



DeKalb County
G E O R G I A

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

Date: December 20, 2023

Request for Quotation No. 23- 3003820

PORTABLE TOILETS RENTAL

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

I. Proposed Term:

Thirty (30) calendar days.

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:

Net 30

IV. Scope of Work:

See Attachment A – Quote Form

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 E, be completed with bidder's proposal.

VI. Due Date:

All questions are due to the technician via email at jmholley@dekalbcountyga.gov on or before 5:00 p.m. EST on December 26th, 2023.

Quotes are due on or before 5:00 p.m. EST on December 29th, 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 technician or email to jmholley@dekalbcountyga.gov.

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.

All quotes are to be provided on Attachment B, 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

ATTACHMENT A

Scope Of Work

A. GENERAL REQUIREMENTS:

1. The Contractor will deliver rental unit(s) to locations as specified on the purchase order. Each unit must be delivered in a clean, properly functioning and usable condition. The Contractor must ensure that each unit is adequately stocked with the appropriate supplies (if applicable).
2. Rental charges shall be for actual usage-not based on estimate, but rather on quantity requested and used by the County after delivery by Contractor.
3. Charges for partial periods greater than weekly or monthly shall be prorated at the weekly or monthly (rate based on the actual period exceeded).
4. Rental charges shall cease at the time of the email for pickup of units, provided County email is timely and in accordance with bidder's advance notice" requirement (General Terms and Conditions, D. Delivery). If notice is not properly given, the County will be liable for excess charges up to and until bidder's next business day.
5. Re-location of portable toilets shall be done at no additional charge to the County. Selected Contractor is asked to re-locate within 24 hours of notification.
6. The Contractor will ensure proper handling and disposal of all waste material from the rental units.
7. Units will be anchored, at the expense of the Contractor, if determined necessary.
8. Units that have been overturned shall be up righted by the Contractor at no charge to the County.
9. Minor repairs of units will be made on site when possible. Any unit that cannot be repaired on site must be exchanged within twenty-four (24) hours.
10. Cost of repairs or replacement caused by vandalism to portable unit (s) during the rental period shall be shared equally by the Contractor and the County, up to, and not to exceed, 80% (County's share, 40%) of the price of the damaged unit (s) as evidenced by invoice for same and made available to County before any payment(s) shall be made.
11. Cost of repairs or replacement caused by Force Majeure such as the Acts of God; wind, hail, lightning, but not limited, during the rental period shall be borne by the Contractor at no additional cost to the County.

12. The Contractor shall notify the County immediately in case of vandalized or otherwise damaged unit(s) and vice versa. The County shall reserve the right to inspect damaged unit (s) before removal from County's property.

B. CONSTRUCTION OF PORTABLE SANITATION UNITS

1. A portable sanitation unit shall be a portable self-contained sheltered unit equipped with a waste- receiving holding tank. The waste container shall be rigid, water-tight, made from impervious material, and capable of containing the waste in a sanitary manner.
2. Portable sanitation units shall be constructed in the following prescribed manner:
 - Each portable sanitation unit must have the name and phone number of the company clearly visible.
 - All units shall be consistent in color, appearance, and age. These units are for public use and must present a positive image.
 - Rooms or shelters housing the units shall be of solid construction, easy to clean, and provide privacy. The toilet room shall be ventilated to the outside and adequately lit. All ventilation openings to the units, except vent pipes, shall be covered with a screen.
 - Portable sanitation units shall have closing doors with internal latches provided to prevent inadvertent entry.
3. Portable sanitation units having hand wash fixtures shall have an air gap between the water supply faucet and the flood level rim of the fixture sufficient to prevent backflow and cross contamination between the fresh water supply tank and the wastewater holding tank.
4. The Contractor shall empty, clean, and restock each unit per the frequency specified on the bid pricing form. Service day(s) shall be specified on the purchase order.
5. No strong bases, acids or organic solvents shall be used in the operation of a portable sanitation unit. Chemicals used in the cleaning, operation or maintenance of portable sanitation units shall be in accordance with applicable federal, state and local provisions.
6. The regular maintenance service to be completed on the portable toilets shall include, but not limited to the following:
 - Empty holding tank completely
 - Clean and sanitize all interior surfaces of each portable toilet
 - Refill toilet paper
 - Deodorize each portable toilet
 - Clean the outside of each portable toilet
7. The fresh water tank on the service vehicle must be filled with potable water only. When hand wash fixtures are serviced, they must be filled with water from the fresh water tank

on the truck or directly from a potable water source. All fresh water tanks on the service vehicles and affixed to hand wash fixtures must be labeled with the international symbol for “Do Not Drink”. Each hand washing fixture must be sufficiently supplied with soap and paper towels adequate for the duration between servicing.

Authority: O.C.G.A. Sections 31-2A-6, 31-12-8, 31-27-9, 12-8-1.

C. REMOVAL AND DISPOSAL OF WASTE FROM PORTABLE SANITATION UNITS

1. Removal of portable sanitation waste shall be conducted in a clean and sanitary manner by means of a vacuum hose to a leak proof tank truck on which all ports are properly valved and capped. The certified portable sanitation contractor is required to clean up all spillage during unit servicing.
2. Service vehicles should be equipped with a portable sanitation waste tank adequately sized to service the units; a tank containing water for recharging the units; and when applicable or required, a freshwater tank filled with potable water to service the hand washing fixtures.
3. Separate dedicated hoses shall be used for supplying potable water and servicing the portable sanitation unit. They shall be labeled or sized to prevent them from being interchanged and stored in such a manner to prevent cross contamination.
4. Servicing shall include the use of a sanitizing solution for cleaning urinals and toilet seats, removing waste from containers, recharging containers with an odor controlling solution, and installing an adequate supply of toilet tissue.
5. Signage or placard stating “Do Not Drink” shall be affixed to the fresh water supply tank and all portable hand washing fixtures. The fresh water supply tank, hand wash fixture’s water supply tank and gray water storage tank must be cleaned with 1 to 10 bleach to water solution (typically 3 to 6 % sodium hypochlorite solution) or equivalent at least every forty five days to prohibit the growth of algae.

Authority: O.C.G.A. Sections 31-2A-6, 31-12-8, 31-27-9, 12-8-1.

D. QUALIFICATION –Waste Removal and Disposal Permit

The vendor must possess and maintain a Waste Removal and Disposal Permit during the entire term of the contract (GADPH 511-3-6-.03).

No person shall engage in the removal or disposal of the contents of a portable sanitation unit without having obtained a “Waste Removal and Disposal Permit” from the Health Authority for the county in which the business is based. The permit must be renewed annually, and shall be valid in every county throughout the State (GADPH 511-3-6-.03)

ATTACHMENT B

Quote Form

PRICE SCHEDULE					
ITEM NO.	COMMODITIES OR SERVICES	ESTIMATED NUMBER OF UNITS	UNIT	UNIT PRICE	AMOUNT
1.	Daily rental rate per portable toilet emptying per rented toilet, restock, and clean to include weekends.	150	Each	\$ _____	\$ _____
2.	Weekly rental rate per portable toilet emptying per rented toilet, restock, and clean to include weekends.	150	Each	\$ _____	\$ _____
3.	Monthly rental rate per portable toilet emptying per rented toilet, restock, and clean to include weekends.	150	Each	\$ _____	\$ _____
4.	Charge for once per week emptying per rented toilet, restock, and clean to include weekends.	150	Each	\$ _____	\$ _____
5.	Charge for twice per week emptying per rented toilet, restock, and clean to include weekends.	150	Each	\$ _____	\$ _____
6.	Charge for three times per week emptying per rented toilet, restock, and clean to include weekends.	150	Each	\$ _____	\$ _____
7.	Daily rental rate per handicapped accessible portable toilet emptying per rented toilet, restock, and clean to include weekends.	20	Each	\$ _____	\$ _____
8.	Weekly rental rate per handicapped accessible portable toilet emptying per rented toilet, restock, and clean to include weekends.	20	Each	\$ _____	\$ _____
9.	Monthly rental rate per handicapped accessible portable toilet emptying per rented toilet, restock, and clean to include weekends.	20	Each	\$ _____	\$ _____

10.	Charge for once per week with emptying charge per handicapped accessible rented portable toilet, restock, and clean to include weekends.	20	Each	\$ _____	\$ _____
11.	Charge for twice per week with emptying charge for each handicapped accessible rented portable toilet, restock, and clean to include weekends.	20	Each	\$ _____	\$ _____

Signed (Authorized Signature of Bidder)

Title

Company Name

Email address

Address

Telephone Number

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 services 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 Bidder)

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

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 _____, 20__

Notary Public
My Commission Expires: _____

ATTACHMENT E

INSURANCE REQUIREMENTS

IMPORTANT NOTICE

IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

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- I. If the County sends to you notice of Award on this bid, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
- II. 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.
- III. 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**
 - **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 using ISO Additional Insured Endorsement forms CG 2010 or its equivalent. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia.
 3. The insurance carrier must have a minimum rating of A or higher as determined by the rating firm A.M. Best.
 4. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.

(Continued)

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5. Certificates to contain the location and operations to which the insurance applies.

6. 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.
7. 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.
8. Certificates are to be issued, and the successful contractor shall mail insurance documents listed in this form, to:

DeKalb County Department of Purchasing and Contracting
The Maloof Center
2nd Floor
1300 Commerce Drive
Decatur, Georgia 30030
9. 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.