



Department of Purchasing & Contracting  
1300 Commerce Drive, 2<sup>nd</sup> Floor  
Decatur, Georgia 30030  
(404) 371-7051 Front Desk

**Date: July 22, 2024**

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## **Request for Quotation No. 24-3003828**

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

### **Exterior Framed Wall Mural of Dekalb County 200-Year Historical Timeline**

**I. Proposed Term:**

Fabrication Completion - August 2024  
Installation Completion - September 2024

**II. Attachments:**

- A. Scope of Work
- B. Quote Form
- C. Bidder Contact Information
- D. Reference Form and Reference Check Release Statement
- E. Contractor Affidavit O.C.G.A. §13-10-91
- F. Insurance Requirements

**III. Payment Terms:**

Net 30

**IV. Scope of Work:**

See Attachment A

**V. Federal Work Authorization Program Participation:**

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 E, be completed and submitted with the Contractor's quote.

**VI. Business License**

Contractor shall submit a copy of its current, valid business license with its quote or upon award. If the Contractor is a Georgia corporation, Contractor shall submit a valid county or city business license. If Contractor is a joint venture, Contractor shall submit valid

business licenses for each member of the joint venture. If the Contractor is not a Georgia corporation, Contractor shall submit a certificate of authority to transact business in the state of Georgia and a copy of its current, valid business license issued by its home jurisdiction.

**VII. Questions, Addenda, and Interpretation**

**All questions are due to Michelle Butler via email to [mnbutler@dekalbcountyga.gov](mailto:mnbutler@dekalbcountyga.gov) on or before 5:00 p.m. EST on July 25, 2024.**

Questions or requests for interpretation or clarification concerning the scope of work in this RFQ must be submitted to the above listed contact person via email no later than the above listed date and time. Questions or requests for interpretation or clarification received after the above stated date and time or sent to anyone other than the listed contact person will not receive a response or be the subject of 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.

**VIII. Due Date:**

**Quotes are due on or before 3:00 p.m. EST on July 31, 2024.** Bidder must complete and return all attached or requested forms, and provide a copy of Bidder's valid business license to DeKalb County by **email to the attention of Michelle Butler via email to [mnbutler@dekalbcountyga.gov](mailto:mnbutler@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,

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Michelle Butler  
Chief Procurement Officer  
Department of Purchasing and Contracting

## ATTACHMENT A

### SCOPE OF WORK

#### I. Introduction

The government of DeKalb County, Georgia commissioned a mural project that marks the December 9, 2022, 200th birthday of the County's official incorporation. The goal is to present a complete, expansive, and inclusive presentation of DeKalb's history.

A team of researchers, writers, and other creatives have developed the mural as a larger-than-life visual memoir of DeKalb's growth over its two centuries. The mural will consist of about 130 images placed within 10 time periods. A related website will also provide information about the subject of each image and its relevance to DeKalb's and the area's history since prehistoric times.

#### II. Background

The County seeks a Contractor to provide materials sourcing, printing, fabrication, and installation of a framed wall mural.

The mural graphics will be printed on flexible-face media (*such as 3M™ Panagraphics™ flex face*) or an acceptable equivalent. The mural will be affixed to the exterior of the Manual J. Maloof Annex building on Commerce Drive in Decatur, Georgia. The mural will cover three distinct but continuous walls measuring, in total, 112.33 feet wide by 16 feet tall.

#### III. Specifications and Deliverables

- A. See attached Exterior DeKalb Timeline Mural 95% Design Intent
- B. The substrate for the graphics will be exterior-grade, full, white opaque 3M™ Panagraphics™ III Wide Width Flexible Face Media or an acceptable equivalent material recommended by the sign contractor.
- C. Printing is to be four-color process and continuous. The face is to have manufacturer recommended graphic UV overlamine protection.
- D. Frames for graphics will need to be segmented and placed side-by-side to accommodate for material and environmental constraints. The final appearance should be that the graphic appears continuous and visually seamless. The sign contractor is asked to determine the ideal spacing of frames.
- E. The awarded firm will provide a proposed completion schedule for the project through final installation. At a minimum,
  1. this schedule must cover the engineering, fabricating, and installing of all framing and flex-face mural graphics and accommodate any immovable wall features.
  2. this schedule must consider and include any County reviews and approvals to occur throughout the project.
- F. The awarded fabricator/sign contractor for this project will be provided a digital file of the final mural design upon being awarded this project.

#### **IV. Response Requirements**

- A.** Response must include any wall preparation needed for the installation of the frames.
- B.** Warranty information must be provided.
- C.** The sign contractor must provide specifications for actual materials and inks used as well as subsequent warranties.
- D.** Description of any deviation from design, specifications, and 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.
- E.** Lead time must be provided for:
  - 1. sourcing the framing extrusions and *Panagraphics* or acceptable equivalent material,
  - 2. printing,
  - 3. producing and scheduling test prints,
  - 4. reviewing the test prints in shop,
  - 5. making the final production print, and
  - 6. installing the final wall mural

#### **V. Qualifications and Experience**

- A.** Minimum of five (5) years experience with printing, production, and manufacturing of flexible sign face product, framing, and installation.
- B.** Utilizing Attachment D. Reference Form and Reference Check Release Statement, provide at least three (3) references demonstrating the above listed experience. List examples of similar work and size to this scope of work and include supporting photos of completed referenced work.

**ATTACHMENT B**

**QUOTE FORM**

<b>ITEM NO.</b>	<b>DESCRIPTION</b>	<b>UNIT</b>	<b>TOTAL QUOTE</b>
1	Sourcing of flexible-face media material, fabrication, printing, and installation of framed wall mural  _____ Name of flexible-face media material to be used	Lump Sum	

**QUOTE ACKNOWLEDGEMENT STATEMENT**

The undersigned, as responder, declares that he has carefully examined RFQ No. 24-3003828 and the scope of work therein contained. Responder proposes and agrees that if his/ her quote is accepted, responder will provide the necessary services, equipment, and labor specified in the RFQ to complete the work in the manner therein specified within the time specified, as therein set forth for the above listed quote amount which sum is hereinafter referred to as the "Total Quote".

**Company Name**

**Name and Title of Authorized Signer**

**Authorized Signature**

**Date**

**ATTACHMENT C**

**BIDDER CONTACT INFORMATION**

Are you a DeKalb County Firm? YES \_\_\_\_\_ NO \_\_\_\_\_

Signed, sealed, and dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

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

By: \_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
Name of Authorized Representative (Typed or Printed)

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Responder's Mailing Address

\_\_\_\_\_  
Phone 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 scope of work required by this RFQ. **Include supporting photos of referenced work.**

Company Name	Contract Period (Begin and End)		
Contact Person Name and Title	Telephone Number (include area code)		
Company Address	City	State	Zip Code
Email Address	Project Final Cost \$		
Project Name <u>and</u> Description of Services Provided			

Company Name	Contract Period (Begin and End)		
Contact Person Name and Title	Telephone Number (include area code)		
Company Address	City	State	Zip Code
Email Address	Project Final Cost \$		
Project Name <u>and</u> Description of Services Provided			

Company Name	Contract Period (Begin and End)		
Contact Person Name and Title	Telephone Number (include area code)		
Company Address	City	State	Zip Code
Email Address	Project Final Cost \$		
Project Name <u>and</u> Description of Services Provided			

**REFERENCE CHECK RELEASE STATEMENT**

You are authorized to contact the references provided above for purposes of this RFQ.

\_\_\_\_\_  
(Authorized Responder Representative Signature)

\_\_\_\_\_  
Authorized Responder Representative Name (Typed or Printed)

Title \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_



**ATTACHMENT E**

**CONTRACTOR AFFIDAVIT O.C.G.A. §13-10-91**

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of DEKALB COUNTY has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. §13-10-91. Furthermore, the undersigned Contractor will continue to use the federal work authorization program throughout the Contract Term and the undersigned Contractor will contract for the physical performance of services in satisfaction of such contract only with Subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. §13-10-91. Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Contractor

Exterior Framed Wall Mural of DeKalb County 200-Year Historical Timeline  
Name of Project

DeKalb County, Georgia  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

By: \_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn before me on this the \_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

## ATTACHMENT F

### INSURANCE REQUIREMENTS

Prior to commencing work, periods Contractor shall, at its sole expense, procure and maintain insurance of the types and in the amounts described below from insurer(s) authorized to transact business in the state where the work or operations will be performed by Contractor. Such insurance shall be placed with admitted insurers that maintain an A.M. Best's rating of not less than "A" (Excellent) with a Financial Size Category of VII or better with coverage forms acceptable to Contractor. The insurance described below shall be maintained uninterrupted for the duration of the project, including any warranty, and shall protect Contractor, and others as required by contract, for liabilities in connection with work performed by or on behalf of Contractor, its agents, representatives, employees or Contractors.

1. Certificates of Insurance in companies doing business in Georgia and acceptable to the County covering:
  - (a) Statutory Workers' Compensation Insurance, or proof that Contractor is not required to provide such coverage under State law;
    - (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
  - (b) Professional Liability Insurance on the Contractor's services in this Agreement with limit of \$1,000,000;
  - (c) Commercial General Liability Insurance covering all operations with combined single limit of \$1,000,000;
  - (d) Comprehensive Automobile Liability Insurance with form coverage for all owned, non-owned and hired vehicles with combined single limit of \$1,000,000.
  - (e) Umbrella or Excess Insurance. Umbrella or excess insurance is to be provided with General Liability, Auto Liability and Employers Liability scheduled as underlying policies with limits not less than the following:
    - \$5,000,000 per occurrence
    - \$5,000,000 aggregate
2. Additional Insured Requirement:
  - (a) The County, its elected officials, officers, employees and agents, hereinafter referred to in this article and in the article entitled "Certificates of Insurance" as "the County and its officers" are to be named as additional insured on all policies of insurance except worker's compensation insurance with no cross suits exclusion. The County and its officers shall be included as additional insureds under commercial general liability and commercial umbrella insurance, for liabilities arising out of both the ongoing and completed operations of Contractor. 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.
  - (b) If the Contractor is a joint venture involving two (2) or more entities, then each independent entity will satisfy the limits and coverages specified here or the joint venture will be a named insured under each respective policy specified.

3. Certificates of Insurance must be executed in accordance with the following provisions:
  - (a) Certificates to contain policy number, policy limits, and policy expiration date of all policies issued in accordance with this Agreement;
  - (b) Certificates to contain the location and operations to which the insurance applies;
  - (c) Certificates to contain Contractor's protective coverage for any subcontractor's operations;
  - (d) Certificates to contain Contractor's contractual liability insurance coverage;
  - (e) Certificates are to be **issued** to:  
**DeKalb County, Georgia**  
**Director of Purchasing & Contracting**  
**The Maloof Center, 2<sup>nd</sup> Floor**  
**1300 Commerce Drive**  
**Decatur, Georgia 30030**
4. The Contractor shall be wholly responsible for securing certificates of insurance coverage as set forth above from all subcontractors who are engaged in this work.
5. The Contractor agrees to carry statutory Workers' Compensation Insurance and to have all subcontractors likewise carry statutory Workers' Compensation Insurance.
6. Contractor agrees to waive all rights of subrogation and other rights of recovery against the County and its officers and shall cause each Subcontractor to waive all rights of subrogation for all coverage, excluding Professional E&O.
7. Failure of the County to demand such certificate or other evidence of full compliance with these insurance requirements or failure of the County to identify a deficiency from evidence provided will not be construed as a waiver of the Contractor's obligation to maintain such coverage. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
8. 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. Policies and Certificates of Insurance listing the County and its officers as additional insureds (except for workers' compensation insurance) shall conform to all terms and conditions (including coverage of the indemnification and hold harmless agreement) contained in this Contract.
9. If the County shall so request, the Contractor will furnish the County for its inspection and approval such policies of insurance with all endorsements, or confirmed specimens thereof certified by the insurance company to be true and correct copies. Contractor shall be responsible and have the financial wherewithal to cover any deductibles or retentions included on the certificate of insurance.

# DeKalb County 200-Year History

DeKalb County, Georgia

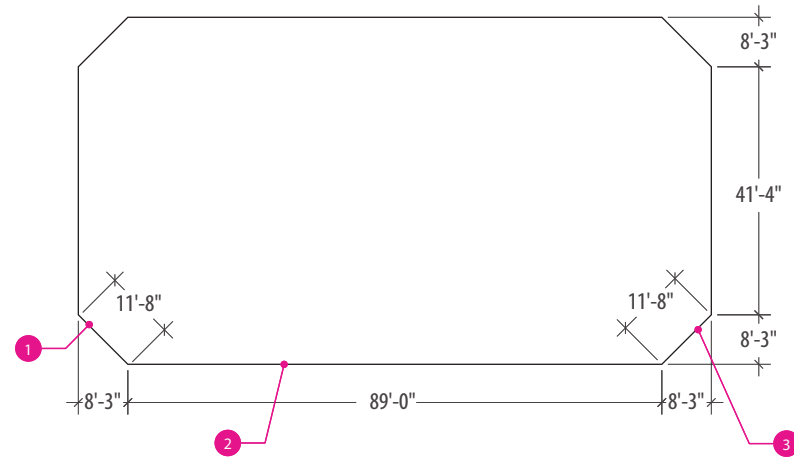


**Exterior Timeline Mural**  
95% Design Intent for Pricing

March 28, 2024



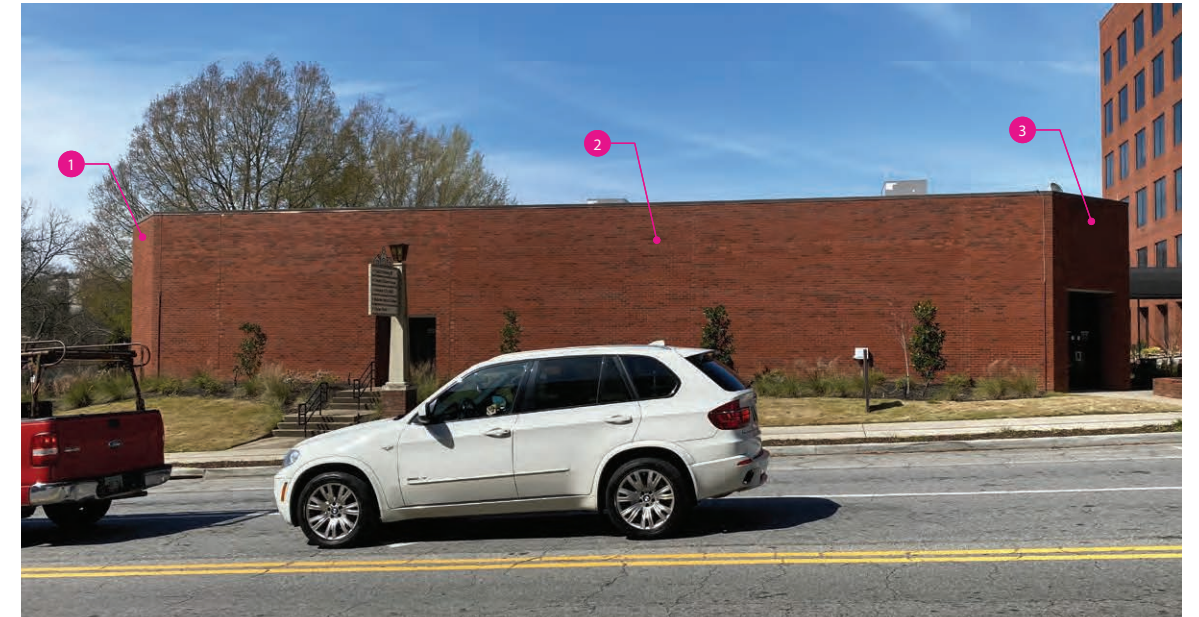
723 Piedmont Ave NE  
Atlanta, Georgia 30318  
404.876.9272 T  
jonesworley.com



**BUILDING PLAN VIEW**  
SCALE: 1/32" = 1'

**SCHEMATIC DETAIL:**  
SIGN CONTRACTOR TO ENGINEER WITH STAMP SEAL AND PROVIDE DETAIL IN SHOP DRAWINGS.  
FIELD VERIFY ALL DIMENSIONS, CONDITIONS. DOCUMENT ANY PROTRUDING ELEMENTS, AND SIGN CONTRACTOR TO DETERMINE AND INDICATE ALL SEAMS IN SHOP DRAWINGS.

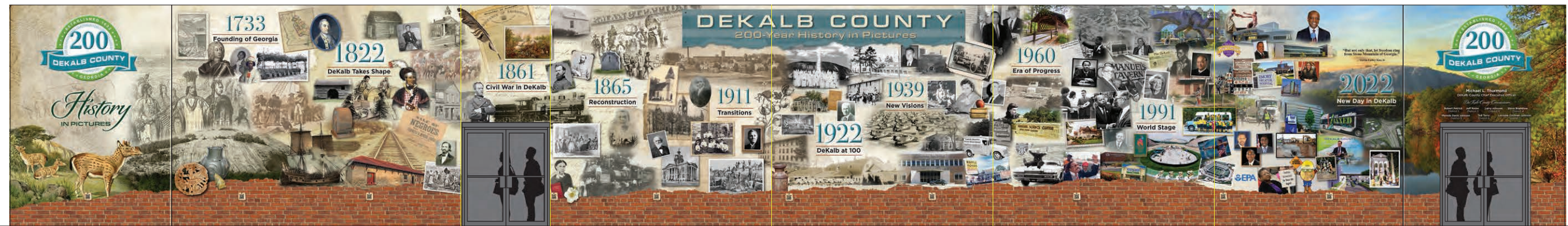
\*COUNTY TO COORDINATE RELOCATION OF JUNCTION BOX.



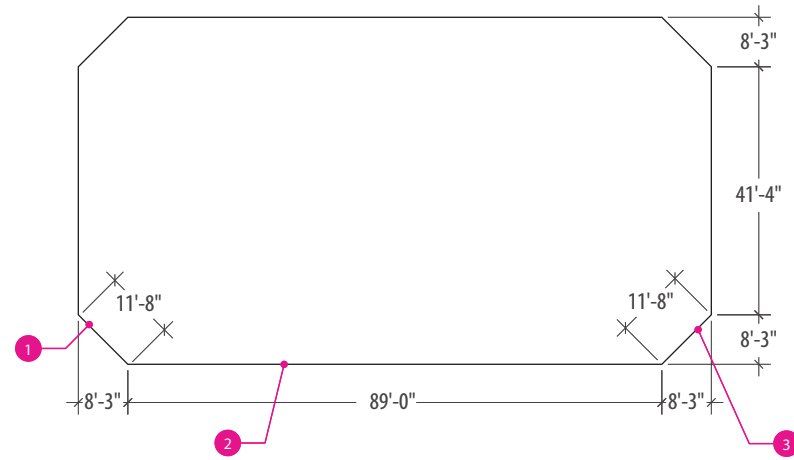
**BUILDING EXISTING CONDITIONS**  
SCALE: N.T.S.

SIDEWALL ELEVATION SHOWN FLATTENED

SIDEWALL ELEVATION SHOWN FLATTENED

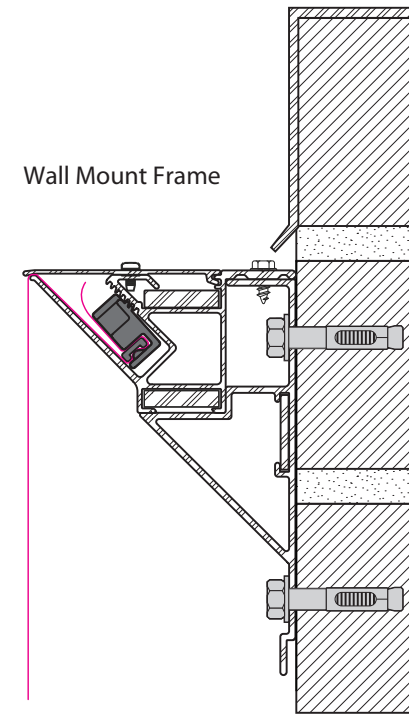


**FULL MURAL VIEW**  
SCALE: 1/8" = 1'

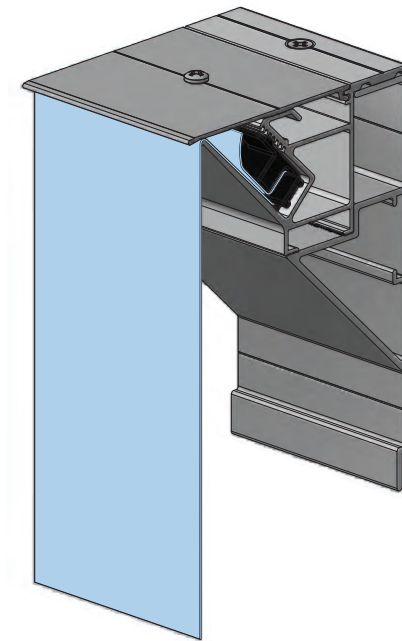


**BUILDING PLAN VIEW**  
SCALE: 1/32" = 1'

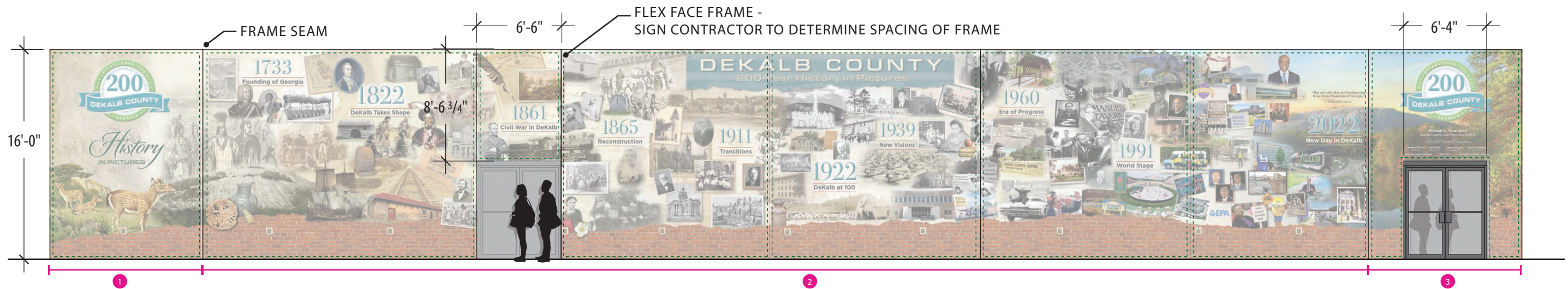
**SCHEMATIC DETAIL:**  
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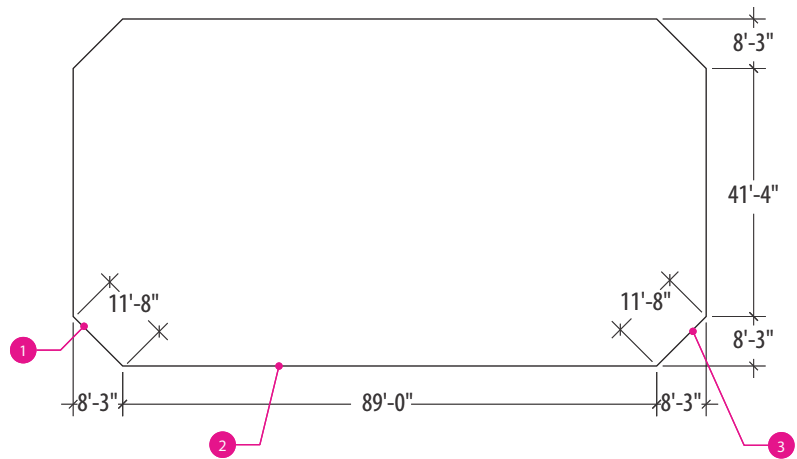
**FLEX FACE FRAME DETAIL**  
SCALE: N.T.S.



**FLEX FACE FRAME EXTRUSION DETAIL**  
SCALE: N.T.S.

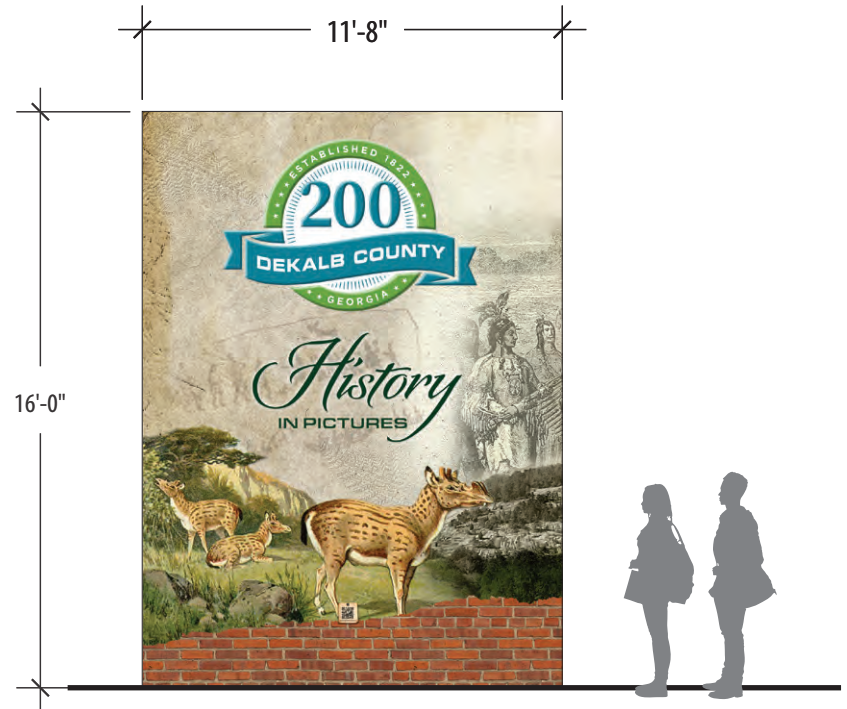


**FULL MURAL VIEW**  
SCALE: 1/8" = 1'

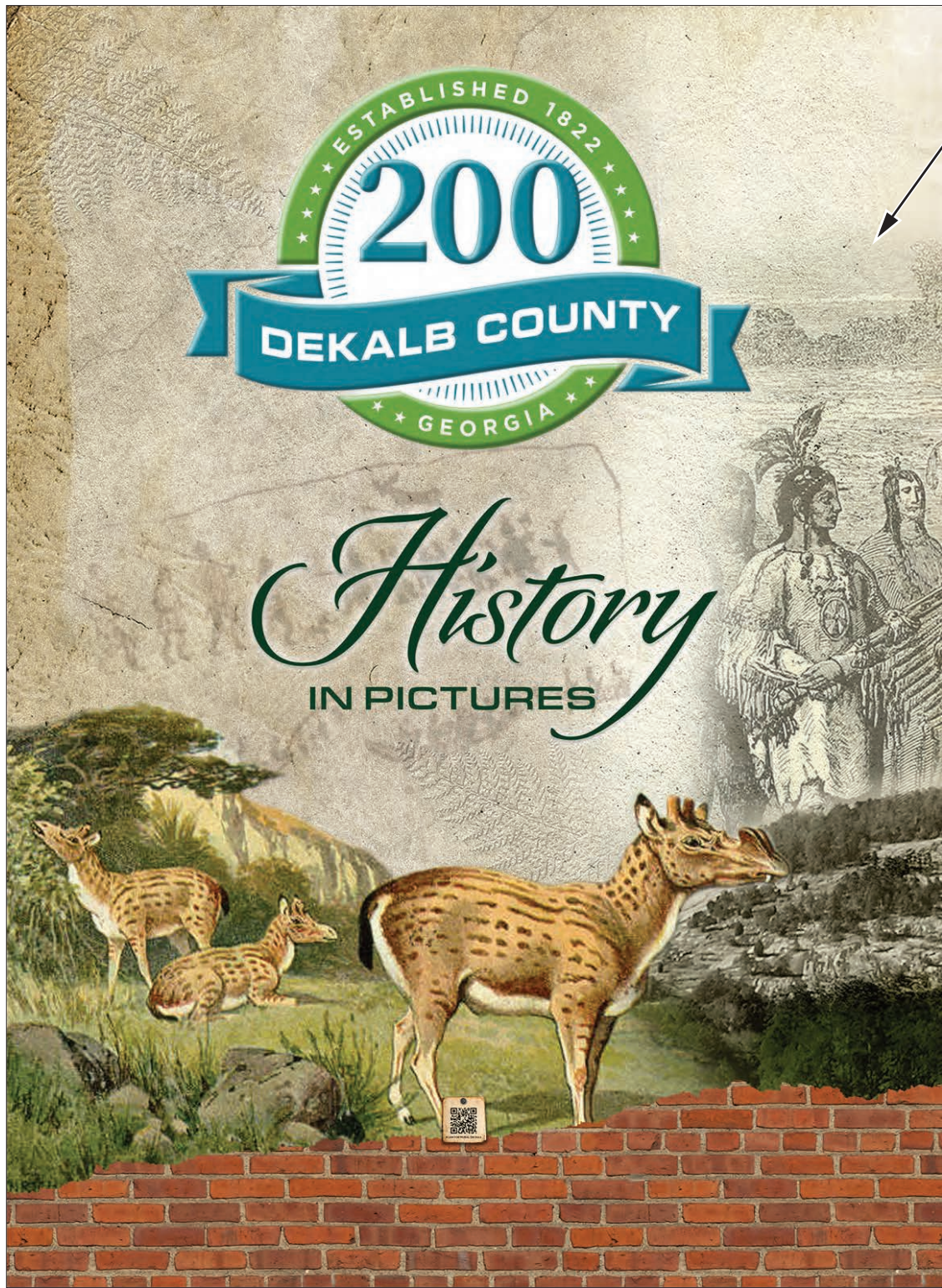


**BUILDING PLAN VIEW**  
SCALE: 1/32" = 1'

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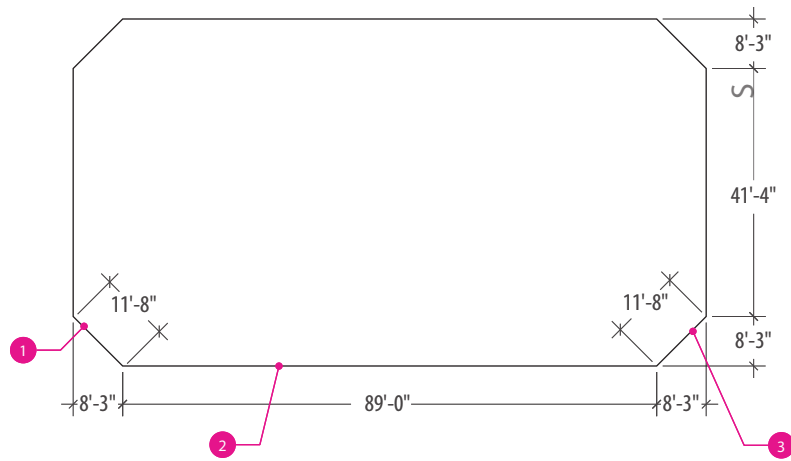


**1 WALL 1 - ELEVATION SCHEMATIC DETAIL**  
SCALE: 3/16" = 1'



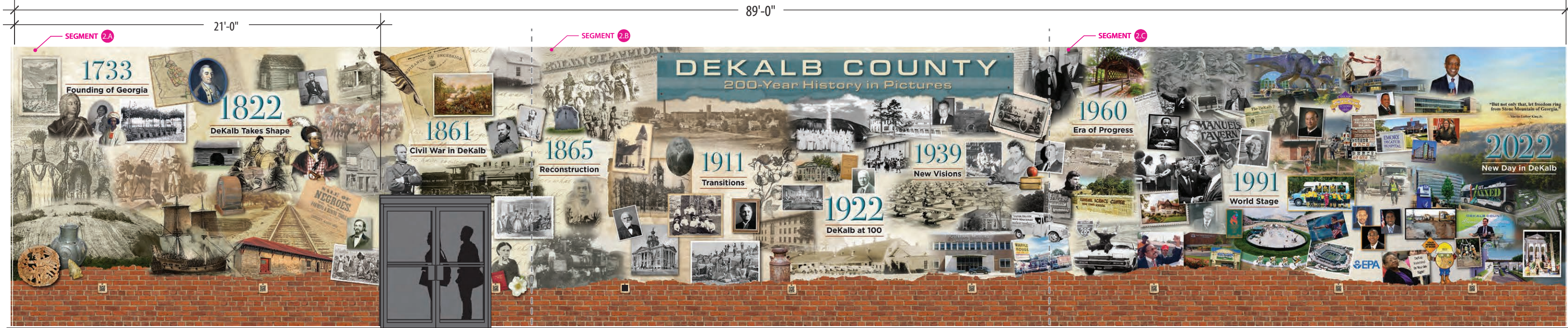
**WALL 1 - ENLARGED VIEW**  
SCALE: 1/2" = 1'

- MURAL FLEX FACE GRAPHIC (entire wall) TYPICAL**
- Sign Contractor to be responsible to engineer, fabricate and install all framing and flex face mural graphics, and to accommodate any immovable wall features.
- Exterior grade, full, white opaque 3M™ Panagraphics™ III Wide Width flexible face material or acceptable equivalent material recommended by sign contractor. Printing to be 4-color process and continuous. Face to have manufacturer recommended graphic UV overlamine protection.
  - Frames with graphics will need to be segmented and placed side by side to accommodate for material and environmental constraints. The final appearance should be that the graphic appears continuous and visually seamless. Sign contractor to determine spacing of frames.
  - Include any wall prep needed for the installation of frames.
  - *Provide warranty information* – Contractor to provide specs for actual materials and inks used and subsequent warranties.
  - *Lead time* – provide lead time to source framing extrusions and Panagraphics material and print, produce and schedule test prints, review in shop, make final production print, and install.



SCHEMATIC DETAIL:  
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FIELD VERIFY ALL DIMENSIONS, CONDI-  
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BUILDING PLAN VIEW  
SCALE: 1/32" = 1'



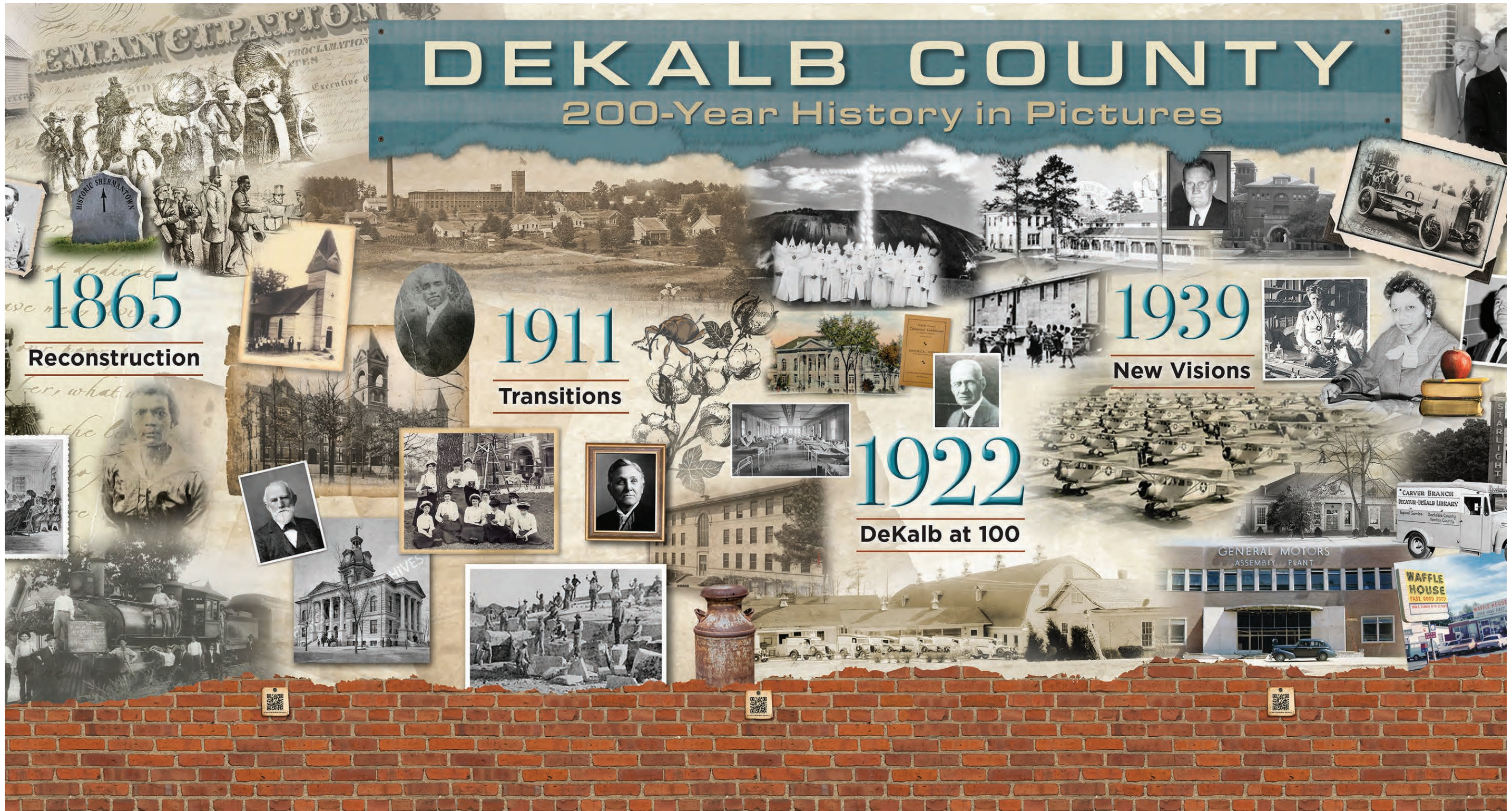
2 WALL 2 - ELEVATION - SCHEMATIC DETAIL  
SCALE: 3/16" = 1'





2.A

WALL 2 - ENLARGED VIEW - SEGMENT A  
SCALE: 1/2" = 1'

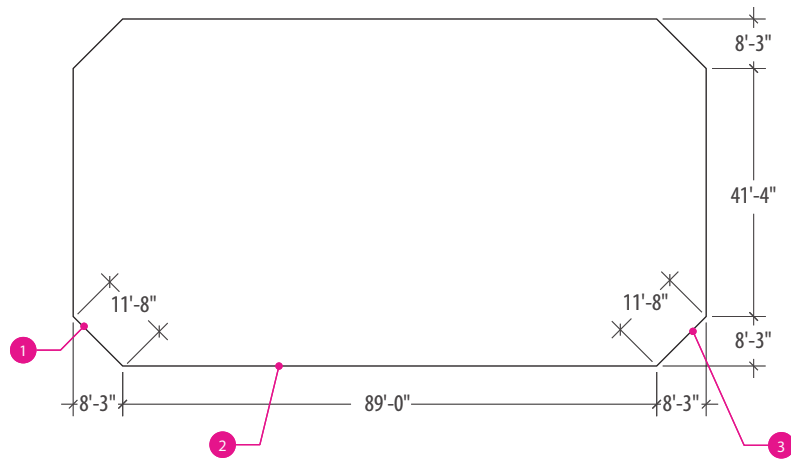


2.B WALL 2 - ENLARGED VIEW - SEGMENT B  
SCALE: 1/2" = 1'

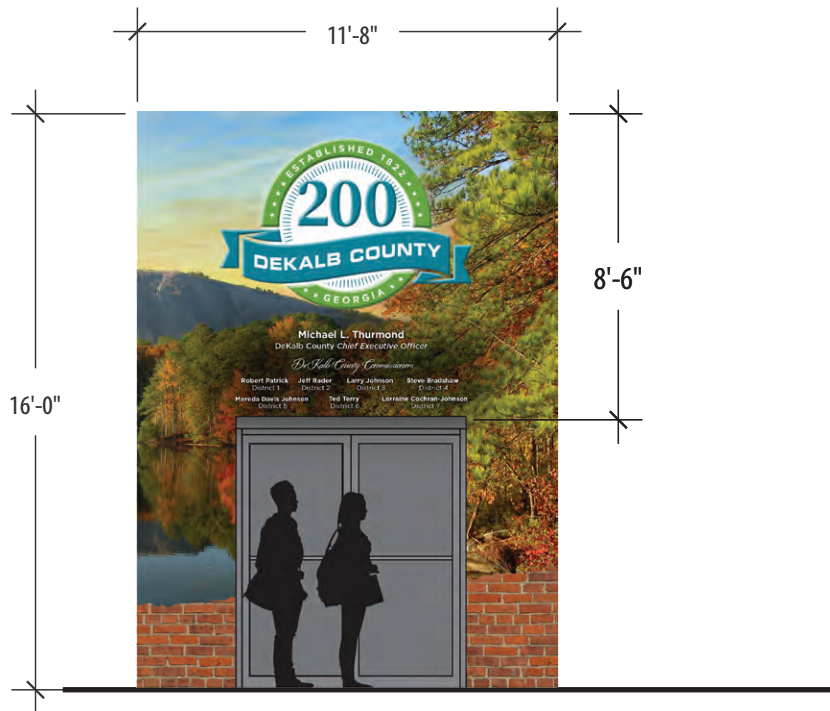


2.C

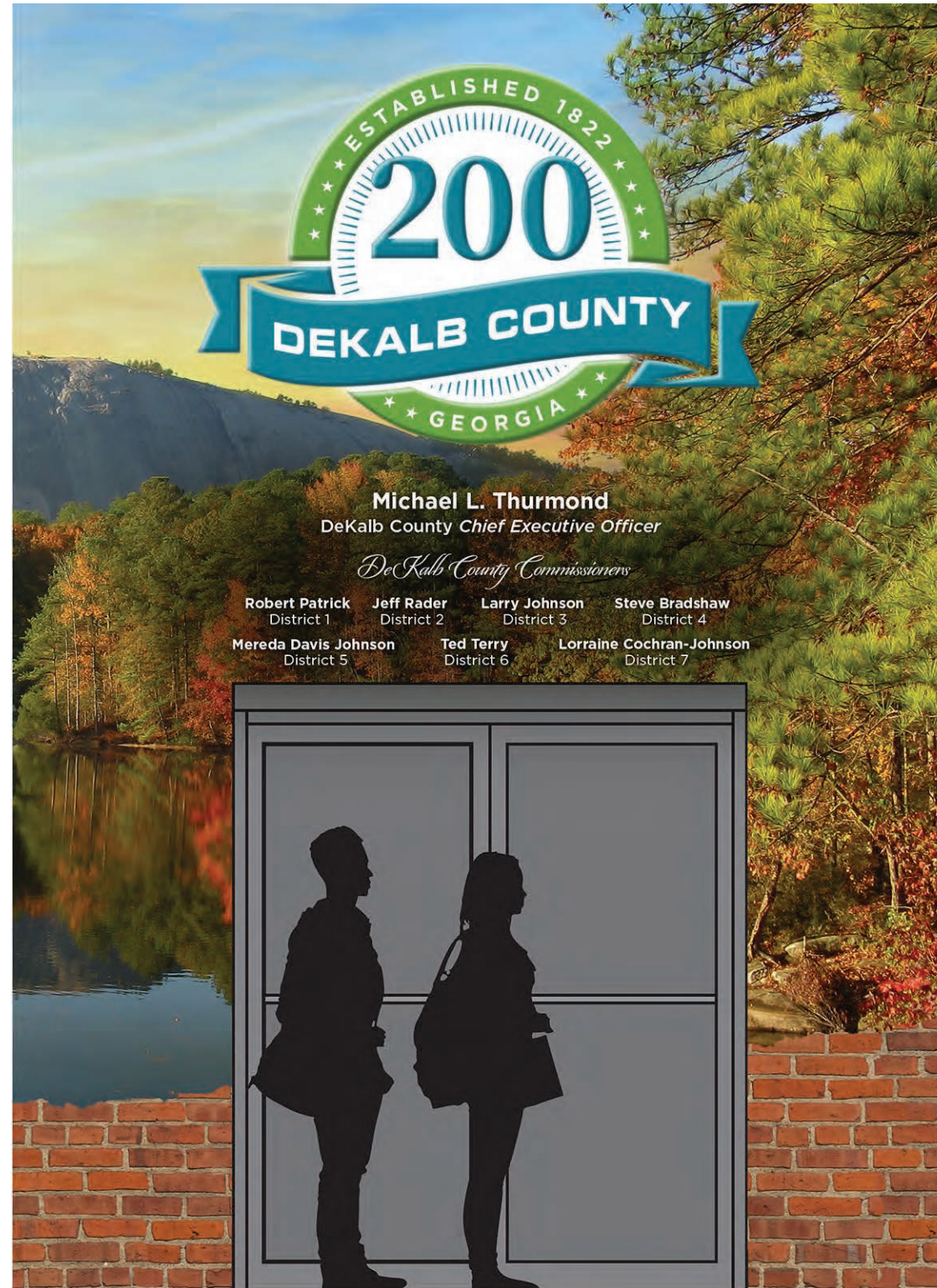
WALL 2 - ENLARGED VIEW - SEGMENT C  
SCALE: 1/2" = 1'



BUILDING PLAN VIEW  
SCALE: 1/32" = 1'



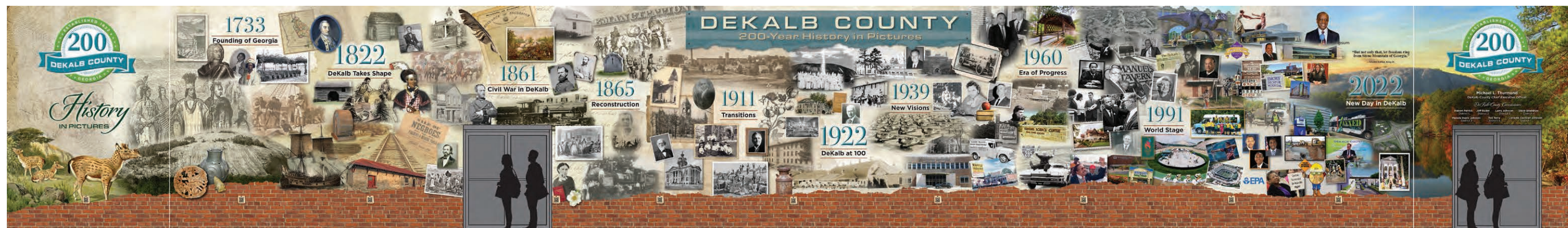
3 WALL 3 - ELEVATION - SCHEMATIC DETAIL  
SCALE: 3/16" = 1'



WALL 3 - ENLARGED VIEW  
SCALE: 1/2" = 1'

SCHEMATIC DETAIL:  
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TIONS. DOCUMENT ANY PROTRUDING  
ELEMENTS, AND SIGN CONTRACTOR TO  
DETERMINE AND INDICATE ALL SEAMS IN  
SHOP DRAWINGS.

DRAFT - FINAL FILE SUBMITTED UPON AWARD



ENLARGED - FULL MURAL VIEW  
SCALE 1/2" = 1'