



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

Date: March 25, 2020

Request for Quotation No. 20-300160

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. Quoter Affidavit
- F. Insurance Requirements

III. Payment Terms:

Net 30

IV. Scope of Work:

See Attachment A

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 Quoter Affidavit, Attachment F, be completed with bidder's proposal.

VII. Due Dates:

All questions are due back to Phyllis A. Head via email at phead@dekalbcountyga.gov on or before 3:00pm Eastern Time on March 27, 2020.

Quotes are due on Tuesday, April 02, 2020 by 3:00PM EST. Quoter must complete and return the all attached forms via email to phead@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,

Phyllis A. Head

Department of Purchasing and Contracting

ATTACHMENT A
SCOPE OF WORK

The Department of Public Works Sanitation and Beautification is seeking to purchase approximately 1,380 cases of beverages products throughout the spring and summer seasons for the division employees working primarily outside.

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

ATTACHMENT B
QUOTE FORM

<u>ITEM</u> <u>#</u>	<u>DESCRIPTION</u>	<u>ESTIMATED</u> <u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>TOTAL</u>
<u>DASANI WATER</u>		-	-	-	
1	20oz. Bottles - Strawberry, Sparkling Lime/Berry	80	Cs	\$ _____	\$ _____
2	16.9oz 24 pk	80	Cs	\$ _____	\$ _____
3	1 Liter 12pk	80	Cs	\$ _____	\$ _____
4	1.5 Liter 12pk	80	Cs	\$ _____	\$ _____
<u>POWERADE - 20oz. 24pk</u>		-	-	-	
5	Fruit Punch	60	Cs	\$ _____	\$ _____
6	Grape	60	Cs	\$ _____	\$ _____
7	Lemon-Lime	60	Cs	\$ _____	\$ _____
8	Mountain Berry Blast	60	Cs	\$ _____	\$ _____
9	Orange	60	Cs	\$ _____	\$ _____
10	Mixed Berry Zero	60	Cs	\$ _____	\$ _____
<u>POWERADE - 32oz. 15pk</u>		-	-	-	
11	Mountain Berry Blast	50	Cs	\$ _____	\$ _____
12	Fruit Punch	50	Cs	\$ _____	\$ _____
13	Orange	50	Cs	\$ _____	\$ _____
14	Grape	50	Cs	\$ _____	\$ _____
15	Melon	50	Cs	\$ _____	\$ _____
16	Watermelon Strawberry	50	Cs	\$ _____	\$ _____
17	Citrus Passionfruit	50	Cs	\$ _____	\$ _____

18	Lemon-Lime	50	Cs	\$_____	\$_____
19	Twisted Blackberry	50	Cs	\$_____	\$_____
20	Lemonade	50	Cs	\$_____	\$_____
21	Strawberry Lemonade	50	Cs	\$_____	\$_____
22	White Cherry	50	Cs	\$_____	\$_____
23	Tropical Mango	50	Cs	\$_____	\$_____
24	Kiwi Pineapple	50	Cs	\$_____	\$_____
ESTIMATED TOTAL		1380			\$_____

Notes to Supplier:

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

Note 2 - All Quoter's should submit prices on all items or note "N/A" next to item not available.

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:
- 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