

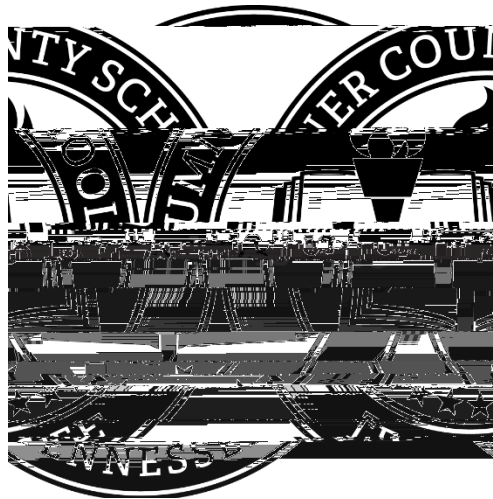
# REQUEST FOR PROPOSAL (RFP)

NUMBER: 20230209

## SUMNER COUNTY BOARD OF EDUCATION

*This solicitation document serves as the written determination of the SCS Purchasing Supervisor that the use of Competitive Sealed Proposals for this solicitation is in the best interest of SCS.*

RFP Title: **White House High Gym Floor Replacement REBID**



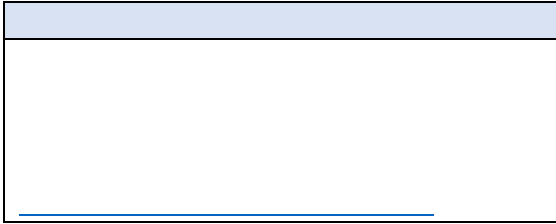
Purchasing Staff Contact:


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*Any alterations to this document made by the proposer may be grounds for rejection of proposals, cancellation of any subsequent award, or any other legal remedies available to the Sumner County Board of Education.*









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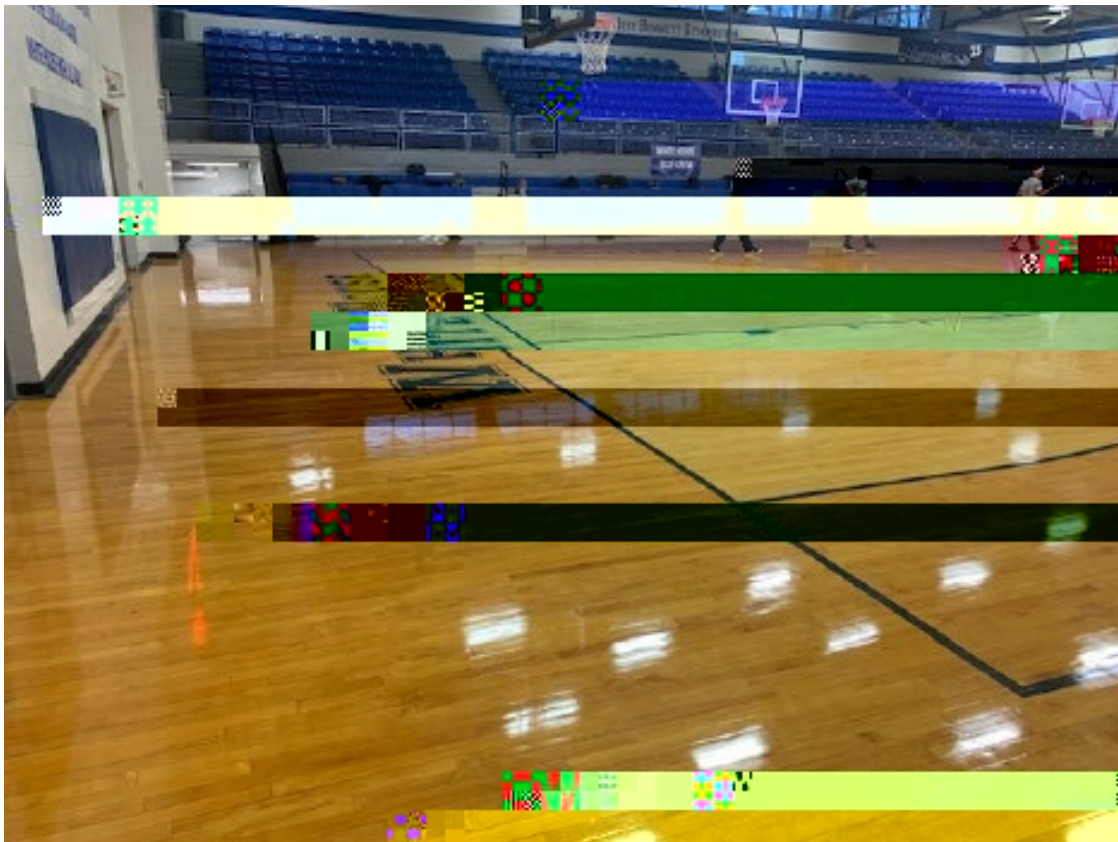
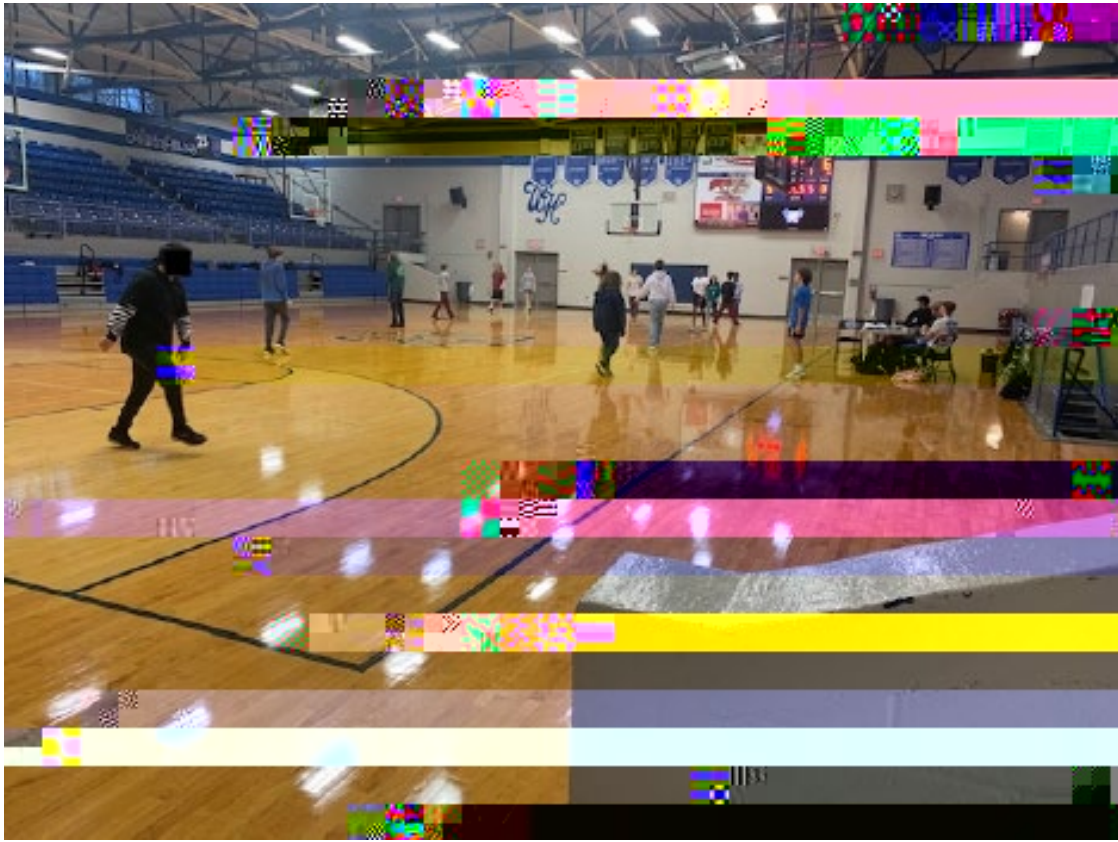
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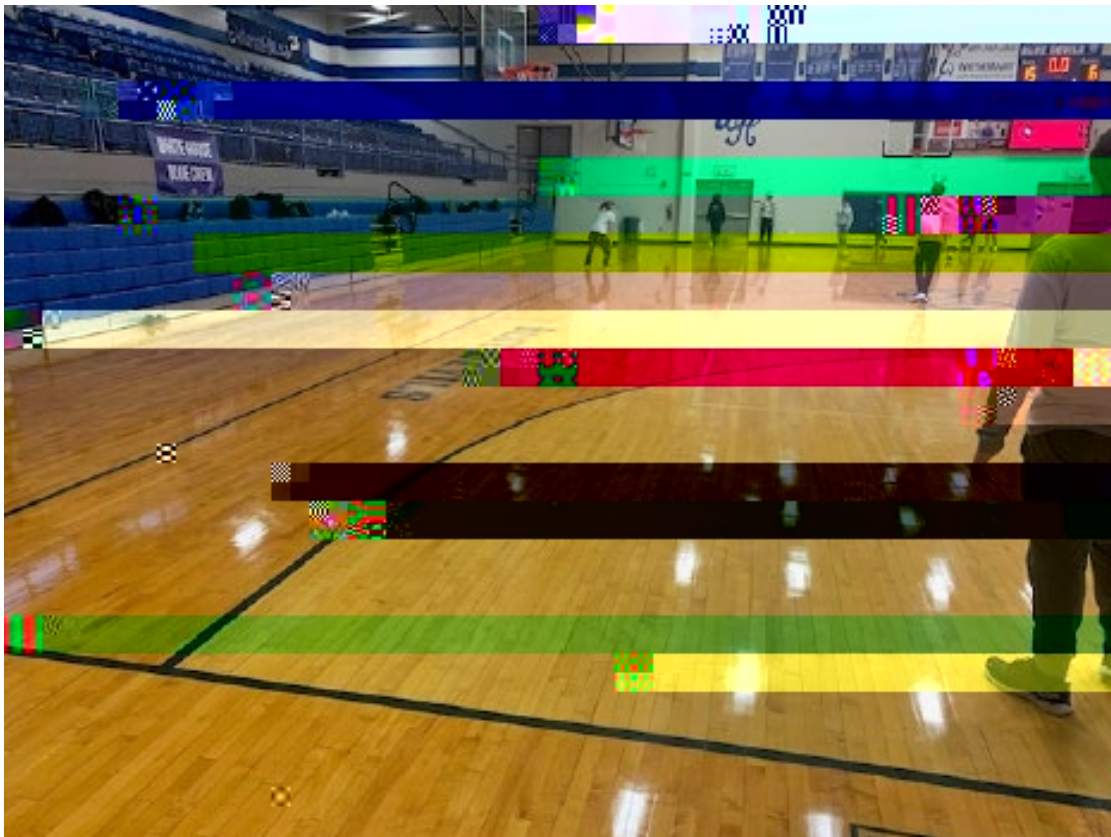
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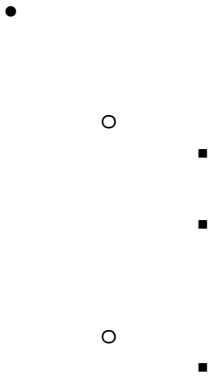
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20230209 White House High Gym Floor Replacement REBID













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**ATTACHMENT 6.1 – Contact Information**





ATTACHMENT 6.3 – References

1. Project Name/Location

2. Project Name/Location

3. Project Name/Location

4. Project Name/Location

*\*Proposers may copy this page and submit additional references*

ATTACHMENT 6.4 – Certification of Non-Collusion & Debarment or Suspension

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ATTACHMENT 6.5 – Attestation Re Personnel

ATTESTATION RE PERSONNEL USED IN CONTRACT PERFORMANCE

<i>or Social Security Number</i>	

The Contractor, identified above, does hereby attest, certify, warrant and assure that the Contractor shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor who will utilize the services of an illegal immigrant in the performance of this Contract, **T.C.A. § 12-3-309**.

*NOTICE: This attestation MUST be signed by an individual empowered to contractually bind the Contractor.*

**ATTACHMENT 6.6 – Drug Free Workplace Affidavit**

ATTACHMENT 6.7 – W9

<p>Form <b>W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service</p>	<p><b>Request for Taxpayer Identification Number and Certification</b></p>	<p>Give Form to the requester. Do not send to the IRS.</p>
<p>Print or type name (last, first, middle initial) and address (street, city, state, ZIP code) on separate lines. If different from above, check appropriate box for federal tax classification; check only one of the preceding levels below. <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"/> Other (specify in box) <input type="checkbox"/> Exempt organization (certain entities not individuals - see instructions on page 3) <input type="checkbox"/> Nonresident alien individual <input type="checkbox"/> U.S. citizen or resident alien individual claiming exemption from FATCA reporting (check if taxpayer uses treaty)</p>		



3. ACCEPTANCE AND AWARD.





ATTACHMENT 6.9 – Vendor Checklist