



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

Date: February 6, 2025

Request for Quotation No. 2025-100081

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

Transportation for DeKalb Seniors and Individuals with Disabilities – Coordinated Trip Services

I. Proposed Term:

One (1) Year with Two (2) Options to Renew

II. Attachments:

- A. Scope of Work
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Contractor Affidavit
- E. 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 Contractor Affidavit, Attachment D, be completed with Bidder's response.

VI. Due Dates:

All questions are due to Tiffany M. Wilson via email at tmwilson@dekalbcountyga.gov on or before 5:00 p.m. EST on February 11, 2025.

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, [Active Request for Quotes \(RFQs\) | DeKalb County GA](#). Bidder should regularly check the County's website for addenda.

Quotes are due on or before 5:00 p.m. EST on February 18, 2025. Bidder must complete and return the quote form, reference form, contractor affidavit and provide a copy of Bidder's valid business license to DeKalb County by email to the attention of **Tiffany M. Wilson** at tmwilson@dekalbcountyga.gov.

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

The County intends to award to the lowest, responsive and responsible bidder and who, per the County's determination, satisfactorily meets the requirements of the RFQ; however, the County reserves the right to reject any and all bids, to waive informalities and to re-advertise.

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

Sincerely,

Tiffany M. Wilson
Tiffany M. Wilson
Procurement Technician
Department of Purchasing and Contracting

Attachment A

SCOPE OF WORK

I. PURPOSE

DeKalb County Government (“County”), on behalf of the Human Services Department, is soliciting Request for Quotes (RFQ) to select vendors to provide transportation services to the elderly – as well as people with disabilities – who have limited mobility options, while ensuring that they are transported safely, comfortably, and with respect and care.

II. SCOPE OF SERVICES:

Transportation services under this RFQ shall include, but may not be limited to, coordinated transportation of DeKalb County seniors or individuals with disabilities to medical appointments and other destinations that support the individual’s ability to maintain “quality of life”. In most circumstances, the coordinated transportation services will require transportation of one individual per trip. At times an individual may have a separate individual to accompany them as an escort. In any case, the driver is not required to wait for the individual to complete their activities/appointments for extended periods of time; however, if the driver does, the County does not compensate for that time. Additionally, the County will only compensate for the trip that includes transportation of the senior or individual with disabilities to their destination(s). Trip charges shall include the customer’s pick-up location and their destination.

Transportation services shall be available during the hours of 5:00am to 7:00pm on Monday thru Sunday. The exact schedule from week-to-week will be determined in coordination with Human Services.

Any vendors selected through this RFQ must meet all applicable requirements of the Georgia Department of Human Services Transportation Manual which governs all human services transportation in Georgia. These requirements include those listed in Section IV below pertaining to driver requirements as well as all requirements pertaining to driver training, insurance requirements, vehicle maintenance, safety inspections, recordkeeping, and vehicle monitoring.

1. Safe and Responsible Driving -

- a. Adherence to Traffic Laws: Ensure compliance with all traffic laws, including speed limits lawful driving maneuvers, and parking regulations, to guarantee the safety of all passengers.
- b. Defensive Driving: Remain up to date on defensive classes and certifications. Practice defensive driving techniques to avoid accidents and respond to potential hazards on the road.
- c. Moderate Vehicle Operation: Focus on gentle braking, smooth acceleration, and careful turns to provide a comfortable ride, particularly considering the needs of senior and disabled passengers.

2. **Passenger Assistance and Care –**
 - a. **Assisting with Boarding and Exiting:** Help senior citizens board and exit the vehicle, especially those with mobility challenges, using wheelchair lifts, ramps, stepstools, or handrails as necessary.
 - b. **Securing Passengers:** Ensure that all passengers are safely seated and that any mobility devices (e.g., walkers, wheelchairs, and/or canes) are securely fastened during transit.
 - c. **Monitoring Passenger Comfort:** Check on passengers regularly to ensure they are comfortable, offering assistance with seat belts or adjusting seating arrangements if needed.
Emergency Support: Be prepared to document and report on medical events or emergencies until professional help arrives.
3. **Route Management –**
 - a. Driver will follow designated plan based on their trip’s appointment time, pick up location and destination.
 - b. **Timely and Accurate Transport:** Follow the designated route and schedule to ensure timely transport.
 - c. **Knowledge of Medical Facilities and Destinations:** Familiarize yourself with common destinations like DeKalb senior centers, medical facilities, and community areas frequented by DeKalb seniors.
4. **Communication and Customer Service -**
 - a. **Clear and Courteous Communication:** Speak clearly and respectfully, ensuring that instructions or announcements are understood, particularly by passengers who may have hearing impairments.
 - b. **Compassionate Interaction:** Show patience and understanding when interacting with seniors, recognizing that some may have cognitive or communication difficulties.
 - c. **Conflict Resolution:** Address and report any disputes or issues among passengers calmly and with empathy.
5. **Vehicle Inspection and Maintenance –**
 - a. **Pre-Trip and Post-Trip Inspections:** Conduct thorough checks of the vehicle, paying extra attention to features like wheelchair lifts, seat belts, stepstools, and wheelchair restraints. Ensure the vehicle is clean, especially free of any obstacles that could cause tripping or slips/falls.
 - b. Participate in mandatory annual vehicle inspection by County-identified certified mechanic.
6. **Safety and Compliance -**
 - a. **Adherence to Safety Regulations:** Comply with all safety regulations specific to transporting senior citizens and disabled persons, including any local, state, or federal requirements.
 - b. **Training and Certification:** Maintain up-to-date certifications, such as CPR, Defensive Driver Training and attend any training required by DeKalb Human Services Transportation.

- c. Emergency Preparedness: Be knowledgeable about emergency protocols and procedures, including evacuation plans and how to handle health emergencies or disruptions.
7. **Record Keeping and Documentation-**
- a. Accurate Logs: Maintain accurate records of trips, including mileage, hours driven, and any incidents or concerns that arose during the trip.
 - b. Passenger Roster: Keep track of passenger rosters, especially if transporting the same group to and from the senior centers regularly. Note any specific consumer needs or preferences.
8. **Special Services –**
- a. In limited circumstances, drivers will be asked to provide special services if required for transport.
 - b. In some cases, management will ask drivers to help a consumer with storing necessary items such mobility aids.
9. **Professional Development -**
- a. Ongoing Training: Attend DeKalb Human Services Transportation training sessions focused on the needs of seniors and the disabled, including those related to dementia, Alzheimer’s, or other conditions related to cognitive impairment.
 - b. Feedback and Improvement: Report back to DeKalb Human Services staff any feedback from passengers and their families meant to improve service and ensure that all needs are being met effectively.
10. **Incident and Accident Reporting -**
- a. Thorough Documentation: In the event of an incident, fill out detailed reports and communicate with both your DeKalb Human Services Transportation supervisor and any relevant authorities (Police, Sheriff, State Trooper etc.).
 - b. Follow-Up: Ensure that any follow-up actions, such as classes, incident reports and / or counseling after an incident, are completed.

III. PAYMENT STRUCTURE:

Payments will be issued within 30 days upon receipt of the invoice.

IV. REQUIRED DRIVER QUALIFICATIONS

- 1. Must be at least 21 years old and a resident of Georgia.
- 2. Possess a valid driver’s license with the class of license appropriate to the vehicle they are using to provide the service.
- 3. Submit a certified copy of a three (3) year Motor Vehicle Report (MVR) from the Georgia Department of Driver Services
- 4. Minimum two (2) years of experience driving passengers or in a commercial

capacity.

5. Must be Drug Free and Pass Periodic Drug Testing
6. Must Pass DHS Background Check
7. Provide a copy of your vehicle insurance as required by the State of Georgia.

V. SUBMITTAL REQUIREMENTS

In response to this RFQ, qualified firms shall submit:

1. Company/Sole Proprietor Background
2. Name, address, email, and telephone numbers of the vendor's point of contact for an award resulting from this RFQ.
3. Names of individual(s) operating the vehicle along with their driving experience.
4. The completed Attachment B, Quote Form.
5. The completed Attachment C, Reference Check and Release Form with at least 3 references.
6. The completed Attachment D, Contractor Affidavit
7. Current CPR and Defensive Driver Training Certifications

Failure to provide one (1) or more of the above requested items may result in your quote being deemed non-responsive.

VI. CONTRACT TIME

This is expected to be a one (1) year contract with two (2) options to renew. The contract shall be a legally binding document subject to approval and monitoring by DeKalb County Human Services Transportation Division.

Attachment B

QUOTE FORM

Please complete the Request for Quotation (RFQ) form below. This form must be submitted with your response to be eligible for consideration.

Bidder Information:	
Company Name:	
Company Address:	
Bidder Name and Title:	Phone Number:
Bidder Email Address:	

COST FOR Transportation for DeKalb Seniors and Individuals with Disabilities – Coordinated Trip Services
Bidder shall provide the cost per one way trip per person, to complete the services in accordance with Attachment A, Scope of Work, in the table below:

	0-5 miles - One Way	5-10 miles - One Way	Over 10 miles - One Way
Ambulatory	\$	\$	\$
Wheelchair	\$	\$	\$
Escort Fee (if any)	\$	\$	\$
“No Show” Flat Fee	\$		

Quote Statement:	
I, the undersigned, certify that this quote is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a quote for the same materials, supplies, equipment, or services, and is in all respect fair and without collusion or fraud. I agree to abide by all conditions of this quote, and certify that I am authorized to sign this quote for the Bidder.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Authorized Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Authorized Signer (Typed or Printed)	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Name of Bidder (Typed or Printed)	

Attachment C

REFERENCE CHECK AND RELEASE FORM

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)		
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 RFQ.

Signed _____ Title _____

Company Name _____ Date _____

Attachment D

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 Quoter submitting a quote, 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
Enrollment Date

Title of Authorized Officer or Agent of Quoter

Identification Number

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 E

INSURANCE REQUIREMENTS

IMPORTANT NOTICE

IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

1. If the County sends to you notice of award on this quote, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
2. 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.
3. 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**
 - (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.
 - **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. 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.

3. 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.
4. 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.
5. 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.
6. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
7. 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.
8. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
9. Certificates to contain the location and operations to which the insurance applies.
10. 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.
11. 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.
12. 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.
13. 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