



Department of Purchasing &
Contracting

1300 Commerce Drive, 2nd Floor
Decatur, Georgia 30030

Fax: (404) 371-7006

Date: July 27, 2021

Request for Quotation No. 21-3003756

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

Netzsch Pump for Snapfinger Advanced Wastewater Treatment Facility (One-Time Buy)

I. Proposed Term:

Ten (10) days upon receipt of written notice to proceed

II. Attachments:

- A. Scope of Work / Minimum Qualifications
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Contractor Affidavit
- E. Subcontractor Affidavit (if applicable)

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 Contractor Affidavit, Attachment D, be completed with bidder's proposal.

VI. Due Date:

All questions are due to Sharice Feagins-Bailey via email at sfbailey@dekalbcountyga.gov on or before 5:00 p.m. EST on Thursday, July 29, 2021.

Additional Information/Addenda

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Bidders should not rely on any representations, statements or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail. It is the responsibility of the Bidder to ensure awareness of all addenda issued for this solicitation. Please acknowledge the addenda and submit to the DeKalb County Department of Purchasing and Contracting as requested. Bidders may contact the above listed contact person to verify the number of addenda prior to submission. Addenda issued for this RFQ will be posted on DeKalb County's website, <https://www.dekalbcountyga.gov/informalbids>. Bidder should regularly check the County's website for addenda.

Quotes are due on or before 5:00 p.m. EST on Wednesday, August 4, 2021. Bidder must complete and return the required documents: quote form, reference form, contractor affidavit, subcontractor affidavit (if applicable) and a copy of bidder's valid business license (Secretary of State - Certificate of Organization or Certificate of Existence will not be accepted in lieu of business license). Failure to provide all required documents will result in bidder being deemed non-responsive. Bidder must submit documents to the attention of Sharice Feagins-Bailey or email to sfbailey@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,

Sharice Feagins-Bailey
Procurement Technician
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK/MINIMUM SPECIFICATIONS

Introduction

The Department of Watershed Management (DWM) is requesting a Request for Quote for a Netzsch pump to aid in transfer of sludge from sludge holding tanks to the new De-Watering Building in order to process solids through centrifuge and to be removed from the plant.

Minimum Specifications

1. Supplemental Specifications

Quantity	Description	Model	Start Up
One (1)	Netzsch Nemo Progressing Cavity Pump	NM105SY01L07K with a 25HP Reducer Mounted inline and vertically on structural steel baseplate	Three (3) Days

2. Vendor must have a purchasing relationship with Netzsch or distributor.
3. Unit pricing should be used.
4. All provisions listed in the quote are mandatory. No exceptions. No substitutions will be accepted.
5. Pump must be new. Exact replacement. No rebuilt units or parts.
6. This purchase will not be made through a pump contract.
7. The vertical configuration is refers to the way the pump sits to move solids.
8. The serial number listed is B160446.
9. The motor enclosure is TEFC, explosion proof, 3 phase 60 Hertz 460 power. The motor is by WEG.
10. The liquid will be conditioned municipal sludge at 4% concentration from a wastewater treatment plant, temperature ranges from 15C-27C, heavy solids with grit/sand, or rags if possible.



Netzsch Motor Plate



Current Netzsch pump in the background



Netzsch Pump Plate- Serial Number B160446

ATTACHMENT B

QUOTE FORM

QUANTITY	DESCRIPTION	MODEL	EQUIPMENT PRICE	Factory Start Up (3 days)	Total Price
One (1)	Netzsch Nemo Progressing Cavity Pump	NM105SY01L07K with a 25HP Reducer Mounted inline and vertically on a structural steel baseplate	\$ _____	\$ _____	\$ _____
Is Freight included in this pricing?		Please circle: Yes or No	If No. What is the cost of the Freight? \$ _____		Total Price Including Freight \$ _____

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)

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

Subcontractor Affidavit under O.C.G.A. § 13-10-91

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with _____ (insert name of Contractor) on behalf of DEKALB COUNTY, GEORGIA has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned Subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the Subcontractor with the information required by O.C.G.A. § 13-10-91. Additionally, the undersigned Subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the Contractor within five business days of receipt. If the undersigned Subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned Subcontractor must forward, within five business days of receipt, a copy of the notice to the Contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Date of Authorization

Name of Subcontractor

Name of Project

Name of Public Employer

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

Executed on _____, 20__ in _____ (city), _____ (state).

By: _____
Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me on this the
_____ day of _____, 20____.