



Department of Purchasing & Contracting
1300 Commerce Drive, 2nd Floor
Decatur, Georgia 30030
Fax: (404) 687-3558

Date: October 18, 2017

Request for Quotation No. 3003587 for PX 5.3 Security X-Ray Inspection System

DeKalb County, Georgia (the County) is requesting a quotation from qualified bidders who can provide a PX 5.3 Security X-Ray Inspection System in accordance with this RFQ.

I. ATTACHMENTS

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

II. PAYMENT TERMS

Net 30

III. 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 Bidder Affidavit be completed with bidder's Quotation.

IV. DUE DATES

All questions and quotations must be submitted to Randy Webb via email at rwebb@dekalbcountyga.gov by the respective dates and times specified.

All questions are due via email on or before 5:00 p.m. EST on Friday, October 20, 2017.

Quotations are due via email on or before 3:00 p.m., EST on **Wednesday, October 25, 2017**. Bidders must complete and return: Quote Form, Reference Form and Reference Check Release Statement, Bidder Affidavit, and provide a copy of the bidder's valid business license to the County.

THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL QUOTES, TO WAIVE INFORMALITIES, AND/OR TO RE-ADVERTISE.

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

Sincerely,

A handwritten signature in cursive script that reads "Randy Webb".

Randy Webb

Procurement Agent

ATTACHMENT A SCOPE OF WORK

RFQ 3003587 for PX 5.3 Security X-Ray Inspection System

DeKalb County, Georgia (hereinafter referred to as the “County”) is seeking a well-qualified individual, firm or joint venture (hereinafter referred to as the “Bidder”) to submit rates to provide a PX 5.3 Security X-Ray Inspection System.

I. SCOPE OF WORK

The general scope of work required for providing a PX 5.3 Security X-Ray Inspection System includes, but is not necessarily limited to, the following:

A. Product Description

L-3 Systems model PX 5.3 checkpoint x-ray machine:

It is a compact system that fits through standard doorways. It is ideal for schools, office buildings, courthouses, correctional institutions, and cruise ships. It screens briefcases, backpacks, parcels, packages, and other small to medium-sized objects. It facilitates rapid detection of multiple threats, including weapons, narcotics, explosives, and other contraband.

B. Imaging Features

1. Continuously variable contrast adjustment
2. Tri-material discrimination
3. Transparent Color™
4. Best Image First™
5. Organic/inorganic stripping
6. Metallic item removal
7. Pseudo-color overlay
8. True 32-bit color processing
9. Edge enhancement
10. Zoom 2X – 16X or continuous zoom to 64X
11. Reverse video
12. Threat alert
13. Density alert

C. Standard Features

1. Compact design
2. Short, Medium or Long conveyor length options
3. Patented heads-up operator display interface with touch pad control
4. Entry/exit tunnel shrouds
5. Configurable operator interface
6. 19" color monitor
7. Operator Assist® (OA)

8. Image Archiving (IA)
9. Side-mounted or remote operator interface configuration
10. Infrared operator-proximity sensor
11. Network ready

D. Warranties and Maintenance

1. 1-year manufacturer's warranty for the initial year of purchase of each PX 5.3 included in equipment purchase price
2. Radiation survey included in equipment purchase price for the initial year of purchase of each PX 5.3, which includes a radiation certificate left with the customer that is suitable for presentation to local health & safety representatives
3. 1-year extended warranty per each PX5.3, commencing after initial purchase warranty has expired. This extended warranty includes:
 - All parts and labor for corrective maintenance
 - Annual preventative maintenance visit to maintain the machine in good order and a radiation survey which includes a radiation certificate left with the customer that is suitable for presentation to local health & safety representatives
 - Access to L3 7x24x365 call center at phone number 1-800-776-3031

E. Installation and Training

1. Installation and basic operator training provide at time of installation included in equipment purchase price.

F. Freight

1. Ground transportation to 1300 Commerce Drive, Decatur, GA 30030

II. INSURANCE

Insurance must meet the County's requirements and will be furnished by the successful Bidder(s) upon award.

1. Successful Bidder(s) will advise their insurance agent of the County's requirements as listed below and that they may not proceed with any work until insurance is provided that is in compliance with these requirements.
2. Contractor's insurance company or agent must mail, email, or bring an original certificate of insurance and applicable declarations or endorsements to the DeKalb County address listed within this Insurance provision. Insurance must be from companies able to do business in Georgia and acceptable to the County as follows:
 - a. Certificates must cover:
 - i. 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
- ii. Business Auto Liability Insurance with a minimum \$1,000,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).

iii. 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
- b. 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.
 - c. 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.
 - d. 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.
 - e. 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.

- f. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
- g. The insurance carrier must have a minimum A.M. Best's rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
- h. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
- i. Certificates to contain the location and operations to which the insurance applies.
- j. 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.
- k. 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.
- l. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:

DeKalb County, Georgia
Director of Purchasing &
Contracting
The Maloof Center, 2nd Floor
1300 Commerce Drive
Decatur, Georgia 30030

- m. 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.

ATTACHMENT B
QUOTE FORM

TO: The Chief Procurement Officer of DeKalb County, Georgia

The undersigned, as Responder, declares that he has carefully examined RFQ No. 3003587 for PX 5.3 Security X-Ray Inspection System, the Scope of Work therein contained, and that he proposes and agrees that if his Quotation is accepted, to provide the necessary services and will furnish all materials and labor specified in the Quotation, or necessary to complete the Work in the manner therein specified within the time specified, as therein set forth for the following sum, which is hereinafter referred to as the "Total Quotation."

RFQ No. 3003587 for PX 5.3 Security X-Ray Inspection System:

_____ (\$ _____)
(State amount in writing on this line) (In figures)

Item No.	Item Description	Estimated Quantity	Unit Price	Extended Amount
1	L-3 Systems model PX 5.3 checkpoint x-ray machine Part# 1000- 1PX53-00	2	\$ _____ (State amount in writing on this line)	\$ _____
2	Extended Warranty	2	\$ _____ (State amount in writing on this line)	\$ _____
3	Freight	2	\$ _____ (State amount in writing on this line)	\$ _____
Total Quotation				\$ _____

Are you a DeKalb County Firm? YES _____ NO _____

Signed, sealed, and dated this _____ day of _____, 20____.

Responder

By: _____

Name (Typed or Printed)

Title

Responder's Mailing Address

Phone Number

Fax Number

E-Mail Address

ATTACHMENT C
REFERENCE FORM AND REFERENCE CHECK RELEASE STATEMENT

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period, for whom you have provided an X-ray inspection system similar to that identified in this Scope of Work, who can verify your experience and ability to perform the same type of service listed in the RFQ.

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)	

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)	

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)	

REFERENCE CHECK RELEASE STATEMENT

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

Signed _____ Title _____
 (Authorized Signature of Responder)

Company Name _____ Date _____

**ATTACHMENT D
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 to 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 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].

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

Address (*do not include a post office box)

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20__

Notary Public
My Commission Expires: _____