



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

Date: May 15, 2019

Request for Quotation No. 19-3003693

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

INSTALLATION OF WATER FOUNTAINS AT ARABIA MOUNTAIN

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
- F. Fountain Site Drawings

III. Payment Terms:

The County's official payment terms are 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 May 17, 2019.

Quotes are due on or before 3:00 p.m. EST on May 21, 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.

THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL QUOTES, TO WAIVE INFORMALITIES, AND/OR TO RE-ADVERTISE.

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

Sincerely,



Lola Awonusi 
Procurement Technician
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK

I. SCOPE OF WORK

The general scope of services required is, but not necessarily limited to the provision of all necessary equipment, material, labor and expertise required to complete the installation of three outdoor water fountains and the coordination and installation of two water meters.

II. LOCATION

Each fountain is located at one of the main trailheads associated with Davidson-Arabia Mountain Nature Preserve.

- i. The first fountain is to be located at the trailhead at the base of Arabia Mountain- Aware Center; 4158 Klondike Rd. 30038. It will be located to the rear of the large entry shelter.
- ii. The second fountain will be located at the Evans Mill Trailhead; 4028 Evans Mill Rd. 30038. It will be located to the right of the trail and will likely require directional boring to avoid disturbing the existing parking lot and any saw cutting/pavement patching.
- iii. The third and final fountain is located at the Pole Bridge Trailhead; near 5980 Browns Mill Road 30038. The fountain will be located to the left of the trail entrance across from the trailhead's signage and behind the fencing.

III. SPECIFICATIONS- FOUNTAIN AND UTILITIES

The coordination and installation of two water meters. Installation of three (3) Most Dependable Fountains (MDF) fountains Model #10155 sm. The water fountain units will be provided to the selected contractor. Installation of a fountain with concrete pad, drywell and isolation valve box, ENDOT EndoPure waterline (or PVC) with locator tape, ¾" RPZ backflow preventer with concrete pad, and all other necessary fittings required to complete the installation. Backfill, seed and straw any disturbed areas and haul off spoils. Hydrostatic testing as required by the County. The Aware lot has an existing meter that serves the Aware Center, it is our intent to tie into the line served by this meter; Pole Bridge Trailhead has no existing meter; Evans Mill Trailhead has an outdated meter that will need to be replaced. (See **Attachment F** for site details).

The selected bidder shall be responsible for full compliance with all local and state permitting if required; to include both the application for and any associated fees. The contractor is also responsible for any and all utility marking prior to the commencement of work; both public and private.

ATTACHMENT B

QUOTE FORM

BASE BID				
ITEM	QTY	UNIT	UNIT COST	TOTAL
1) AWARE CENTER TRAILHEAD				
Fountain and Utilities:				
Fountain, Pad, Drywell, Isolation Valve Box Install	1	LS		
Waterline (include trenching/GAB backfill/seeding)	45*	LF		
			SUBTOTAL	
2) EVANS MILL TRAILHEAD				
Fountain and Utilities:				
Meter Replacement and Install/Coordination	1	LS		
Backflow Preventer	1	LS		
Fountain, Pad, Drywell, Isolation Valve Box Install	1	LS		
Waterline (include trenching/GAB backfill/seeding)	130*	LF		
Directional Boring (including sleeve)	80*	LF		
			SUBTOTAL	
3) POLE BRIDGE TRAILHEAD				
Fountain and Utilities:				
Meter Purchase and Install/Coordination	1	LS		
Backflow Preventer	1	LS		
Fountain, Pad, Drywell, and Valve Box Install	1	LS		
Waterline (include trenching/backfill/seeding)	380*	LF		
			SUBTOTAL	
TOTAL BASE BID				

*Approximate linear footage.

ALTERNATES				
ITEM	QTY	UNIT	UNIT COST	TOTAL
Rock Excavation and Haul Off as encountered	1	TN		

The responder declares that he has carefully examined, RFQ # 19-3003693, 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 specified, within the time specified, based the costs quoted on this form.

Vendor's Name

Signature

ATTACHMENT C

REFERENCE FORM AND REFERENCE CHECK RELEASE STATEMENT

List below at least two (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)
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 Bidder)

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 (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

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

- 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.

ATTACHMENT F

1

AWARE CENTER LOT

Scale: NTS.



2

POLE BRIDGE TRAILHEAD

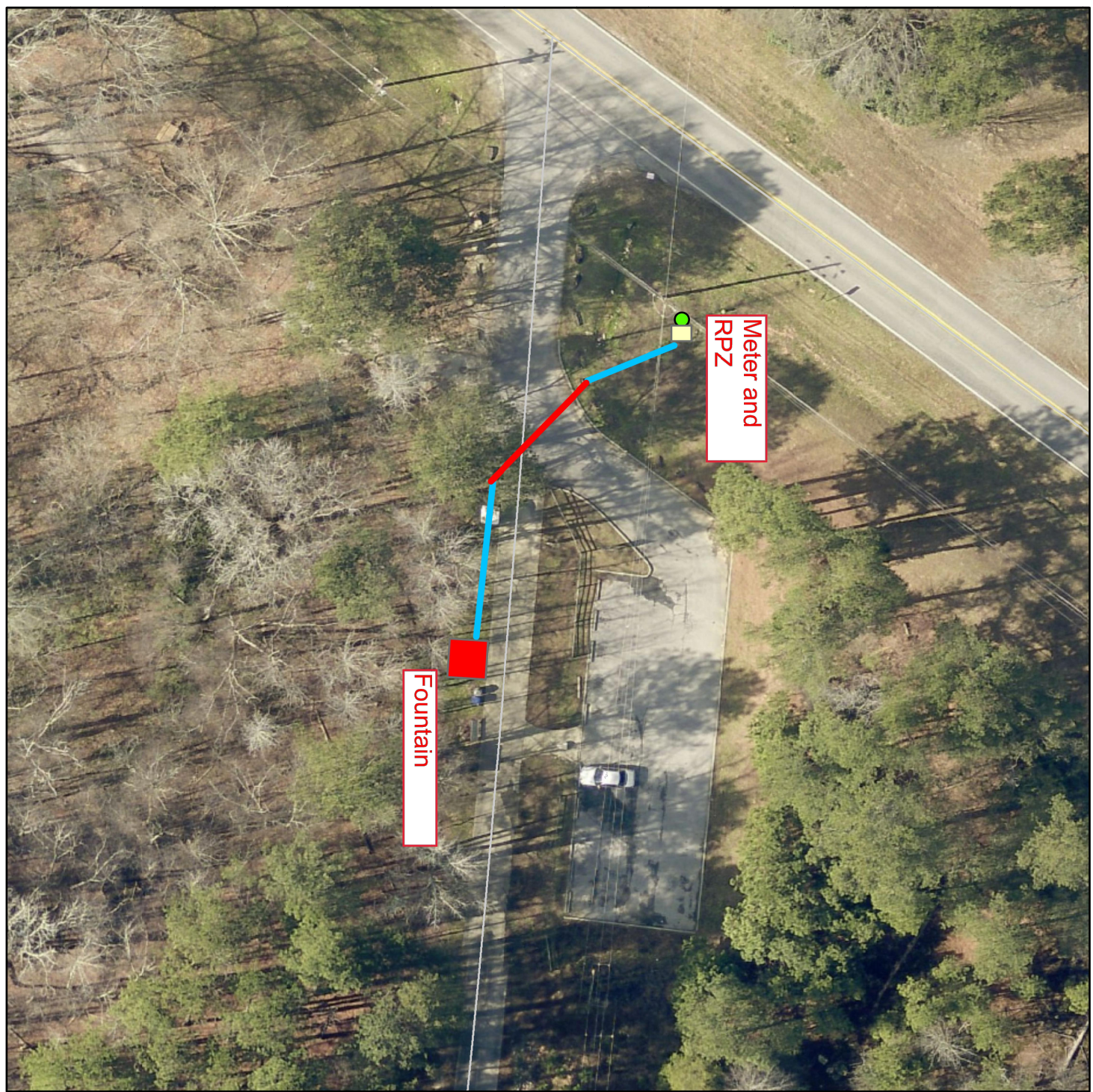
Scale: NTS



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EVANS MILL TRAILHEAD

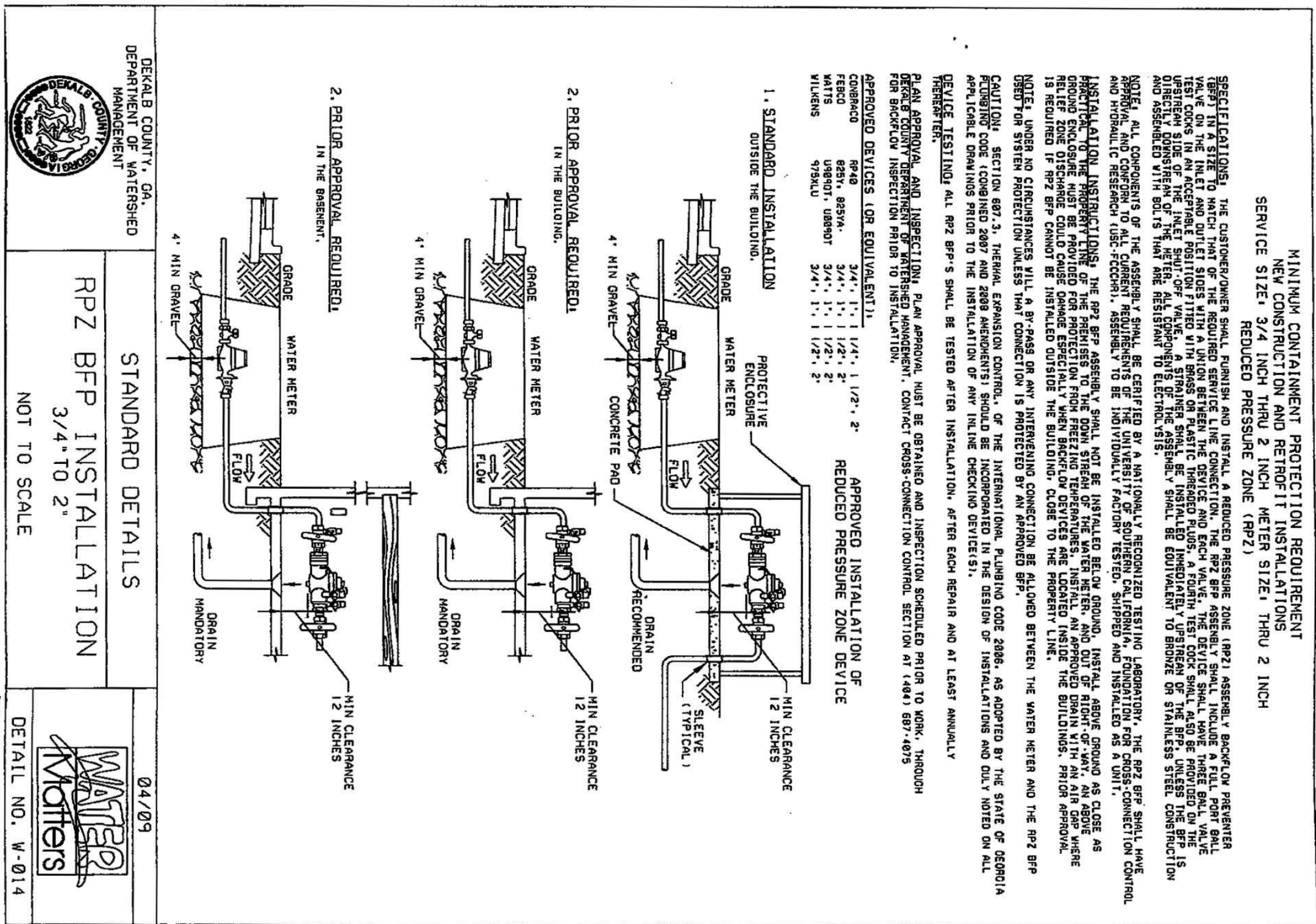
Scale: NTS



4

STANDARD INSTALLATION 3/4" RPZ

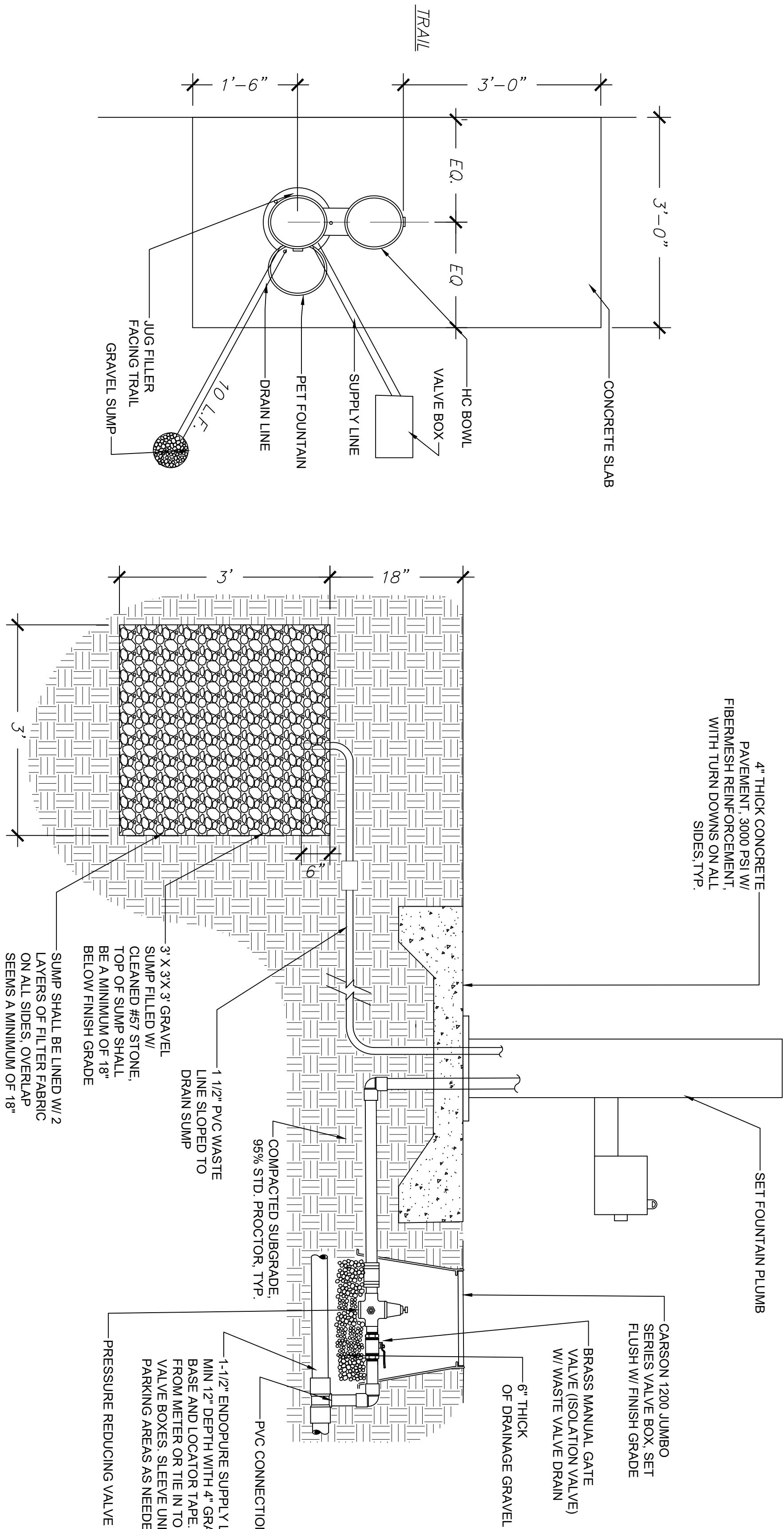
Scale: NTS.



NOTE:

- MOST DEPENDABLE FOUNTAINS MODEL #10155 SM PET FOUNTAIN
- PROVIDE A SUBSURFACE ISOLATION VALVE ON THE SUPPLY LINE TO PROVIDE A DRAIN VALVE TO DEWINTERIZE THE FOUNTAIN.
- MEETS ADA REGULATIONS.

INSTALLATION TO BE COMPLETED IN ACCORDANCE WITH MANUFACTURER'S SPECIFICATIONS.



5

FOUNTAIN AND DRYWELL

Scale: NTS

PLAN #	PLAN
DATE:	3/20/2019
DRAWN BY:	DCD
SCALE:	AS SHOWN



OFFICE OF
GREENSPACE, ACQUISITION,
AND PLANNING

1950 WEST EXCHANGE PLACE
SUITE 400
PHONE: (404)-989-7382

WWW.DEKALBCOUNTYGA.GOV/PARKS