



INVITATION TO BID

March 19, 2026

The City of Bainbridge will receive sealed bids for Atmospheric Corrosion and Natural Gas Leak Survey, as described in the attached specifications until Monday, April 20, 2026, at 11:00 A.M. Eastern Standard Time and will be opened publicly and read aloud. Prices quoted must include all delivery charges to Bainbridge, Georgia.

Bids shall be addressed to the attention of Brenda Strickland, Purchasing Agent, City of Bainbridge, (US Postal Service) P.O. Box 158 (Zip Code 39818), (Courier Service/Hand Delivered) 1501 Pierce Street, Bainbridge, Georgia 39817, and plainly marked on the outside of the envelope "SEALED BID FOR SURVEY". We will not accept any bids unless it is plainly marked on the outside of the envelope as requested.

Bidders must complete all blanks on the enclosed Bid Form and Bid Specifications, or the bid may be subject to rejection. No bid will be entertained unless it is prepared upon the City of Bainbridge Bid Form and signed in ink by an official of the company submitting the proposal.

All prices quoted shall be firm for a period of 30 days from bid opening. The City of Bainbridge requires a minimum of 30 days to make payment to successful vendor after receipt of goods. However, cash discounts for early payment will be taken into consideration. If such a discount is available, please note this in your bid proposal.

The City of Bainbridge reserves the right to accept or reject any part of or all bids, and to waive technicalities or formalities in bidding, and the right to negotiate with low bidder to reach a final contract, and to accept the bid deemed to be in the best interest of the City.

Local Procurement Preference: A local preference of 2% for qualifying Decatur County Business will be permitted when evaluating bids for supplies, equipment, materials, and personal services that are not a part of a construction project.

We welcome your proposal.

Sincerely,

A handwritten signature in cursive script that reads "Brenda Strickland".

Enclosures: Bid Form (2 Pages)
Specifications: (4 Pages)

Brenda Strickland
Purchasing Agent

BID FORM

CITY OF BAINBRIDGE, GEORGIA

BID FOR TESTING/LEAK SURVEY

(Remember to fill in all blanks)

QUANTITY AND DESCRIPTION

TOTAL BID PRICE

Approximately 1,400 Services for Atmospheric Corrosion Testing \$ _____

Approximately 86.865 miles of Main and 1,400 Services for Leak Survey \$ _____

GRAND TOTAL BID \$ _____

If awarded bid, a cash discount of _____ will be allowed on Bid Price if paid within _____ days after services are completed for the City of Bainbridge.

Successful Bidder is required to provide a Performance Bond issued by an approved surety company in the amount equal to the grand total bid.

Testing and surveys of similar type have been furnished to: (List three and give length of time at each location. Include phone numbers and contact person. If available, list cities or counties in Georgia.)

1. _____
2. _____
3. _____

DELIVERY

If awarded bid, the City of Bainbridge will have received the testing and leak survey in _____ minimum days, _____ maximum days after order is placed.

Exceptions to specifications: _____

The above in accordance with Specifications and Invitation to Bid dated March 19, 2026.

AUTHORIZED SIGNATURE: _____

BID FORM

CITY OF BAINBRIDGE, GEORGIA

BID FOR TESTING/LEAK SURVEY

(Remember to fill in all blanks)

The undersigned certifies that the bid invitation and specifications have been reviewed; and understands that once the opening begins, a bid cannot be withdrawn for modifications.

FIRM NAME: _____

ADDRESS: _____

_____ ZIP _____

NAME AND TITLE OF PERSON SUBMITTING BID (Please Type or Print Legibly)

TELEPHONE: _____

DATE: _____

EMAIL: _____

E-VERIFY #: _____

AUTHORIZED SIGNATURE: _____

THIS IS NOT A PURCHASE ORDER

SPECIFICATIONS: Atmospheric Corrosion Testing and Natural Gas Leak Survey.

Each bidder is required to fill in every blank. Failure to do so can be used as basis for rejection of bid.

THE JOB HAS TO BE COMPLETED BY THE END OF JUNE 2026.

GENERAL INFORMATION

Each bidder must indicate his/her compliance with these specifications by marking "YES" or "NO" in the appropriate column for each paragraph of these specifications, indicating "YES" to a paragraph will mean full compliance; indicating "NO" will mean an exception is being taken. All exceptions must be fully explained on a separate page titled "Exceptions", giving reference to the page and paragraph where the exception is being taken. Failure to comply with this requirement can be used as basis for rejection of bid.

Bidder Complies

SERVICES: ATMOSPHERIC CORROSION

- An Atmospheric Corrosion Survey shall be performed on approximately 1,404 services. Y N
- A complete report shall be submitted for the Atmospheric Corrosion Survey. Y N

SERVICES: NATURAL GAS LEAK SURVEY

- A portable flame ionization or approved equal survey shall be performed. State what you offer: _____ Y N
- The survey shall cover the atmospheric surface over all transmission lines, distribution mains, service lines or any part thereof as outlined in this document and as directed by the City of Bainbridge. Y N
- Leaks located by the flame ionization method of continuous atmospheric sampling along survey route for combustible fuels in the atmosphere shall be pinpointed and the percentage of gas in the atmosphere by use of a combustible gas indicator. Y N
- "Grade I" leaks shall be reported to the City immediately. Y N
- A complete report shall be submitted to the City and shall include such items as classifications of leaks discovered, number of each type, and locations of each leak. Y N

ANTI-DRUG AND ALCOHOL MISUSE PREVENTION PROGRAM

- Bidder must have an Anti-Drug Program and Alcohol Misuse Prevention Program in compliance with the Department of Transportation Anti-Drug Program pursuant to the Pipeline Safety Regulation, Code and Federal Regulation, title 49 (49 CFR), Part 199 and Operator Document pursuant to Pipeline Safety Regulation 49 CFR, Part 192.805. Y N
- The Contractor must submit the City of Bainbridge with a copy of their Anti-Drug/Alcohol Misuse Prevention Program with his/her bid. Y N

- The Contractor is required to provide information on his/her employees who will perform covered functions for the operator. This information will include the name and job title of the employee who will perform any work of functions covered by Part 199 under that contract. Y N
- All contractors will be required to submit drug testing statistical information prior to performing any work. Y N
- The City of Bainbridge will maintain a complete file on each contractor's statistical drug testing reports. The City of Bainbridge will make available these reports when requested by the PHMSA Administrator, agency designated representative, or representatives of those state agencies under which jurisdiction the company operates. Y N
- The City of Bainbridge will add contractor personnel to the testing pool of its Anti-Drug and Alcohol Misuse Prevention Plan prior to allowing said contractor personnel to perform any Covered Function on Bainbridge's natural gas facilities. At the completion of the contracted work, the personnel will be removed from the pool. Y N

OPERATOR QUALIFICATIONS

- Operator Qualifications Certified plans, records and procedures must meet B31Q and GMA Standards. Y N
- Operator must have at least five years' experience. Y N

WORK HOURS

- Normal workday, 8 hours Y N
- Normal work week, 5 days (No weekends) Y N
- Downtime due to inclement weather shall not be charged to the City. Y N

INSURANCE AND BONDING

- Contractor shall be bonded and insured. Y N
- Contractor shall submit proof of product liability insurance issued by a company licensed to do business in Georgia, in the amount of One Million Dollars (\$1,000,000). Y N
- Contractor shall submit proof of workman's compensation insurance. Y N
- Contractor must furnish a copy of the certificates to:
City of Bainbridge Purchasing Agent
P.O. Box 158 (Zip Code 39818)
1501 Pierce Street (Zip Code 39817)
Bainbridge, GA

EXCEPTIONS TO THE BID

- All requested information in this Bid must be supplied with the bid, any exceptions shall be clearly identified, referencing page number and category of the bid. The written explanation shall include the scope of the exceptions and ramifications of the exceptions for the city, and the description of the advantages or disadvantages to the city as a result of such exceptions. The City, at its sole discretion, may reject any exception or specifications within the bid.

Y N

SILENCE OF SPECIFICATIONS

- The apparent silence of these specifications as to any specific detail or omission of a detailed description concerning any point shall be regarded as meaning that only the best commercial practice is to prevail, and that only workmanship of first quality is to be used. All interpretations of these specifications shall be made on this basis.

Y N

OBLIGATIONS OF THE CITY OF BAINBRIDGE

- An employee of the Cit of Bainbridge familiar with the services and underground piping system will guide and assist technician along gas pipelines until the work is completed.
- **BIDS DELIVERED VERBALLY OR BY ELECTRONIC MEANS, SUCH AS FACSIMILE AND EMAIL ARE NOT ALLOWED.**
- Except for otherwise provided in this bid, the City of Bainbridge reserves the right to retain all bid materials regardless of which bidder is selected. All bids and accompanying documents become the property of the City of Bainbridge.

REJECTION

- The City reserves the right to reject any and all bids, and to waive any informalities in bids received, to accept or reject any or all of the items bid, and to award the contract in whole or in part and/or negotiate any or all items with individual Bidders if it is deemed in the City's best interest. Moreover, the City reserves the right to make no selection if bids are deemed to be outside the City's fiscal constraint or not in the best interest of the City.
- The City reserves the right to award a contract, based on initial offers received from Bidders, without discussion and without conducting further negotiations. Under such circumstances, the acceptance of a proposal by the City shall be deemed to be an acceptance of an offer such that acceptance will be binding upon both parties. A proposing offer should therefore be based on the most favorable terms available from a price, business requirements and technical standpoint. Contractual commitments are contingent upon the availability of funds, as evidenced by award of contract. Once awarded, the contract will be the final expression of the agreement between the parties and may not be altered, changed, or amended except by mutual agreement.

ANTI-COLLUSION CERTIFICATION

The bidder certifies that this bid is made without prior understanding, agreement, or connection with any corporation firm, or person submitting a bid for the same product and that this bid is in all respects bona fide, fair and not the result of any act of fraud or collusion with another person or firm engaged in the same line of business or commerce. The bidder understands collusive bidding is a violation of Federal Law and that any false statement hereunder constitutes a felony and can result in fines, imprisonment, as well as civil damages. The bidder also understands that failure to sign this statement will make the bid non-responsive and unqualified for award.

Signed: _____ Date: _____

Name of Company: _____

INSURANCE REQUIREMENTS

Insurance: The bidder/offeror shall maintain adequate liability insurance, which shall protect and save harmless the City of Bainbridge, Georgia, its officials, employees, and volunteers from all suits and actions of every kind and description arising from injury or damage to persons and property in the prosecution of said work or in failure to properly safeguard same and shall include products and completed operations coverage.

The City of Bainbridge requires construction contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work on behalf of the City. Evidence of coverage needs to be provided prior to commencement of work by bidders/offerors. Coverage is compulsory for employees of 3 or more employees, including the employer.

The bidder/offeror shall have ten (10) days from notice of intent to award to provide insurance documentation. Failure to provide insurance documentation. Failure to provide the Certificate and forms within this period may be cause for the City to award a contract to the next responsive bidder/offeror and hold the original contractor liable for excess costs. All insurers providing the above coverage shall give the City thirty (30) days advance written notice in the event of any non-removal or cancellation of such insurance (10 days' notice for non-payment of premium). As confirmation thereof, the City must be furnished either a policy endorsement specifically providing for such notice, or a copy of the policy language that gives the City such assurance, or a statement on the insurance agent's, broker's, or insurer's letterhead that the City shall be given such notice.

TYPE INSURANCE COVERAGE

LIMITS

1.	Workers' Compensation Employer's Liability Bodily Injury by Accident	Statutory \$100,000.00 each accident
2.	Commercial General Liability	\$1,000,000.00 each occurrence \$2,000,000.00 aggregate
3.	Automobile Liability (Owned, hired, leased, and borrowed Vehicles)	\$100,000.00 each occurrence
4.	Professional Liability/E&O (if applicable)	\$2,000,000.00 each claim/occurrence \$2,000,000.00 aggregate
5.	Environmental/Pollution Legal Insurance (if applicable)	\$2,000,000.00 each occurrence \$2,000,000.00 aggregate

WORKER'S COMPENSATION

CERTIFICATE OF COVERAGE

The City of Bainbridge requires construction contractors and subcontractors to obtain and maintain workers' compensation insurance while performing work on behalf of the City of Bainbridge departments, institutions or agencies. This same requirement applies for work being performed on behalf of local governments.

Evidence of coverage needs to be provided prior to commencement of work.

This form is to be returned to the organization contracting the work.

The undersigned organization stipulates that it either:

A. Has workers' compensation insurance _____ Yes

Insurance Company: _____

Policy Expiration Date: _____

B. Is self-insured for worker's compensation _____ Yes

Title of Construction Contract: _____

Contract Number: _____

Signed By: _____

Title: _____

Firm Name: _____

Address: _____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No.1615-0047
 Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1: Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the Instructions.):					
	<input type="checkbox"/> 1. A citizen of the United States					
	<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
	<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)						
If you check Item Number 4., enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

Section 2: Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A	OR	List B	AND	List C
Document Title 1				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 2 (if any)		Additional Information		
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
Document Title 3 (if any)				
Issuing Authority				
Document Number (if any)				
Expiration Date (if any)				
				<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.				First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Brenda Stuchland