

July 17, 2024

**TO:** All Bidders under Invitation to Bid No. 24-101672

**FROM:** Department of Purchasing and Contracting, DeKalb County, Georgia

**ADDENDUM NO. 1**

ITB No. 24-101672 Pump Repair Services (Three (3) Year Multiyear Contract) is hereby amended as follows:

1. Please replace page 59 of the solicitation with the attached revised Attachment H.
2. We have received questions pertaining to this ITB. The questions and the resulting responses appear below:

1.	Question:	<i>“Qualification Requirements 1b – For clarification, please confirm that you require the prime contractor bidding to currently have a staff of at least 6 pump technicians and 6 machinists.”</i>
	Answer:	Yes, the prime contractor bidding should have a staff of at least 6 pump technicians and 6 machinists.
2.	Question:	<i>“Qualification Requirements 1c – For clarification can you please specify the total overhead crane capacity you require the prime contractor bidding to have at their facility?”</i>
	Answer:	The total overhead crane capacity is up to 20-ton.
3.	Question:	<i>“Page 40 , Price Schedule – Please confirm if the TOTAL for Line Items No. 1-47 (for evaluative purposes only) needs to be the Unit Prices Totaled or Extended Price Totaled.”</i>
	Answer:	The total for line items numbers 1-47 should be the extended prices totaled.

3. It is the responsibility of each bidder to ensure that he or she is aware of all addenda issued under this ITB. Please sign and return this addendum. You may contact Tiffany Reid, Procurement Agent, at [tmreid@dekalbcountyga.gov](mailto:tmreid@dekalbcountyga.gov) before the bids are due to confirm the number of addenda issued.
4. All other conditions remain in full force and effect.

\_\_\_\_\_  
Tiffany Reid  
Procurement Agent  
Department of Purchasing and Contracting

**ACKNOWLEDGEMENT**

Date: \_\_\_\_\_

The above Addendum No. 1 to ITB No. 24-101672 is hereby acknowledged:

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Printed Name of Bidder's Authorized Signer)

\_\_\_\_\_  
(Signature of Bidder's Authorized Signer)

\_\_\_\_\_  
(Title)

**ATTACHMENT H**  
**FIRST SOURCE JOBS ORDINANCE INFORMATION**  
**(WITH EXHIBITS 1 – 4)**  
**EXHIBIT 1**

**FIRST SOURCE JOBS ORDINANCE ACKNOWLEDGEMENT**

**Contract No.** \_\_\_\_\_

The DeKalb County First Source Ordinance requires contractors or beneficiaries of eligible projects entering into any type of agreement with the County, including purchase orders, regardless of what they may be called, for the procurement or disposal of supplies, services, construction projects, professional or consultant services, which is funded in whole or part with County funds or County administered funds in which the contractor is to receive \$50,000 or more in County expenditures or committed expenditures and recipient of urban redevelopment action grants or community development block funds administered in the amount of \$50,000 or more to make a good faith effort to hire DeKalb County residents for at least 50% of jobs created using the First Source Registry (candidate database) within one hundred twenty (120) days of contract execution. The work to be performed under this contract is subject to the provisions of the DeKalb County First Source Jobs Ordinance. All contractors will be asked to submit an Employment Roster and/or copies of active payroll registers on a monthly basis to verify compliance. The undersigned acknowledges and agrees to comply with the provisions of the DeKalb County First Source Jobs Ordinance.

**CONTRACTOR OR BENEFICIARY INFORMATION:**

\_\_\_\_\_  
Contractor or Beneficiary Name (Signature)

\_\_\_\_\_  
Contractor or Beneficiary Name (Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name of Business

Please answer the following questions:

1. How many job openings do you anticipate filling related to this contract? \_\_\_\_\_
2. How many incumbents/existing employees will retain jobs due to this contract?  
DeKalb Residents: \_\_\_\_\_ Non-DeKalb Residents: \_\_\_\_\_
3. How many work hours per week constitutes Full Time employment? \_\_\_\_\_

**Please return this form to WorkSource DeKalb, fax (404) 687-3900 or email to [WSDBusiness@dekalbcountyga.gov](mailto:WSDBusiness@dekalbcountyga.gov).**

*WorkSource DeKalb (WSD) is an EEO/M/F/D/V employer/program. Auxiliary aids/services are available upon request to individuals with disabilities. Persons with hearing impairments may call 1-800-255-0135 or 711 TTY for assistance. WSD is 100% funded by the U. S. Department of Labor and is a proud partner of the American Job Center Network.*