



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

Date: July 9, 2024

Request for Quotation No. 24-3003827

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

Tree Canopy Study

I. Proposed Term:

Eighteen (18) Months

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](mailto:tmwilson@dekalbcountyga.gov) via email at tmwilson@dekalbcountyga.gov on or before 5:00 p.m. EST on July 12, 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, [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 July 18, 2024. 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](mailto:tmwilson@dekalbcountyga.gov) 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 who, per the County's determination, has satisfactorily met 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
Procurement Technician
Department of Purchasing and Contracting

Attachment A

SCOPE OF WORK

I. PURPOSE

DeKalb County Government (the County) is soliciting quotes from qualified vendor to provide an assessment of the Urban Tree Canopy (UTC) for unincorporated DeKalb County. This UTC Assessment will pertain to both public and private trees. The contract will be from approximately August 1, 2024 – January 31, 2026.

The purpose of this project is to collect data that will allow unincorporated DeKalb County to establish a current tree canopy map, and to use current and historical data to track tree canopy change over time. The data from this research will provide better understanding of the environmental impacts of land use decisions and will help inform strategic planning for DeKalb's urban forests.

II. PROJECT OBJECTIVES:

The objectives for the urban tree canopy (UTC) assessment in unincorporated DeKalb County are to:

1. Establish a UTC baseline of known accuracy and classification methodology that can be used to track canopy gains and losses over time, and
2. Collect data to gain an understanding of reasons for canopy change over time, and
3. Estimate ecosystem service benefits (ESB) provided by tree canopy and
4. Develop sound urban forest management policy and plans based on current UTC and ecosystem benefits

III. GEOGRAPHIC COVERAGE:

This UTC study should include all areas of unincorporated DeKalb County, GA, a total of 158 square miles.

IV. PROVIDED DATA BY DEKALB COUNTY:

DeKalb County will provide to the vendor:

1. GIS data to define unincorporated DeKalb County boundaries, commission districts, watershed boundaries, city boundaries, current land use, street ROW, sidewalks, recreation areas, and other layers as needed.
2. A contact or on-line link for additional data as needed.

V. REQUIREMENTS AND TASKS:

Vendor tasks and deliverables include:

1. High resolution tree canopy assessments:

- Create a land cover data set that includes tree cover, non-tree vegetation, and non-vegetation
- Data set should be based on 1-meter, high resolution leaf-on color-infrared aerial photography (publicly available National Agricultural Imagery Program (NAIP) data
- Data set should include at least two (2) dates-in-time covering 2010 until the most recent available data (2021 or more recent)
- Data set ESRI compatibility requirement: ArcGIS Pro
- Provide personal geodatabase for all vector layers
- GIS Metadata to current national standards is required. (FGDC Content Standard for Digital Geospatial Metadata: http://www.fgdc.gov/metadata/csdgm/index_html)
- Provide a clear explanation for any NAIP deficiencies that will have to be corrected or accommodated to meet specified accuracy requirements

2. Accuracy Assessments:

- An accuracy assessment that conforms to industry accepted standards is required to verify vendor's work for each set of data
- Vendor is required to provide a complete explanation of accuracy assessment methodology

3. Canopy Assessments Data Aggregation:

- Using ArcGIS Pro's Tabulate Area function, aggregate each canopy's data to various land classifications, including the following:
 - Entire unincorporated DeKalb area
 - Watersheds
 - Land Use and/or Zoning sections
 - DeKalb County parks and recreational areas
 - Grid of 5-acre cells within unincorporated DeKalb County

4. Documentation of the minimum mapping unit (MMU) for each land cover classification, as well as class-specific map accuracies

5. Full documentation of classification methodology
6. Full documentation of accuracy assessment methodology
7. Estimate ecosystem service benefits (ESB) provided by tree canopy, to include carbon, air pollution, and hydrological benefits
8. Using itreetools.org, construct an ArcGIS model to automate benefit calculations
9. Canopy grid analysis to include site visits for the following purposes:
 - Visual inspection to verify data on areas identified as having significant change over time
 - Determine and document specific observed changes that support reasons for significant change over time, e.g. new development in the case of tree loss, or tree plantings in the case of increase in canopy.
10. All data needs to be compatible with our Granicus based public outreach platform, Engage DeKalb.

VI. DELIVERABLES:

1. Landcover Classification of the AOI:
 - Classifications will include bare ground, open space/grass, impervious, water, and urban tree canopy (UTC)
2. The awarded vendor will provide an accuracy assessment and GIS data including:
 - The final draft classification
 - Points/polygons used as training sites for a supervised classification
 - Accuracy methodology (narrative)
 - GIS layer of points/polygons used for the accuracy assessment
 - Final Error Matrix with user and producer accuracy by landcover class
 - Discussion of accuracy assessment – the accuracy assessment and supporting data listed will be provided to DeKalb County as specified in the timeline.
3. UTC Classification GIS Datasets:
 - Narrative of classification methodology used, including software used, references of methods used, processing steps (outline with sufficient detail that work can be replicated).
 - Vendor will provide map imagery as modified just before the first classification step (e.g. the image was purchased and clipped, or photo enhancements), as well as significant intermediary GIS datasets. DeKalb County reserves the right to request

specific intermediary data sets as deemed necessary in the review and delivery acceptance process.

- All final raster and vector GIS datasets with metadata.
4. In addition to digital datasets outlined above, the awarded vendor must:
- Produce 5 spiral-bound copies of a report that documents the results and methodology
 - Provide a 2-page fact sheet of the UTC results

VII. PROPOSED TIMELINE AND PAYMENT STRUCTURE:

1. Proposed Timeline:

- July 9 – 12, 2024: Q&A period
- July 18, 2024: RFQ Response Deadline (unless extended via addendum)
- August 1, 2024: Tentative contract award date
- February 1, 2025: Final draft classification and accuracy assessment (to 3rd party for QA/QC)
- April 1, 2025: Completion & Presentations
- May 1, 2025: All billing completed

2. Payment Structure:

Payment will be made in the form of a Purchase Order upon the successful completion of the specific milestones outlined in the RFQ.

VIII. SUBMITTAL REQUIREMENTS

In response to this RFQ, qualified firms shall submit:

1. Company Background
2. Name, address and telephone numbers of the vendor's point of contact for an award resulting from this RFQ.
3. Names of individual(s) performing the classification and accuracy assessment as well as their experience and education.
4. Description of any deviation from deliverables specified in RFQ for review and consideration during the evaluation process. This may include vendor clarification language if needed. A simple statement that "All deliverables will be produced as specified in the RFQ" is sufficient if accurate.
5. A brief description of the applicant's experience with UTC studies.
6. The completed Attachment B, Quote Form.
7. The completed Attachment C, Reference Check and Release Form with at least 3 references. References should be from similar projects performed for private, state and/or large local government clients within the last three (3) years.
8. The completed Attachment D, Contractor Affidavit.

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

IX. CONTRACT TIME

This is expected to be an eighteen (18) month contract to provide flexibility but in all efforts to be completed sooner.

Attachment B
QUOTE FORM

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

COST FOR TREE CANOPY STUDY	
Bidder shall provide the LUMP SUM cost to complete the Tree Canopy Study in accordance with Attachment A, Scope of Work.	\$ _____

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.	
_____	_____
Authorized Signature	Date

Name of Authorized Signer (Typed or Printed)	

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