



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

**Date: September 5, 2024**

---

## **Request for Quotation No. 24-3003836**

---

### **Flowers Road - Crosswalk and Flashing Beacons**

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

**I. Proposed Term:**

Ninety (90) days calendar.

**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. For a Quotation to be considered, it is mandatory that the Bidders Affidavit, Attachment E, be completed with bidder's proposal.

**VI. Due Dates:**

All questions are due to the Procurement Technician via email at [ajmonts@dekalbcountyga.gov](mailto:ajmonts@dekalbcountyga.gov) on or before 5:00 p.m. EST on September 10th, 2024.

**Quotes are due on or before 5:00 p.m. EST on September 16th, 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 [ajmonts@dekalbcountyga.gov](mailto:ajmonts@dekalbcountyga.gov).

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

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

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,

*Aleisha Monta*

---

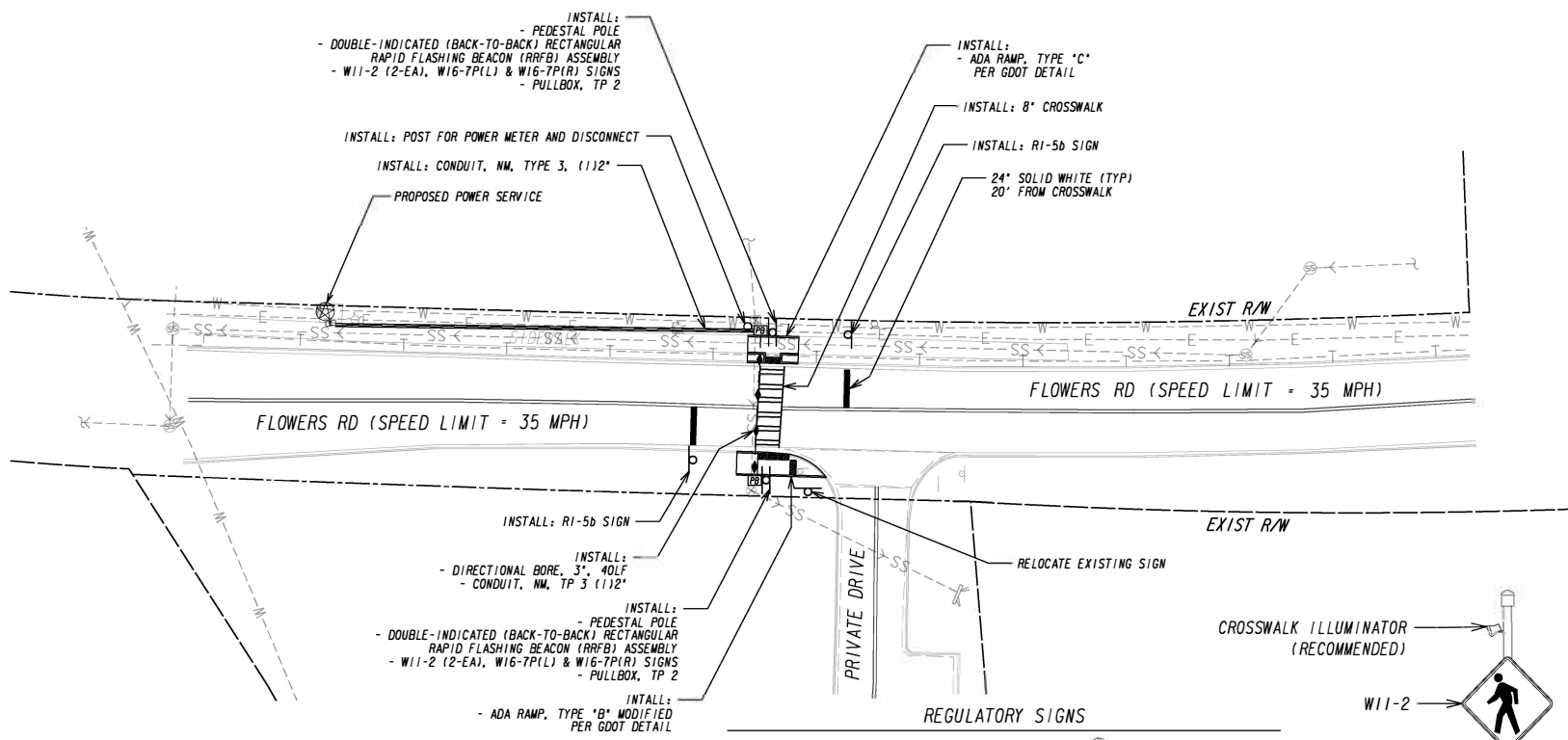
Procurement Technician  
Department of Purchasing and Contracting

## **ATTACHMENT A**

### **SCOPE OF WORK**

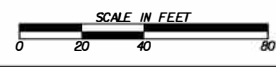
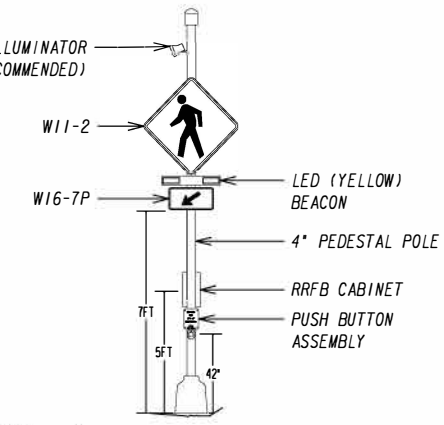
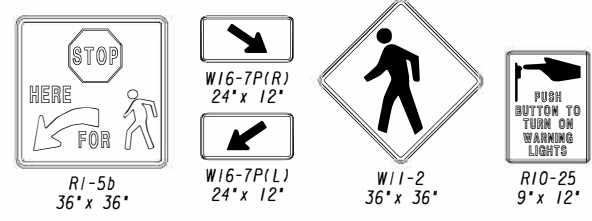
DeKalb County, Georgia (The County) is seeking a well-qualified company to provide a crosswalk with rectangular rapid flashing beacons on Flowers Road for the Department of Public Works (PW) and Transportation.

The Department of PW- Transportation is requesting services for installation of a crosswalk with rectangular rapid flashing beacons at 3015 Flowers Road. The scope of work includes installation of rectangular rapid flashing beacons and related crosswalk striping and signage. All posts, bases, and hardware to be installed should have a black finish. Sidewalk ramps are being built by others.



**NOTE: ALL RAMP WORK TO BE DONE BY OTHERS**

**GENERAL NOTES:**  
- ALL EQUIPMENT SHOULD BE BLACK IN ACCORDANCE WITH DEKALB COUNTY STANDARDS AND SPECIFICATIONS



REVISION DATES	

**RRFB SIGNAL PLAN**  
FLOWERS ROAD @ PRIVATE DRIVE  
PROPOSED RRFB DESIGN

CHECKED:	DATE:	DRAWING No.
BACKCHECKED:	DATE:	26-0003
CORRECTED:	DATE:	
VERIFIED:	DATE:	

**ATTACHMENT B**

**QUOTE FORM**

Item Number	Item Description	Unit	Unit Price	Quantity	Amount
150-1000	TRAFFIC CONTROL	LS		1	
210-0100	GRADING COMPLETE	LS		1	
636-1036	HIGHWAY SIGNS, TP 1 MATL, REFL SHEETING, TP 11	SF		62	
636-2090	GALV STEEL POSTS, TP 9	LF		26	
647-1030	RRFB INSTALLATION NO - 1	LS		1	
647-6057	PEDESTAL POLE	EA		2	
653-1704	THERMOPLASTIC SOLID TRAF STRIPE, 24 IN, WHITE	LF		26	
653-1804	THERMOPLASTIC SOLID TRAF STRIPE, 8 IN, WHITE	LF		150	
682-2120	PULL BOX, TYPE 2	EA		2	
682-2120	ELECTRICAL SERVICE POINT	EA		1	
682-6120	CONDUIT, RIGID, 2 IN	LF		30	
682-6233	CONDUIT, NONMETL, TYPE 3, 2 IN	LF		40	
682--9950	DIRECTIONAL BORE - 3 IN	LF		40	
937-4100	PEDESTRIAN DETECTION SYSTEM, NO -1	LS		1	

**Total Cost:** \_\_\_\_\_

**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

**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 STATEMENT**

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

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  
Authorization  
(Bidder's Name)

\_\_\_\_\_  
Federal Work  
Enrollment Date

\_\_\_\_\_  
Title of Authorized Officer or Agent of Bidder

\_\_\_\_\_  
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 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)

Purchasing & Contracting Form No. 25, (page 2) 7/28/00

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  
2<sup>nd</sup> 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.