



## VENDOR REGISTRATION

In order to receive payment from the City of Grovetown, Georgia, a vendor must register with the City. Documents required as a part of the registration process include:

- Signed Vendor Registration Acknowledgement (this page)
- Vendor Information Form
- Signed Vendor Liability Agreement (attach appropriate proof of insurance)
- Signed Vendor Conflict of Interest Certification
- IRS form W-9
- Contractor E-Verify Affidavit (if necessary)
- Subcontractor E-Verify Affidavit (if necessary)
- SAVE Affidavit of Compliance with O.C.G.A. § 50-36-1, *et. seq.*

Invoices for payment will not be processed until the aforementioned documents are received at the address below:

City of Grovetown  
Attn: Accounts Payable  
P. O. Box 120  
Grovetown, GA 30813

All the information obtained via the vendor registration process will remain confidential and will only be disclosed to third parties as required by audits or if subpoenaed by a government agency or court of competent jurisdiction.

Periodic updates to this information will be requested by the Accounts Payable Department of the City of Grovetown, and failure to respond to such requests may delay payment of future invoices.

Note: The standard payment term for the City of Grovetown is net 30 days. We have partnered with Tyler Technologies, powered by Nvoicepay to issue payments electronically to our vendors. If you would like to enroll for ACH draft or virtual credit card (fees may apply), please use the enrollment link: <https://vendors.nvoicepay.com/enroll/CityGrovetown>.

### Acknowledgement

I hereby acknowledge that I have read and understand the vendor registration requirements of the City of Grovetown, and I affirm that the information provided by me is true and accurate to the best of my knowledge. Should the facts and information included within the provided documents change, the City of Grovetown will be notified at the above address as soon as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Printed Company Name: \_\_\_\_\_

Phone: 706-863-4576  
Fax: 706-396-2095

P. O. Box 120  
Grovetown, GA 30813

103 Old Wrightsboro Road  
Grovetown, GA 30813



## VENDOR INFORMATION FORM

Full Legal Name of Business/Company: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Remittance Address (if different from above): \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Federal Tax ID Number (EIN) or Social Security Number \*: \_\_\_\_\_

E-Verify Employer ID Number \*\*: \_\_\_\_\_

(Company Numerical ID Number: 4-6 numerical digits only)

Contact Name and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business License Number (if applicable): \_\_\_\_\_

Organization Type (Please circle one):

Individual	Domestic Corporation (LLC/LLP/INC)	Sole Proprietorship
Partnership	Government Agency	Other: _____

If an individual, are you a U.S. Citizen?                      Yes                      No

    If no, are you a resident alien?                              Yes                      No

    If no, are you a nonresident alien?                        Yes                      No

\* Federal Tax ID Number (EIN) or Social Security Number required by the Internal Revenue Service for reporting purposes. Payments cannot be processed without this information.

\*\* Federal and Georgia law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

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## VENDOR LIABILITY AGREEMENT

On behalf of \_\_\_\_\_ (“Vendor”), I acknowledge and agree to the following:

1. Vendor agrees to indemnify and hold harmless the City of Grovetown, Georgia, its elected officials, managers, directors, employees, volunteers and representatives from all liability, loss or damage which may arise from Vendor’s negligent services or actions and from the use of the City of Grovetown, Georgia premises by Vendor, its employees, representatives, or invitees.
2. Vendor shall possess a valid business license appropriate for services performed.
3. Vendor is responsible for providing Workers’ Compensation Insurance when required by law for employees, representatives, invitees, helpers, or workers hired by Vendor. A Certificate of Insurance showing proof of such coverage must be given to the City of Grovetown prior to commencement of any services.
4. For suppliers/contractors providing professional, technical and/or construction services, Vendor agrees to provide Commercial General Liability Insurance in the amount of at least \$1,000,000 combined single limit (\$2,000,000 aggregate) for bodily injury and property damage and name the City of Grovetown as additional insured. Such insurance shall be primary and noncontributing with any other insurance in effect for the City of Grovetown, Georgia. A Certificate of Insurance and Additional Insured endorsement must be provided to the City of Grovetown prior to the commencement of any services.
5. Should it be discovered that the Vendor has provided false or invalid insurance coverage documentation, the City of Grovetown, Georgia may withhold payments it deems necessary to pay for costs associated with engaging the Vendor (including but not limited to workers’ compensation coverage, etc.), if any.
6. Invoices must be submitted by completion of job or within 10 business days of job completion. Invoice must have an invoice number and may NOT be handwritten.

Signed by: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

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## VENDOR CONFLICT OF INTEREST CERTIFICATION

The City of Grovetown, Georgia seeks to avoid business relationships which might conflict, or appear to conflict, with the best interests of the City. The purpose of this form is to identify such potential relationships with Vendors.

**Note:** Responses in the affirmative to the questions below do not automatically preclude a vendor from doing business with the City. Evaluations of the responses will be made by the appropriate City personnel on a case-by-case basis. Steps to mitigate the conflict or perceived conflict may be required by the Vendor and/or City personnel as appropriate.

1. Does any current or former employee of the City of Grovetown, Georgia hold a financial interest of greater than 5% in your organization?  
Yes                                      No                                      Unsure
  
2. Does any immediate family member of a current or former employee of the City of Grovetown, Georgia hold a financial interest of greater than 5% in your organization?  
Yes                                      No                                      Unsure
  
3. Has your organization or any of its principals been debarred, suspended, or otherwise excluded by a duly authorized regulatory agency, or had a transaction with any such agency, terminated for any reason?  
Yes                                      No                                      Unsure
  
4. Have you ever performed services for the City of Grovetown under any other name?  
Yes                                      No                                      Unsure

If your response to any of the questions above is Yes or Unsure, please attach a separate sheet describing the situation.

### CERTIFICATION

I do hereby certify that all responses herein are true and correct to the best of my knowledge and belief. I understand that the City of Grovetown, Georgia reserves the right to modify or terminate immediately any Vendor or employee relationship (as appropriate) should it be discovered that the information provided herein was known to be false at the time of this certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Printed Company Name: \_\_\_\_\_

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## CONTRACTOR AFFIDAVIT AND AGREEMENT

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91 (b)(1), stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services on behalf of the City of Grovetown has registered with and is participating in a federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91.

Furthermore, the undersigned contractor 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:

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

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

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

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

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

\_\_\_\_\_  
BY: Authorized Officer or Agent

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS

THE \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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

My Commission Expires: \_\_\_\_\_

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**SAVE Affidavit of Compliance with O.C.G.A. § 50-36-1, et. seq.  
 “Verification of Lawful Presence within the United States”**

O.C.G.A. § 50-36-1, et. seq. requires that applicants applying for such things constituting a public benefit complete a signed and sworn affidavit verifying the applicant’s lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a United States citizen or legal permanent resident at least eighteen (18) years old.

\_\_\_\_ YES                      \_\_\_\_ NO                      IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. ***A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.***

O.C.G.A. § 50-36-1 provides that “Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of O.C.G.A. § 16-10-20.”

**I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.**

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Signature	Title	Date
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(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that \_\_\_\_\_ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_

Notary Public Signature

AFFIX SEAL My Commission Expires: \_\_\_\_\_

*All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. §50-36-2. Such documents include a valid Georgia issued Driver’s License or ID Card, a valid Driver’s license issued by another State, or an identification document issued by the United States Government.*

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