



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

Date: February 13, 2023

Request for Quotation No. 23-3003798

Infield Maintenance

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

I. Proposed Term:

One (1) year with 2 Options to Renew

II. Attachments:

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

III. Payment Terms:

The County's official payment terms are 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 D, be completed with bidder's quote.

VI. Due Date:

All questions are due to Joydan Holley, via email at jmholley@dekalbcountyga.gov on or before 5:00 p.m. EST on February 15, 2023.

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 5:00 p.m. EST on February 21st, 2023. 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 Toneya Dawson or email to jmholley@dekalbcountyga.gov.

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

THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL QUOTES, TO WAIVE INFORMALITIES, AND/OR TO RE-ADVERTISE.

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

Sincerely,

Joydan M. Holley

Joydan Holley
Procurement Technician
Department of Purchasing and Contracting

DR/jh

ATTACHMENT A

SCOPE OF WORK

The intent of this RFQ is to establish a contract for providing all labor, materials, supplies, equipment, and incidentals necessary and required to perform the limited restoration of baseball and softball fields in DeKalb County. Work shall restore fields to safe conditions in anticipation of the spring baseball/softball season. Restoration work will be performed from Date of Award.

Refer to specifications and drawings for the specific fields where work will be performed and the scope of the project.

QUALIFICATIONS

Bidders shall furnish documentation of the following:

1. Maintain a permanent bona fide place of business practicing this type of work and has had the appropriate experience.
2. Obtain adequate equipment to undertake and execute the contract properly and expeditiously, in accordance with present day practices.
3. All employees assigned by contractor to perform the work under the resulting contract shall be physically able to do their assigned work and shall be free from communicable diseases. It is the contractor's responsibility to ensure all employees meet the physical standards needed to perform the work assigned. All personnel employed by contractor shall be trained and qualified in their assigned type of work.
4. All employees to report for duty in uniforms with company logo while working at DeKalb County Parks.
5. All contractor vehicles shall be clearly identified as belonging to the contractor and shall clearly display a parking decal.
6. Provide adequate supervision of employees to ensure complete and satisfactory performance of all work in accordance with the resulting contract. When work is performed, supervision should be always onsite and available. Supervision shall be fully and adequately trained, with experience in grounds and athletic field supervision, sufficient in scope to meet the approval of DeKalb County's division manager. Supervision shall be responsible for hiring, training, equipping, directing, discharging, and issuing uniforms for all personnel.

Awarded vendor shall provide all labor, materials, and equipment required to perform the following:

SPECIFICATIONS

RESTORATION OF INFIELDS

1. Infield areas shall be edged, and buildup lips removed those forms around the infield. No more than a 1" rise is acceptable.

2. The infield must have positive drainage from the pitcher's mound to the outer edges of the infield and backstop. Low areas that pond water is not acceptable. The new grade shall extend at least 5' beyond the end of the existing infield.
3. Grasses shall be killed off via herbicide applied at two different applications at least 48 hours apart. Dead grass is to be accumulated and placed in an area for DeKalb County personnel to haul off site.
4. Move infield mix to the edge and level.
5. Rebuild the pitcher's mound and batter's boxes utilizing clay bricks.
6. All vehicles used on the field during construction shall have high floatation turf tires. Minimize compaction during construction.
7. Clean up of the work area is required at the end of each workday.
8. Restore fence as needed which may consist of straightening posts, replacing top or bottom rails and retying wire mesh to rails.
9. Work allowance may be used for irrigation repairs, sod installation, sod cutter, or other expenses which may arise during the work being performed.

ATTACHMENT B

QUOTE FORM

ITEM DESCPTION	UNIT	COST PER UNIT
EDGING/LIP REMOVAL	SQ. FT.	
INFIELD MIX	CU YD	
HERBICIDE	SQ. FT.	
FENCE	LFT.	
WORK ALLOWANCE	LUMPSUM	\$10,000

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
(Bidder's Name)

Federal Work Authorization
Enrollment Date Number

Title of Authorized Officer or Agent of Bidder

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 _____, 2021

Notary Public

My Commission Expires: _____

ATTACHMENT E
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. 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,
- 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**