



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

Date: September 22, 2021

Request for Quotation No. [21-300189](#)

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

Work Gloves for DeKalb County Sanitation and Beautification Division

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

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 Marion Dean via email at mkdean@dekalbcountyga.gov on or before 5:00 p.m. EST on September 28, 2021

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

Quotes are due on or before 3:00 p.m. EST on October 1, 2021. 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 Marion Dean or email to mkdean@dekalbcountyga.gov.

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

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

Sincerely,

Marion Dean

Marion K. Dean
Procurement Agent
Department of Purchasing and Contracting

ATTACHMENT A
SCOPE OF WORK & MINIMUM SPECIFICATIONS

**WORK GLOVES FOR DEKALB COUNTY SANITATION AND
BEAUTIFICATION DIVISION**

I. General Requirements:

The Contractor shall supply work gloves for DeKalb County Sanitation and Beautification Division on an “as ordered” basis.

II. Standards and Specifications:

- All work gloves shall comply with all Federal and State Occupational Safety and Health Act (OSHA) requirements and FAA Standards, where applicable.
- Gloves shall meet OSHA requirements for “job fitting gloves and the proper use of personal protective apparel”.
- The Contractor shall be responsible for performing all tests and inspections to ensure that all gloves meet all requirements as specified in this Request for Quotes (RFQ).
- The Contractor shall be responsible for all costs associated with replacement of defective gloves purchased by the County, include return shipping costs.
- Sample gloves are required. Bidder shall submit 1 pairs of leather palm gloves in each size, and 1 pairs of latex gloves in any size to:

Kasanthia Wilkins
PW – Sanitation
3720 Leroy Scott Dr.
Decatur, GA 30032

- Bidder shall indicate the corresponding lines item no. and the manufacturer for each glove sample submitted and ensure that it is clearly written or attached to the glove sample.

III. Delivery Addresses

- Central Transfer Station – Administration
3720 Leroy Scott Dr.
Decatur, GA 30032
Contact: Tina Phan (404) 294-2708
- Central Collections Lot

- 3689 Camp Circle
Decatur, GA 30032
Contact: Carolyn Kendall (404) 297-3818
- North Collections Lot
2315 Chamblee Tucker Road
Chamblee, GA 30341
Contact: Sharon Hall (678) 406-7852
 - East Collections Lot
1750 Rogers Lake Rd.
Lithonia, GA 30058
Contact: Lorraine Singleton (404) 294-3073
 - South Collections Lot
1755 Fairlake Dr.
Decatur, GA 30034
Contact: Kasanthia Wilkins (404) 244-4926; Jessica Ballard (404) 244-3460
 - Beautification
1755 Fairlake Dr., Bldg. B
Decatur, GA 30034
Contact: Khaila Moss (404) 294-2257
 - Welding Shop
799 Camp Road
Decatur, GA 30032
Contact: Thomas Buie (404) 734-1291
 - North Transfer Station
4600 Buford Hwy.
Chamblee, GA 30341
Contact: Robert Jenkins (470) 631-4889; Tina Phan (404) 294-2708
 - Seminole Landfill
4203 Clevemont Rd.
Ellenwood, GA 30294
Contact: Chanile Hines (404) 687-4016
 - Roll-Off/Grapppler
4203 Clevemont Rd.
Ellenwood, GA 30294
Contact: Vicki Hill (404) 687-4017

ATTACHMENT B
QUOTE FORM

QUOTE FORM					
<u>Item No.</u>	<u>Item Description</u>	<u>Est. Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Amount</u>
1	Gloves, leather palm work, gauntlet long cuff, Size S Liberty Brand or Equivalent	20	Dozen	\$ _____/Doz.	\$ _____
2	Gloves, leather palm work, gauntlet long cuff, Size M Liberty Brand or Equivalent	100	Dozen	\$ _____/Doz.	\$ _____
3	Gloves, leather palm work, gauntlet long cuff, Size L Liberty Brand or Equivalent	100	Dozen	\$ _____/Doz.	\$ _____
4	Gloves, leather palm work, gauntlet long cuff, Size XL Liberty Brand or Equivalent	700	Dozen	\$ _____/Doz.	\$ _____
5	Gloves, leather palm work, gauntlet long cuff, Size XXL Liberty Brand or Equivalent	200	Dozen	\$ _____/Doz.	\$ _____
6	Powdered Free, Latex Gloves, 4 - 4.5 Mil., Size S	10	Box	\$ _____/Box	\$ _____
7	Powdered Free, Latex Gloves, 4 - 4.5 Mil., Size M	10	Box	\$ _____/Box	\$ _____
8	Powdered Free, Latex Gloves, 4 - 4.5 Mil., Size L	25	Box	\$ _____/Box	\$ _____

9	Powdered Free, Latex Gloves, 4 - 4.5 Mil., Size XL	100	Box	\$ _____/Box	\$ _____
10	Powdered Free, Latex Gloves, 4 - 4.5 Mil., Size 2XL	20	Box	\$ _____/Box	\$ _____
	TOTAL	1285			\$ _____

Quote Statement

The undersigned, as Responder, declares that he has carefully examined, RFQ No. 21-300189, Work Gloves for DeKalb County Sanitation and Beautification Division, the Specifications therein contained, and that he/ she proposes and agrees that if his/ her bid is acted, to provide the necessary services, equipment and labor specified in the RFQ, or necessary to complete the work in the manner therein specified within the time specified, as therein set forth for the following event amount which sum is hereinafter referred to as the "Total Bid."

Authorized Signature

Date

Name of Authorized Signer (Typed or Printed)

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 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 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
Authorization

Federal Work
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 E
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