



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

Date: December 20, 2017

Request for Quotation No. [17- 3003599](#)

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

The intent of this Request for Quotation (RFQ) is to establish an annual contract with one or more vendors whereby DeKalb County may purchase on an “as-needed” basis TACTICAL HEAVY VESTS to be furnished and delivered F.O.B. destination, in accordance with all specifications, terms, and conditions herein.

I. Proposed Term:

One (1) year contract.

II. Attachments:

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

VI. Due Date:

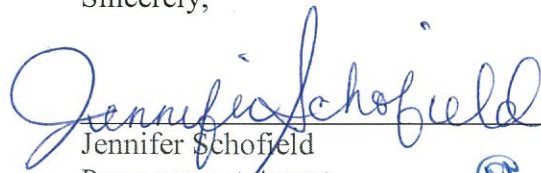
All questions are due to Jennifer Schofield via email at jj Schofield@dekalbcountyga.gov on or before 5:00 p.m. EST on December 27, 2018.

Quotes are due on or before 3:00 p.m. EST on December 29, 2017. 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 Jennifer Schofield or email to jj Schofield@dekalbcountyga.gov.

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

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

Sincerely,


Jennifer Schofield
Procurement Agent
Department of Purchasing and Contracting

Attachments

**ATTACHMENT A
SCOPE OF WORK**

RFQ No.17- 3003599, TACTICAL HEAVY VESTS

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 a quotation to provide ballistic vests for the DeKalb County Police Special Operations Division.

I. Background

The DeKalb County S.W.A.T. team is in the process of replacing its tactical heavy vests due to the age and condition of current ones. The intent is to purchase eight (8) vests.

II. Substitutions/Replacements

Brand names specified herein convey the type and quality of materials and construction required. It is not the intent for these specifications to be proprietary; equals will be evaluated in accordance with comparable quality, technology, function ability, and suitability for the purpose intended. DeKalb County, in its sole opinion, will determine whether the clothing/accessories offered are equal to that specified. In the event any manufacturer discontinues any style of wearing apparel or shoe on this agreement, the Bidder shall supply another style equal to or greater than the specification on that item. Any substituted item shall be subject to the approval of DeKalb County’s Police Special Operations Division.

ATTACHMENT B SPECIFICATIONS

III. Garment Configuration

The proposed configuration of the garments includes:

- Modular or scalable from a plate carrier to a full tactical vest in Ranger Green (other greens will be considered) being capable of rapid donning and doffing
- Outer carrier of the vest should be constructed of at least 1000-Denier Cordura Nylon or better material to minimize material abrasions and maximize carrier life
- Vest should have integrated kangaroo pouches in front and or sides to accommodate standard M4 magazines
- Vest should have spacer mesh or other system to increase wearer comfort
- Vest should integrate technology to reduce back facing through soft armor backer or other means
- All soft armor inserts will meet or exceed NIJ 0101.06 IIIA standard (no substitutions below IIIA)
- When vest is fully configured it should include:
 - 2-piece yoke and throat guard with NIJ 0101.06 soft armor
 - Bicep / deltoid upper arm protector with NIJ 0101.06 soft armor
 - Lower abdomen / Groin protector with NIJ 0101.06 soft armor
- The vest should include front and back Hard Armor plates NIJ 0101.06 Level III (no substitutions below Level III)
- Ballistic Battle Belt with NIJ 0101.06 Level IIIA armor that can be stand alone or integrated into the vest for load carriage
- Ballistic belt should be a two-piece design to accommodate a variety of waist sizes
- The ballistic belt should have a quick release buckle and ideally sustain a load on the buckle of 9kn or better
- Array of available pockets and pouches in Ranger green (other greens considered) that attach via molle or similar system and should include
 - Dump pouch
 - Radio pouch (specifically to fit a Motorola APX 6000)
 - General purpose pouch
 - Gas Mask pouch
 - Double or triple pistol mag pouch (must fit single stack .45 caliber magazines)
 - Police identifier patches (2) that attach via hook and loop

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Tactical Heavy Vests

- Vest should include a dynamic load distribution system which allows users to distribute the weight of the vest from the shoulders to the hips while in dynamic positions (i.e. TYR Tactical XFrame or equal)
- Vests should provide the capability to incorporate a quick release system when required

ATTACHMENT C QUOTE FORM

PRICE SCHEDULE				
Description	Estimated Quantity	Unit	Unit Price	Total Amount
Modular/Scalable tactical vest in Ranger Green	8	ea		
Front/back Hard Armor Plates - NIJ 0101.06 IIIA (no substitutions below IIIA)	16	ea		
Ballistic Battle Belt with NIJ 0101.06 Level IIIA	8	ea		
2 piece yoke and throat guard with NIJ 0101.06 soft armor	8	ea		
Bicep/deltoid upper arm protector with NIJ 0101.06 soft armor	8	ea		
Lower abdomen / Groin Protector with NIJ 0101.06 soft armor	8	ea		
Dump Pouch	8	ea		
Radio Pouch / Adapter	8	ea		
General Purpose Pouch	8	ea		
Gas Mask Pouch	8	ea		
Double or Triple Pistol Magazine Pouch	8	ea		
Police Identifier pouch	16	ea		
			GRAND TOTAL:	

State a firm price for all costs, direct and indirect, administrative cost, and all things necessary for the procurement and delivery of the requested items.

ATTACHMENT D

Reference Form and Reference Check Release Statement

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 provide the items 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	

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 Proposer)

Company Name _____ Date _____

ATTACHMENT E

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 individual, 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

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 F INSURANCE REQUIREMENTS

IMPORTANT NOTICE

IMPORTANT NOTICE

IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

- 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:
 - A. **Statutory Workers Compensation**
 - B. **Business Auto Liability Insurance** with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
 - C. **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 - \$2,000,000
 - (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, GA
 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.

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 to:

DeKalb County, Georgia
DeKalb County Courthouse
Decatur, Georgia 30030

9. The successful contractor shall mail insurance documents listed in this form to:

DeKalb County Department of Purchasing and Contracting
The Maloof Center
Room 202
1300 Commerce Drive
Decatur, Georgia 30030

10. 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.

- IV. Ask your insurance agent to review the form after it is typed so that the form will not have to be returned because the typist omitted a policy number, some other obvious omission, or made a material typographical error.
- V. Your insurance company or agent mail or bring an original coverage certificate to the address listed in Section III.9. Do *not* mail the certificates to DeKalb County Courthouse, Decatur, GA 30030.
- VI. Thank you for your cooperation, as it will enable you to proceed with the work in an expeditious manner.