

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

## Date: February 25, 2020

# **Request for Quotation No. 20-3003726**

# **CARPET REPLACEMENT**

#### I. Proposed Term:

Thirty (30) calendar days

#### II. Attachments:

- A. Scope of Work
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Bidder Affidavit
- E. Insurance Requirements
- F. Floor Plan Appendix A

## III. Payment Terms:

The County's official payment terms are 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 Bidder Affidavit, Attachment D, be completed with bidder's quote.

VI. Mandatory Pre-Bid Meeting and Site Visit will be held on Friday, February 28, 2020 at 9:00 a.m. at: DeKalb County, P&C Main Lobby, 1300 Commerce Dr. – 2nd Floor.

#### VI. Due Date:

All questions are due to Lola Awonusi, via email at <u>oawonusi@dekalbcountyga.gov</u> on or before 5:00 p.m. EST on March 02, 2020.

Quotes are due on or before 3:00 p.m. EST on March 04, 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 Lola Awonusi or email to oawonusi@dekalbcountyga.gov.

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

THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL QUOTES, TO WAIVE INFORMALITIES, AND/OR TO RE-ADVERTISE.

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

Sincerely,

Lola Awonusi Procurement Technician Department of Purchasing and Contracting

# ATTACHMENT A

## **SCOPE OF WORK**

# I. SCOPE OF WORK

**<u>Project:</u>** Removal and replacement of worn carpeting in specified areas of the 2<sup>nd</sup> Floor of the Maloof Administration building – 1300 Commerce Drive, Decatur, Georgia 30030.

<u>General scope</u>: The selected contractor will furnish all labor, materials, tools and equipment necessary to remove existing carpeting and install new carpet, LVT and cove base as specified within.

#### Scope of work:

- 1. Move or lift office furniture as needed to complete the project. Details will be discussed at the Pre-Bid meeting.
- 2. Remove and properly dispose of existing carpet and cove base.
- 3. Install 7,400 square feet of new carpet and 445.60 square feet of LVT in assigned areas.
- 4. Specifications:
  - Carpet: Style/Name Datum/BT284, Color: 7927 Shale, Size: 24" x 24", Mohawk Group.
  - Cove Base: C0116/63125, color 02 Night Skies, Mohawk Group.
  - LVT: Select Step II Wood CR703 W949 URBAN, Mohawk Group.
- 5. The project start date shall be within 30 days of award of the bid. The project work hours are Monday through Friday, 5:00 pm to 12:00 am, and weekends 8:00 am to 8:00 pm.

## **Quality Assurance:**

- 1. The successful bidder must:
  - Use only skilled and experienced carpeting installers for the installation of carpeting and LVT.

## Warranties:

- Carpeting shall have a limited lifetime warranty for wear, static, colorfastness, and stain resistance.
- Additional materials shall have minimum warranties equal to industry standards.
- Installation workmanship for carpeting, LVT, cove base, tile adhesives and all other materials related to the installation shall be guaranteed for a minimum of one year.
- The Bidder will be the sole point of contact on any problems during the warranty period.

## ATTACHMENT B

# **QUOTE FORM**

	Pricing Category	<b>Total Price</b>
1.	Carpet / Cove base Supply	
2.	LVT Supply	
3.	Installation	
4.	Removal / Disposal	
5.	Ancillary charges (If Any)	
	Total Bid Price	

The responder declares that he has carefully examined, RFQ # 20-3003726, Carpet Replacement, the Scope of Work contained, and that he proposes and agrees, that if his quote is accepted, to provide the necessary services and furnish all material and labor specified in this RFQ, or necessary to complete the work in the manner therein specified within the time specified, , as therein set forth for the following lump sum amount which sum is hereinafter referred to as "Lump Sum."

LUMP SUM TOTAL	\$	\$	
	(State amount in writing on this line)	(In Figures)	

# ATTACHMENT C

## **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 services 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 Teleph code)		one Number (include area
Email Address		
Project Name		

Company Name		Contract Period
Contact Person Name and Title	Teleph code)	one Number (include area
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 Bidder)	
Company Name	Date

#### ATTACHMENT D

#### **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.

Notary Public My Commission Expires: \_\_\_\_\_

## ATTACHMENT E

## **INSURANCE REQUIREMENTS**

#### **IMPORTANT NOTICE**

#### **IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN**

- I. If the County sends to you notice of Award on this bid, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
- II. Instruct your insurance agent that the County's requirements are listed in Section III, and that you *must* comply with these requirements before you may proceed with the work.
- III. Before the starting of any work, the successful contractor must furnish to DeKalb County certificates of insurance from companies doing business in Georgia and acceptable to the County as follows:
  - 1. Certificates must cover:
    - Statutory Workers Compensation
    - **Business Auto Liability Insurance** with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
    - 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
  - 2. DeKalb County, GA shall be named as Additional Insured under any General Liability, Business Auto and Umbrella Policies using ISO Additional Insured Endorsement forms CG 2010 or its equivalent. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia.
  - 3. The insurance carrier must have a minimum rating of A or higher as determined by the rating firm A.M. Best.

(Continued)

- 4. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
- 5. Certificates to contain the location and operations to which the insurance applies.
- 6. 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.
- 7. 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.
- 8. Certificates are to be issued, and the successful contractor shall mail insurance documents listed in this form, to:

DeKalb County Department of Purchasing and Contracting The Maloof Center 2<sup>nd</sup> Floor 1300 Commerce Drive Decatur, Georgia 30030

9. 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.

#### APPENDIX A - FLOOR PLAN

