



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

**Date: February 10, 2022**

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## **Request for Quotation No. [22-300198](#)**

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

**I. Proposed Term:**

Thirty (30) calendar days

**II. Attachments:**

- A. Scope of Work
- B. Quote Statement Form
- C. Reference Form and Reference Check Release Statement
- D. Contractor Affidavit
- E. Sub-Contractor Reference Statement
- F. Sub-Contractor Affidavit
- G. Insurance Requirements

**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 **Saharah Allen** via email at [Snallen@dekalbcountyga.gov](mailto:Snallen@dekalbcountyga.gov) on or **before 5:00 p.m. EST on Tuesday, February 15, 2022.**

**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/informal bids>. Bidder should regularly check the County's website for addenda.

**Quotes are due on or before 3:00 p.m. EST on Tuesday, February 18, 2022.** 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 Saharah Allen or email to [Snallen@dekalbcountyga.gov](mailto:Snallen@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,

*Saharah N. Allen*\_\_\_\_\_

Saharah N. Allen  
Procurement Technician  
Department of Purchasing and Contracting

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

Unit# 14960

**MINIMUM TECHNICAL SPECIFICATIONS  
FOR A STUMP SPLITTER COMPLETE AND READY TO OPERATE**

Equipment must comply with Federal and State laws and regulations as applicable date of delivery concerning equipment and conditions and will be complete with standard equipment and all extra equipment as specified. Bidder will fill in the following information as applicable to unit offered.

**MINIMUM SPECIFICATION**

**BIDDER STATE**

**A. Material Specifications:**

1. The Stump Splitter shall be designed to quickly reduce stumps and other wood debris to proper size for tub grinder or landfill operation.
2. The metal shall be made entirely from heat-treated, quenched and tempered, high-strength alloy steel with hard facing on knives.
3. The knife thickness shall be no less than 2.5 inches.
4. The stump splitter shall have oversized bushings and bearings.

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**B. Weight Rating and Dimensions:**

1. The weight shall be a minimum of 5,500 lbs.
2. The mouth opening shall be no less than 60 inches.
3. The machine class excavator weight rating shall be no less than 90,001 to 110,000 lbs. to operate the splitter.

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**C. Operating:**

1. The stump splitter shall be able to crush and split by using the full power of the excavator curl cylinder.
2. There shall be no hydraulics built or made onto the stump splitter.
3. The Splitter shall have front and rear jaws that have sharp edges for maximum penetration and two-sided splitting action.
4. The front jaw shall also have a splitting edge to split with a downward force.
5. The rear jaw shall have a hook to position stumps for fast and easy splitting.

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**D. Installation:**

1. Installation of the stump splitter shall be simple and straightforward for easy removal, to allow for its replacement with the bucket.
2. Installation of any additional mounting brackets or curl links needed, shall be performed by the vendor.

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**E. Warranty**

1. Shall have a 2 yr. / 4000 hr. Basic Full Warranty

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**F. Training:**

1. Training shall be provided on operating the stump splitter for four (4) operators for four (4) hours.

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MINIMUM SPECIFICATIONBIDDER STATE

G. Bidder fill in below the brand name, model or identification number and year model of item offered in bid.

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(Brand Name and Model or Identification Number)

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(Year Model)

H. Deliver Receipt: "A Bill of Lading" or a "Dealer's Receipt" showing delivery date and signed by shipper and DeKalb County.

I. Manuals: The successful Bidder is to include the following manuals in binders with the order. Paper manuals are required. Online manuals and CD's will be accepted in addition to paper manuals. Bidder will be responsible for all subscriptions, updates, registrations, renewals and fees associated with online manuals for the active life of the units.

1. Factory Shop Repair Manuals, including specific manuals for each major component and attachments, i.e., Engine, Transmission, and Front Lift Frame Assembly. Furnish only one (1) manual for each item Number bid (not per unit). 

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2. Factory Shop Parts Manual - for including specific manuals for each major component and attachments, i.e. Engine, Transmission and Front Lift Frame Assembly. Furnish only (1) manual for each item Number bid (not per unit). 

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3. Operator's Manual and Warranty Booklet – one (1) per unit; plus one (1) additional for Item Number bid, (not per unit). 

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J. DATA SHEET: At delivery provide a single sheet of paper with all Component Model and Serial Numbers. List to include: Engine, Transmission, Axles, PTOs, Pumps, Motors, Tires, Battery, Alternator, Belts, Hoses, Filters and any other major items.



### **Attachment B- Quote Form**

ITEM NO.	QUANTITY	COMMODITIES OR SERVICES	UNIT Of MEASURE	UNIT PRICE	AMOUNT
1.	1	Stump Splitter	EACH	\$ _____	\$ _____

**CONTACT INFORMATION:**

Vendor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact Person \_\_\_\_\_ Email Address \_\_\_\_\_

Signature: \_\_\_\_\_

**NOTES TO SUPPLIER:**

**NOTE 1:** Title Application and Manufacturer's Statement of origin must be made out to: DeKalb County Georgia; 1300 Commerce Drive, Decatur, GA 30030

**NOTE 2:** Please deliver to 3043 Warren Rd., Decatur, GA 30030 with Purchase Order, Invoice, MV1 and MSO. Contact Anthony Williams at 404-244-4209 concerning delivery date and time. Fax signed Purchase Order to 404-297-3294 to confirm receipt.

**NOTE 3:** DELIVERY: Delivery is required within 120 calendar day(s) after receipt of order. However, alternate delivery time may be considered provided it is so stated. Do not use-words such as: "Immediate", "As soon as Possible," etc.; state the exact earliest date or the minimum number of calendar days required after receipt of order. (If calendar days are used then Saturday, Sunday and holidays are included).

**Quote Statement**

The undersigned, as Responder, declares that he has carefully examined, RFQ No. 22-300198, Stump Splitter, 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  
Number

\_\_\_\_\_  
Federal Work  
Identification

\_\_\_\_\_  
(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**

**SUBCONTRACTOR REFERENCE AND RELEASE FORM**

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period who can verify your experience and ability to perform the type(s) of product(s)/ service(s) listed in the solicitation.

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name and Description			
Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name and Description			
Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name and Description			

**REFERENCE CHECK RELEASE STATEMENT**

You are authorized to contact the references provided above for purposes of this ITB.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
(Authorized Signature of Bidder)

Company Name \_\_\_\_\_ Date \_\_\_\_\_

**ATTACHMENT F**

**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the individual, firm, or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ name of contractor) on behalf of 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.]

\_\_\_\_\_  
BY: Authorized  
Work Authorization  
(Bidder's Name)

\_\_\_\_\_  
Officer or Agent Federal

\_\_\_\_\_  
Title of Authorized Officer or Agent of Bidder Identification Number

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent

\_\_\_\_\_  
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