



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

Date: August 22, 2023

Request for Quotation No. [23-3003810](#)

DeKalb County, Georgia is requesting a quotation for the following:
Electronic Signature Solution for Human Resources

I. Proposed Term:

One (1) year with options to renew

II. Attachments:

- A. Scope of Work/Minimum Qualifications
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Contractor Affidavit
- E. Subcontractor Affidavit

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 Affidavit, Attachment D, be completed with bidder's proposal.

VI. Due Date:

All questions are due to [Renee Stevenson](mailto:rstevenson@dekalbcountyga.gov) via email at rstevenson@dekalbcountyga.gov on or before 5:00 p.m. EST on Monday, August 28, 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/informal bids>. Bidder should regularly check the County's website for addenda.

Quotes are due on or before 5:00 p.m. EST on Tuesday, September 5, 2023. Bidder must complete and return the quote form, reference form, contractor affidavit, and subcontractor affidavit (if applicable) and provide a copy of Bidder's valid business license to DeKalb County by email to the attention of [Renee Stevenson](mailto:rstevenson@dekalbcountyga.gov) at rstevenson@dekalbcountyga.gov.

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

The County intends to award to the bidder who offers a product that best meets the needs of the County; however, the County reserves the right to reject any and all bids, to waive informalities and to re-advertise.

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

Sincerely,

Renee Stevenson
Procurement Technician
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK

Introduction

The COVID-19 pandemic has made several noteworthy changes to standard work practices, and remote/hybrid work is one of the most significant shifts. As more businesses automate their procedures, the transition from handwritten to electronic signatures has become increasingly crucial. Traditional wet signatures present challenges that hinder business transactions such as turnaround times, the availability of resources (ink, paper, postage), risk of loss, damage, tampering, and security concerns.

DeKalb County Government has faced a number of challenges including:

- Limitations to accessing hardcopy documents and filing for teleworkers
- Lost or damaged hardcopy documents (compliance risks)
- Longer approval times (the average lifecycle of a hard copy form is roughly 3-7 days)
- Increased expenses (ink, paper, postage, courier fees, delays, etc.) for manual follow-up requirements

It is not feasible to eliminate the need to implement innovative solutions that accelerate business processes through digital transformation and integrate electronic signatures with workflow automation.

In response to the pandemic, departments have adopted telework and hybrid schedules necessitating electronic signatures and document delivery. The existing technologies available are restricted and do not provide an automated workflow for online forms that may be electronically signed and routed. HR lacks a centralized system for managing electronic forms and associated procedures.

Scope of Services

DeKalb County Department of Human Resources (HR) to purchase a one-year cloud-based electronic document signature subscription service with workflow capabilities to automate and streamline operations.

HR currently processes 15,000+ employee forms/documents on an annual basis and seeks to digitize its existing processes and forms by creating automation from start to finish. The successful bidder shall provide a solution that allows online forms to be submitted from any device, including mobile phones, laptops, and tablets. The solution should also allow forms to be dispersed using a customizable, automated workflow for online forms that can be signed by end-users and routed electronically. The electronic signature solution must ensure safe and timely continuity of HR processes. The successful bidder shall implement an all-in-one, cost-effective solution that provides the following:

- | | |
|---|--|
| • Legally binding E-Signatures | • Submission Data |
| • Online Forms/PDF Form Conversion | • Government Security Features |
| • Web Forms/Web (User) Portal | • Secured Document Storage |
| • Multiple Users | • Implementation Support |
| • Form Delivery Option (Workflows) | • Customer Support |
| • Automated Workflows | • Customizable Website |
| • Electronic Document Management System | • Includes Real-Time Analytics & Reports |

- Another required key function is ADA & 508 compliance to ensure accessibility to all users both internal and external.

Ownership of Documents:

All documents created and data are and shall remain the property of DeKalb County Government. All documents are to be delivered to DeKalb County via electronic file.

ATTACHMENT B

QUOTE FORM

Pricing of Features					
Item #	Description	Estimated Number of Units	Unit	Unit Price	Total Price
1	Annual Service Cost			\$	\$
2	# of HR Administrators – Users able to create forms & workflows			\$	\$
3	# of HR Users if different from Administrator			\$	\$
4	# of End-User Licenses – complete and e-sign documents			\$	\$
5	Training Fee			\$	\$
6	Implementation Fee (to include initial set up and implementation support*)			\$	\$
7	List Additional Costs(s)			\$	\$
	1.			\$	\$
	2.			\$	\$
	3.			\$	\$
	Total Cost				\$

Product Features Included in Cost (Check all that Apply)

Integration w/Oracle	
Legally binding Digital Signatures	
Configurable & Automated Workflow	
Mobile Device/Tablet Capability & Rendering	
Automatic Notifications	
Host Webforms/Surveys	
Secured Cloud Document Management & Storage	
PDF Conversion Capabilities	
Customizable Branding	
24/7 Customer Support Team	
Online Web Forms	
User Portal	
Additional Features:	
1.	
2.	
3.	
*Enter how many implementation support hours are included in implementation fee	

Additional Expenses

Forms Included (Cap Amount)	Add'l Cost per Transaction	Cost per Add'l User Per Year
	\$	\$

Additional Questions

1. Is your application "self-service" - allows signers/end-users to access, complete and sign documents for signature?
2. Define "User" role(s) e.g., Signer, End-User, Administrator etc.
3. Does your solution offer an Administrator role (different from user role)? If so, please describe that role and how it functions.
4. What role is used to create electronic forms?
5. How is the workflow initiated? By whom?
6. Can workflows be created/modified? If so, by whom?
7. Are signers/end-users required to have a license?
8. Is there a flat fee to use your service?
9. Is there a fee per transaction?

Note to Bidder

The County shall award this RFQ to the bidder that provides a quote most advantageous to the goals of County. However, the County reserves the right to reject any or all quotes, to waive informalities, and to re-advertise.

Quote Statement:

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.

Authorized Signature

Date

Name of Authorized Signer (Typed or Printed)

Name of Quoter (Typed or Printed)

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____.