



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

Date: November 12, 2024

Request for Quotation (RFQ)
No. 2024-100011 for GNG Fueling Stations
Maintenance and Repairs

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

Compressed natural gas (CNG) fueling stations operations, preventive maintenance and repair services

I. Proposed Term:

Not To Exceed Six (6) Months

II. Attachments:

- A. Scope of Work
- B. Minimum Specifications
- C. Quote Form
- D. Reference Form and Reference Check Release Statement
- E. Bidder 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 Bidders Affidavit, Attachment E, be completed with bidder's proposal.

VI. Due Date:

All questions are due to Phyllis A. Head via email at phead@dekalbcountyga.gov on or before 3:00 p.m. EST on Monday, November 18, 2024

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 Thursday, November 21, 2024. 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 via email to phead@dekalbcountyga.gov.

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

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

Sincerely,

Phyllis A. Head, NIGP -CPP, CPPB
Department of Purchasing and Contracting

ATTACHMENT A
SCOPE OF WORK

PW-Sanitation Division is seeking for a contractor to provide on-call preventive maintenance and on-call repair services on fueling stations. Service locations include:

- Seminole Road Landfill, 4295 Clevefont Rd., Ellenwood, GA
- Central Transfer Stations, 3720 Leroy Scott Dr., Decatur, GA.

I. MONTHLY PREVENTIVE MAINTENANCE (*Only required at Seminole Road Landfill fueling station*)

Perform preventative maintenance services as necessary to assure minimum fueling station disruption. Preventive maintenance shall also include but not limited to the following:

- Check compressor oil – add oil as needed; determine source of any oil leak as it relates to maintenance requirements; perform oil analysis as determined by compressor hour run time to assess extend of bearing wear.
- Check & grease bearings.
- Check & grease pulleys.
- Drain all blow down & recovery tanks, coalescing filters, empty particulate traps.
- Check general condition of heat exchangers & radiator; clean cooling coils with pressure washing as required.
- Record all pressure readings; determine proactive or reactive measures required at that time.
- Check electrical system to verify proper operation including the Emergency Shut Down Devices; perform diagnostic check of station control system as required.
- Check high gas pressure shut down switch for proper working order.
- Check low gas pressure shut down switch for proper working condition.
- Check cascade system including proper operation of sequencing and priority system; verify cascade cylinder recertification or expiration dates if appropriate.
- Perform visual inspection of relief valves for proper operation and rectification dates.
- As needed, verify proper start up and run amperage on electric motor.
- Check and repair entire system for possible gas leaks.
- Monitor compressor run time from base line reading; as needed, check compressor head pressure readings to determine ring viability and crank case pressure to

- determine ring viability.
- Check electronic fueling dispenser or fuel post; perform diagnostic check of dispenser electronics as required.
- Check high-pressure fuel hose, vent hose and fueling connector for proper working condition, wear levels, and safety.
- Drain coalescing filters and/or particulate traps in dispenser; check condition for possible replacement.
- Check fueling island & surrounding area for NFPA 52 code conformity.
- Preventive maintenance equipment include:
 - a) One dryer unit – PSB Dryer Model NG-SR-6.5-2.0-DDP
 - b) Two Compressor Units – ANGI NG 150 E/G Series Compressor
 - c) One CNG Storage Bank – Three Bank Storage Vessels (23' Length x 20" Diameter)
 - d) One Priority Panel – ANGI Electronic Priority Panel with ESD K01-11-101
 - e) Two ANGI Fleet Series II Dispenser with hose and nozzles

II. ON-CALL REPAIR SERVICES

On-call repair services may be required at the Seminole Fueling Station, 4295 Clevefont Rd., Ellenwood, GA and at the Central Transfer Fueling Stations, 3720 Leroy Scott Drive, Decatur, GA. In the event a repair service is required at the Central Transfer Fueling Stations, the Contractor will be notified via email or telephone call. The Contractor shall:

- Provide 24-hour, 7 days-a-week, on-call repair services to ensure that the Fueling Station and their components shall be inoperative for the least possible time.
- Provide a response time of one (1) hour or less after the service request is received.
- Provide all repair/replacement parts and consumables, all labor and materials necessary for minor/major overhauls of equipment as necessary to restore the Fueling Station to full operation as quickly as reasonably as possible.

III. QUALIFICATION REQUIREMENT

- **Four (4) years verifiable work experience in Operating & Maintaining Compressed Natural Gas Fuel Compressor Systems and Fuel Dispensing Stations. Bidder who does not meet this required work experience will not be considered for this contract.**

IV TERM

The County requires full operational, preventive maintenance, and repair services of all components of the fueling station for a period of six (6) months.

ATTACHMENT B
QUOTE FORM

Item	Description	Unit Cost
1	Monthly Operations & Preventive Maintenance on Seminole Fueling Station during standard hours Mon-Fri. between 7:00am - 4:00pm: 4295 Clevemont Road, Ellenwood, GA	\$ _____/per Service
2	On-Call Repair services on Seminole Road Landfill during standard hours Mon-Fri. between 7:00am - 4:00pm 4295 Clevemont Road, Ellenwood, GA	\$ _____/per Hour
3	On-Call Repair Service at Seminole Road Landfill <u>outside</u> of standard hours Mon-Fri, before 7:00am & after 4:00pm 4295 Clevemont Road, Ellenwood, GA	\$ _____/per Hour
4	On-Call Repair services at Central Transfer Fueling Stations during standard hours Mon-Fri. between 7:00am - 4:00pm 3720 Leroy Scott Dr., Decatur, GA	\$ _____/per Hour
5	On-Call Repair Service at Central Transfer Fueling Station <u>outside</u> of standard hours Mon-Fri, before 7:00am & after 4:00pm 3720 Leroy Scott Dr., Decatur, GA	\$ _____/per Hour
6	On-Call Repair Service on Seminole and/or Central Transfer Fueling Station at anytime on Saturdays, Sundays, and Contractor's Holidays. Note: <i>Bidder must state below all official holidays.</i>	\$ _____/per Hour
7	One-time Trip Charge per Work Order	\$ _____
8	Percentage Markup for Maintenance/Repair Parts and Materials	_____ %

Bidder's Official Holidays:

ATTACHMENT C
QUOTER 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 D
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 E
QUOTER 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
Authorization

(Bidder's Name)

Federal Work
Identification Number

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 F
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