

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

Date: August 29, 2024

Request for Quotation No. 24-3003835

Pressure Washing and Cleaning Services

I. 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:

Payment by the County for the services will be made only after the services have been performed and an invoice is submitted in a form specified by the County. The invoice should specifically describe the services performed, the name(s) of the personnel performing such services. The County will make payment monthly, thirty (30) days after receipt of the invoice.

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 Quote Form – Attachment B, Reference Form – Attachment D, and Bidders Affidavit E be completed with bidders' quote.

VI. Due Date:

All questions are due to Procurement Manager, Delois Robinson via email at drobinson@dekalbcountyga.gov on or before 5:00 p.m. EST on Tuesday, September 3, 2024.

Additional Information/Addenda

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in a 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 an 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.ov/informal bids>. Bidder should regularly check the County's website for addenda.

Quotes are due on or before 5:00 p.m. EST on Friday, September 6, 2024. Bidder must complete and return their proposal, quote form, references form, bidder affidavit and provide a copy of Bidder's valid business license to DeKalb County by email to the attention of **Procurement Manager, Delois Robinson** or email to drobinson@dekalbcountyga.gov.

All quotes are to be provided on Attachment B, Quote Form (page 4).

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

Sincerely,

Procurement Manager, MBA, CPPO
Department of Purchasing and Contracting

ATTACHMENT A

SCOPE OF WORK

Pressure wash/clean all surfaces listed below and **all** windows of both building (Fire Rescue & Police Head Quarters) at 1950/1960 West exchange Place in Tucker, GA. Contractor can use their discretion on drone, ladder, manlift, etc. to access the building. Contractors must be experienced at assessing building and provide that in their quote. Contractors are encouraged to visit the buildings to ensure that they can perform the scope of work required herein.

Police & Fire Headquarters- 1950/1960 W. Exchange Place Tucker, Georgia

- All the sidewalks and steps around both buildings
- All concrete walls and columns on both buildings (front, sides & back)
- Monument & Statues at both buildings
- Window cleaning- all windows on both buildings

REFERENCES:

DeKalb County requires respondent to respond on the attached Reference Form a list of at least three (3) references where like services have been completed. Include the name/description of the project, company, address, email address, telephone number, direct client contact and the contract period (beginning date and actual completion date).

ATTACHMENT B

Quote Form

Item No.	Description	Amount
1.	Exterior Window/Glass Cleaning: (2 Buildings – 1950/1960 W. Exchange Place)	\$
2.	Pressure Washing: (2 Buildings – 1950/1960 W. Exchange Place) Front and Back to include Sidewalks, Curbs, Steps and Courtyard, Monument, Statues and Signs)	\$
3.	Concrete Facades, Columns on Lower Perimeter: (2 Buildings – 1950/1960 W. Exchange Place)	\$
	Grand Total	\$

TO: The Chief Procurement Officer of DeKalb County, Georgia

The undersigned, as Responder, declares that he has carefully examined an annexed proposed form of Contract, RFQ No. 24-3003835, Pressure Washing and Cleaning Services, the Specifications therein contained, and that he proposes and agrees that if his Quote is accepted, to provide the necessary services and will furnish all materials and labor specified in the Quote, or necessary to complete the Work in the manner therein specified within the time specified, as therein set forth for the following lump sum amount which sum is hereinafter referred to as the "Total Quote."

RFQ No. 24-3003835, Pressure Washing and Cleaning Services:

_____ (\$ _____)
(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 this _____ day of _____, 20__

Name of Business

By: _____
(Signature of Business Representative)

Name (Typed or Printed)

Title

Responder's Mailing Address

Phone Number

Fax 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 type of service listed in the solicitation.

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Description	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Description	

Company Name	Contract Period
Contact Person Name and Title	Telephone Number (include area code)
Email Address	
Project Description	

REFERENCE CHECK RELEASE STATEMENT

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

Signed _____ Title _____
(Authorized Signature of Proposer)

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
Identification Number

(Company Name)

Enrollment Date

Title of Authorized Officer or Agent of Bidder

Printed Name of Authorized Officer or Agent

Company 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 F

INSURANCE REQUIREMENTS

IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN

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- I. If the County sends to you a 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)

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.