



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

Date: April 8, 2019

Request for Quotation No. 19-3003685

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

WINDOW RESEALING SERVICES

I. Proposed Term:

Thirty (30) calendar days

II. Attachments:

- A. Scope of Work
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Bidder Affidavit
- E. 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 Bidder Affidavit, Attachment D, be completed with bidder's quote.

VI. Due Date:

All questions are due to Lola Awonusi, via email at oawonusi@dekalbcountyga.gov on or before 5:00 p.m. EST on April 10, 2019.

Quotes are due on or before 3:00 p.m. EST on April 12, 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 Lola Awonusi or email to oawonusi@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,

AWONUSI OMOLOLA.

Lola Awonusi
Procurement Technician
Department of Purchasing and Contracting



ATTACHMENT A

Scope of Work

The general scope of services required for the window resealing services includes but is not necessarily limited to the provision of labor, material, equipment, supervision, and other related services needed to perform the following:

- Removal of existing and deteriorated molding of all 275 windows at the Dekalb County, Division of Family and Children Services (DFCS), front building only.
- Reinstallation of new molding around each window using a clean water based cleaner.

The Dekalb County DFCS is located at 178 Sam's St. Decatur, GA, 30032 (proposed site location). The approximate window size is 48" by 60" each.

It is recommended that the Vendor visit the proposed site location, specified in the bid schedule, and become familiar with local conditions, which may affect the work to be performed, the equipment, materials, and labor required. No additional allowances shall be made due to the lack of knowledge of the conditions at any site. The contractor shall provide and pay for all labor, materials, equipment, tools, transportation and other facilities and services as required for the proper execution and completion of the work as specified herein.

Timing of the work would be coordinated with the County's representative. All materials and debris shall be removed from the premises at the end of each workday and disposed of in an appropriate manner.

ATTACHMENT B

QUOTE FORM

Window Resealing Services

	Description	Total Price
1.	Removal of existing and deteriorated molding and reinstallation of new molding of all 275 windows at the Dekalb County, Division of Family and Children Services (DFCS), front building only.	

The responder, declares that he has carefully examined, RFQ # 19-3003685 Window Resealing Services, the Scope of Work contained, and that he proposes and agrees that if his quote 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 lump sum amount which sum is hereinafter referred to as the "Total Quote."

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

ATTACHMENT C

Reference Form and Reference Check Release Statement

List below at least two (2) 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)
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 Bidder)

Company Name _____ Date _____

ATTACHMENT E
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.

(Continued)

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.