



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

**Date: October 14, 2020**

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## **Request for Quotation No. 20-3003740**

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

**I. Proposed Term:**

Sixty (60) calendar days

**II. Attachments:**

- A. Scope of Work
- B. Quote Form
- C. South River Trail Boardwalk Aerial Map
- D. Bidder Contact Information
- E. Reference Form and Reference Check Release Statement
- F. Bidder Affidavit
- G. 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, Reference Form -Attachment E, and Bidders Affidavit- Attachment F be completed with bidder's proposal.

**VI. Due Date:**

**All questions are due to Jenifer Chapital via email at [JChapital@dekalbcountyga.gov](mailto:JChapital@dekalbcountyga.gov) on or before 5:00 p.m. EST on October 15, 2020.**

**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 3:00 p.m. EST on October 20, 2020.** 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 Jenifer Chapital and email to [jchapital@dekalbcountyga.gov](mailto:jchapital@dekalbcountyga.gov).

**All quotes are to be provided on Attachment B, Quote Form (page 4).**

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

Sincerely,

Jenifer G. Chapital  
Procurement Technician  
Department of Purchasing and Contracting

DR/jgc

## **ATTACHMENT A**

### **SCOPE OF WORK**

#### **Request for Quotation No. 20-3003740**

##### **South River Trail Boardwalk Repair**

Contractors with demonstrated experience in working with boardwalk repair and projects of similar scope are requested to submit quotes to furnish all materials, labor, tools, equipment's, supplies, services and other necessary items for South River Trail Boardwalk Repair.

1. Replace 225 3X8X12 boardwalk decking boards using #1 prime ground contact wood. Decking is to be attached using two (2) #14 x 4.5" stainless steel wood screws at each stringer driven below the deck surface.
2. Replace two 2x6x12 handrails using #2 pressure treated wood.
3. Access to the site will be from the MLK High School parking lot trailhead. There is only room to park one pick-up truck on the trail at Snapfinger Road.
4. Demolition and removal from site of boardwalk decking to be replaced is included.
5. Removal of all construction debris is included
6. Removal and resetting of any side rails needed to accomplish the deck replacement is included.
7. Some board replacements will require angled cuts of the lumber to fit. This should be included in the quote price.

This request will be awarded on the basis of cost, schedule, thoroughness, and responsiveness of the quote and other factors. County reserves the right to waive any formality or to reject any or all quotes. The time specified for completion of this project is 60 days.

The project consists of replacement of decaying boardwalk decking at South River Trail-west of Snapfinger (Hwy 155) (intersection with Panola Road) in DeKalb County. The address is 4265 Snapfinger Road.

Pricing shall be submitted on the accompanying Quote Form.

## ATTACHMENT B

### Quote Form

Item	Description	Unit Price
1.	Replace 225 3X8X12 boardwalk decking boards using #1 prime ground contact wood.	\$
2.	Replace two 2x6x12 handrails using #2 pressure treated wood.	\$
3.	Demolition and removal from site of boardwalk decking	\$
4.	Removal and resetting of any side rails needed to accomplish the deck replacement	\$ _____
5.	Labor, etc.	\$ _____
6.	Dumpsters/Hauling/Removal of Anything	\$ _____
	<b>Total Price:</b>	\$ _____

The responder, declares that he has carefully examined, RFQ # 20-3003740 South River Boardwalk Repair, the Scope of Work contained, and that he proposes and agrees that if his bid is accepted, to provide the necessary services and will furnish all materials, fuel, misc. materials and labor specified in the RFQ, or necessary to complete the Work in the manner therein specified within the time specified, as therein set forth for the following lump sum amount which sum is hereinafter referred to as the "Total Bid."

_____	<b>Total Bid \$</b> _____
(State amount in writing on this line)	(In figures)



**ATTACHMENT C**  
**South River Trail Boardwalk Aerial**



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**ATTACHMENT D**  
**BIDDER CONTACT INFORMATION**

Are you a DeKalb County Firm? YES  \_\_\_\_\_ NO  \_\_\_\_\_

Signed, sealed, and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Responder

By: \_\_\_\_\_

\_\_\_\_\_  
Name (Typed or Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Responder's Mailing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

**ATTACHMENT E**  
**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 F**  
**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

\_\_\_\_\_  
(Bidder's Name)

\_\_\_\_\_  
Enrollment Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Bidder

\_\_\_\_\_  
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 G**  
**INSURANCE REQUIREMENTS**

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 \$1,000,000 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,

non-contributory, and waiver of subrogation provided to the County as the additional insured.

- 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