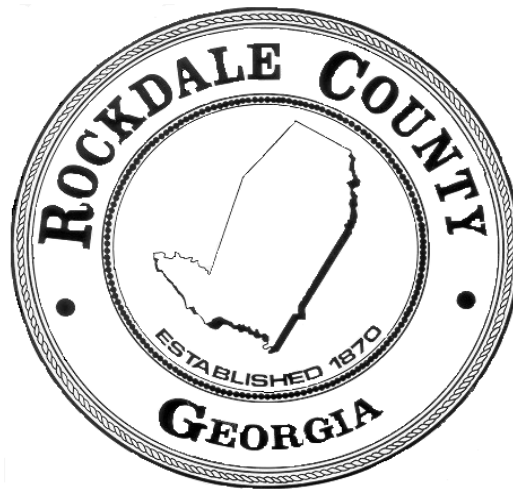


ROCKDALE COUNTY, GEORGIA

PREFERRED VENDOR LIST APPLICATION #22-19

**ARPA Program – Senior Services
For the Rockdale County
General Services Department
Division of Senior Services**



**Rockdale County Finance Department
958 Milstead Avenue
Conyers GA 30012
770-278-7552**

Rockdale County is accepting applications for the Preferred Vendor List for the Senior Services ARPA Program.

The American Rescue Plan Act (ARPA) was funded to assist persons in during or recovery from the COVID pandemic.

Completing this application is not a guarantee of work. Applications will be reviewed and kept on file with Rockdale County Finance. Vendors meeting criteria will be listed on the preferred vendor list.

If a project is available that fits into your indicated scope of work, you may be contacted to submit a written quote. It is very important that the applicant keep an active up to date email on file with the program as this will be the main source of communication concerning potential projects.

If selected for a specific project, the name of the technician(s) or laborer(s) assigned to the job, if different from the applicant, must be identified prior to starting work.

Rockdale County provides equal opportunity for all persons or businesses and does not discriminate against any person or business because of race, color, religion, sex, national origin, and handicap or veteran status. This policy ensures all segments of the business community have access to supplying the goods and services needed by Rockdale County.

PURCHASING CONTACT FOR THIS REQUEST:

All questions concerning this invitation and all questions arising subsequent to award are to be addressed to the Purchasing Office at the following address:

Rockdale County Finance Department
Attn: Shadawna Pacley
958 Milstead Avenue
Conyers, GA 30012
Phone: (770) 278-7557, Fax: (770) 278-8910
E-mail: Shadawna.Pacley2@rockdalecountyga.gov

To maintain a "level playing field", and to assure that all proposers receive the same information, proposers are requested **NOT** to contact anyone other than the contact above. Doing so could result in disqualification of the proposer.

COPIES FOR EVALUATION:

One (1) original hard copy of application will be required for review purposes. Applications will be received at the Rockdale County Finance Department, 958 Milstead Avenue, Conyers, GA 30012; Attn: Meagan Porch or by email to Shadawna.Pacley2@rockdalecountyga.gov.

TERM:

The application process is open all year and applications may be submitted at any time during the calendar year. Approved vendors will remain on the list through the end of the ARPA program.



Rockdale County – Dept. of General Services Senior Services Division
PREFERRED VENDOR APPLICATION for ARPA Program – Senior Services

INSTRUCTIONS: *Print or type name exactly as it appears on your driver's license (must be 18 years of age or older to apply).*

APPLICANT'S INFORMATION					
Applicant's Name (Last, First, M.I.)		Full Social Security No.		Driver's License Number	
Street Address		County of Residence		Date of Birth	Sex/Race
City	State	ZIP	Occupation		
Home Telephone ()		Cell Telephone ()		E-Mail	
Business / Organization (if applicable)		Business Telephone ()		Business Mobile / Cell Telephone ()	
Business Address		County of Operation			
City	State	ZIP	Website URL (if applicable)		
Do you have any disabilities (<i>this information is voluntary and will be used for statistical purpose only</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO					
Provide business licenses or certifications. (attach copies of licenses)					
Give two references who may have knowledge of your qualifications or work. (<i>include name, address, phone and email</i>)					
1. Name _____ Phone _____ Email _____					
Street Address _____ City _____ State _____ Zip _____					
2. Name _____ Phone _____ Email _____					
Street Address _____ City _____ State _____ Zip _____					
Have you ever been convicted?					
of a Misdemeanor (including moving violation) <input type="checkbox"/> YES <input type="checkbox"/> NO					
of a Felony (if yes, explain _____)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
(if yes, explain _____)					

I hereby certify that the statements on this application are true. I understand certification can be denied by Rockdale County if information has been falsified, misleading or incomplete. I grant permission for Rockdale County to complete a background check to verify information provided.

Signature of Applicant

Date



Rockdale County – Dept. of General Services Senior Services Division
PREFERRED VENDOR APPLICATION for ARPA Program – Senior Services

Supplemental Information

Applicant Name: _____

1. Give a brief explanation of your interest to become a preferred vendor for this program.

2. The ARPA Program - Senior Services is expected to operate for FY 2022-2024. Indicate your availability and advanced notice needed to start a project.

a) Describe your general availability: *(i.e., Monday-Friday, weekends, certain times of day)*

b) Advance notice generally required to start a project: *(i.e., one day, several days, one week, month, etc.)*

3. Indicate your scope of work. (check all that apply)

- ☐ Deck repair
- ☐ Drywall and wall repair
- ☐ Electrical *(license required)*
- ☐ Flooring
- ☐ HVAC *(license required)*
- ☐ Roof repair
- ☐ Painting
- ☐ Plumbing and Water Heaters *(license required)*
- ☐ Ramp building/installation
- ☐ Yard clearing/cleanup *(not landscaping or regular yard maintenance)*
- ☐ General home repair
- ☐ Other *(describe)* _____

ROCKDALE COUNTY SHERIFF'S OFFICE
GEORGIA BUREAU OF INVESTIGATION
GEORGIA CRIME INFORMATION CENTER (G.C.I.C.)
CONSENT FORM



PLEASE PRINT CLEARLY

I hereby authorize		Rockdale County Senior Services			
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.					
Full Name: (First, Middle, Last)					
Street Address:					
City:			State:		Zip:
Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Race:
Date of Birth: (mm/dd/yyyy)					
Social Security Number:					
Signature:					
Date:					
Special Employment provisions (check if applicable):					
<input type="checkbox"/>	Employment with mentally disabled (Purpose code "M")				
<input type="checkbox"/>	Employment with elder care (Purpose code "N")				
<input type="checkbox"/>	Employment with children (Purpose code "W")				
<input type="checkbox"/>	Vendor or contractor at a criminal justice agency, who are NOT involved with the actual administration of criminal justice at the agency (Purpose code "C")				
<input type="checkbox"/>	Employment with firefighter agency, public/private agency, licensing, adoption/foster parent, individual records, public housing (Purpose code "E")				
ONE OF THE FOLLOWING MUST BE CHECKED:					
<input checked="" type="checkbox"/>	I, the above signed, do give consent to the above named person/company/agency to perform periodic criminal history checks for the duration of my employment with person/company/agency.				
<input type="checkbox"/>	This authorization is valid for 90 days from date of signature.				
<input type="checkbox"/>	This authorization is valid for 180 days from date of signature.				
<input type="checkbox"/>	This authorization is valid for _____ days from the date of signature.				