

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

Date: January 19, 2023

Request for Quotation No. 23-3003793

Plumbing Repair Services

I. Proposed Term:

Annual Contract with 2 Options to Renew

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 Quote Form – Attachment B, Reference Form – Attachment D, and Bidders Affidavit E be completed with the 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 January 23, 2023.

Additional Information/Addenda

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in a written addendum 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 an 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 it 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 January 26, 2023. Bidder must complete and return the quote form, reference form, bidder affidavit, and a copy of Bidder's valid business license to DeKalb County by email to the attention of **Monique C. McCrear** or email to mcmccrear@dekalbcountyga.gov.

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

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

Sincerely,



Monique C. McCrear
Procurement Technician
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK

The DeKalb County Community Development Department is requesting the submission of Statements of Qualifications (“SOQ(s)”) from qualified firms, partnerships, corporations, associations, persons, or professional organizations (“Firm(s)”) to perform Plumbing Repair Services related to the identification of needed plumbing repair under the DeKalb CARES project.

The DeKalb CARES project is designed and committed to supporting qualified low to moderate-income households throughout DeKalb County; the project will assist in the repair, installation, and carrying out and enforcement of DeKalb County Watershed Plumbing Codes. DeKalb CARES project consists of four components:

- Private Sewer Lateral Remediation - Potential sewer lateral issues
 - ✓ Structural defects in the sewer lateral allow infiltration of stormwater into the sewer
 - ✓ Connections of roof drains, area drains, etc., allowing inflow of stormwater runoff into the sewer
 - ✓ Slope issues in laterals create the risk of building backups
 - ✓ Lack of cleanout on the property line to allow investigation of the location of sewer lateral issues
- Septic to Sewer Conversion
 - ✓ Assist those in need with sewer available on their street to connect to the sewer system.
- Water Leaks (High Water Usage)
 - ✓ Assist those in need with water leaks to repair the leak, and if not already done, convert to AMI transmitters for electronic usage reporting/Advanced Metering Infrastructure (AMI).
- Water Leaks (Inclement Weather Issues)
 - ✓ Assist those in need with water leaks to repair the leak.

DeKalb CARES benefits all Department of Watershed Management (DWM) customers by helping reduce the burden of outstanding debt on the system and promoting the most efficient use of the County’s water resources. These no-cost plumbing repairs help customers with potential sewer lateral issues, connect to sewer where available, and repair leaks causing high DWM water accounts.

To determine what plumbing repairs are required and the estimated cost, the Department will procure the services of certified home inspection firms to assess the needed scope of plumbing repairs and the estimated repair cost for the four eligible DeKalb CARES activities listed above.

PLUMBING SERVICES & REPAIRS

1. The successful bidder shall provide plumbing and repair services on an “on-call” basis using parts and materials/supplies purchased by the vendor. Said services are to be performed on an “as needed” basis when and only when requested by Department authorized personnel. In an emergency, the contractor must be willing and able to respond within two (2) hours of contact by the Department.
2. The successful bidder is expected to furnish the necessary tools to perform the required work at all residential properties.
3. If it becomes necessary to perform work in areas with asbestos asbestos-containing material, precautions must be taken to ensure worker and building occupant protection and safety. To this extent, the vendor assures compliance with all applicable Federal and State guidelines. The successful bidder must sign off, in the Community Development office, an acknowledgment of the

possible presence of asbestos-containing material and agree to in no way disturb any asbestos-containing materials found during the repair work. If asbestos-containing material (ACM) is present on plumbing systems that require repairs, the vendor will notify the Department so an asbestos abatement contractor can be scheduled.

4. The successful bidder for this contract must provide proof of the following along with their submittal.
5. Copies of all Georgia licenses and journeyman licenses for all personnel performing work as a licensed plumber.
6. Certificate of Liability insurance, per the requirements in Section 12 below, and
7. Proof of Worker's Compensation Coverage.
8. The bid is based on cost(s) per unit, as indicated on the attached sheet. Prices will remain in effect for one year and may be renewed annually for up to three (3) years by the agreement of both parties. Either party may terminate the contract upon thirty (30) days written notification.
9. Successful bidder shall be responsible for obtaining any permits or fees required to perform services outlined in this bid. The cost of permits and fees will be reimbursed to the bidder by the Department upon receipt of appropriate documentation.
10. Labor Harmony. The undersigned hereby certifies that Bidder can furnish labor that can work in harmony with all other elements of labor employed or used on the Work.
11. Registration. Bidder shall ensure that its Subcontractors comply with the Georgia business registration and compliance monitoring provisions.
12. Qualified Statement of Work (QSW). Bidder expressly acknowledges and understands that if it is awarded a place in the pool of plumbing companies, it shall perform the Work of any/all projects it agrees to in accordance with the Department's Qualified Statement of Work ("QSW") and that the Bidder is certified to complete be the Department's QSW, as required by DeKalb County Permit Department.
13. General Acknowledgement. The Bidder represents that it is competent, knowledgeable, and has special skills concerning the work's nature, extent, and inherent conditions. Bidder further acknowledges that certain peculiar and inherent conditions existent in the construction of the Work that may create, during the Work, unusual or abnormal unsafe conditions hazardous to persons and property. Bidder expressly acknowledges that it is aware of such peculiar risks and has the skill and experience to foresee and adopt protective measures to adequately and safely perform the Work with respect to such hazards.

SPECIAL SERVICES NEEDED UNDER THE PRIVATE SEWER LATERAL REMEDIATION

Potential sewer lateral issues

- Structural defects in the sewer lateral allow infiltration of stormwater into the sewer
- Connections of roof drains, area drains, etc., allowing inflow of stormwater runoff into the sewer
- Slope issues in laterals create the risk of building backups
- Lack of cleanout on the property line to allow investigation of the location of sewer lateral issues

The use of a Closed-Circuit Television Video (CCTV) push camera will be needed to inspect sewer lines. CCTV cameras allow plumbers to see the root causes of sewer issues without needing to conduct more invasive methods like digging or removing walls or flooring to gain access to plumbing. These types of sewer inspections tend to be a more cost-effective way to pinpoint the location of sewer and pipe blockages.

Department expects to select one or more firms for both categories that best meet the Department's need to perform the home inspection plumbing repair services for the Department sites, subject to the Department's Board's approval.

The selected Firm(s) must be prepared to perform the Services described in the form of an Agreement for Home Inspection and Estimation Contractor Services and Plumbing Repair Services ("Agreement"). The exact scope for each project would be determined by the Department on a project-by-project basis depending on the needs of each project.

The vendor will supply home inspection and estimation services related to identifying needed plumbing repair services under the DeKalb CARES project, as specified in this document.

End of Specifications

ATTACHMENT B**Quote Form**

| ITEM NO. | ITEM DESCRIPTION | Estimated Quantity | UNIT | UNIT PRICE | TOTAL |
|-----------------|----------------------------------|---------------------------|-------------|-------------------|--------------|
| 1 | Licensed Plumber - Regular Rate | | Per Hour | \$ | \$ |
| 2 | Licensed Plumber - Overtime Rate | | Per Hour | \$ | \$ |
| 3 | Licensed Plumber - Weekend Rate | | Per Hour | \$ | \$ |
| 4 | Licensed Plumber - Holiday Rate | | Per Hour | \$ | \$ |
| 5 | Plumber Helper – Regular Rate | | Per Hour | \$ | \$ |
| 6 | Plumber Helper – Overtime Rate | | Per Hour | \$ | \$ |
| 7 | Plumber Helper – Weekend Rate | | Per Hour | \$ | \$ |
| 8 | Plumber Helper – Holiday Rate | | Per Hour | \$ | \$ |
| 9 | CCTV Camera | | Per Hour | \$ | \$ |
| 10 | Regular Rate: | | Per Hour | \$ | \$ |
| 11 | Overtime Rate: | | Per Hour | \$ | \$ |
| 12 | Weekend Rate: | | Per Hour | \$ | \$ |
| 13 | Holiday Rate: | | Per Hour | \$ | \$ |
| 14 | Drain Cleaning - Overtime Rate | | Per Hour | \$ | \$ |
| 15 | Drain Cleaning - Weekend Rate | | Per Hour | \$ | \$ |
| 16 | Drain Cleaning - Holiday Rate | | Per Hour | | |
| 17 | Parts & Materials | | Per Job | | |
| 18 | Percent (%) Markup over Cost | | | | |

ATTACHMENT C

BIDDER CONTACT INFORMATION

1. Are you a DeKalb County Firm? Yes ☐ No ☐
2. Has your firm been in Chapter 7 during the last ten (10) years? Yes ☐ No ☐

Signed, sealed, and dated this _____ day of _____, 20__

Name of Business

By: _____
(Signature of Business Representative)

Name (Typed or Printed)

Title

Responder's Mailing Address

Phone Number

Fax Number

E-Mail 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 Description | |

| | |
|-------------------------------|--------------------------------------|
| Company Name | Contract Period |
| Contact Person Name and Title | Telephone Number (include area code) |
| Email Address | |
| Project Description | |

| | |
|-------------------------------|--------------------------------------|
| Company Name | Contract Period |
| Contact Person Name and Title | Telephone Number (include area code) |
| Email Address | |
| Project Description | |

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

(Company Name)

Enrollment Date

Title of Authorized Officer or Agent of Bidder

Printed Name of Authorized Officer or Agent

Company 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.

- a. 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,
- b. 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.
- c. 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.
- d. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
- e. 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.
- f. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
- g. Certificates to contain the location and operations to which the insurance applies.
- h. 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.
- i. 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.
- j. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:
- k. 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**