates:

RFP Release Date: 1/12/2022

Questions Due: 1/24/2022

Site Walkthrough: 1/19/2022

Proposal Due Date: 2/10/2022

Submittals:

Along with the included required submittal documents, bidders shall provide the following:

1. A Statement of Qualifications on the company's history with similar project
2. A cost proposal
3. A timeline for completion.

Proposals shall be submitted by mail or hand delivery by the close of business on February 10th, 2022.
The address for submittals is:

Macon Bibb County Urban Development Authority
200 Cherry St, Ste 100
Macon, GA 31201

Questions:

Any questions regarding this RFP shall be submitted to Alex Morrison, executive director of MBCUDA in via email at Amorrison@maconbibb.us. All questions will be aggregated and answers shared with all interested bidders.

Letter of Interest:**Selection Process:**

MBCUDA intends to select the architect most capable of delivering the project in a timely manner, not necessarily the lowest bidder on the project. Scoring will be as follows:

Timeline 40pts

Firm History and Capacity 40pts

Cost 15pts

Local Preference 5 pts

Total 100pts

Attachment "A"
Required Submission Documents

BIDDER INFORMATION	
Company Name:	
Company Address:	
Authorized By (typed or printed name):	
Title:	
Authorized Signature:	Date:
Telephone Number:	
Fax Number :	
Email Address:	
Company's Web Page:	

REMITTANCE INFORMATION (where payments should be sent)			
Remit to Name:			
Remit to Address:			
City:	State:	Zip:	County:
Phone:	Fax:	Toll Free:	
Contact:		Email:	
Tax ID: <input type="checkbox"/> SSN _____ Federal Tax ID _____			
Business Type: <input type="checkbox"/> Individual <input type="checkbox"/> Business <input type="checkbox"/> Misc.			

PURCHASE ORDER INFORMATION (where purchase orders should be sent)			
Purchase Order Name:			
Purchase Order Address:			
City:	State:	Zip:	County:
Phone:	Fax:	Toll Free:	
Contact:		Email:	
Payment Terms: Discount _____ % No. Days _____ Net Due _____			
Freight Terms: Ship Via: _____ FOB _____			

MBE/DBE/WBE STATUS (check appropriate box(es))			
<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Asian American
<input type="checkbox"/> Disabled	<input type="checkbox"/> Veteran	<input type="checkbox"/> Woman-Owned	<input type="checkbox"/> Not-Applicable

Attachment "A"
Required Submission Documents

BIDDER QUALIFICATION FORM

Company Name: _____

Address: _____

When Organized: _____ Where Incorporated: _____

How many years have you engaged in business under the present firm name? _____

Credit available for this contract? _____

Contracts now in hand? _____

Has bidder ever refused to execute a contract at the original bid amount? _____

Has bidder ever been declared in default on a contract? _____

Comments: _____

Company Name: _____

Authorized By (typed name): _____

Authorized Signature: _____

Title: _____ Date: _____

References

Following is a reference list of contracts that are similar to this project:

<u>NAME OF PROJECT/DATE</u>	<u>LOCATION</u>	<u>CONTACT</u>	<u>PHONE #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

_____, DAY OF _____, 201____

My Commission Expires: _____

[NOTARY SEAL]

Notary Public

LIST OF SUB-CONTRACTORS

NAME/ADDRESS	TYPE OF WORK	% of Contract
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Contractor Name

BIDDER MINORITY PARTICIPATION GOAL
(Attach additional pages if required.)

NAME/ADDRESS	TYPE OF WORK	% of Contract
--------------	--------------	---------------

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Contractor Name

Attachment "A"
Required Submission Documents

FINANCIAL & LEGAL STABILITY STATEMENT

Please check appropriate item(s):

☐ Firm has the financial capability to undertake the work and assume the liability required if awarded this solicitation.

☐ Firm has the legal capability to undertake the work and assume the responsibilities required if awarded this solicitation.

Pending litigations (if any) will not affect the firm's ability to perform on this contract, if awarded.

Company Name: _____

Authorized By (typed name): _____

Authorized Signature: _____

Title: _____ Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 201____ My Commission Expires: _____

[NOTARY SEAL]

Notary Public

Attachment "A"
Required Submission Documents

INSURABILITY STATEMENT

Please check appropriate item(s):

☐ By submission of this form, this firm confirms the ability to acquire and maintain the required levels of insurance as outlined in the bid document. It is the understanding of this firm that proof of Insurance must be provided prior to contract execution and maintained throughout the entire term of the contract.

Company Name: _____

Authorized By (typed name): _____

Authorized Signature: _____

Title: _____ Date: _____

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 201____ My Commission Expires: _____

Notary Public

[NOTARY SEAL]

Attachment "A"
Required Submission Documents



GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT

Contract No. and Name: _____

Name of Contracting Entity: _____

By executing this affidavit, the undersigned person or entity verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm, or corporation which is contracting with Bibb County has registered with, is authorized to participate in, and is participating in the federal work authorization program commonly known as E-Verify,* in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91.

The undersigned person or entity further agrees that it will continue to use the federal work authorization program throughout the contract period, and it will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the undersigned with the information required by O.C.G.A. § 13-10-91(b).

The undersigned person or entity further agrees to maintain records of such compliance and provide a copy of each such verification to Bibb County at the time the subcontractor(s) is retained to perform such service.

EEV/E-Verify™ User Identification Number

Date of Authorization

☐ Check if exempt

By: Authorized Officer or Agent
(Name of Person or Entity)

Date

Title of Authorized Officer or Agent

Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 201____

My Commission Expires: _____

Notary Public

[NOTARY SEAL]

* or any subsequent replacement operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603.