



DeKalb County Purchasing & Contracting Department  
1300 Commerce Drive, Second Floor  
Decatur, Georgia 30030

**Date: February 28, 2020**

---

## **Request for Quotation No. 20-300158**

---

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

**I. Proposed Term:**

One hundred-eighty (180) days

**II. Attachments:**

- A. Scope of Work
- B. Quote Form
- C. Quoter Contact Information
- D. Reference Form and Reference check Release Statement
- E. Quote Affidavit
- F. Insurance Requirements

**III. Payment Terms:**

Net 30

**IV. Scope of Work:**

See Attachment

**VI. 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 F, be completed with bidder's proposal.

**VII. Due Dates:**

All questions are due back to Tracy Monroe via email at [Tmonroe2@dekalbcountyga.gov](mailto:Tmonroe2@dekalbcountyga.gov) on or before 5:00 p.m. EST on March 3, 2020

Quotes are due on Monday, March 6, 2020 by 3:00PM EST. Bidder must complete and return the all attached forms via email to [tmonroe2@dekalbcountyga.gov](mailto:tmonroe2@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,



Tracy Monroe

Procurement Technician

Department of Purchasing and Contracting

**ATTACHMENT A**  
**SCOPE OF WORK**

**Beverage Products**  
**Introduction**

The Department of Public Works-Sanitation and the Department of Beautification is seeking to purchase approximately 2,321 cases of beverage products throughout the spring and summer seasons for County employees working primarily outside.

	<b>LOCATION</b>	<b>CONTACT NAME</b>	<b>CONTACT NUMBER</b>
1	<b>South Collection Lot, 1755 Fairlake Dr., Decatur, GA 30034</b>	<b>Deniece Shavuo</b>	<b>404-244-3460</b>
2	<b>Commercial Services, 1749 Fairlake Dr., Decatur, GA 30034</b>	<b>Vickie Hill</b>	<b>404-294-2168</b>
3	<b>Roll-Off, Grappler Service &amp; Compost, 4203 Clevemont Rd., Ellenwood, GA 30294</b>	<b>John Howard</b>	<b>404-493-2847</b>
4	<b>Seminole Rd. Landfill, 4203 Clevemont Rd., Ellenwood, GA 30294</b>	<b>Lizette Arlequin</b>	<b>404-687-4016</b>
5	<b>Tractor Trailer Operations, 4203 Clevemont Rd., Ellenwood, GA 30294</b>	<b>Raphael Gray</b>	<b>770-231-2570</b>
6	<b>Central Transfer Station, 3720 Leroy Scott Dr., Decatur, GA 30032</b>	<b>Michael Campbell</b>	<b>770-231-2627</b>
7	<b>Sanitation Administration, 3720 Leroy Scott Dr., Decatur, GA 30032</b>	<b>Tina Phan</b>	<b>404-922-6430</b>
8	<b>Central Collection Lot, 3689 Camp Cir., Decatur, GA 30032</b>	<b>Carolyn Kendall</b>	<b>404-297-3818</b>
9	<b>East Collection Lot, 1750 Rogers Lake Rd., Decatur, GA 30058</b>	<b>Mary Troy</b>	<b>404-294-2155</b>
10	<b>Welding Shop, 799 Camp Rd., Decatur, GA 30032</b>	<b>Thomas Buie</b>	<b>404-734-1291</b>
11	<b>North Collection Lot, 2315 Chamblee-Tucker Rd., Chamblee, GA 30341</b>	<b>Sharron Hall</b>	<b>678-406-7852</b>
12	<b>North Transfer Station, 4600 Buford Hwy., Chamblee, GA 30341</b>	<b>Calvin Houston</b>	<b>678-349-1099</b>
13	<b>Beautification, 1755 Fairlake Dr., Bldg. B, Decatur, GA 30034</b>	<b>Lorraine Singleton</b>	<b>404-294-3073</b>

**ATTACHMENT B**  
**QUOTE FORM**

**RFO NO. Beverage Products**

ITEM#	DESCRIPTION	ESTIMATED	UNIT	UNIT PRICE	TOTAL
		QUANTITY			
<b>GLACEAU VITAMINWATER - 16.9oz. 6pk</b>					
1	XXX	45	Cs	\$	\$
2	Power-C	45	Cs	\$	\$
3	Rise Zero	45	Cs	\$	\$
4	Squeezed Zero	45	Cs	\$	\$
5	XXXZero	45	Cs	\$	\$
6	Power-C Zero	45	Cs	\$	\$
<b>(;LACEAU VITAMINWATER - 20oz. 24pk</b>					
7	XXX	40	Cs	\$ - -	\$
8	Enern:v	40	Cs	\$	\$
9	Essential	40	Cs	\$	\$
10	Focus	40	Cs	\$	\$
11	Power-C	40	Cs	\$	\$
12	Revive	40	Cs	\$	\$
13	Refresh	40	Cs	\$	\$
14	Squeezed Zero	40	Cs	\$	\$
15	XXXZero	40	Cs	\$	\$
16	Power - C Zero	40	Cs	\$	\$
17	Revive Zero	40	Cs	\$	\$
18	Focus Zero	40	Cs	\$	\$

ITEM#	DESCRIPTION	ESTIMATED	UNIT	UNIT	TOTAL
		QUANTITY		PRICE	
19	Shine Zero	40	Cs	\$	\$
20	Reset Zero	40	Cs	\$ - -	\$
<b>IT AMINWATER ACTIVE 15.2oz. 12pk</b>					
21	Strawberry Black Cherrv	45	Cs	\$	\$
22	Orange Mango	45	Cs	\$	\$
23	Lemon-Lime	45	Cs	\$	\$
<b>DASANI WATER</b>					
24	20oz. Bottles - Strawberry,	71	Cs	\$	\$
25	16.9oz 24 pk	71	Cs	\$	\$
26	1 Liter 12pk	71	Cs	\$	\$
27	1.5 Liter 1 2pk	71	Cs	\$ - -	\$
<b>POWERADE - 20oz. 24pk</b>					
28	Fruit Punch	55	Cs	\$	\$
29	Grape	55	Cs	\$	\$
30	Lemon-Lime	55	Cs	\$	\$
31	Mountain Berry Blast	55	Cs	\$	\$
32	Orange	55	Cs	\$	\$
33	Mixed Berry <b>Zero</b>	55	Cs	\$	\$
<b>POWERADE - 32oz. 15pk</b>					
34	Mountain Berry Blast	53	Cs	\$	\$
35	Fruit Punch	53	Cs	\$	\$
36	Orange	53	Cs	\$	\$
37	Grape	53	Cs	\$	\$

ITEM#	DESCRIPTION	ESTIMATED	UNIT	UNIT PRICE	TOTAL
		QUANTITY			
38	Melon	53	Cs	\$	\$
39	Watermelon Strawberry	53	Cs	\$	\$
40	Citrus Passionfruit	53	Cs	\$	\$
41	Lemon-Lime	53	Cs	\$	\$
42	Twisted Blackberry	53	Cs	\$	\$
43	Lemonade	53	Cs	\$	\$
44	Strawberry Lemonade	53	Cs	\$	\$
45	White Cherry	53	Cs	\$	\$
46	Tropical Mango	53	Cs	\$	\$
47	Kiwi Pineapple	53	Cs	\$	\$
<b>ESTIMATED TOTAL</b>		<b>2321</b>			\$

**Notes to Supplier:**

Note 1 - Delivery is required within 24-48 hours after receipt of a purchase order. Delivery days are Monday - Friday 9:00am to 2:30pm

Note 2 - All Quoter's should submit prices on all items.

**ATTACHMENT C**  
**Quoter 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**  
**Quoter 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**

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:

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

- 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.