

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

Date: July 23, 2024

Request for Quotation No. 24-3003829

SHALLOWFORD ROAD STRIPING

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

I. Proposed Term:

Thirty (30) calendar days

II. Attachments:

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

VI. Due Date:

All questions are due to technician via email at jmholley@dekalbcountyga.gov on or before 3:00 p.m. EST on July 25, 2024.

Quotes are due on or before 5:00 p.m. EST on July 30, 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 technician or email to jmholley@dekalbcountyga.gov.

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.

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

THE COUNTY RESERVES THE RIGHT TO REJECT ANY AND ALL QUOTES, TO WAIVE INFORMALITIES, AND/OR TO RE-ADVERTISE.

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

Sincerely,

Joydan M. Holley

Procurement Technician
Department of Purchasing and Contracting

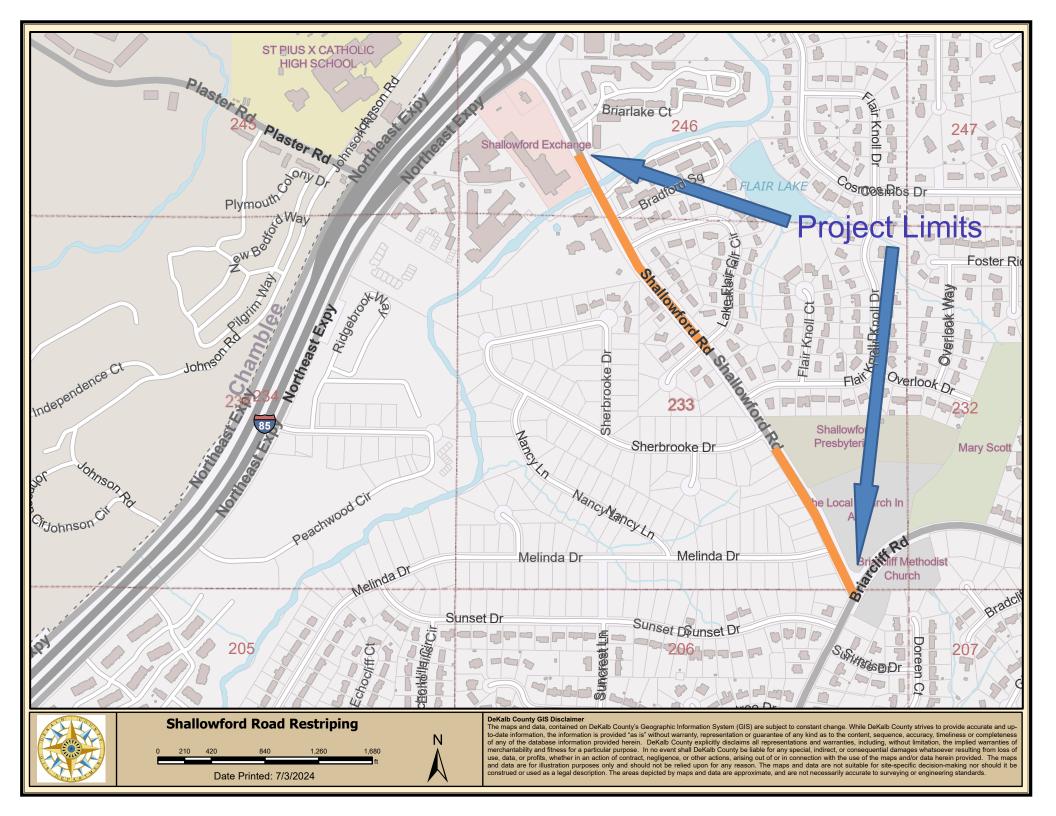
ATTACHMENT A

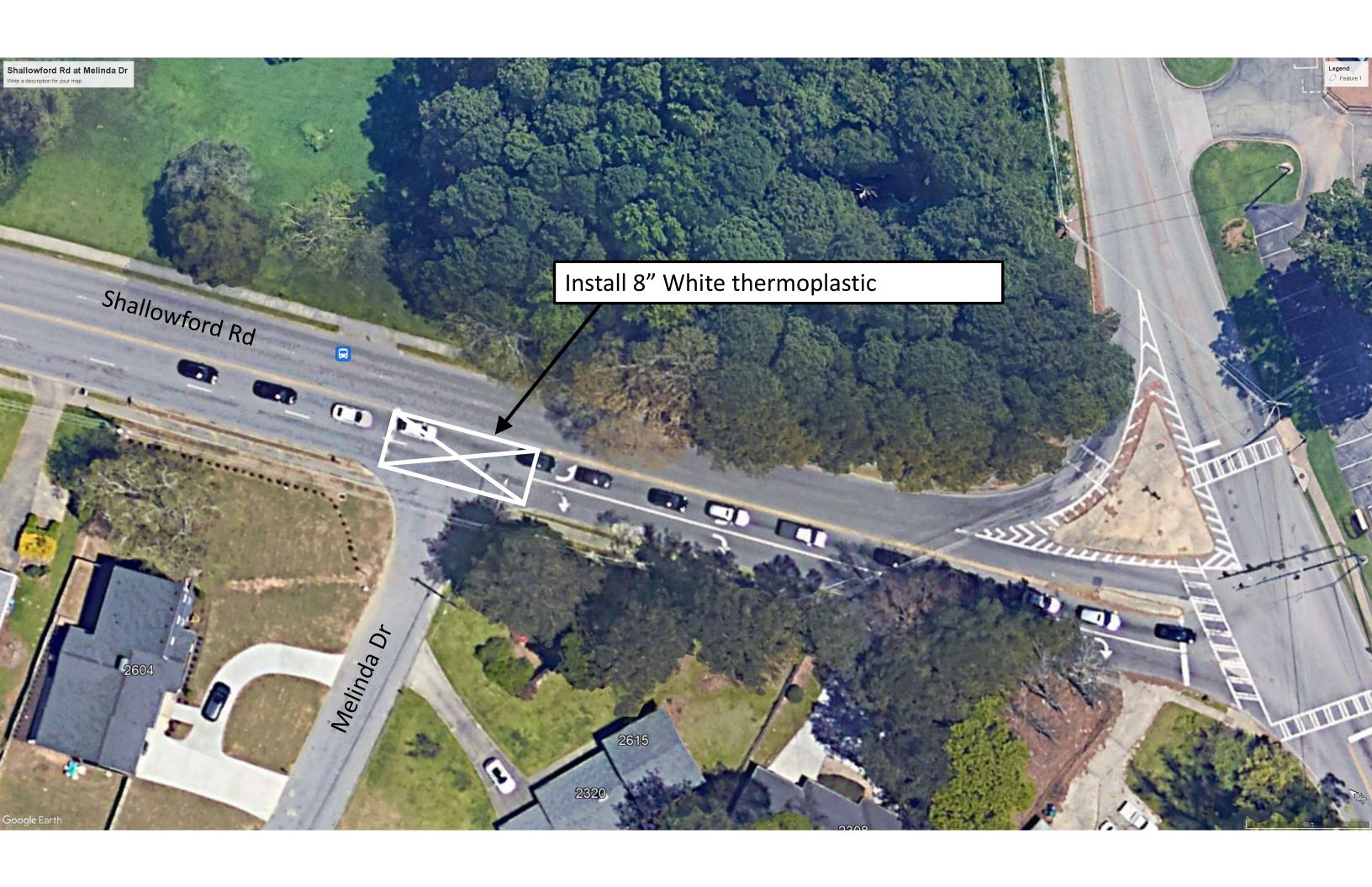
SCOPE OF WORK

DeKalb County, Georgia (hereinafter referred to as the "County") is seeking a well-qualified company to provide Striping on Shallowford Road for the Department of Public Works (PW) and Transportation.

The Department of PW and Transportation is requesting services for re-striping Shallowford Road from Briarcliff Road to the Publix Entrance Driveway. The scope of work includes all side street crosswalks and crosswalks across Shallowford Road at the Publix Driveway and at Flair Knoll Drive. No crosswalks at Briarcliff Road are included.

A new "Do Not Block Intersection" box with 8-inch lines around the box and two 8-inch crosshatch lines is included. No other hatching is included. A diagram and a map have been provided to show the location of these areas.





Attachment B

QUOTE FORM

Item Description	Unit	Unit Price	Quantity	Extended Amount
653-0120 - Thermoplastic Pavement Marking Arrow Type 2, Turn	EA		13	\$
653-1501 - Thermoplastic Solid Traffic Stripe 5" White	LF		6253	\$
653-1502 - Thermoplastic Solid Traffic Stripe 5" Yellow	LF		6364	\$
653-1704 - Thermoplastic Solid Traffic Stripe, 24" White Stop Bars	LF		120	\$
653-1804 - Thermoplastic Solid Traffic Stripe, 8" White Crosswalk	LF		2638	\$
653-3501 - Thermoplastic Skip Traffic Stripe 5" White	GLF		5850	\$
654-1001 - Raised Pavement Marker Type 1 (Yellow)	EA		200	\$
654-1002 - Raised Pavement Marker Type 3 (Clear/Red)	EA		161	\$

Grand Total:	<u></u> \$
The undersigned, as Responder, declares that he has carefully examined an	n annexed
proposed form of Contract, RFQ No. 24-3003829, Shallowford Road Strip	pping, the
Specifications therein contained, and that he proposes and agrees that if his	Quote is

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 "Total Bid."

RFQ No. 3003829, Shallowford Road Stripping:

accepted, to provide the necessary services and will furnish all materials and labor

	(\$)
(State amount in writing on this line)	(In figures)	

ATTACHMENT C

BIDDER CONTACT INFORMATION

1. Are you a DeKalb County Firm? Yes	□ No □]
2. Has your firm been in Chapter 7 during	the last ten (10) years	? Yes □ No □
Signed, sealed, and dated thisday	of	20
Name of Business		
By:(Signature of Business Representative		
Name (Typed or Printed)	_	
Title	_	
Responder's Mailing Address	_	
Phone Number	_	
Fax Number	_	

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 services 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	E STATEMENT	
You are authorized to contact the references RFQ.	provided above for purposes of this	
Signed		
Title		
(Authorized Signature of Bidder)		
Company Name	Date	

ATTACHMENT E

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 (Bidder's Name)		Enrollment Date
Title o	of Authorized Officer or Agent of Bidder		Identification Number
Printe	d Name of Authorized Officer or Agent	_	
Comp	any Name & Address (do not include a post offic	ee box)	
	CRIBED AND SWORN RE ME ON THIS THE		
	DAY OF	, 20	
	y Public		
My Co	ommission Expires:		

ATTACHMENT F

INSURANCE REQUIREMENTS

IMPORTANT NOTICE

IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

- I. If the County sends to you notice of Award on this bid, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
- II. 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.
- III. 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
 - **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 using ISO Additional Insured Endorsement forms CG 2010 or its equivalent. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia.

- 3. The insurance carrier must have a minimum rating of A or higher as determined by the rating firm A.M. Best.
- 4. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.

(Continued)

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- 5. Certificates to contain the location and operations to which the insurance applies.
- 6. 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.
- 7. 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.
- 8. Certificates are to be issued, and the successful contractor shall mail insurance documents listed in this form, to:

DeKalb County Department of Purchasing and Contracting The Maloof Center 2nd Floor 1300 Commerce Drive Decatur, Georgia 30030

9. 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.