



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

Date: July 19, 2018

Request for Quotation No. 18-3003627

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

ROOF INSPECTION SERVICES

I. Proposed Term:

One (1) year

II. Attachments:

- A. Scope of Work
- B. Minimum Specifications
- C. Insurance Requirements
- D. Quote Form
- E. Reference Form and Reference Check Release Statement
- F. Responder's 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

DeKalb County
Department of Purchasing and Contracting
Talisa R. Clark, MBA, CPPO, Chief Procurement Officer

July 19, 2018

Access to Capital for Entrepreneurs, Inc. (ACE)
3173 Highway 129 N.
Cleveland, GA 30528



Ref: CDBG Amendment 1

Dear Ms. Fricks:

The enclosed three (3) originals of the subject Amendment No. 2 that have been prepared for Contract 1075460 to Operate a Revolving Loan Fund Program for Small Businesses in DeKalb County are being forwarded to you for signature. Upon execution, please forward all three (3) agreements to my attention for completion. **Please review the following list and return/complete and executed all marked items with the executed agreements.**

- Contractor should execute the contract on the signature page
- Contractor's signature should be attested by the corporate secretary on the signature page **and corporate seal impressed**
- Contractor's signature should be attested by a Notary (Attachment B)
- Certificate of Corporate Authority signed by corporate secretary **and corporate seal impressed**
- Contractor Affidavit and Agreement
- Subcontractor Affidavit and Agreement (one form per sub)
- Non-Use of Automobile Affidavit
- Business License
- Original certificate of insurance from Contractor (as Attachment)
- Contractor should execute the Performance Bond (as Attachment)
- Contractor should execute the Payment Bond (as Attachment)
- Contractor **should not** insert the execution date on contract

If you have any questions, please do not hesitate to contact me at 404.687.4042 or ijschofield@dekalbcountyga.gov.

Sincerely,

Jennifer Schofield
Procurement Agent 

Enclosures (3)

GENERAL INFORMATION

DeKalb County is soliciting Quotes from qualified firms or individuals to provide roof consulting services, waterproofing consulting services and exterior wall consulting services and proposes to enter into a Purchase Order with a firm authorized to do business in DeKalb County, GA. The intent of this Request for Quotes is to select qualified, responsive and responsible entities able to furnish the full range of disciplines necessary to provide the services identified.

The Respondent or Respondent's consultant shall have a minimum of five years of experience in providing roof inspections and have the required certifications as specified.

BUSINESS LICENSE

Responders shall submit a copy of its current, valid business license with its submission. If the Respondent is a Georgia corporation, Responder shall submit a valid county or city business license. If Respondent is a joint venture, Responder shall submit valid business licenses for each member of the joint venture. If the Respondent is not a Georgia corporation, Responder shall submit a certificate of authority to transact business in the state of Georgia and a copy of its current, valid business license issued by its home jurisdiction. If Respondent holds a professional license, then Responder shall submit a copy of the valid professional license. Failure to provide the business license, certificate of authority, or professional license required by this section, may result in the proposed Response being deemed non-responsive.

FEDERAL WORK AUTHORIZATION PROGRAM PARTICIPATION

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 Bid to be considered, it is mandatory that the Respondent's Affidavit of Compliance with O.C.G.A. §13-10-91 included as page 15 be completed and submitted with the Response.

ATTACHMENT A

SCOPE OF WORK

1. Roofing, waterproofing and exterior wall consulting services shall be provided on an as needed basis and may include but not be limited to the following:
 - a. Roof Inspections;
 - b. Moisture Intrusion Surveys;
 - c. Core Sampling and Asbestos Testing;
 - d. Roof and Water Proofing System Condition Evaluations;
 - e. Roof Repair and Replacement Design Documents;
 - f. Budgetary Cost Estimating;
 - g. Quality Control Inspections;
 - h. Roof System Maintenance Training;
 - i. Warranty Claim Assistance; and
 - j. Below grade waterproofing surveys.

2. The scope of services is anticipated to include analysis of condition and performance of existing roofing systems which will lead to recommendations by the firm concerning repair or replacement of the existing roofing systems.

3. The firm shall be responsible for the preparation of complete contract documents for all elements of the scope of work and for construction contract administration until successful completion and acceptance of the project by DeKalb County.

4. The firm shall advise DeKalb County concerning warranties, correction of defective work, or equipment operational problems during the contractor's warranty period.

5. Roof Design
 - a. Any structural, electrical or mechanical review or design required due to changes in systems designs, revisions, roof loads, and roof loads associated with the temporary placement of roofing materials on a building shall be performed by a Georgia licensed Structural, Electrical or Mechanical Engineer.
 - b. The firm shall fully coordinate all roofing drawings, specifications, quality control and inspections with any design professional engaged for the project.

6. Budgeting and Cost Estimating
 - a. Provide services to establish: budgets for roof replacements; roof replacement schedules; survey deficiencies list and anticipated cost; photograph documentation; roof test samples; evaluation of infrared and other roof surveys; review of other district consultant's roof designs, review of submittals, materials and warranties; performing select roof material test, such as screw pull out resistance and providing general roofing technical support.

7. Construction Administration
 - a. Services shall include, but not be limited to, submittal review and approvals, construction site observation, response to Requests for Information, issuance of Proposal Requests, review of Proposals, providing of recommendations for modifications, review of Applications for Payment, Final Inspection, and project

closeout documentation.

- b. The firm will be expected to provide Construction Administration consistent with industry standards.

NOTE: THE SELECTED RESPONDENT OR FIRM WILL NOT BE ELIGIBLE TO BID ON ANY ROOF REPAIR OR REPLACEMENT BIDS THAT MAY BE SOLICITED FOR BY DEKALB COUNTY WHILE UNDER CONTRACT.

8. Quality Assurance

- a. DeKalb County may require a full-time or part-time Quality Assurance Observer (Roof Inspector) on the job while the roofing work is being performed.
- b. Roof Inspector shall observe the work to assure conformance with contract documents.
- c. Roof Inspector duties include but not limited to: record observations, progress, materials onsite and used, kettles operation, make daily reports, review safety procedures, advise installers of decencies and document installation with photographs.

9. Roof Survey

- 1. Provide a Roof Survey Report of existing roof conditions which shall include the following:

Roof System Construction	
Existing System type	Document the layers of the existing roof system type.
Core Composition	The core information is obtained by taking a roof core; the information may also be obtained from "As Built" records. Layer Type Standard entries are Surfacing, Membrane, Insulation, Vapor retarder, Deck, and Interior Finish. Provide a description of the layer type from the deck up, or surface down. Include the Method of Attachment to the layer.
	Note: Also, details for roof systems on metal or shingle roof sections, where a physical core is not appropriate, should also be documented.
Core Photos	Include Core Photos in report to document the roof system.
Membrane Defects	
1. Type of Defect	Defect type (e.g. blisters, bare felts, splits).
2. Severity	Severity rating (Minor, Moderate, Major)
3. Quantity	The quantity of this defect type
4. Status	Outstanding if this defect has yet to be repaired.
5. Photo	Photo (s) shows the defect.
6. Details and Condition	A description of the type, cause, size, additional details
Roof Top Details	
1. Detail Type	Perimeter, drain, projection, or equipment.
2. Description	A description of the terminating item such as parapet wall,

	projection, gravel stop, pitch pocket.
3. Flashing membrane	Description of the flashing membrane (if applicable).
4. Flashing metal	Description of the flashing metal (if applicable).
5. Photo	Photo shows construction detail and flashing
6. Details and conditions	Details and condition information for each roof top detail that should be documented.
Recommendations	
1. Type of Activity	Type of activity - e.g. inspection, repair, replacement etc.
2. Budget Year	Recommendations to be completed, a specific budget year.
3. Action Items?	Recommended activity is one that must be done ASAP in order to eliminate health and safety issues, or to prevent high cost repairs later on.
4. Allocation	Budget allocation - e.g. expense or capital.
5. Urgency	Urgency - low, moderate, high.
6. Budget Cost	Estimate budget amount
7. Details of Activity	An explanation of the recommended roofing activity.
8. Scope of work	Any reference documents

10. Detailed Roof Survey, Optional Service

- a. DeKalb County may require a non-destructive roof moisture survey performed by an experienced and qualified professional as approved by the issuing Agency.
- b. The roof moisture survey options available shall include: aerial infrared surveying, infrared, nuclear, electronic field vector mapping, electronic leak detection or destructive testing or sampling (including patching that meets warranty requirements) to locate unacceptable moisture within a roofing system.

Moisture Surveys	
1. Type of Survey	The type of survey performed.
2. Date performed	Date of the survey.
3. Membrane condition	Membrane condition (e.g. dry, damp, wet).
4. Insulation condition	Insulation condition (e.g. dry, damp, wet).
5. Survey details	Additional information about the survey performed, if required
6. Survey photos	One or more photos, with a date and description of the findings
7. Thermographs	One or more Thermographs, with a date and description
8. Historical	Record any relevant history , delta of previous moisture surveys
Recommendations	

1. Type of Activity	Type of activity - e.g. inspection, repair, replacement etc.
2. Budget Year	Recommendations to be completed, a specific budget year.
3. Action Items?	Recommended activity is one that must be done ASAP in order to eliminate health and safety issues, or to prevent high cost repairs later on.
4. Allocation	Budget allocation - e.g. expense or capital.
5. Urgency	Urgency - low, moderate, high.
6. Budget Cost	Estimate budget amount
7. Details of Activity	An explanation of the recommended roofing activity.
8. Scope of work	Any reference documents

Testing and Inspections: Asbestos sampling, testing and Reporting.

11. Roof Systems Database, Optional Service

- a. Include maintaining current district roofing database or providing software/database/website/ftp site services licensed to the county to manage roof survey and maintenance programs and associated documents, reports, logs, cost, tracking, repair recordation, warranty management.

12. Training, Optional Service

- a. Provide training to the district staff for proper roof inspection procedures and reporting, warranty procedures, roofing systems maintenance and repairs procedures that include but not limited to: appropriate repair materials and procedures for the types of roofing systems maintained by the county, gutter, downspout, scupper, flashing, expansion joint and pitch pocket repairs.

ATTACHMENT B

MINIMUM QUALIFICATIONS

- A. The Respondent or Respondent's consultant shall have a minimum of five years of experience in roofing, waterproofing, and/or exterior wall consulting.
- B. The Respondent's Team shall be knowledgeable and experienced in the design, details, and specifications of roofing, waterproofing, exterior wall systems.
 - 1. Respondents shall comply with licensing jurisdiction for DeKalb County and the State of Georgia architectural and engineering licensing requirements for roofing, waterproofing, and exterior wall projects.
 - 2. Respondents or Respondent's consultants shall have Registered Roof Consultant (RRC), Registered Roof Observer (RRO), and/or Registered Waterproofing Consultant (RWC) or equivalent certifications.
 - a. The roof consultant shall be a licensed professional architect, registered professional engineer, or hold a Registered Roof Consultant (RRC) registration or equivalent.
 - b. The roof quality assurance observer shall have a Registered Roof Observer (RRO) or Registered Roof Consultant (RRC) registration or equivalent.
- C. Quality Assurance Observer. Responsible for roofing quality assurance oversight of roof repair and replacement.

The roof inspector shall have the following qualifications:

- 1. The inspector shall have a thorough knowledge of roofing details, flashing, and systems employing single-ply, built-up, metal, shingle, slate, or [insert applicable roofing types] as the main weatherproof barrier.
 - 2. The inspector shall have a Registered Roof Observer (RRO) or Registered Roof Consultant (RRC) registration or equivalent.
- D. Roof Consultant. Responsible for detailed roof inspections and evaluations, preparation of Construction and Bid Documents, forensic inspections, and monitoring during construction.

The roof consultant shall have the following qualifications:

- 1. Roof, waterproofing, and/or building enclosure consulting shall be the consultant's full-time occupation.
- 2. Consultant shall have completed at least three service contracts in the last three years. Work for each of the completed contracts shall be roughly equivalent in size and complexity to the proposed work.
- 3. The roof consultant shall be a licensed professional architect, registered professional engineer, or hold a Registered Roof Consultant (RRC) registration or equivalent, and shall demonstrate a minimum of five years of continuous specialized experience in the investigation, design, testing, and consulting services related to roofing systems for new

and existing structures.

4. If testing is required, the roof consultant shall be appropriately trained, certified, and licensed in the testing procedures as required for the service.
- E. Waterproofing Consultant. Responsible for detailed above- and below-grade waterproofing observations and evaluations, preparation of construction and bid documents, forensic inspections, and monitoring during construction.

The waterproofing consultant shall have the following qualifications:

1. Waterproofing, roof, and/or building enclosure consulting services shall be the consultant's full-time occupation.
 2. Consultant shall have a thorough knowledge of above- and below-grade waterproofing, including building envelope walls, roofs, and foundations.
 3. Consultant shall have completed at least three service contracts in the last three years. Work for each of the completed contracts shall be roughly equivalent in size and complexity to the proposed work.
 4. The waterproofing consultant shall be a licensed professional architect, registered professional engineer, or hold a Registered Waterproofing Consultant (RWC) registration or equivalent. and shall demonstrate a minimum of five years of continuous specialized experience in the investigation, design, testing, and consulting services related to waterproofing systems for new and existing structures.
- F. Exterior Wall Consultant. Responsible for evaluation, analysis, design, preparation of Construction and Bid Documents, forensic inspections, and site observations during construction.

The Exterior wall consultant shall have the following qualifications:

1. Exterior wall or building envelope consulting services shall be the consultant's full-time occupation.
2. Consultant shall have a thorough knowledge of the type of exterior wall(s) required for the project and their interface with adjacent wall and roof construction, including window and door penetrations, flashing, roofs, foundations, and building science to ensure building performance.
3. Consultant shall have completed at least three service contracts in the recent past. Work for each of the completed contracts shall be roughly equivalent in size and complexity to the proposed work.
4. The exterior wall consultant shall be a licensed professional architect, registered professional engineer, or hold a Registered Exterior Wall Consultant (REWC) registration or equivalent. and shall also demonstrate a minimum of five years of continuous specialized experience in the investigation, design, testing, and consulting services related to exterior wall systems for new and existing structures.

ATTACHMENT C

INSURANCE REQUIREMENTS

A. INSURANCE:

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
 - (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
 - ii. Business Auto Liability Insurance with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
 - iii. 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 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:

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

- 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.

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Item	DESCRIPTION	UNIT	PRICE
1	Roof Inspection Survey plus report	LS	\$ _____
2	Moisture Intrusion Survey plus report	LS	\$ _____
3	Core Sampling and Asbestos Testing	LS	\$ _____
4	Roof and Waterproofing System Condition Evaluations	LS	\$ _____
5	Roof Repair and Replacement Design Documents	hourly	\$ _____
6	Budgetary Cost Estimating	hourly	\$ _____
7	Quality Assurance Inspections	LS	\$ _____
8	Roof System Maintenance Training	hourly	\$ _____
9	Warranty Claim Assistance	hourly	\$ _____
10	Below grade waterproofing surveys	LS	\$ _____

ATTACHMENT E
CONTRACTOR REFERENCE AND RELEASE FORM

List below at least three (3) references, including company name, contact name, address, email address, telephone numbers and contract period 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)		
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 RFP.

Signed _____ Title _____
 (Authorized Signature of Proposer)

Company Name _____ Date _____

ATTACHMENT F

RESPONDENT'S AFFIDAVIT OF COMPLIANCE WITH O.C.G.A. §13-10-91

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the Respondent submitting a Response to DEKALB COUNTY, GA, a political subdivision of the State of Georgia, has registered with and is participating in a 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, as amended. The undersigned further verifies that it will continue to use the federal work authorization program for the Contract Term, and it will only contract with Subcontractors who have registered for the federal work authorization program. The undersigned 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 Contractor

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__.

NOTARY PUBLIC
My Commission Expires:
