

CITY OF AUSTELL, GEORGIA

Addendum 1

For

FIRE STATION 72-TRAINING ROOM ADDITION/RENOVATION

RFP #26-001 FD

SUBJECT: Pre-Bid Meeting Minutes

DATE: June 29, 2026

General Notes:

The optional pre-bid meeting/site visit was held at the Fire Station 72- 5300 Austell Powder Springs Rd, Austell, GA 30106, on June 29, 2026, at 02:00 PM to discuss the Training Room Addition/Renovation project.

The following employees were in attendance representing the City of Austell:

Brandon Merrit, Fire Chief

Brent Worsham, Captain, C-Shift

Patricia Torres, Purchasing Specialist Clerk-Finance Department

The sign-in sheet for contractors is attached.

The Schedule of Events, "Section I INVITATION TO BID OVERVIEW AND PROCEDURES" was highlighted, specifically question and answer deadlines, and bid opening time and location. The scope of the job was discussed in detail. The group visited the fire station to view the structure where the project will be completed, and questions were addressed during the site visit. The information shared is listed below in the order it was discussed. Follow-up answers are included as well. This should be read in conjunction with "Section V. BID SPECIFICATIONS" in the bid document.

Q-1: Who is responsible for removing the doors, the tracks, and the fire sprinkler system?

A: The original company that installed them will remove them before the work starts.

Q-2: Where will the equipment currently inside be stored when work begins?

A: All equipment will be removed and stored at alternate locations. No vehicles will remain at the job site.

Q-3: Will floor be covered or protected to minimize damage? If so, who will be responsible for providing it?

A: Floor protection was not previously considered; however, the construction company will be responsible for providing and installing any required floor covering or protection.

Q-4: Does this renovation include finishing the interior walls and flooring?

A: No. The renovation includes only the framing, along with the new engineered wood trusses.

Q-5: Who is responsible for obtaining permits and coordinating inspections?

A: No permit is required because the project is for the City of Austell. Inspections must be completed by an independent engineering inspector.

Q-6: Can the City provide the original roof plans, including the wood truss drawings, for the fire station?

A: The city does not have the original roof plans. However, Truss Pros has already designed an engineered, stamped truss system for this project. Contractors may contact Truss Pros directly to request the available truss information.

Contact information:

Truss Pros Inc. — Dwight Webb, Office: 770-834-7000; Grady Reynolds; Email: [trussprosinc@yahoo.com](mailto:trussprosinc@yahoo.com)

City of Austell

FIRE STATION 72-TRAINING ROOM ADDITION/RENOVATION AT 5300 AUSTELL POWDER RD, AUSTELL, GA 30106

RFP #26-001-FD

Pre-Bid Conference

6/29/2026 02:00 PM

Representative	Company Name	E-mail address
Bob Wilkerson	Benning Construction	bwilker@austellga.com
Gene Anigogh	Benning Construction	kanigogh@benningcc.com
Dathan Rye	HEL Construction	dreye@helconstruction.com
Adam Vandy	Smyth-Vandy Gen. Contracting	adam@smythvandy.com
Zachary Collins	GENERA CONTRACTING	ADMIN@COLLUSCS.COM
Chaz Davis	Layne Davis Construction	chazodavis@laynedavisconstruction.com
Scott Ransom	Spartan Construction	ransom@spartanconstruction.com
Patrick Maxwell	MAXWELL ENTERPRISES	MAXWELL618@OUTLOOK.COM
Raul Carrillo	Remove & Replace Roofing	RAUL@REMOVE-ING.COM

CITY OF AUSTELL, GEORGIA  
 FIRE STATION 72-TRAINING ROOM ADDITION/RENOVATION  
 5300 Austell Powder Springs Rd, Austell, GA 30106  
 RFP #26-001 FD

**Cost Proposal**

Description	Quote in Words (i.e.: nine thousand, two hundred, fifty)	Numeric Quote (i.e.: \$9,250)
Demolition		\$
Structural Framing		\$
Mechanical		\$
Electrical		\$
Fire Protection		\$
Interior Build-Out		\$
Roofing		\$
Exterior		\$
<b>TOTAL</b>		\$

Contractor Owner/Officer \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Signature of Offeror \_\_\_\_\_

Printed Name of Above \_\_\_\_\_

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS THAT WE (Contractor) \_\_\_\_\_, as Bidder, hereinafter called the Bidder, and (Surety) \_\_\_\_\_, a corporation duly organized under the laws of the State of Georgia as Surety, hereinafter called the Surety, are held and firmly bound unto

**City of Austell, 5000 Austell Powder Springs Rd., Austell, GA 30106**

as Owner, hereinafter called Owner, in the sum of \_\_\_\_\_ Dollars ( \_\_\_\_\_ ), or \_\_\_\_\_ ( \_\_\_\_\_ %) percent of the amount bid, whichever is less, for the payment of which sum well and truly to be made, the said Bidder and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Bidder has submitted a bid for

**Fire Station 72-Training Room Renovation/Addition at 5300 Powder Springs Rd, Austell, GA 30106**

NOW, THEREFORE, if the Owner shall accept the bid of the Principal and the Principal shall enter into a Contract with the Owner in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Bidder to enter such Contract and give such bond or bonds, if the Bidder shall pay to the Owner the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2026.

**BIDDER**

**SURETY**

\_\_\_\_\_(Seal)

Bidder's Name and Corporate Seal

\_\_\_\_\_(Seal)

Surety's Name and Corporate Seal

By: \_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Signature (Attach Power of Attorney)

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Print Name/Title

Witness: \_\_\_\_\_  
Signature

Witness: \_\_\_\_\_  
Signature

### ADDENDA ACKNOWLEDGEMENT

The Bidder has examined and carefully studied the Specifications and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. _____	Dated _____	Acknowledgement _____	_____
Addendum No. _____	Dated _____	Acknowledgement _____	<i>Initial</i>
Addendum No. _____	Dated _____	Acknowledgement _____	<i>Initial</i>
Addendum No. _____	Dated _____	Acknowledgement _____	<i>Initial</i>
Addendum No. _____	Dated _____	Acknowledgement _____	<i>Initial</i>
Addendum No. _____	Dated _____	Acknowledgement _____	<i>Initial</i>

## CONTRACTOR AFFIDAVIT & AGREEMENT UNDER O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of The City of Austell, Georgia, has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the provisions and deadlines established in O.C.G.A. §13-10-91, as amended.

Furthermore, the undersigned will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. §13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

Name of Contractor: \_\_\_\_\_

Name of Project: \_\_\_\_\_

Name of Public Employer: The City of Austell, GA

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 2026, in \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 2026.

\_\_\_\_\_  
Notary Public

My Commission Expires:

SYSTEMATIC ALIEN VERIFICATION FOR ENTITLEMENTS (SAVE) PROGRAM

O.C.G.A § 50-36-1(E)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a supplier of goods/services, as referenced in O.C.G.A. § 50-36-1, from The City of Austell, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

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 and lawfully present in the United States 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:

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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/Title of Applicant

SWORN TO AND SUBSCRIBED  
BEFORE ME THIS THE  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 2026.

NOTARY PUBLIC  
My Commission Expires:

## Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)
	<b>2</b>	Business name/disregarded entity name, if different from above.
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____
	<b>4</b>	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.
	<b>6</b>	City, state, and ZIP code
	<b>7</b>	List account number(s) here (optional)
		Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* 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 for Part II, later.

<b>Sign Here</b>	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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they