



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

Date: January 17, 2019

Request for Quotation No. 19-3003665

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

I. Proposed Term:

This job is to start IMMEDIATELY after award. This temporarily service is only needed through May 31, 2019.

II. Attachments:

- A. Scope of Work
- B. Price Schedule
- C. Bidder Contact Information
- D. Reference Form and Reference Check Release Statement
- E. Contractor 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:

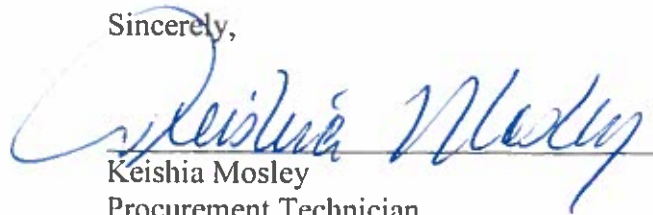
All questions are due to Keishia Mosley via email at kkmosley@dekalbcountyga.gov on or before 3:00 p.m. EST on Monday, January 21, 2019.

Quotes are due on or before 3:00 p.m. EST on Tuesday, January 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 Keishia Mosley or email to kkmosley@dekalbcountyga.gov.

All quotes are to be provided on Attachment B, Price Schedule.

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

Sincerely,

A handwritten signature in blue ink that reads "Keishia Mosley". The signature is written in a cursive style and is positioned above a horizontal line.

Keishia Mosley
Procurement Technician
Department of Purchasing and Contracting

Attachments

Attachment A
Scope of Work

Rock Crushing – Asphalt, Concrete and Stone

I. GENERAL REQUIREMENTS:

1. Type of Material:
Broken concrete with some rebar, broken asphalt and rock; dirt is mixed in with materials and estimated to be 30% by weight. Oversize material pieces, larger than 2'x2', will be set aside for County to process.
2. Product Size:
Material can be crushed down to a maximum of 3 inches. It is very important that the material not exceed the 3-inch specifications. Landfill staff will randomly inspect the product size to ensure it will pass through a 3" opening.
3. **Dirt and particles are to be dropped out on a separate belt and dumped by Contractor.**
4. Equipment:
Crusher should include a feed loader or excavator and destock loader (stacking conveyor can be used in lieu of destock loader). The excavator should be a tracked vehicle. A tracked loader will be needed to reposition/destock materials that are being crushed. Crusher will require an on-board scale to record tons of crushed rock and a cross magnet to reclaim compressed metals. Contractor is responsible for doing calibration checks and keeping the scale accurate. Contractor can retain gains from the metal reclamation.
5. Dust Control:
Contractor will be required to control dust during periods of dry weather. A pond adjacent to the screening area is available for water. Contractor must provide pump and water truck at Contractor's expense.

Attachment B

TO: The Chief Procurement Officer of DeKalb County, Georgia

The undersigned, as Responder, declares that he has carefully examined, RFQ No. 19-3003665, Rock Crushing – Asphalt, Concrete and Stone, the Specifications therein contained, and that he proposes and agrees that if his bid is accepted, to provide the necessary services and will furnish all materials and labor specified in the RFQ, or necessary to complete the Work in the manner therein specified within the time specified, as therein set forth for the following price.

PRICE SCHEDULE		
ITEM NO.	ITEM DESCRIPTION	UNIT PRICE
1.	Price per ton for material produced from rock crushing, per minimum specifications enclosed.	\$ _____/ton

Note to Bidder:

1. The estimated number of units for this contract is approximately 7,000 – 8,000 tons.
2. Bidder’s per ton charge must include labor, fuel, lube, maintenance, equipment expenses, equipment mobilized and demobilized, travel to and from the Seminole Road Landfill location. Weekly tonnage report of work completed shall be submitted every Monday by 10:00a.m. to Seminole Road Landfill Representative via email.
3. Invoices shall include an excel spreadsheet with the number of tons crushed, start and end time of service production, and the facility contact information.
4. Upon the County’s request, the Contractor shall crush rock in increments, with a minimum of 3,000 to 6,000 tons per purchase order number. Note: Quantities listed are estimated only as services will be requested on as needed basis.
5. All crusher scales need to be calibrated/checked for accuracy prior to any operations daily. Note: Scale accuracy will be checked randomly by the County using a tandem dump truck or roll-off truck. Contractor will be held responsible for shortages due to scale accuracy. Tonnages/Scale readings should be verified by County staff by C.O.B daily.

Attachment C

Bidder Contact Information

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 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 perform the type of service 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

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
Identification Number

(Bidder's Name)

Enrollment Date

Title of Authorized Officer or Agent of Bidder

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 F

INSURANCE REQUIREMENTS
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:

- **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.
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
2nd 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.