

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

**Date: June 16, 2023**

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## **Request for Quotation No. 23-3003807**

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### **Cloud Based Software – Form Builder**

**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, Bidder Contact Information – Attachment C, Reference Form/Reference Check Release – Attachment D, and Contractor Affidavit - Attachment E be completed with bidders' quote.

**VI. Due Date:**

All questions are due to **Monique C. McCrear** via email at [mcmccrear@dekalbcountyga.gov](mailto:mcmccrear@dekalbcountyga.gov) on or before **5:00 p.m. EST on June 21, 2023**.

**Additional Information/Addenda**

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in a 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 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 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.ov/informalbids>. Bidder should regularly check the County's website for addenda.

**Quotes are due on or before 5:00 p.m. EST on June 26, 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 **Monique C. McCrear** or email to [mcmccrear@dekalbcountyga.gov](mailto: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**

DeKalb County's Department of Fire Rescue is interested in obtaining cloud-based software for the creation of various departmental forms (form builder), that can be used by employees. The software should have the capabilities to, at minimum include:

- Training for 7 departmental employees on the creation/maintenance of forms
- Approx. base users (submittal of forms, view form, e-signing)
- Form creation options should include but not be limited to:
  - fillable defined fields
  - locked fields
  - routing for hierarchy approval/denial (workflow)
  - e-signature
  - spell check
  - calculation
  - add attachments, etc.
- Store and manage submissions
- Anticipate 12,500 anticipated submissions in a year
- Provide annual unlimited support
- Meet County IT requirements for software on Network
- Quote will be for initial year (understanding there will be later be annual SAS costs) but only looking for this year's costs.

**End of Specifications**

# **ATTACHMENT B**

## **Quote Form**

<b>ITEM NO.</b>	<b>ITEM DESCRIPTION</b>	<b>UNIT</b>	<b>UNIT PRICE</b>	<b>TOTAL</b>
1	Training for 7 departmental employees on the creation/maintenance of forms	LUMP SUM	\$	\$
2	Initial cost to provide SaaS (Software as a Service) to include support, management, and hosting.	LUMP SUM	\$	\$
3	Annual unlimited support	LUMP SUM	\$	\$
4	Grand Total			\$

**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**

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**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**