



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

**Date: August 13, 2020**

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## **Request for Quotation No. 20-300168**

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

**I. Proposed Term:**

Effective immediately upon Notice of Award for one year.

**II. Attachments:**

- A. Scope of Work
- B. Qualifications & Experience
- C. Price Schedule
- D. Bidder Contact Information
- E. Reference Form and Reference Check Release Statement
- F. Bidder Affidavit
- G. Insurance

**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 Qualification & Experience, Attachment B and Contractor's Affidavit, Attachment E, be completed with bidder's proposal.

**VI. Due Dates:**

All questions should be sent via email to L. Deneen Walters at [ldwalters@dekalbcountyga.gov](mailto:ldwalters@dekalbcountyga.gov) on or **before 5:00PM EST on Thursday, August 20, 2020.**

**Quotes are due on Thursday, August 27, 2020 by 3:00PM EST. Bidder must complete and return the all attached forms via email to [ldwalters@dekalbcountyga.gov](mailto:ldwalters@dekalbcountyga.gov).**

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

Sincerely,



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L. Deneen Walters  
Procurement Agent  
Department of Purchasing and Contracting

**ATTACHMENT A**  
**SCOPE OF WORK & GENERAL REQUIREMENTS**

**Services for INSPIRE Family Treatment**

**Introduction:**

INSPIRE Family Treatment Court is a 18-24 month comprehensive program that will create and utilize a team approach to working with adults with children in Division of Family and Children Services (DFCS) custody and struggling with drug addiction. Participants will engage in intensive long-term treatment such as Moral Reconciliation Therapy, Treatment Recovery and Empowerment Model, and Cognitive Behavioral Interventions for Substance Abuse in conjunction with individual and group therapy, accountability through frequent court appearances, observed random drug screenings, and community-based support in order to ensure that their children will achieve timely permanency.

INSPIRE Family Treatment Court will provide the tools needed to break the cycle of addiction, allow children to live safely in their home, reduce the likelihood of relapse, empower parents to successfully address their needs as well as the needs of their child(ren), and build a foundation for a healthy family environment without the snare of addiction.

The services listed below are at a per session rate.

**Trauma Recovery and Empowerment Model (TREM)**

The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse. Drawing on cognitive restructuring, psychoeducational, and skills-training techniques, the gender-specific 24-29 session group emphasizes the development of coping skills and social support. It addresses both short- and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse. TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations.

**Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA)**

The Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA) curriculum is designed for individuals that are moderate to high need in the area of substance abuse and well suited for criminal justice populations. The curriculum can be delivered as a stand-alone substance abuse intervention, or incorporated into a larger program, particularly those designed for clients in the corrections system. As the name of the curriculum suggests, this intervention relies on a cognitive behavioral approach to teach participants strategies for avoiding substance abuse. The program places heavy emphasis on skill building activities to assist with cognitive, social, emotional, and coping skill development. Such cognitive behavioral strategies have routinely demonstrated high treatment effects, including when used with a correctional population. The components of the curriculum include pretreatment (optional), Motivational Enhancement, Cognitive Restructuring, Emotional Regulation, Social Skills, Problem Solving, and Relapse Prevention.

## **MRT**

Moral Reconciliation Therapy-MRT® is an effective systematic, cognitive-behavioral approach that treats a wide range of issues including substance abuse, domestic violence, trauma, parenting, job skills, and other issues. The programs are implemented in groups utilizing workbooks directly targeting specific issues.

### **Qualifications:**

- Must present a copy of Certifications for all evidence-based curriculums.
- Must have worked with adults with substance abuse or other presenting issues.
- Must have facilitated the curriculum at least once before.
- Schedule is flexible and able to work during daytime hours.
- Must be able to establish proper boundaries, while still being empathetic.













**ATTACHMENT B**  
**QUALIFICATIONS & EXPERIENCE CON'T**

10. Are you able to assign a specific facilitator to attend the semi-annual team retreats?

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11. What population has the company worked with in the past providing these services?

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12. What is your retention rate in the classes that you've facilitated?

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**ATTACHMENT C**  
**PRICE SCHEDULE**

**Price Schedule**

<b>Item No.</b>	<b>COMMODITIES OR SERVICES</b>	<b>Number of Sessions</b>	<b>Unit Cost per Session</b>	<b>Total Cost</b>
1	Trauma Recovery and Empowerment Model (TREM)	/Session	\$	\$
2	Cognitive-Behavioral Interventions for Substance Abuse (CBI-SA)	/Session	\$	\$
3	Moral Reconciliation Therapy-MRT®	/Session	\$	\$

End of Price Schedule

**ATTACHMENT D**  
**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 E**  
**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 F**  
**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

\_\_\_\_\_  
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 G**  
**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