



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

Date: April 21, 2022

Request for Quotation No. 22-3003773

DeKalb County, Georgia is requesting a quotation for Kitchen Equipment for FS 7

I. Proposed Term:

Thirty (30) calendar days

II. Attachments:

- A. Scope of Work
- B. Quote Form
- C. Bidder Contact Information
- D. Reference Form and Reference Check Release Statement
- E. Bidder Affidavit
- F. 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 Monique C. McCrear via email at mcmccrear@dekalbcountyga.gov on or before 5:00 p.m. EST on April 26, 2022.

Quotes are due on or before 5:00 p.m. EST on April 29, 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 mcmccrear@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,

Monique C. McCrear

Monique C. McCrear
Procurement Technician
Department of Purchasing and Contracting

Attachment A

Scope of Work

Request for Quotation No. 22-3003773

Kitchen Equipment FS 7

DeKalb County is seeking qualified bidders to provide Kitchen Equipment for DeKalb County FS 7:

1) American Range

Culinary Series Heavy Duty Restaurant Range, gas, 60", (1) 24" griddle with 5/8" thick grill plate, manual controls, (6) 32,000 BTU open burners, (2) 26-1/2" ovens with one rack each, stainless steel front, sides & high shelf, 6" chrome plated legs, 89.0kW, 302,000 BTU, cETLus, ETL-Sanitation, Made in USA, Standard two-year limited warranty on parts & labor, Natural Gas, (2) 26-1/2" standard ovens, or equivalent.

2) American Range

Char-Rock Broiler, gas, countertop, 24" wide, (2) "H" shaped burners, heavy duty reversible cast iron grates with grease runners, manual controls, stainless steel front & sides, 20.0kW, 70,000 BTU, cETLus, ETL-Sanitation, Made in USA, Standard two-year limited warranty on parts & labor, Natural Gas, or equivalent.

3) MET

Equipment Stand, 24"W x 30"D x 24"H, 18/430 stainless steel top with 1.5" up-turn on sides & rear, 18/430 stainless steel undershelf & legs, stainless steel adjustable bullet feet, NSF, or equivalent.

4) Dormont Manufacturing Packed 1 kt

Dormont ReliaGuard® Foodservice Gas Connector Kit, 3/4" inside dia., 48" long, covered with stainless steel braid, coated with gray PVC, (1) quick disconnect, coiled restraining cable with hardware, limited 5-year warranty, or equivalent.

5) CMA Dishmachines

Dishwasher, Corner Design, door type, 25-1/2"W x 25"D x 60"H, high temperature sanitizing, (60) racks/hour, external Poly Pro™ scrap accumulator, electric tank heat, auto fill, stainless steel construction, includes (1) open & (1) peg rack, 1 HP wash pump, NSF, cULus, ENERGY STAR®, Booster Heater (factory installed), 208v/60/3-ph, 49.0 amps, standard, Safe-T-Temp feature assures 180 degree sanitizing rinse once the booster thermostat has been satisfied. Cycle time will vary due to incoming water temperature, or equivalent.

- 6) ATS MFG
Work Table, 72"W x 30"D x 35"H, 18/430 stainless steel top, 18/430 stainless steel undershelf & legs with adjustable stainless steel bullet feet, NSF, or equivalent.
- 7) Ice-O-Matic
ICE Series™ Cube Ice Maker, cube-style, undercounter, air-cooled, self-contained condenser, approximately 238 lb./108 kg production/24 hours, 70 lb. built-in bin, half-size cube, cULus, NSF, CE, 3 yr. parts & labor warranty, standard, 5 yr. parts on the compressor warranty, standard, 5 yr. evaporator warranty, standard, 115v/60/1-ph, 11.6 amps, standard or equivalent.
- 8) Hoshizaki
Economy Series Freezer, reach-in, one-section, 17.74 cu. ft., bottom mounted self-contained refrigeration, (3) adjustable epoxy coated shelves, (1) full-height solid right hinged door with lock, digital temperature display/controls, temperature alarms, LED interior lighting, stainless steel interior floor, aluminum interior sides, rear, & top, stainless steel front, gray painted steel exterior sides, top & rear, (4) 4" casters (2 with brakes), R290 Hydrocarbon refrigerant, 1/3 HP, NEMA 5-15P, UL EPH Classified, cULus, Warranty: 2-Year parts & labor on entire machine, Warranty: 5-Year parts on compressor, 115v/60/1-ph, 3.2 amps, standard or equivalent.
- 9) Hoshizaki
Economy Series Refrigerator, reach-in, one-section, 17.8 cu. ft., bottom mounted self-contained refrigeration, (3) adjustable epoxy coated shelves, (1) full-height solid right hinged door with lock, digital temperature display/controls, temperature alarms, LED interior lighting, stainless steel interior floor, aluminum interior sides, rear, & top, stainless steel front, gray painted steel exterior sides, top & rear, (4) 4" casters (2 with brakes), R290 Hydrocarbon refrigerant, 1/5 HP, NEMA 5-15P, UL EPH Classified, cULus, ENERGY STAR®, Warranty: 2-Year parts & labor on entire machine, Warranty: 5-Year parts on compressor, 115v/60/1-ph, 2.0 amps, standard, or equivalent.

Note: If providing an equivalent, the specifications must be included.

End of Specifications

Attachment B

QUOTE FORM					
ITEM NO.	COMMODITIES OR SERVICES	ESTIMATED NUMBER OF UNITS	UNIT	UNIT PRICE	AMOUNT
1.	American Range - Culinary Series Heavy Duty Restaurant Range or equivalent	1	Each	\$ _____	\$ _____
2.	American Range – Char-Rock Broiler or equivalent	1	Each	\$ _____	\$ _____
3.	MET - Equipment Stand, or equivalent	1	Each	\$ _____	\$ _____
4.	Dormont Manufacturing – Dormont ReliaGuard® Foodservice Gas Connector Kit, or equivalent	1	Each	\$ _____	\$ _____
5.	CMA Dishmachines – Dishwasher or equivalent	1	Each	\$ _____	\$ _____
6.	ATS MFG – Work Table or equivalent	1	Each	\$ _____	\$ _____
7.	Ice-O-Matic – ICE Series™ Cube Ice Maker or equivalent	1	Each	\$ _____	\$ _____
8.	Hoshizaki – Economy Series Freezer or equivalent	1	Each	\$ _____	\$ _____
9.	Hoshizaki - Economy Series Refrigerator	3	Each	\$ _____	\$ _____

Attachment C
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

Email Address

Attachment D

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 E

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

Federal Work Authorization
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 F
INSURANCE REQUIREMENTS

IMPORTANT NOTICE

**IMPORTANT – PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED
HEREIN**

**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 \$500,000 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. the coverage provided for the named-insured Contractor. It shall apply as primary

insurance before any other insurance or self-insurance, including any deductible,

- 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