



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

**Date: December 17, 2019**

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## **Request for Quotation No. 19-3003720**

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

**I. Proposed Term:**

Thirty (30) calendar days

**II. Attachments:**

- A. Quote Form
- B. Bidder Contact Information
- C. Contractor Affidavit
- D. Reference Form and Reference Check Release Statement
- E. Insurance Requirements

**III. Payment Terms:**

Net 30

**IV. Quote Form:**

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 C, be completed with bidder's proposal.

**VI. Due Date:**

**All questions are due to Merenica Banks via email at [mbanks@dekalbcountyga.gov](mailto:mbanks@dekalbcountyga.gov) on or before 5:00 p.m. EST on Friday: December 20, 2019.**

**Additional Information/Addenda**

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Bidders should not rely on any representations, statements or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail. It is the responsibility of the Bidder to ensure awareness of all addenda issued for this solicitation. Please acknowledge the addenda and submit to the DeKalb County Department of Purchasing and Contracting as requested. Bidders may contact the above listed contact person to verify the number of addenda prior to submission. Addenda issued for this RFQ will be posted on DeKalb County's website, <https://www.dekalbcountyga.gov/informalbids>. Bidder should regularly check the County's website for addenda.

**Quotes are due on or before 3:00 p.m. EST on Friday: December 20, 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 Merenica Banks or email to [mbanks@dekalbcountyga.gov](mailto:mbanks@dekalbcountyga.gov).

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

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

Sincerely,

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Merenica Banks  
Procurement Agent  
Department of Purchasing and Contracting

**Attachments:**

- A. Quote Form
- B. Bidder Contact Information
- C. Contractor Affidavit
- D. Reference Form and Reference Check Release Statement
- E. Insurance Requirements

Attachment A

<b>RFQ 19-3003720 - Rolling, Collapsible Supply Bags &amp; Rolling Collapsible Ballot Bags</b>					
<b>Quote Form</b>					
ITEM NO.	DESCRIPTION	ESTIMATED QUANTITY	UOM	UNIT PRICE	TOTAL
1	<b>Rolling, Collapsible Supply Bag with Keyless Security</b> <b>Dimensions: 15x19x15</b> <b>Material: Arco 600</b> <b>Color: Nassau Blue - with 3 lines of embroidery included in the price. (DeKalb County Voter Registration and Elections)</b>	250	EA	\$/Case	\$
2	<b>Rolling, Collapsible Supply Bag with Dual Lock System</b> <b>Dimensions: 14x19x14</b> <b>Material: Arco 600</b> <b>Color: Red - Bags will be keyed alike with 3 lines of embroidery. (DeKalb County Voter Registration and Elections)</b>	250	EA	\$/Case	\$

**NOTES TO BIDDER:**

Note 1: The County reserves the right to award by line item. The County may accept any item or group of items in this RFQ, whichever is in the best interest of DeKalb County.

Note 2: The logo "**DeKalb County Voter Registration and Elections**" must be printed as per described in the above Quote Form. The logo must be enlarged, bold, and in solid black letters and centered on each bag.

Note 3: All prices must include F.O.B. Destination, Freight Prepaid and Allowed. This shall include shipping, delivery, unloading and placing in designated place. Contractor must provide all resources necessary to deliver all boxes/pallets to designated location.

Note 4: Rolling Collapsible Bags and Rolling Collapsible Ballot Bags order must be delivered within 25 business days upon order request. If the 15th day falls on a Friday, Weekend Day or Holiday, the delivery can be made on the next scheduled business day or contact Rick Thrower at (404) 298-4035 to schedule a delivery date and time. Can you meet this deadline and order quantity? Yes\_\_\_\_ No \_\_\_\_

Note 5: Delivery must be made between Monday-Friday, 8:00 a.m. - 4:30 p.m. to the Attn: Rick Thrower (404) 298-4035. Delivery Address: Voter Registration & Elections, 4380 Memorial Drive, Suite 300, Decatur, GA 30030.

Note: 6: All delivered boxes must be intact and must not be damaged or impaired in any way. Any damaged box(es) must be replaced within 5 business days. Bill of Lading Form must be signed at delivery. Invoices shall include delivery date, # of cases delivered and PO number.

**ATTACHMENT B**  
**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 C**  
**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  
Authorization

\_\_\_\_\_  
(Bidder's Name)

\_\_\_\_\_  
Federal Work  
Identification Number

\_\_\_\_\_  
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 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 RFQ.

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**

### **INSURANCE REQUIREMENTS**

Insurance must meet the County's requirements and will be furnished by the successful Bidder(s) upon award.

1. Successful Bidder(s) will advise their insurance agent of the County's requirements as listed below and that they may not proceed with any work until insurance is provided that is in compliance with these requirements.

2. Contractor's insurance company or agent must mail, email, or bring an original certificate of insurance and applicable declarations or endorsements to the DeKalb County address listed within this Insurance provision. Insurance must be from companies able to do business in Georgia and acceptable to the County as follows:

- a. Certificates must cover:
  - i. Statutory Workers Compensation
  - ii. Employer's liability insurance by accident, each accident \$1,000,000
  - iii. Employer's liability insurance by disease, policy limit \$1,000,000
  - iv. Employer's liability insurance by disease, each employee \$1,000,000
  - v. Business Auto Liability Insurance with a minimum \$1,000,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
  - vi. 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
- b. DeKalb County, GA shall be named as Additional Insured under any General Liability, Business Auto and Umbrella Policies. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia. Such additional insured coverage shall be endorsed to Contractor's policy by attachment of ISO Additional Insured Endorsement forms CG 20 10 10 01 (ongoing operations) and CG 20 37 10 01 (products- completed operations), or form(s) providing equivalent coverage.
- c. This insurance for the County as the additional insured shall be as broad as the coverage provided for the named-insured Contractor. It shall apply as primary insurance before any other insurance or self-insurance, including any deductible, non-contributory, and waiver of subrogation provided to the County as the additional insured.
- d. Contractor agrees to waive all rights of subrogation and other rights of recovery against the County and its elected officials, officers, employees or agents, and shall cause each Subcontractor to waive all rights of subrogation for all coverages.
- e. Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least sixty (60) days prior written notice to the County.

- f. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
- g. The insurance carrier must have a minimum A.M. Best's rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
- h. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
- i. Certificates to contain the location and operations to which the insurance applies.
- j. 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.
- k. 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.
- l. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:
- m. 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.

DeKalb County, Georgia  
Director of Purchasing & Contracting  
The Maloof Center, 2nd Floor  
1300 Commerce Drive  
Decatur, Georgia 30030