



Department of Purchasing &  
Contracting  
1300 Commerce Drive, 2<sup>nd</sup> Floor  
Decatur, Georgia 30030  
Fax: (404) 371-7006

**Date: February 24, 2020**

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## **Request for Quotation No. 20-3003725**

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### **ADULT SOFTBALL OFFICIATING**

DeKalb County, Georgia is requesting a quotation for qualified softball officiators.

**I. Proposed Term:**

Annual Contract with 2 Options to Renew

**II. Attachments:**

- A. Scope of Work /Minimum Specifications/Quote Form
- B. Reference Form and Reference Check Release Statement
- C. Bidder Affidavit
- D. 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 C, be completed with bidder's proposal.

**VI. Due Date:**

All questions are due to **Jenifer Chapital** via email at [JChapital@dekalbcountyga.gov](mailto:JChapital@dekalbcountyga.gov) on or before 5:00 p.m. EST on Wednesday, February 26, 2020.

Quotes are due on or before 5:00 p.m. Wednesday, March 4, 2020. 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 **Jenifer Chapital** or email to [JChapital@dekalbcountyga.gov](mailto:JChapital@dekalbcountyga.gov).

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

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

Sincerely,

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Jenifer Chapital, Procurement Technician  
Department of Purchasing and Contracting

Attachments

## ATTACHMENT A

### Scope of Work / Minimum Specifications / Quote Form

#### ADULT SOFTBALL OFFICIATING

1. Officiating on individual assignments shall commence on time, as scheduled by DeKalb County. The contractor will be responsible for any substitutions that may be required to meet game schedules.
2. DeKalb County will provide the playing field, bases, and lights. Contractor shall provide officials, officiating equipment required such as stop-watches, whistles, transportation to and from events, and uniforms including shoes.
3. Officials shall be rotated every 2 weeks of calling games at one facility. Successful bidder shall submit an official's schedule to DeKalb Athletics staff person, indicating where officials are placed at facilities.
4. There shall be preseason and postseason meetings with the officials' Association representative and Athletic Staff to discuss upcoming season and ways to avoid conflict.

#### SPECIFICATIONS FOR ADULT SPRING/SUMMER GAMES

Provide Softball Officiating Services for the Adult Spring/Summer League coordinated through the athletic section, which services are played during the period of March 15<sup>th</sup> of the current calendar year to September 30<sup>th</sup> of the current calendar year. League coordinated through the recreation centers will have the option of using their own officials or County contracted officiating organization during spring and summer leagues. Those services shall be provided in accordance with the following specifications.

- (1) All rates are to include tournament games.
- (2) Adult games are to be played primarily on weekends with games beginning after 1:00 P.M. All games will be played on Sundays.
- (3) Games will be governed by the current United States Specialty Sports Association rule book except where they contradict special league rules as deemed necessary by the DeKalb County Athletics Section Program Manager.
- (4) For each assignment there shall be a combined officiating experience of a minimum of four (4) years.
- (5) There will be approximately 160 league games and 50 tournament games for the Spring Adult Program which will also include rainout games. The spring program will extend from approximately March 17<sup>th</sup> of the current year through September 30<sup>th</sup> of the current year.
- (6) Billing procedures must include a clear listing of the date, the location, the number of officials provided, and the length of games for each assignment.
- (7) No official will officiate more than three (3) consecutive games at one site.
- (8) For tournament games the following experience is required:
  - (A) County tournament - officials must have at least 6 years combined experience officiating games.

**Minimum Specifications Cont.**

- (B) District tournament - both officials must be registered as a high school official and the two assigned officials must have 6 years of combined experience.
- (C) State tournament - a minimum of two (2) approved game officials with each official having a minimum of three years experience officiating games with a certified official's association.
- (9) The DeKalb County Athletics Section reserves the right to refuse acceptance of service from any official who receives an unacceptable performance rating. This denial of service may be for all service locations and for any time deemed appropriated by the Program Manager of Athletics or his/her representative.
- (10) Games may be played at any of the DeKalb County Athletic Complexes that have a softball field, plus other locations such as the local schools or local churches. Vendors must be able to provide service at any of these locations.
- (11) Successful bidder shall charge the County for a half game only if an official arrives after the start of a game.

**QUOTE FORM**

Item Description	Estimated # of Officials per Game	Unit	Estimated # of Games	Unit Price per Game for 2 Officials	Total
Softball Officials for Adult Softball Games	2	Pair	160	\$ _____	\$ _____
Softball Officials for Adult Tournament Softball Games	2	Pair	50	\$ _____	\$ _____
<b>Grand Total</b>					\$ _____

**Bidder's Name:** \_\_\_\_\_

**Bidder's Company Name:** \_\_\_\_\_

**Bidder's Address:** \_\_\_\_\_

\_\_\_\_\_

**Bidder's Telephone Number:** \_\_\_\_\_

**Bidder's Email Address:** \_\_\_\_\_

## ATTACHMENT B

### Reference Form and Reference Check Release Statement

List below at least two (2) 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)
Email Address	
Project Name	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Name	

### REFERENCE CHECK RELEASE STATEMENT

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

Signed \_\_\_\_\_

Title \_\_\_\_\_

(Authorized Signature of Bidder)

Company Name \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT C**

**BIDDER AFFIDAVIT**

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the bidder submitting a bid, 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  
(Bidder's Name)

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

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

\_\_\_\_\_  
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 D

### INSURANCE REQUIREMENTS

#### IMPORTANT NOTICE

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

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- I. If the County sends to you notice of Award on this bid, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
  - II. 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.
  - III. 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**
      - **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 using ISO Additional Insured Endorsement forms CG 2010 or its equivalent. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia.
    3. The insurance carrier must have a minimum rating of A or higher as determined by the rating firm A.M. Best.
    4. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.

(Continued)

5. Certificates to contain the location and operations to which the insurance applies.
6. 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.
7. 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.
8. Certificates are to be issued, and the successful contractor shall mail insurance documents listed in this form, to:

DeKalb County Department of Purchasing and Contracting  
The Maloof Center  
2<sup>nd</sup> Floor  
1300 Commerce Drive  
Decatur, Georgia 30030

9. 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.