



DeKalb County  
G E O R G I A

Department of Purchasing & Contracting  
1300 Commerce Drive, 2<sup>nd</sup> Floor  
Decatur, Georgia 30030  
Fax: (404) 371-6243

**Date: December 31, 2018**

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**Request for Quotation No. 18-3003660**

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DeKalb County, Georgia is requesting a quotation for the following:

**1,800ft of 698A 4140 Alloy Steel Rivet-less Chain**

**I. Proposed Term:**

Thirty (30) calendar days

**II. Attachments:**

- A. Scope of Work
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Bidder Affidavit
- E. Insurance Requirements

**III. Payment Terms:**

Net 30

**IV. Scope of Work:**

See Attachment A

**V. Federal Work Authorization Program:**

All qualifying contractors and subcontractors performing work with DeKalb County, Georgia must register and participate in the federal work authorization program to verify the work eligibility information of new employees. In order for a Quotation to be considered, it is mandatory that the Bidders Affidavit, Attachment E, be completed with bidder's proposal.

CA

**VI. Due Date:**

**All questions are due to Sophia Thomas via email at [sdthomas@dekalbcountyga.gov](mailto:sdthomas@dekalbcountyga.gov) on or before 5:00 p.m. EST on Wednesday, January 9, 2019.**

**Quotes are due on or before 3:00 p.m. EST on Monday, January 14, 2019. Bidder must complete and return the quote form, reference form, bidder affidavit and provide a copy of Bidder's valid business license to DeKalb County by email to the attention of Sophia Thomas or email to [sdthomas@dekalbcountyga.gov](mailto:sdthomas@dekalbcountyga.gov).**

**All quotes are to be provided on Attachment B, Quote Form.**

Thank you for your interest in doing business with DeKalb County.

Sincerely,

*S. Thomas*

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Sophia Thomas  
Procurement Technician  
Department of Purchasing and Contracting

Attachments A, B, C, D and E

## **Attachment A**

### **Scope of Work**

The sludge conveyor system at Snapfinger Plant supplies a heavy load of sludge to truck bays.

The East and West transfer uses approximately 900ft of chain in each unit.

The 698A chain has been proven effective in transporting the load to the bays with minimal breakage and downtime due to its stronger tensile strength. This chain is running 24 hours a day with no redundancy at current. Due to this, we need to use a chain that is proven to work with minimal fail. Currently the standard on the market is the 698 chain which has a tensile strength of 130,000lbs per square inch. This has been used on a previous purchase and has had breakages which caused unnecessary downtime. The 698A chain has a tensile strength of 242,000lbs per square inch. It is significantly stronger than its counterpart.

At current we are running 698A alloy steel chain made by Allied Locke Company, we are requesting this chain based on its strength and design. It is designed to operate in high load and highly abrasive environments.

We specifically request 698A 4140 Alloy Steel rivet-less chain to efficiently serve the needs of the Snapfinger Transfer Conveyor System.

## Attachment B

### QUOTE FORM

<b>Quoter Information:</b>	
Company Name:	
Company Address:	
Quoter Name and Title:	Phone Number:
Quoter Email Address:	

PRICE SCHEDULE		
Item No.	Item Description	Price
1.	1,800ft of 698A 4140 Alloy Steel Rivet-less Chain	\$ _____ / ft
2.	Shipping fee	\$ _____
<b>TOTAL AMOUNT</b>		\$ _____

<b>Quote Statement:</b>	
I, the undersigned, certify that this quote is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a quote for the same materials, supplies, equipment, or services, and is in all respect fair and without collusion or fraud. I agree to abide by all conditions of this quote and certify that I am authorized to sign this quote for the Quoter.	
_____ Authorized Signature	_____ Date
_____ Name of Authorized Signer (Typed or Printed)	
_____ Name of Quoter (Typed or Printed)	

## Attachment C

### REFERENCE CHECK AND RELEASE FORM

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

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			

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			

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			

### REFERENCE CHECK RELEASE STATEMENT

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

Signed \_\_\_\_\_ Title \_\_\_\_\_  
 Company Name \_\_\_\_\_ Date \_\_\_\_\_

## Attachment D

### CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the Quoter submitting a quote, contractor, firm or corporation which is contracting with DEKALB COUNTY, GA, a political subdivision of the State of Georgia, has registered with and is participating in a federal work authorization program\* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603, in accordance with the applicability provisions and deadlines established in O.C.G.A. § 13-10-91, as amended]. The affiant agrees to continue to use the federal work authorization program throughout the contract period.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services pursuant to this contract with the COUNTY, contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91, as amended, on the Subcontractor Affidavit form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the COUNTY, within five (5) days from when the subcontractor(s) is retained to perform such service.

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

\_\_\_\_\_  
Federal Work Authorization  
Enrollment Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Quoter

\_\_\_\_\_  
Identification Number

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

\_\_\_\_\_  
Company Name & Address (do not include a post office box)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

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

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

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

## Attachment E

### INSURANCE REQUIREMENTS

#### **IMPORTANT NOTICE**

**IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN**

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1. If the County sends to you notice of award on this quote, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
2. Instruct your insurance agent that the County's requirements are listed in Section III, and that you *must* comply with these requirements before you may proceed with the work.
3. Before the starting of any work, the successful contractor must furnish to DeKalb County certificates of insurance from companies doing business in Georgia and acceptable to the County as follows:
  1. Certificates must cover:
    - **Statutory Workers Compensation**
      - (1) Employer's liability insurance by accident, each accident \$1,000,000.
      - (2) Employer's liability insurance by disease, policy limit \$1,000,000.
      - (3) Employer's liability insurance by disease, each employee \$1,000,000.
    - **Business Auto Liability Insurance** with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
    - **Commercial General Liability Insurance**
      - (1) Each Occurrence - \$1,000,000
      - (2) Fire Damage - \$250,000
      - (3) Medical Expense - \$10,000
      - (4) Personal & Advertising Injury - \$1,000,000
      - (5) General Aggregate - \$2,000,000
      - (6) Products & Completed Operations - \$1,500,000
      - (7) Contractual Liability where applicable
  2. DeKalb County, GA shall be named as Additional Insured under any General Liability, Business Auto and Umbrella Policies. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia. Such additional insured coverage shall be endorsed to Contractor's policy by attachment of ISO Additional Insured Endorsement forms CG 20 10 10 01 (ongoing operations) and CG 20 37 10 01 (products-

completed operations), or form(s) providing equivalent coverage.

3. This insurance for the County as the additional insured shall be as broad as the coverage provided for the named-insured Contractor. It shall apply as primary insurance before any other insurance or self-insurance, including any deductible, non-contributory, and waiver of subrogation provided to the County as the additional insured.
4. Contractor agrees to waive all rights of subrogation and other rights of recovery against the County and its elected officials, officers, employees or agents, and shall cause each Subcontractor to waive all rights of subrogation for all coverages.
5. Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least sixty (60) days prior written notice to the County.
6. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
7. The insurance carrier must have a minimum A.M. Best rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
8. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
9. Certificates to contain the location and operations to which the insurance applies.
10. Certificates to contain successful contractor's protective coverage for any subcontractor's operations. If this coverage is included in General Liability, please indicate on the Certificate of Insurance.
11. Certificates to contain successful contractor's contractual insurance coverage. If this coverage is included in the General Liability, please indicate this on the Certificate of Insurance.
12. The successful contractor shall be wholly responsible for securing certificates of insurance coverage as set forth above from all subcontractors who are engaged in this work.
13. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:

DeKalb County, Georgia  
Director of Purchasing  
and Contracting  
Maloof Administration  
Building 1300 Commerce  
Drive, 2nd Floor Decatur,  
Georgia 30030