



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

Date: February 12, 2019

Request for Quotation No. 19-3003667

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

I. Scope of Work:

See Attachment A

II. Proposed Term:

Thirty (30) calendar days

III. 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 Bidders Affidavit, Attachment E, be completed with bidder's proposal.

V. Due Date:

All questions are due to Angel Frazier via email at amfrazier@dekalbcountyga.gov on or before 3:00 p.m. EST on February 18, 2019.

Quotes are due on or before 3:00 p.m. EST on, February 22, 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 Angel Frazier or email to amfrazier@dekalbcountyga.gov.

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

VI. Attachments:

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

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

Sincerely,

Angel Frazier
Procurement Agent
Department of Purchasing and Contracting

Enclosure:
Attachments A, B, C, D and E

Attachment A

SCOPE OF SERVICES

FOOD SECURITY PROGRAM FOR FOOD PANTRY/SERVICES FOR SOUTH DEKALB

Human Services Department, Office of Partnerships and External Affairs

Scope of Work

DeKalb County is seeking qualified nonprofit bidders to provide one food pantry box twice a month for 50 families to start and grow to a maximum of 75 families within a twelve (12) month period. Food boxes must consist of nutritional food items for intergenerational families (family of more than one person with an older adult, 50+ years of age in the household) located in South DeKalb in zip codes 30032, 30034 and 30035. Food pantry boxes may be distributed at three apartment complexes designated by United Way of Greater Atlanta or given out at a central location. It is not a requirement that families live in specific apartment complexes, it is preferred, as recipients may live-in single-family homes or other apartment complexes. The distribution of food pantry boxes will include, but is not limited to, the following:

1. Food pantry boxes distributed at apartment complexes or available at a central location in South DeKalb identified by United Way of Greater Atlanta.
2. Provider will identify intergenerational families which include a family member 50+ years of age, plus additional family members not to exceed a total of (4) four, living in one of the three apartment complexes identified.
3. Identify at least 50 families of four (4) per household in the first three (3) months of the agreement with a maximum of seventy-five (75) families within twelve (12) months of service.
4. Provider will conduct the intake process and ensure a food security survey is completed when the food box is first distributed and after twelve (12) months of service.
5. Provider will invoice the Human Services Department, Grants and Administrative Services, monthly.
6. Report quarterly on progress, including total pantry boxes provided, total families served, demographic data on all program participants, and data from the food security surveys conducted at the beginning of the grant and after twelve (12) months.
7. Distribute 750 boxes of food within first (6) six months of the grant timeline and 900 boxes of food within the next (6) six months for a total food box distribution of 1,650 at the end of the grant time period of (12) months.

Attachment B

QUOTE FORM

Item No.	Item Description	Quantity	Total Price
1.	Administration of surveys and forms	150	\$ _____
2.	Food box for family of 4	1	\$ _____
3.	Distribution of boxes List price per box \$ _____	1650	\$ _____

Quote Statement:

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 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

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 E

INSURANCE REQUIREMENTS

IMPORTANT NOTICE

IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

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