



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

**Date: February 18, 2022**

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## **Request for Quotation No. [22-300199](#)**

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

### **Mentoring Service Program Multi-Year Contract**

**I. Proposed Term:**

Thirty (30) calendar days

**II. Attachments:**

- A. Scope of Work
- B. Minimum Specifications
- C. Quote Form
- D. Reference Form and Reference Check Release Statement
- E. Bidder Affidavit

**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 L. Deneen Walters via email at [ldwalters@dekalbcountyga.gov](mailto:ldwalters@dekalbcountyga.gov) on or before 5:00 p.m. EST on February 23, 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 March 3, 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 L. Deneen Walters or email to [ldwalters@dekalbcountyga.gov](mailto:ldwalters@dekalbcountyga.gov).

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

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

Sincerely,

*L. Deneen Walters,*

Procurement Agent

Department of Purchasing and Contracting

Attachments

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

The U.S. Department of Labor-Employment and Training Administration awarded DeKalb County Juvenile Court (DCJC) funding for the YouthBuild program for the second time. YouthBuild will provide education, occupational training, employment, mentoring, service learning, and leadership skills to low income youth who reside in DeKalb County.

YouthBuild is a community-based alternative education program for youth between the ages of 16 and 24 who are high school dropouts that also have other risk factors, including being adjudicated youth, youth aging out of foster care, youth with disabilities, migrant farmworker youth, and other disadvantaged youth populations. The YouthBuild program simultaneously addresses multiple core issues important to youth in low-income communities: affordable housing, leadership development, education, and employment opportunities in in-demand industries and apprenticeship pathways. YouthBuild programs are the connection point to vital services for the youth they serve. Meaningful partnership and collaboration are key aspects of this service delivery model, through the workforce system, as well as the education and human services systems.

DCJC is seeking proposals from qualified providers able to implement a quality Mentoring program to fulfil the mentoring aspect of our YouthBuild program for up to 53 participants.

**Terms**

A contract will be awarded from **March 2022 through October 4, 2024**. The award will be contingent upon continued funding from the Department of Labor-Employment and Training Administration.

## **ATTACHMENT B**

### **MINIMUM SPECIFICATIONS**

The selected vendor will be responsible for adhering to requirements set forth by the program. Regular reporting will be required to track program activity including performance measures and spending. The vendor will submit demographics, program narratives, and performance measures reports to DCJC on a monthly basis. The vendor will be required to attend at least monthly check-in meetings with DCJC to provide updates on program progress. Participants will be given satisfaction surveys bi-monthly to track the mentee's experience and improvements toward goal attainment.

The selected vendor will be responsible for recruiting new mentors to the program who must be willing to commit to serving for at least one year. The recruitment plan must include presenting program information and print material to potential mentors or organizations able to assist with recruiting new mentors. The program must recruit reliable and consistent mentors from diverse backgrounds, with a goal of at least 25% being from minority populations. This number may include former mentors who wish to return to the program.

- Provide two (2) mentoring events per month on the agreed upon dates to YouthBuild participants.
- Provide a detailed plan of what topics and/or curriculum will be used to facilitate mentoring.
- **Topics must include** structured activities that focus on community service, career exploration; soft skills; life-skills development; team and leadership building; and time management.
- Provide equipment (sports materials, board games, video games, etc.) needed to conduct mentoring events to YouthBuild participants.
- Provide all materials needed for activities of YouthBuild participants.
- Conduct initial screening, orientation, training, and background checks including criminal history, sex offender registry and MVR on all potential mentors.
- Manage programmatic activities related to mentoring.
- Oversee operational activities including supervision, support, ongoing training, matching, recognition, and closure procedures for YouthBuild participants.
- Coordinate mentee group matching for referred YouthBuild participants during agreement period.

- Provide evaluation summaries of the mentoring events to the DeKalb County Juvenile Court YouthBuild program.
- Provide a contact person who will give updates on mentoring project progression and pro-social activities.

### **Requirement #1**

**Narrative:** With the above information in mind, please outline your mentoring curriculum, recruitment processes, and timeline. Also include your past and current experience with mentoring, working with at risk youth, and collaborating with other community partners. (Attach additional pages, if necessary) Please note, budgets should be attached separately.

### **Applicants will also be evaluated based on the following:**

- Experience in providing mentoring services (15 points)
- Experience in program design and implementation (15 points)
- Experience in vetting and background verifications to ensure participant safety (10 points)
- Experience in working collaboratively with community partners (10 points)
- Familiarity with at-risk youth and families (10 points)
- Plan for implementing the YouthBuild Mentoring program (20 points)
- Proposed budget based upon the **\$30,000** grant allotment (15 points)
- Available start date for program implementation (5 points)

DCJC will utilize key performance measures below to determine if the Mentoring Program is successful.

How much did we do?

- # of eligible mentees who were served
- # of eligible mentors who were recruited and approved to serve

How well did we do it?

- % of mentees who report they are satisfied or very satisfied with mentoring services as measured twice per year using a Mentoring Satisfaction Survey
- % of mentors who made weekly contact with their matched mentees
- % of mentors who maintained contact with their mentees for more than 6 months
- % of mentors who maintained contact with their matched mentees for at least one year

Is Anyone Better Off?

- % of participants who showed improved self-worth/self-esteem as measured twice per year using a Mentoring Satisfaction Survey
- % of participants who met their academic/career/occupational goals as measured internally semi-annually
- % of YouthBuild participants who report a re-connection to work and/or school
- % of at-risk youth participants who report maintaining personal connections

## **Requirement #2**

**Past Performance:** Using the metrics above, please provide the data from a previous mentoring project. If all of the metrics are not available, please provide data that you have available for your last mentoring project. (Attach additional pages, if necessary).

## **Additional Qualifications:**

- 2 years of experience providing mentoring
- 2 years of experience working with youthful offenders or at-risk youth.
- Capable of offering a hybrid model for mentoring including utilizing a virtual platform and in-person sessions to teach and engage students.
- Not currently suspended, disbarred, or ineligible for federal grants
- All facilitators and mentors must be able to pass a background and sex offender registry check.

**ATTACHMENT C**  
**PRICE SCHEDULE**

| Price Schedule   |                           |                  |   |                  |   |              |                                 |   |                       |
|--|---------------------------|------------------|---|------------------|---|--------------|---------------------------------|---|-----------------------|
| Item No.   | SERVICES                  | Instructor(s)    |   |                  |   | x            | Duration of the program in days | = | Total Cost of Program |
|  |                           | # of Instructors | x | Rate per Session | = | Cost per day |                                 |   |                       |
| 1  | Mentoring Service Program | _____/day        |   | \$ _____         |   | \$ _____     | _____/day                       |   | \$ _____              |
| ****Please include in the per session rate any administrative cost**** |                           |                  |   |                  |   |              |                                 |   |                       |

End of Price Schedule

**ATTACHMENT D**  
**BIDDER CONTACT INFORMATION**

Are you a DeKalb County Firm? YES \_\_\_\_\_ NO \_\_\_\_\_

Signed, sealed, and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Responder

By: \_\_\_\_\_

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Responder's Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address



**ATTACHMENT E**  
**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 F**  
**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 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