



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

Date: March 26, 2020

Request for Quotation No. [20-300162](#)

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

I. Proposed Term:

Three Hundred Sixty-five (365) calendar days

II. Attachments:

- A. Program Overview and Scope of Work
- B. Qualifying Questions
- C. Quote Form
- 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

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 E, be completed with bidder's proposal.

VI. Due Date:

All questions are due to **Jervai McConico** via email at jmccconico@dekalbcountyga.gov on or before 5:00 p.m. EST on Tuesday, April 7, 2020.

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/informal bids>. Bidder should regularly check the County's website for addenda.

Quotes are due on or before 5:00 p.m. EST on Thursday, April 16, 2020. 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 **Jervai McConico** or email to jmccconico@dekalbcountyga.gov.

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

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

Sincerely,

Jervai K. McConico

Jervai K McConico
Procurement Agent
Department of Purchasing and Contracting

Attachments

Attachment A

JAG-Education Enhancement Program

The overarching goal of DeKalb County Juvenile Court Education Enhancement Program is to 1) provide alternative education solutions, such as GED preparation classes, for youth coming through the court who are either over-age and underperforming in the traditional school setting or who have dropped out of school and wish to obtain a diploma through alternative means; (2) to provide academic support (tutoring) to youth who are struggling in school, or who are serving a suspension or expulsion to keep them on track in school; and 3) to provide the tools and supplies necessary for GED preparation and testing.

Objectives of the Educational Enhancement Program are:

- 1) Increase enrollment numbers for youth who have dropped out of the traditional school setting and wish to obtain their GED (General Education Development) through the court's program.
- 2) Increase the number of youth participating in tutorial services in efforts to increase overall academic success.

Increase the number of youth who successfully obtain their GED and increase their grade scores in traditional school due to provided tutorial support.

Attainment of the GED certificate or high school diploma is the foremost goal of the program, as it is the gateway to post-secondary education and employment with advancement potential. DCJC offers on-site, year-round GED instruction Monday-Thursday for at least four (4) hours per day. Classes are facilitated by qualified and credentialed educators, experienced in not only teaching the GED curriculum, but also teaching to the "at-risk" population the court serves. In addition to regular GED class, DCJC provides individual tutoring services in the five (5) academic subject areas (Reading, Writing, Math, Science, and Social Studies) required to pass the GED test. Tutorial services are determined based on an individual participant needs assessment, which is conducted by the case manager. All participants are administered the TABE (Tests of Adult Basic Education).

Students, who score below the required 9th grade level on the TABE test, are required to attend tutoring sessions in order to increase their academic proficiency in preparation for the GED test. When appropriate, tutorial services will also be provided for college entrance exams such as the Compass test, ACT or SAT. Once a youth is GED Ready, that youth is referred to Georgia Piedmont Technical College for official testing.

Scope of Work

Provide certified instructors to facilitate GED class sessions Monday through Thursday (4 days per week) from 9 am-1 pm (4 hours per day).

Counsel participants regarding educational goals, tutoring services, and related issues.

Researches and implements best practices for GED instruction.

Provides weekly lesson plan for GED classes.

Assesses students using proven evaluation methods.

Conduct the initial The Adult Basic Education (TABE) test to assess the reading, language, and math level of youth referred to the program.

Per initial assessment provided (The Adult Basic Education -TABE), conduct follow-up and interviews with referred participants to determine math and reading levels and

develop Individual Education Plan (IEP) to set achievable goals of educational advancement.

Provide progress reports of participant's attendance, activities, participation, progress, and behavior throughout the matriculation of scheduled class sessions to Grant Division staff and assigned JPA.

Provides reports and submits data, sign in sheets, etc. as required.

Communicates and interacts with Grant Division staff in completing educational enhancement activities of referred participants.

Where requested, attend professional, organizational, and departmental trainings, meeting and conferences.

Display sound judgement and use of appropriate measures to obtain desired results.

Attachment B

Qualifying Questions

1. Please outline your experience working with the offender population.

2. Do you have any experience with working with youth 16 – 24 years age in obtaining their GED? _____
 - a. If so, please explain? _____

 - b. If you have provided services for an organization, please provide the name, phone number and email of the contact at that organization. _____

3. What is your ideal teaching environment for GED education? _____

4. What is the maximum amount of youth 16 – 24 years of age that you have provided GED educational services to at one time? _____

5. Please explain what the requirements are for a youth 16-24 years of age to obtain their GED and be eligible to take the GED exam? _____

6. What is your teaching style? _____

7. Have you ever worked with in a grant funded GED program, working with youth 16 – 24 years of age in obtaining their GED? _____
 - a. If so, please explain? _____

8. What resources do you use to teach GED? _____

Attachment C

Quote Form	
Quoter Information	
Company Name:	
Company Address:	
Quoter Name/Title:	Phone Number:
Quoter Email Address:	
The responder declares that he/she carefully examined the Scope of Work within RFQ 20-300162 DeKalb County Juvenile Court Educational Enhancement Program. He/she proposed and agrees that if his/her quote is accepted, they will provide the necessary services and will furnish all materials and labor specified in the RFQ to complete the work in a manner therein specified within the time specified, as therein set forth for the following hourly rate.	
Hourly Rate \$/hr. _____ (In Figures)	
Quote Statement:	
I, the undersigned, certify that this quote is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a quote for the same materials, supplies, equipment, or services, and is in all respect fair and without collusion or fraud. I agree to abide by all conditions of this quote and certify that I am authorized to sign this quote for the Quoter.	
_____ Authorized Signature	_____ Date
_____ Name of Authorized Signer (Typed or Printed)	

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
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 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