



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

Date: April 15, 2019

Request for Quotation No. 19-3003687

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

Snapfinger Waste Water Treatment Plant I.L.S. Piping Modifications

I. Scope of Work:

See Attachment A

II. Proposed Term:

Thirty (30) calendar days

III. Payment Terms:

Net 30

III. 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.

V. Due Date:

All questions are due to Angel Frazier via email at amfrazier@dekalbcountyga.gov on or before 3:00 p.m. EST on April 19, 2019.

CA

Quotes are due on or before 3:00 p.m. EST on, April 25, 2019. 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 Angel Frazier or email to amfrazier@dekalbcountyga.gov.

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

VI. Attachments:

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

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

Sincerely,

Angel Frazier
Procurement Agent
Department of Purchasing and Contracting

Enclosure:
Attachments A, B, C, D and E

Attachment A

SCOPE OF SERVICES

The Department of Watershed Management is requesting the following scope of work for I.L.S. Piping Modifications:

- Provide excavation from the RPZ to the side of the building in the grass area with an excavator
- Provide 2" Pex line from the RPZ to the building with 4" bed of sand under the pipe and 6" of sand on the top of the pipe
- Provide all pipe supports out of stainless-steel u-strut and cushion clamps
- Provide a PRV station with two PRV, gauges, isolation valves and bypass around the PRVs
- Provide coring as needed
- Provide 3" K cooper to install a new potable and utility water headers parallel on the lower level
- Provide 1" K cooper teeing off the new potable and utility water headers parallel header to the (4) motors
- Provide ½" K cooper teeing off the 1" K copper to the mercoid switches and connected to the motors
- Provide pro press copper fittings in 3", 2", 1" and ½" 90deg. Ell, 45deg. Ells, couplings, MPT adapters, and FPT adapters that screw into the isolation valves, unions, PRVs, gauge fittings, and strainers
- Provide screw connection on all isolation valves, unions, PRVs, gauge fittings, and strainers
- Provide labor to pick up materials
- Provide labor to perform the proposed work
- Provide project management

Attachment B
QUOTE FORM

Quoter Information:	
Company Name:	
Company Address:	
Quoter Name and Title:	Phone Number:
Quoter Email Address:	

Item No.	Item Description	Quantity	Total Price
1.	Excavation of soil and asphalt from RPZ to building 35 linear feet replace removed asphalt with concrete		\$ _____
2.	Dig down to a depth of 10 feet to enter the building		\$ _____
3.	Core through concrete wall to get pipe into the building		\$ _____
4.	Provide 2-inch K copper pipe from RPZ to building place 4-inch bed of sand under the pipe and 6-inch bed of sand above the pipe	50 feet	\$ _____
5.	Install dual PRV station with bypass line	1	\$ _____
6.	Install 2 PRV gauges	2	\$ _____
7.	Install (1) bypass valve	1	\$ _____
8.	Install 2-inch Schedule 80 PVC pipe	95 feet	\$ _____
9.	Install (6) isolation valves	6	\$ _____
10.	Install 1-inch Schedule 80 PVC K Copper pipe	40 feet	\$ _____
11.	Install 3/8-inch Schedule 80 PVC pipe	40 feet	\$ _____

12.	Install Copper fittings of various sizes ranging from 3 inch to 3/8 inch elbows, couplings, adapters, unions, gauge fittings		\$ _____
13.	Stainless steel U-strut and cushion clamps to support piping inside of the building		\$ _____
14.	1-inch valve	4	\$ _____
15.	1-inch check valve	4	\$ _____
16.	3/8-inch valve	4	\$ _____
17.	3/8-inch check valve	4	\$ _____
18.	2-inch valve	2	\$ _____
19.	2-inch valve for bypass	1	\$ _____
20.	2-inch pressure gauge	2	\$ _____
21.	1-inch pressure gauge	4	\$ _____
22.	3/8-inch pressure gauge	4	\$ _____
23.	Tee 2 inch by 2 inches by 1 inch	4	\$ _____
24.	Tee 3/8 inch	4	\$ _____
25.	Tee 2 inch by 2 inches by 3/8 inch	4	\$ _____
26.	Tee 1 inch	4	\$ _____
27.	Elbow 1 inch	4	\$ _____
28.	Elbow 3/8 inch (all elbows are 90 degree)	4	\$ _____
29.	Elbow 2 inch (all elbows are 90 degree)	2	\$ _____
30.	Elbow 3 inch (all elbows are 90 degree)	1	\$ _____
31.	Cap 3 inch	1	\$ _____
Total			\$ _____
<ul style="list-style-type: none"> This is a custom job and it should be noted that the contractor may have a different way of plumbing these lines which could result in the use of more fittings being used to complete the job. 			

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 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
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

1. If the County sends to you notice of award on this quote, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
2. 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.
3. 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**
 - (1) Employer's liability insurance by accident, each accident \$1,000,000.
 - (2) Employer's liability insurance by disease, policy limit \$1,000,000.
 - (3) Employer's liability insurance by disease, each employee \$1,000,000.
- **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. 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.

3. 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, non-contributory, and waiver of subrogation provided to the County as the additional insured.
4. 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.
5. 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.
6. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
7. The insurance carrier must have a minimum A.M. Best rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
8. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
9. Certificates to contain the location and operations to which the insurance applies.
10. 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.
11. 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.
12. 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.
13. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:

DeKalb County, Georgia
Director of Purchasing
and Contracting
Maloof
Administration
Building
1300 Commerce Drive, 2nd Floor
Decatur, Georgia 30030