



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

**Date: August 26, 2022**

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## **Request for Quotation No. [22-3003783](#)**

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

### **RFQ 22-3003783 for Talent Search Firms Specializing in Recruiting Diversity Candidates**

**I. Proposed Term:**

Six (6) Months

**II. Attachments:**

- A. Scope of Work (with Exhibit 1)
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Contractor Affidavit
- E. Sub-Contractor Affidavit (if applicable)
- 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 Contractor's Affidavit, Attachment D, be completed with bidder's proposal.

**VI. Due Date:**

All questions are due to **Sharice Feagins-Bailey** via email at [sfbailey@dekalbcountyga.gov](mailto:sfbailey@dekalbcountyga.gov) on or before 5:00 p.m. EST on Friday, September 1, 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/informalbids>. Bidder should regularly check the County's website for addenda.

**Quotes are due on or before 3:00 p.m. EST on Friday, September 9, 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 **Sharice Feagins-Bailey** or email to [sfbailey@dekalbcountyga.gov](mailto:sfbailey@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,

  
Sharice Feagins-Bailey  
Procurement Technician  
Department of Purchasing and Contracting

## **INTRODUCTION**

DeKalb County Government is soliciting quotes for a qualified vendor to assist in expanding the diversity of the county's applicant pool and providing a pipeline of qualified applicants for immediate consideration to fill vacant positions, especially in Sanitation and E911.

## **BACKGROUND**

The County's top elected official is a Chief Executive Officer (CEO) with oversight for the executive branch of government. Like other counties, there is a Board of Commissioners (BOC) that comprises the legislative branch, a court system that is the judicial branch, and other elected officials and constitutional officers.

DeKalb County is Georgia's fourth largest county with an estimated 759,297 residents calling it home. It is one of Georgia's most culturally diverse communities. More than 64 languages representing Asian, Hispanic, European, and African cultures are spoken here. The county also has become a home for African, Iraqi, and Latino asylum seekers displaced by war or turbulent political circumstances. Although the county has a broad diverse population, our county government workforce does not reflect it. The CEO is determined to see that change.

## **STATEMENT OF PROBLEM**

DeKalb, like many other similarly situated counties around the nation, has struggled in recent years to attract qualified diverse applicants to address staffing shortages. Challenges overcoming negative impressions regarding employee salaries and growth opportunities have affected the county's ability to attract a diverse pool of qualified individuals to staff current vacancies in areas such as Sanitation and E911, to name a few.

Other factors contributing to critical staff shortages include retirements, resignations, and the pandemic. These factors, combined with competition from the private sector and other local jurisdictions that are continuously adjusting compensation packages, exacerbate an already difficult recruiting climate for qualified candidates. Traditional recruiting methods of posting job announcements on the county's website, other media outlets, and career fairs must be supplemented with new strategies to reach targeted populations.

## ATTACHMENT A

### SCOPE OF WORK

The county is seeking an experienced vendor to establish and provide a pipeline of qualified Hispanic applicants who meet minimum qualifications for specific county vacancies. These specialized, targeted referrals will assist in strategically cultivating a diverse pool of able, interested, and motivated candidates that reflect the community demographics.

The successful vendor will collaborate with the Human Resources Department (HR) to focus on specific job classifications for referral activity. Referral services should promote career opportunities within DeKalb County Government.

The referral of potential employees should meet the following:

1. Minimum qualifications to fill approximately 50 targeted vacant positions (see attached chart)
2. Able to successfully complete county background and drug and alcohol screening (to be paid by county)
3. Comply with Immigration and Naturalization Employment Verification (I-9) requirements
4. Pass a skill test, depending on assignment
5. Bilingual speaking abilities may be preferred for some vacancies

**Note:** HR and hiring department have the discretion to accept or reject referred candidates. Acceptability is determined at discretion of the county.

Successfully placed candidates may be eligible for the following benefits:

- Wages/salaries are competitive to the surrounding jurisdictions
- Hybrid defined benefit/defined contribution pension plan
- Health care insurance plan options including a traditional HMO, POS & HSA, dental and vision insurance options
- Basic Life Insurance benefit of 2.25 times an employee's annual salary
- Flexible Spending Account Plan
- Employee Assistance Program
- Deferred Compensation
- Peach State Federal Credit Union membership
- 11 Paid holidays, 13 days sick leave, and a minimum 15 days of annual leave per year

## **ADDITIONAL VENDOR REQUIREMENTS**

The vendor shall:

1. Include documentation verifying ability to perform requested services (i.e., registration, licensing, organizational chart, list and resumes of key team members, three references using attached form)
2. Provide a quote stating dollar cost per referral (The referral fee payment schedule will be established between the county and selected vendor.)
3. Assist with transition issues during the first three months of employment, if necessary
4. Replace any unsuccessful referral once (at no cost to the county) if the candidate does not complete six months
5. Submit invoices in electronic format prescribed by the county

## **CONTRACT TERM**

This is a trial and the agreement with the successful vendor is expected to last approximately six months. The contract may be extended based on the needs of the county. Services may be terminated at any time by either party upon a thirty (30) day written notice.

## EXHIBIT 1

Classification	Hourly Rate/Annual salary	Comments	Minimum Qualifications	Specific License Certifications
Refuse Collector	\$15/\$31,200	N/A	High school diploma or GED preferred; previous work experience involving equipment operation or construction/maintenance work preferred; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job.	N/A
Crew Worker	\$15/\$31,200	N/A	High school diploma or GED preferred; previous work experience involving equipment operation or construction/maintenance work preferred; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job.	Some positions may require a valid Georgia driver's license.
Equipment Operator	\$17/\$35,360	Tested position	High school diploma or GED preferred; one year of experience in heavy equipment operation; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job.	Must possess and maintain a valid Georgia Class B Commercial Driver's License; some assignments may require a Georgia Class A Commercial Driver's License and/or special endorsements.
911 Operator	\$18.44/\$38,355	Tested position Prefer bi-lingual English and Spanish applicants	High school diploma or GED required; one year of work experience that shows an ability to maintain steady employment in any field; or any equivalent combination of education, training, and experience which provides the requisite knowledge, skills, and abilities for this job.	Must obtain the following within six months of hire: Georgia Peace Officer Standards and Training (POST) Certification, GCIC and NCIC Certifications, Cardiopulmonary Resuscitation (CPR) Certification, Emergency Medical Dispatch (EMD) Certification, and certification on all dispatch consoles within twelve months of employment.

**ATTACHMENT B**

**QUOTE FORM**

Item No	Description	Unit of Measure	Price
1	Referral of Individual Candidate; inclusive of labor, materials, and all things necessary to provide the requested referral services.	Each	\$ _____
<b>Total Price:</b>			\$ _____
Note: Please attach information sheet showing breakdown of costs.			
<p>I, the undersigned, certify that this quote is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a quote for the same materials, supplies, equipment, or services, and is in all respect fair and without collusion or fraud. I agree to abide by all conditions of this quote and certify that I am authorized to sign this quote for the Quoter.</p>			
<p>_____  Authorized Signature Date</p> <p>_____  Name of Authorized Signer (Typed or Printed)</p>			

**ATTACHMENT C**

**REFERENCE CHECK AND RELEASE FORM**

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)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

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			

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			

**REFERENCE CHECK RELEASE STATEMENT**

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

Signed \_\_\_\_\_ Title \_\_\_\_\_

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 Quoter submitting a quote, 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  
Enrollment Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Quoter

\_\_\_\_\_  
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**

**Subcontractor Affidavit under O.C.G.A. § 13-10-91**

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ (insert name of Contractor) on behalf of DEKALB COUNTY, GEORGIA has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned Subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the Subcontractor with the information required by O.C.G.A. § 13-10-91. Additionally, the undersigned Subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the Contractor within five business days of receipt. If the undersigned Subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned Subcontractor must forward, within five business days of receipt, a copy of the notice to the Contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Subcontractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

By: \_\_\_\_\_  
Signature of Authorized Officer or Agent

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

Subscribed and Sworn before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

## ATTACHMENT F

### INSURANCE REQUIREMENTS

#### IMPORTANT NOTICE

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

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1. If the County sends to you notice of award on this quote, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
2. 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.
3. 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**
      - (1) Employer's liability insurance by accident, each accident \$1,000,000.
      - (2) Employer's liability insurance by disease, policy limit \$1,000,000.
      - (3) Employer's liability insurance by disease, each employee \$1,000,000.
    - **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. 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.

3. 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.
4. 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.
5. 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.
6. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
7. The insurance carrier must have a minimum A.M. Best rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
8. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
9. Certificates to contain the location and operations to which the insurance applies.
10. 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.
11. 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.
12. 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.
13. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:

DeKalb County, Georgia  
Director of Purchasing and  
Contracting  
Maloof Administration Building  
1300 Commerce Drive, 2nd Floor  
Decatur, Georgia 30030