



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

Date: October 8, 2020

Request for Quotation No. 20-3003739

Vest Carriers

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 October 13, 2020.

Quotes are due on or before 5:00 p.m. EST on October 15, 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 Awonusi \(Oct 8, 2020 16:25 EDT\)](#)

Lola Awonusi
Procurement Technician
Department of Purchasing and Contracting



[Delois Robinson \(Oct 9, 2020 08:08 EDT\)](#)

ATTACHMENT A

Scope of Work

DeKalb County, Georgia is seeking a well-qualified bidder to submit pricing for the Blauer® Style #8370XP Vest Carriers in the sizes as listed in the **Quote Form, Attachment B**.

ATTACHMENT B**QUOTE FORM**

PRICE SCHEDULE					
ITEM NO.	COMMODITIES OR SERVICES	ESTIMATED QUANTITY	UNIT	UNIT PRICE	TOTAL AMOUNT
1	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: SM/SH	20	Each	\$ _____	\$ _____
2	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: S/REG	20	Each	\$ _____	\$ _____
3	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: S/TALL	20	Each	\$ _____	\$ _____
4	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: S/M SH	30	Each	\$ _____	\$ _____
5	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: S/M REG	30	Each	\$ _____	\$ _____
6	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: S/M TALL	10	Each	\$ _____	\$ _____
7	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: M SH	30	Each	\$ _____	\$ _____
8	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: M REG	30	Each	\$ _____	\$ _____
9	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: M/L TALL	30	Each	\$ _____	\$ _____
10	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: L REG	30	Each	\$ _____	\$ _____
11	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: L TALL	30	Each	\$ _____	\$ _____
12	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: L/XL SH	30	Each	\$ _____	\$ _____
13	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: L/XL REG	30	Each	\$ _____	\$ _____

14	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: L/XL TALL	30	Each	\$ _____	\$ _____
15	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: XL SH	30	Each	\$ _____	\$ _____
16	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: XL REG	30	Each	\$ _____	\$ _____
17	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: XL TALL	30	Each	\$ _____	\$ _____
18	Blauer, Style # 8370XP-11 ArmorSkin, Vest Cover System- Color: Black - Size: 2XL REG	10	Each	\$ _____	\$ _____
TOTAL BID AMOUNT				\$ _____	

The responder declares that he has carefully examined, RFQ No. **20-3003739, Vest Carriers**, 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 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.

BY: _____	_____
Authorized Officer or Agent (Bidder's Name)	Federal Work Authorization Enrollment Date

_____	_____
Title of Authorized Officer or Agent of Bidder	Identification Number

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 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.