



CITY OF
FORESTPARK

MEMORANDUM

TO: Tarik Maxwell, Director
Recreation & Leisure Department

FROM: Talisa R. Clark, CPPO, Procurement Officer *T.C*
Department of Finance – Procurement

SUBJECT: RFB No. 051724 – Youth Sports Uniforms (Annual Contract)

DATE: July 25, 2024

Procurement has completed the evaluation of bids received for RFB No. 051724 Youth Sports Uniforms (Annual Contract). Two (2) bids were received. Procurement recommends award to the lowest, responsive, and responsible bidder:

Krown USA, Inc., 278 Laredo Drive, Decatur, Georgia 30030

ANNUAL AMOUNT NOT TO EXCEED: \$18,500.00

With your concurrence, please submit the award recommendation to Council for approval. Upon approval, Procurement and Recreation & Leisure will work collaboratively to complete the contract process to the awarded vendor.

Please let me know if you need further assistance from Procurement.

Thanks,

Attachments: Bidder's Bid Response, Bid Tabulation and Evaluation Report, and References Check Report

cc: John Wiggins, Director of Finance



CITY OF
FORESTPARK

Request For Bids

RFB NO. 051724

Youth Sports Uniforms for the City of Forest Park, Georgia

City of Forest Park

May 17, 2024

copy

SCOPE OF WORK

General Information

The City of Forest Park is located nine miles south of Atlanta and five miles east of Hartsfield-Jackson Atlanta International Airport. Forest Park is the largest city in Clayton County and centrally located in the northern part of the County. It is bordered on the west by I-75, to the north by the Mountain View/Conley areas and I-285, and to the southeast by Lake City and Morrow, Jonesboro, the county seat, is located directly south of Forest Park, Clayton County is included in the Atlanta Metropolitan Statistical Area and the ten county Atlanta Regional Commission (ARC). The city's population is approximately 19,823.

Project Description

This project consists of the furnishing of youth sports uniforms for the City of Forest Park's Recreation & Leisure Department. There are two sports seasons scheduled annually for the following youth sports and the tentative season schedules are listed below:

Sport Name	Season/Month
Cheerleading	Fall – September thru March
Girls Fast Pitch Softball	Spring – April thru June
Girl's Volleyball	Spring – April thru June
Soccer	Spring – April thru June
Soccer	Fall – September and October
Baseball	Spring – April thru June
Tee-Ball 4-5 Year Olds	Spring – April thru June
Youth Basketball	Winter – January thru March
Teen Summer League Basketball	Summer June and July
Flag Football	Fall – September and October

Bidder's Requirements:

1. The styles will include youth basketball Reversible Performance sleeveless Jerseys, youth flag football 100% Dri-Fit T-Shirt, youth volleyball 100% Dri-Fit long sleeve Shirt, and youth soccer t-shirts 100% Sublimated Jersey Shirt.
2. Colors: black, light blue, gray, green, maroon, navy, orange, purple, red, royal blue, yellow, and white.
3. Sizes: Youth small – X-large
4. Silk screened number on the back of jerseys and shirts.
5. Silk screened department logo in front of jerseys and shirts.

PRICE SCHEDULE SHEET

PRICE SCHEDULE				
ITEM NO.	ITEM DESCRIPTION	EST. QTY	UNIT COST	PERCENTAGE DISCOUNT
1.	Cheerleading Uniform Set Shell Top and Skirt	100	\$ <u>35.00</u>	_____ %
2.	Girl's Fast Pitch Softball Uniform Set Sublimated Jersey Shirt, Drawstring Pants, Socks, and Visor	50	\$ <u>28.00</u>	_____ %
3.	Girl's Volleyball Uniform Set Dri-Fit Long Sleeve T-Shirt Only	109	\$ <u>10.00</u>	_____ %
4.	Fall Soccer Uniform Set Sublimated Jersey Shirt, Shorts, and Socks	163	\$ <u>19.00</u>	_____ %
5.	Spring Soccer Uniform Set Sublimated Jersey Shirt, Shorts, and Socks	163	\$ <u>19.00</u>	_____ %
6.	Spring Baseball Uniform Set Sublimated Jersey Shirt, Drawstring Pants, Socks, and Hat	41	\$ <u>30.00</u>	_____ %
7.	Tee Ball Uniform Set Sublimated Jersey Shirt, Shorts, and Hat	40	\$ <u>26.00</u>	_____ %
8.	Youth Basketball Uniform Set Reversible Jersey Sleeveless Shirt and Shorts	40	\$ <u>28.00</u>	_____ %
9.	Teen Summer League Basketball Uniform Set Dr-Fit Short Sleeve T-Shirt Only	300	\$ <u>8.00</u>	_____ %

PRICE SCHEDULE

ITEM NO.	ITEM DESCRIPTION	EST. QTY	UNIT COST	PERCENTAGE DISCOUNT
10.	Flag Football Uniform Set 100% Dri-Fit T-Shirt and Shorts	20	\$ 14.00	_____ %
Screen Print/Logo/Design Set-up Charge <i>City logos provided for viewing purposes only.</i>				\$ NO CHARGES

NOTES TO BIDDER:

Minimum Uniform numbers for each sports season are for historical guidance and planning purposes only and are not a guarantee of units to be purchased. Successful bidders must be able to supply the minimum uniforms without backorders within the time frames required by this bid.

Bidders provide a catalog and price list for all uniform types listed on the price schedule or items that are deemed approved equivalents. Catalog and/or Price List must contain the following:

- Product name and part number (including both manufacturer part number and bidder's part number if different from manufacturers.
- Description
- Vendor's List Price
- Percent Discount off each item on the Vendor's List Price

Upon request, bidders will provide samples of all uniform pieces bided.

Successful bidder(s) will coordinate and schedule a fitting for uniforms prior to order completion.

FOREST PARK

RECREATION



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FOREST PARK



BID ACKNOWLEDGEMENT FORM


I, the undersigned, acknowledge that I have read the Bid Document in its entirety and agree to conform to its every requirement. I further acknowledge that failure to prepare, submit, or execute this bid in the exact manner requested will be just cause to reject my entire bid.

KROWN USA INC
Name of Business Entity Submitting Bid

AMJAD JAVAID C.E.O
Print Name and Title of Authorized Signer

278 Laredo Dr
Business Entity Street Address

Decatur, GA 30030
Business Entity City, State and Zip Code


Authorized Signature

404-822-7739
Contact Person's Phone Number

aj@krownsports.com
Contact Person's E-mail Address

DEKALB
Business Entity County

Bidder acknowledges addendum(s): No. 1 __, No. 2 __, No. 3 __ (If Applicable) AJ (Initial)

Bidder acknowledges that this bid is valid for 90 days from and including the bid opening date AJ (Initial)

Bidder acknowledges that bid meets or exceeds minimum specifications AJ (Initial)
Any deviation from minimum specifications must be explained, in detail, by the bidder as to how the bid does not meet the exact specifications.

Bidder acknowledgement of Revisions to the above Terms and Conditions:

- No revisions AJ (Initial)
- There are revisions and they are included with the bid submittal ____ (Initial)

The above acknowledgment must be properly signed and firmly attached to your bid. The acknowledgment becomes a part of your bid and without it your bid is not complete and will be subject to rejection.

THIS PAGE MUST BE RETURNED WITH YOUR BID. FAILURE TO SUBMIT THIS COMPLETED FORM WILL RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.

ATTACHMENT A

REQUIRED DOCUMENTS CHECKLIST

Bidder shall complete and submit the following documents with their bid:

Bid Page No.	Title	Check This Box If Included With Bid
27	Bid Acknowledgement Form*	✓
28	Required Documents Checklist – Attachment A	✓
29	Contractor Reference and Release Form* – Attachment B	✓
30	Subcontractor Reference and Release Form, if applicable** – Attachment C	
32	Contractor Affidavit* – Attachment D	✓
33	Subcontractor Affidavit, if applicable** – Attachment D	
34	Acknowledgement of Insurance – Attachment E	✓
35	Non-Collusion Affidavit – Attachment F	✓
36	Debarment, Suspension & Other Legal Matters Affidavit – Attachment G	✓
37	Local Small Business Diversity Program – Attachment H	

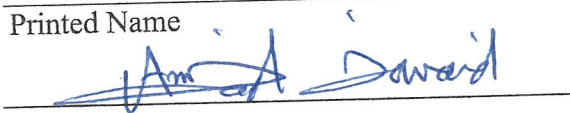
***If these mandatory forms are not completed and submitted with the bid, the bidder will be deemed non-responsive.**

****These forms are applicable if a subcontractor will be utilized to fulfill the requirements of this contract. If these forms are applicable, they must be completed and submitted along with the bid. Failure to submit these forms, if applicable, will result in the bidder being deemed non-responsive.**

I, the undersigned, acknowledge that I have included the requested documents as listed above.

AMJAD JAVAID

Printed Name



Signature

ATTACHMENT B

CONTRACTOR REFERENCE AND RELEASE FORM

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to perform the type(s) of product(s)/ service(s) listed in the solicitation.

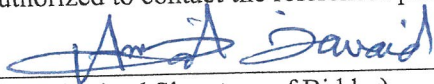
Company Name CITY OF DALTON	Contract Period 3 YEARS		
Contact Person Name and Title VICTOR RODRIGUEZ ATHLETIC COORDINATOR	Telephone Number (include area code) 706-463-2231		
Complete Primary Address 904 CIVIC DR	City	State	Zip Code
	DALTON	GA	30721
Email Address VRodriguez@daltonga.gov	Fax Number (include area code)		
Project Name and Description 2021-2024 (SOCCER UNIFORM, FOOTBALL UNIFORM, LACROSSE, BASEBALL)			

Company Name WHITFIELD COUNTY GEORGIA	Contract Period 3 YEARS		
Contact Person Name and Title RYAN HOLLINGSWORTH ATHLETIC COORDINATOR	Telephone Number (include area code) 706-671-9882		
Complete Primary Address 115 EDWARDS PARK	City	State	Zip Code
	DALTON	GA	30721
Email Address rhollingsworth@whitfieldcountyga.com	Fax Number (include area code)		
Project Name and Description 2021-2024 (SOCCER UNIFORM, FOOTBALL UNIFORM, LACROSSE, BASEBALL)			

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name and Description			

REFERENCE CHECK RELEASE STATEMENT

You are authorized to contact the references provided above for purposes of this RFB.

Signed  Title C.E.O
(Authorized Signature of Bidder)

Company Name KROWN USA INC Date 06-13-2024



Manufacturers & Wholesalers Sportswear

Basketball	Flag Football	Track & Field/Cross Country
Baseball	Tackle Football	Rugby
Cheers Leader	Lacrosse	Volleyball
Cricket	Soccer	Wrestling & Many Others

Parks and Recreation

We are a sportswear and wholesale company since 1986. We have expertise in 24 different sports including our inhouse services, artwork , screen printing ,digital printing (full Colour), embroidery & tackle twill. We have our own facility in Metro Atlanta and we are providing quality sportswear for decades. Our motto is "We deliver yesterday". We work in sportswear, staff wear, coaches' wear and employee wear.

Some of our references are:

- City of Dalton (Brandon Sane , 706-847-0943, BSane@daltonga.gov)
- Newtown Recreation (Brandon Allen , 678-860-3102, brandon@newtownrec.com)
- Warner Robin (Dedrick Early, 478-283-7366, dearly@wrga.gov)
- Columbia County (Jason English , 706-312-7415 , jenglish@columbiacountyga.gov)
- Gordon County (Craig Sparks , 706-676-1524 , csparks@gordoncounty.org)
- Cherokee County (Shawn Schumacher, 404-445-6932, srschumacher@cherokeega.com)
- City of Andalusia (Michael Hourel, 334-222-2714x3, Michael.Hourel@cityofandalusia.com)
- Opelika Park & Rec (Melissa Martin, 334-705-5560, mmartin@opelika-al.gov)

Please send us the new vendor package to register as your supplier.

Please add us to your Sportswear Bid List.

Alex Javaid
KROWN SPORTS
Cell 678-650-3007
alex@krownsports.com

KROWN SPORTS
278 Laredo Drive
Decatur GA 30030
1.800.54 KROWN

Tel : 404-377-8181
Fax : 404-370-1104
Email : info@krwnsports.com
Web : www.krownsports.com



Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows: (a) the Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program; (b) the Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof; (c) the Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof; (d) the Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract; (e) the Contractor will contract for the 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(a), (b), and (c); (f) the Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and (g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

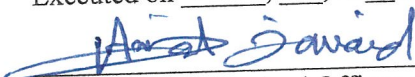
484769 Federal Work Authorization User Identification Number 01/06/2012 Date of Authorization (mm/dd/yyyy)

AMJAD JAVAID Name of Contractor (Legal Name of Offeror) RFB 051724 YOUTH SPORTS UNIFORMS Name of Project/Solicitation Number

KROWN USA INC Name of Public Employer

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

Executed on June, 13, 2024 in DECATUR (City), GA (State).


Signature of Authorized Officer or Agent

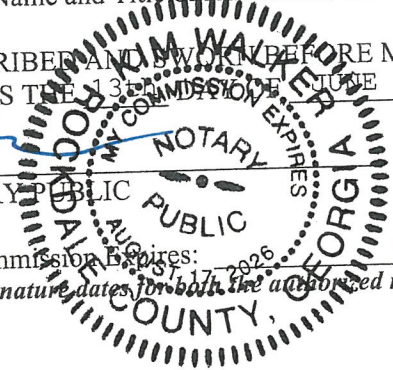
AMJAD JAVAID C.E.O
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS 13th DAY OF JUNE, 2024


NOTARY PUBLIC

My Commission Expires: 2026 8-17-26

*The signature dates for both the authorized representative and notary public must be the same.



ATTACHMENT E

Acknowledgement of Insurance

I AMJAD JAVAID on behalf of KROWN USA INC ("Proponent"), acknowledge that if selected as the successful Proponent for (enter project name and number) RFB 051724 YOUTH SPORTS UNIFORMS, Proponent shall comply with all insurance requirements for the project listed above and any other attachments to the RFB which pertain to insurance.

Proponents understands that it is expected to share these requirements with potential sureties and insurance brokers, agents, underwriters, etc. prior to the award of a contract and to take all necessary steps to ensure compliance with the applicable requirements without delay. The Proponent understands, acknowledges and agrees that any failure to fully comply with the insurance requirements within 10 days of the date the Proponent receives a final contract.

By executing this Acknowledgement of Insurance, I represent that the Proponent understands and agrees to comply unconditionally with all requirements. I represent that I am authorized to make the representation contained herein on behalf of the Proponent.



Signature of Authorized Officer or Agent

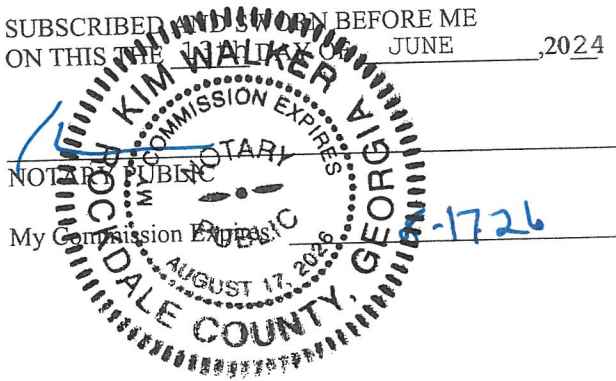
AMJAD JAVAID C.E.O

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 13 DAY OF JUNE, 2024

NOTARY PUBLIC

My Commission Expires



ATTACHMENT F

NON-COLLUSION AFFIDAVIT


The undersigned proponent or agent, being duly sworn on oath, says that he/she has not, nor has any other member, representative, or agent of the firm, company, corporation or partnership represented by him, entered into any combination, collusion or agreement with any person relative to the price to the RFB by anyone at such letting nor to prevent any person from submitting a RFB nor to include anyone to refrain from submitting a RFB, and that this RFB is made without reference to any other RFB and without any agreement, understanding or combination with any other person in reference to such RFB. He/She further says that no person or persons, firms, or corporation has, have or will receive directly or indirectly, any rebate, fee gift, commission or thing of value on account of such sale.

I HEREBY AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FACTS AND INFORMATION CONTAINED IN THE FOREGOING RESPONSE ARE TRUE AND CORRECT.

Dated this 13th day of JUNE, 2024

KROWN USA INC
(Name of Organization)

AMJAD JAVAID (Print Name) C.E.O (Title)


(Signature)

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to me this 13th day of JUNE, 2024.


Notary Public Signature

My Commission Expires AUGUST 17, 2026 8772 [SEAL]



ATTACHMENT G

DEBARMENT, SUSPENSION, AND OTHER MATTERS

The Proposer, KROWN USA INC, certifies to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal, State, or local department or agency;
2. Have not within a three-year period preceding this RFB been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or Contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with the commission of any of the offenses enumerated in paragraph (2) of this certification; and
4. Have not within a three-year period preceding this application/RFB had one or more public transactions (Federal, State, or local) terminated for cause or default.

Where the proposer is unable to certify any of the statements in this certification, such proposer shall attach an explanation to this RFB.

The proposer certifies or affirms the truthfulness and accuracy of the contents of the statements submitted on or with this certification.



Signature of Authorized Agent

AMJAD JAVAID C.E.O

Name/Title of Authorized Agent

Before me, a Notary Public, personally appeared the above named and swore that the statements contained in the foregoing document are true and correct.

Subscribed and sworn to before me this _____th day of JUNE, 2024.

Notary Public Signature

My Commission Expires: AUGUST 17, 2028 [SEAL]



FORM LSBD-1

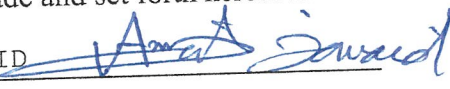
COVENANT OF NON-DISCRIMINATION

The undersigned understands that it is the policy of the City of Forest Park (COFP) to promote full and equal business opportunity for all persons doing business with the City. The undersigned covenants that we have not discriminated on the basis of a firm's revenue, employee count, social or economic disadvantages, minority, gender, or veteran status, with regard to prime contracting, subcontracting or partnering opportunities. The undersigned further covenants that we have completed truthfully and fully the required forms LSBD-2, LSBD-3 and LSBD-4. Set forth below is the signature of an officer of the RFB entity with the City of Forest Park to bind the entity.

I, AMJAD JAVAID (Name, Title), on behalf of
(Company), KROWN USA INC by my signature below, do
hereby promise:

1. To adopt the policies of the City of Forest Park relating to equal opportunity in contracting on projects and contracts funded, in whole or in part, with funds of COFP;
2. Not to otherwise engage in discriminatory conduct; To provide a discrimination-free working environment;
3. That this Covenant of Non-Discrimination shall be continuing in nature and shall remain in full force and effect without interruption; and
4. That this Covenant of Non-Discrimination shall be incorporated by reference into any contract or portion thereof which we may hereafter obtain.

We understand that our failure to satisfactorily discharge any of the promises of non-discrimination as made and set forth herein shall constitute a material breach of contract.

By: AMJAD JAVAID 

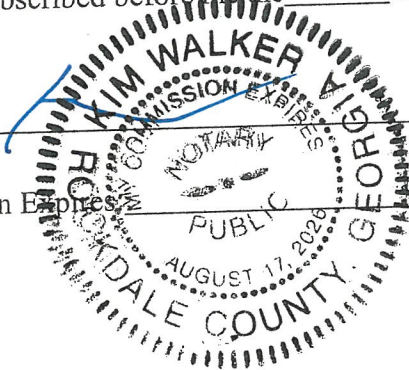
Title: C.E.O

Sworn to and subscribed before me the 13th day of JUNE, 2024.

Notary Public: _____

My Commission Expires _____ 8-17-26

[SEAL]



FORM LSBD-4

STATEMENT OF GOOD FAITH EFFORTS

Instructions:

If you will not meet the Local Small Business Diversity (LSBD) goal set forth in the RFQB, in addition to the information included on the LSBD Form 2 Sub-contractors Contact Form submitted with your RF, please provide a narrative explanation of why you cannot meet the LSBD goal and the steps taken to include LSBDs in your RFB. Describe specific actions (i.e. phone calls, etc.). Please provide copies of any solicitation notices sent, whether by email, fax or mail, and the amount of time given for response. Describe efforts to follow up initial communications. Identify the individuals from your organization who performed these activities. Attach additional pages as needed.

CERTIFICATION OF GOOD FAITH EFFORTS

I hereby attest that I have exercised good faith efforts to meet the Local Small Business Diversity goal for this RFB. Despite such good faith efforts, I have not been able to meet the LSBD goal for this RFB.

KROWN USA INC

(Name of Organization)

AMJAD JAVAID

(Print Name)



(Signature)

C.E.O

(Title)

06-13-2024

(Date)

FORM LSB-D-4 (Cont'd)
STATEMENT OF GOOD FAITH EFFORTS
Checklist

A Proponent that does not meet COFP's LSB-D participation goal is required to demonstrate that it made "good faith efforts." Please indicate whether or not any of the following actions were taken:

- | | Yes | No | |
|-----|-------------------------------------|-------------------------------------|---|
| 1. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Attendance at a pre-bid meeting, if any, scheduled by COFP to inform LSB-Ds of subcontracting opportunities under a given solicitation; Advertisement for solicitation of LSB-Ds in general circulation media, trade association publications, and minority- focus media, to provide notice of subcontracting opportunities. |
| 2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Advertisement in general circulation media at least seven (7) days prior to RFB opening any and all Sub-contractor opportunities. Proof of advertisement must be submitted with the RFB. |
| 3. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Provided interested LSB-Ds with timely, adequate information about the plans specifications, and other such requirements of the Contract to facilitate their quotation and conducted follow up to initial solicitations. |
| 4. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Provided written notice to LSB-Ds that their interest in subcontracting opportunities or furnishing supplies is solicited. Provided a contact log showing the name, address, email and contact number (phone or fax) used to contact the proposed certified sub-contractors, nature of work requested for quote, date of contact, the name and title of the person making the effort, and the amount of the quoted price if one was obtained. |
| 5. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Efforts were made to divide the work for LSB-D subcontracting in areas likely to be successful and identify portions of work available to LSB-Ds consistent with their availability. Include a list of divisions of work not subcontracted and the corresponding reasons for not including them. The ability or desire of a Proponent to perform the work of a contract with its own organization does not relieve it of the responsibility to make good faith efforts on all scopes of work subject to subcontracting. |
| 6. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Efforts were made to assist potential LSB-D sub-contractors to meet bonding, insurance or other governmental contracting requirements. Where feasible, facilitating the leasing of supplies or equipment when they are of such a specialized nature that an LSB-D could not readily and economically obtain them in the marketplace. |
| 7. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Utilization of services of available minority community organizations, minority contractor groups and other organizations that provide assistance in the recruitment and placement of LSB-Ds. |
| 8. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Communication with the COFP Procurement Department seeking assistance in identifying available LSB-Ds. |
| 9. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Exploration of joint venture opportunities with LSB-Ds. |
| 10. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other actions (specify): |

Please explain any "no" answers listed above (by number):

This list is a guideline and by no means exhaustive. The City of Forest Park will review these efforts, along with other documents, towards assessing the Proponent's efforts to meet COFP's LSB-D goal. If you require assistance in identifying certified LSB-Ds, please contact the Procurement Department at procurement@forestparkga.gov or at 404-366-4720.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Fenix Risk Management 800 Abbey Court Alpharetta GA 30004		CONTACT NAME: Paul Hundal PHONE (A/C, No, Ext): (770) 696-1388 FAX (A/C, No): (770) 696-1358 E-MAIL ADDRESS: vik@fenixriskmanagement.com																						
INSURED Krown USA Inc 278 Laredo Dr Decatur GA 30030		<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A:</td> <td>TRAVELERS INDEMNITY CO. OF CT</td> <td>25682</td> </tr> <tr> <td>INSURER B:</td> <td>TRAVELERS CASUALTY INSURANCE COMPANY</td> <td>19046</td> </tr> <tr> <td>INSURER C:</td> <td>TRAVELERS PROP CAS CO OF AMERICA</td> <td>25674</td> </tr> <tr> <td>INSURER D:</td> <td>STANDARD FIRE INSURANCE COMPANY</td> <td>19070</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	TRAVELERS INDEMNITY CO. OF CT	25682	INSURER B:	TRAVELERS CASUALTY INSURANCE COMPANY	19046	INSURER C:	TRAVELERS PROP CAS CO OF AMERICA	25674	INSURER D:	STANDARD FIRE INSURANCE COMPANY	19070	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	TRAVELERS INDEMNITY CO. OF CT	25682																						
INSURER B:	TRAVELERS CASUALTY INSURANCE COMPANY	19046																						
INSURER C:	TRAVELERS PROP CAS CO OF AMERICA	25674																						
INSURER D:	STANDARD FIRE INSURANCE COMPANY	19070																						
INSURER E:																								
INSURER F:																								

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS												
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			6802N714995	02/22/2024	02/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000												
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			BA0X992893	08/09/2023	08/09/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$												
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5000			CUP2N809517	02/22/2024	02/22/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PR/COMP OPS AGG \$ 1,000,000												
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB2N874051	04/26/2024	04/26/2025	<table border="1"> <thead> <tr> <th></th> <th>PER STATUTE</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td></td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td></td> </tr> </tbody> </table>		PER STATUTE	OTHER	E.L. EACH ACCIDENT			E.L. DISEASE - EA EMPLOYEE			E.L. DISEASE - POLICY LIMIT		
	PER STATUTE	OTHER																	
E.L. EACH ACCIDENT																			
E.L. DISEASE - EA EMPLOYEE																			
E.L. DISEASE - POLICY LIMIT																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Paul Hundal

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Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return) KROWN USA INC.	
Business name/disregarded entity name, if different from above KROWN SPORTS, SOCCER WHOLESALE	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
Address (number, street, and apt. or suite no.) 278 LAREDO DRIVE	Requester's name and address (optional)
City, state, and ZIP code DECATUR GA 30030	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
2	0	-	1	7	3	0	0	5	6

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 on page 3.

Sign Here	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. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

CITY OF FOREST PARK

BID TABULATION

DEPARTMENT OF FINANCE - PURCHASING

Due Date: June 25, 2024

TIME: 2:00 P.M.

Request for Bid No.: 051724

Project Name: Youth Sports Uniforms

Procurement Officer: Talisa Clark

NO.	DESCRIPTION	Quantity	Unit Price	Krown USA Inc		Total	Unit Price	BSN Sports		Total
				Percentage Discount	Total			Percentage Discount	Total	
1	Cheerleading Uniform Set	100	\$ 35.00	\$ -	\$ -	\$ 3,500.00	NO BID	\$ -	\$ -	NO BID
2	Girls Fast Pitch Softball Uniform Set Sublimated Jersey Shirt, Drawstring Pants, Socks, and Visor	50	\$ 28.00	\$ -	\$ -	\$ 1,400.00	\$ 38.50	\$ -	\$ -	\$ 1,925.00
3	Girls Volleyball Uniform Set	109	\$ 10.00	\$ -	\$ -	\$ 1,090.00	\$ 14.50	\$ -	\$ -	\$ 1,580.50
4	Fall Soccer Uniform Set	163	\$ 19.00	\$ -	\$ -	\$ 3,097.00	\$ 28.00	\$ -	\$ -	\$ 4,564.00
5	Spring Soccer Uniform Set	163	\$ 19.00	\$ -	\$ -	\$ 3,097.00	\$ 28.00	\$ -	\$ -	\$ 4,564.00
6	Spring Baseball Uniform Set	41	\$ 30.00	\$ -	\$ -	\$ 1,230.00	\$ 38.50	\$ -	\$ -	\$ 1,578.50
7	Sublimated Jersey Shirt, Drawstring Pants, Socks, and Hat	40	\$ 26.00	\$ -	\$ -	\$ 1,040.00	\$ 32.50	\$ -	\$ -	\$ 1,300.00
8	Youth Basketball Uniform Set	40	\$ 28.00	\$ -	\$ -	\$ 1,120.00	\$ 30.00	\$ -	\$ -	\$ 1,200.00
9	Reversible Jersey Sleeveless Shirt and Shorts	300	\$ 8.00	\$ -	\$ -	\$ 2,400.00	\$ 10.00	\$ -	\$ -	\$ 3,000.00
10	Flag Football Uniform Set	20	\$ 14.00	\$ -	\$ -	\$ 280.00	\$ 16.75	\$ -	\$ -	\$ 335.00
11	Screen Print/Logo/Design Set-up Charge		No Charge				Included			
GRAND TOTAL						\$ 18,254.00				\$ 20,047.00

Talisa Clark CPPPO

Procurement Officer



CITY OF
FORESTPARK

BID EVALUATION REPORT

SOLICITATION NUMBER	RFB No. 051724
NAME OF PROJECT	Youth Sports Uniforms
PROCUREMENT OFFICER	Talisa Clark, CPPO
USER DEPARTMENT	Recreation & Leisure
DEPARTMENT DIRECTOR	Tarik Maxwell
BIDS RECEIVED	Two (2) bids were received
<p>#1 Krown USA Inc Total Bid amount \$18,254.00</p> <p>RESPONSIBLE BIDDER</p> <ul style="list-style-type: none"> - lowest total cost vendor - Provided pricing for all line items - Provided 2 out of 3 references (references will be checked) - The City's user department will serve as the 3rd reference since they have ordered from the supplier in the past 	<p>RESPONSIVE BIDDER</p> <ul style="list-style-type: none"> - Acknowledged Addenda #1 - Meet delivery requirements (business located in DeKalb County) - Bid prices valid for 90 days - Provided a two-sided product sheet of Shirt samples and Logo Designs - Completed and notarized required immigration forms
<p>#2 BSN Sports Total Bid amount \$20,047.00</p> <p>RESPONSIBLE BIDDER</p> <ul style="list-style-type: none"> - 2nd lowest total cost vendor - did not provide pricing for line item #1 – NO 	<p>RESPONSIVE BIDDER</p> <ul style="list-style-type: none"> - Acknowledged Addenda #1 - Meet delivery requirements (business located in Cherokee County) - Did not acknowledge that bid prices are valid for 90 days - Did not provide product sheet of uniform samples or logo designs; however, did include



CITY OF
FORESTPARK

<p>BID</p> <p>- Provided 3 references (references will be checked)</p>	<p>product numbers under each line-item description</p> <p>- Completed and notarized required immigration forms</p>
<p>AWARD RECOMMENDATION:</p> <p>Procurement recommends award to the lowest, responsive, and responsible bidder:</p> <p>Krown USA Inc., 278 Laredo Drive, Decatur, Georgia 30030</p> <p>Annual Amount Not To Exceed: \$18,500.00</p>	

Department: Recreation & Leisure
Project: Youth Sports Uniforms
Vendor: Krown USA, Inc.

Reference #1: City of Dalton

Type of Project: Uniforms for all Sports

Contact: Victor Rodriguez 706-463-2231 vrodriguez@daltonga.gov

Questions:

1. How frequently did they supply uniforms? **3 times a year. We use Krown for all of our Spring, Fall and Winter sports.**
2. Were deliveries always on time? **The majority of the time. They did get behind a couple of times, but they always make it correct.**
3. Were there any project issues? **Some wrong sizes. Again, they made sure to fix it and make it right by expediting the shipment.**
4. If yes, how did the vendor rectify the issue? **They will work with you. If there is any issues, they make sure they do it right at their expense and in a timely manner.**
5. Were you satisfied with the quality of the uniforms provided? **Yes, every time.**
6. How would you rate the company's level of professionalism (1-10)? **9**
7. Would you procure from the company again? **Yes, we have used them for several years.**

Reference #2: Cherokee County GA

Type of Project: Uniforms for all Sports

Contact: Shawn Schumacher 404-445-6932 srschumacher@cherokeega.com

Questions:

1. How frequently did they supply uniforms? **2 times a year Lacrosse, softball, basketball, etc.**
2. Were deliveries always on time? **Yes**
3. Were there any project issues? **Typical delivery issues for bulk orders, but they resolve it quickly**
4. If yes, how did the vendor rectify the issue?
5. Were you satisfied with the quality of the uniforms provided? **Yes, perfect for recreational uniforms**
6. How would you rate the company's level of professionalism (1-10)? **8 to 9**
7. Would you procure from the company again? **Yes**

Reference #3: City of Forest Park

Type of Project: Uniforms for all Sports

Contact: Tarik Maxwell 404-925-6019 tmaxwell@forestparkga.gov

Questions:

1. How frequently did they supply uniforms? **4 quarters of the year for the last 15 years.**
2. Were deliveries always on time? **Deliveries or pickups were always on time.**

REFERENCE CHECKS

3. Were there any project issues? **Time to time there would be project issues, but they always go out of their way to make it right.**
4. If yes, how did the vendor rectify the issue? **See answer above.**
5. Were you satisfied with the quality of the uniforms provided? **Yes, very satisfied with the quality of uniforms and or equipment.**
6. How would you rate the company's level of professionalism (1-10)? **10**
7. Would you procure from the company again? **Yes, Krown sports is a win, win for the City of Forest Park, Ga., a great partnership in knowing our needs and turnaround time.**