

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

Date: June 13, 2019

Request for Quotation No. 19-3003697

REMOVAL AND REPLACEMENT OF BATTING CAGES

DeKalb County, Georgia (hereinafter referred to as the "County") is seeking a well-qualified vendor to provide estimates for the removal and replacement of batting cages at Redan Park.

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:

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 <u>oawonusi@dekalbcountyga.gov</u> on or before 5:00 p.m. EST on June 17, 2019.

Quotes are due on or before 3:00 p.m. EST on June 19, 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,

LOLTO AWONUSIL.

Lola Awonusi
Procurement Technician
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK

Redan Park is located at 1745 Phillips Rd, Lithonia, GA 30058. Please see the attached sketch, **Attachment F**, for estimate needed for the batting cages. There are 3 in total.

Estimate the cost using a 6-gauge core, black coated mesh for perimeter fence and top fabric. Please verify all measurements in the field and assume a 12' height for all perimeter fabric. All Fabric shall be knuckle to knuckle and use a top rail, bottom rail and center rail for tying. The center rail shall be located 6' from the ground elevation. Also include cost to replace any gates to match the existing opening widths and heights. Include a total estimate for each batting cage separately.

All work must be completed within 30 business days of receiving the Purchase Order. Please do not submit an estimate if you cannot meet the timeline for completion. Only weather-related issues will cause delays in the completion date.

ATTACHMENT B QUOTE FORM

DESCRIPTION		UNIT	PRICE
Cost to remove and replace:			
1.	Batting Cage by Field #2	Lump sum	\$
2.	Batting Cage by Field #4	Lump sum	\$
3.	Batting Cage by Field #8	Lump sum	\$

The responder declares that he has carefully examined, RFQ # 19-3003697, Removal And Replacemen			
0.00 0 1 1 1 1 1 1 1 1			
Of Batting Cages, the Scope of Work contained, and that he proposes and agrees, that if his quote i			
accepted, to provide the necessary services and furnish all material and labor specified in this 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 "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 (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	K RELEASE STATEMENT
You are authorized to contact the references p	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 o	of Authorized Officer or Agent of Bidder	Identification Number
Printe	d Name of Authorized Officer or Agent	
Comp	any Name & Address (do not include a post o	ffice box)
	SCRIBED AND SWORN ORE ME ON THIS THE	
	DAY OF	, 20
	y Public	
IVIV	ommission 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
Batting Caga by Field \$2

Baseball

1395 2941	
4384 5 Kms	
	poles 10ft apart
	Height 11ft 71N
<u> </u>	
	Length 60ft
	wirth 30st
Soft	
N 611 3	
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Batting Caga by Field #8
Softball

Back	Softball	
284 Gen.		60ft Long
4-part	4500	
		Height 11st 10in
		1751941 1111 1311
		27 Ft WIDE
		LITT WIDE
		1- 01 1- +
		10 ft apart
	- Ch	
	50 Ft	
	70,N	
		front
		11 ft 7 IN. Apart
	Cho'	

Batting lage by field 4

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oles Back		
7/2 stapart		60ft Long
	78+ 71N	¥0,1. 0, g
		Height 118+2/2 in.
		15 Ft WIDE
		9Ft 10m. Apart
	794 71 N.	
		Poles in front 7'2 stapart
121	'h.	- apaci
9.		