



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

Date: April 8, 2020

Request for Quotation No. 20-3003731

ACU2000-IP - Interoperability Communication System

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

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. Due Date:

All questions are due to Lola Awonusi, via email at oawonusi@dekalbcountyga.gov on or before 5:00 p.m. EST on April 13, 2020.

Quotes are due on or before 5:00 p.m. EST on 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 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,

Omolola Digitally signed by
Awonusi Omolola Awonusi
Date: 2020.04.08
13:19:24 -04'00'

Lola Awonusi
Procurement Technician
Department of Purchasing and Contracting

Delois Robinson
Delois Robinson (Apr 8, 2020)

ATTACHMENT A

Scope of Work

The ACU2000-IP is an interoperability communication device which enables interdepartmental, agencies and surround agency municipalities to communicate on the same frequency. The ways of interoperability connection are through mobile or portable radios, telephones, cellular, satellite and SIP phones.

The scope of work for the ACU2000-IP is to provide the listed equipment below:

- 1 - Rack mount ACU2000IP with Controller S\W and Access Kit – Black Item # 5961-230000
- 12 - DSP-2/DSP-3 Processor Module – Black – Item # 5961-838000
- 12 - Interface cables (TBD)
- Rack mount computer system to access the ACU2000IP (Rack mount monitor, keyboard and mouse)

The complete ACU2000IP package will be transferred to a third-party vendor for installation. These items properly installed will enhance the interoperability within any emergency incident or schedule event.

ATTACHMENT B

QUOTE FORM

| Quantity | Inventory ID | Description | Unit Cost | Total Price |
|-----------------------|---------------------|---|------------------|--------------------|
| 1 | 5961-230000 | Rack mount ACU2000IP with Controller S\W and Access Kit – Black | \$ _____ | \$ _____ |
| 12 | 5961-838000 | DSP-2/DSP-3 Processor Module – Black | \$ _____ | \$ _____ |
| 12 | TBD | Interface cables | \$ _____ | \$ _____ |
| 1 | | Rack mount computer system (Rack mount monitor, keyboard and mouse) | \$ _____ | \$ _____ |
| LUMP SUM TOTAL | | | | |

The responder declares that he has carefully examined, RFQ No. 20-3003731, ACU2000-IP - Interoperability Communication System, 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 | 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 Bidder)

Company Name _____ Date _____

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
2nd 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.


RFQ 20-3003731 ACU 2000 IP System

Final Audit Report

2020-04-08

| | |
|-----------------|--|
| Created: | 2020-04-08 |
| By: | Omoloa Awonusi (oawonusi@dekalbcountyga.gov) |
| Status: | Signed |
| Transaction ID: | CBJCHBCAABAAUNNBNpn2GGI1OouUaBoQVeM0ueoMahAE |

"RFQ 20-3003731 ACU 2000 IP System" History

-  Document digitally presigned by Omolola Awonusi (oawonusi@dekalbcountyga.gov)
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