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

**Date: August 14, 2024**

# Request for Quotation No. 24-3003840

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

## Document Management Solution

### 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 Responder's response.

**VI.    Due Dates:**

**All questions are due to Stephanie Dupiton via email at t-srdupiton@dekalbcountyga.gov on or before 5:00 p.m. EST on August 20, 2024.**

<u>**Additional Information/Addenda**</u>
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. Responders 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 Responder 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. Responders 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. Responder should regularly check the County's website for addenda.

**Quotes are due on or before 5:00 p.m. EST on August 26, 2024.**  Responder must complete and return the quote form, reference form, contractor affidavit and provide a copy of Responder's valid business license to DeKalb County by email to the attention of **Stephanie Dupiton** at
**t-srdupiton@dekalbcountyga.gov**.

<mark>**All quotes are to be provided on Attachment B, Quote Form**</mark>.

The County intends to award to the Responder whose response receives the highest score based on the evaluation criteria outlined within Attachment A, Scope of Work, 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 responses, to waive informalities and to re-advertise.

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


Sincerely,


_____
Stephanie Dupiton
Procurement Technician
Department of Purchasing and Contracting

# Attachment A

# SCOPE OF WORK

## I. INTRODUCTION

### A. PURPOSE

DeKalb County Government ("County"), on behalf of the Human Resources & Merit System Department ("HR department"), is soliciting Request for Quotes (RFQ) to select a vendor offering a cloud-based document management solution (SaaS) with conditional electronic signature ("e-signature") and automated workflow approvals. This Scope of Work (SOW) outlines the Contractor's responsibilities for providing the E-Signature and Workflow Approval Solution Software, including cloud-based maintenance, remote training, and other professional services (i.e. technical support, system upgrades and enhancements, customization requests, data migration, etc.).

### B. BACKGROUND

DeKalb County Government employs approximately 6,500 full- and part-time employees across 43 departments throughout the county. The HR department is integral in managing county records, including overseeing storage, ensuring audit compliance, and coordinating personnel access. Initially, 15 HR staff members will require single user licenses: 3 administrators and 12 specialist/processors.

### C. CURRENT BUSINESS SOLUTIONS

The HR department uses various software for document creation, records management, accessibility, and storage to support remote collaboration, including Oracle Cloud Human Capital Management (HCM), Microsoft Office Applications (Word, Excel, Outlook, SharePoint, OneDrive, PowerPoint, Publisher, Teams, etc.), Adobe Acrobat, GovOS (formerly SeamlessDocs), Drupal and WordPress.

## II. SCOPE OF SERVICES:

As hybrid work models become the norm, businesses are realigning their cost structure and prioritizing sustainable growth by streamlining processes with digital tools and exploring ways to enhance customer experiences through technology. This is especially relevant for processes traditionally reliant on paper. By adopting a scalable document management solution with e-signatures and automated workflow approvals, the County seeks to enhance agility and productivity, improve convenience for applicants, employees and vendors, and ensure accountability and compliance.

HR currently distributes and receives over 90 forms (both PDF and webform) annually. This number will increase each year as we continue to develop new processes and improve existing

ones. As such, the ideal solution requirement is to convert and import existing documents as part of the implementation and have the ability to create forms within the cloud system, create an authenticated signed document, export it as PDF and report entered data. The county will build-out forms and workflows following implementation and training. The vendor should provide support hours to assist with any form build-out when requested. Therefore, the proposed vendor will be an all-in-one, cost-effective solution that includes the following:

| CORE FUNCTIONALITY / MINIMUM REQUIREMENTS | |
| --- | --- |
| Form Building | The solution should have the ability to:<br>▪ Support customizable form creation by converting common documents types such as .docs, .PDF, .gdocs, etc. into online fillable formats and embed them on existing web pages with the ability to export into a number of formats (i.e. .PDF, .xls, .rtx, .png, .jpeg, etc.).<br>▪ Customize and expand forms, drag and drop required fields to indicate where signatures are required, and add standard or custom fields for signers to enter information.<br>▪ Allow the fields to be sequenced with "autotab" function for orderly data entry when hitting the tab key (i.e. left-to-right, top-to-bottom).<br>▪ Build web forms/HTML forms (i.e. surveys, transaction logs, and service requests, etc.) that allow users to enter data into a website and export data for reporting purposes. The webform should allow specialty features such as common-text input fields and interactive elements, such as image, video, survey, and event tools, etc.<br>▪ Allow placement of multiple fields throughout a document, with the capability to designate each field as required or optional. Additionally, it should allow the assignment of required fields to specific signers.<br>▪ Allow for the signing of a document by multiple users in a situation where the document is part of a workflow that involves more than one signer<br>▪ Automatically detecting certain types of boxes, lines for signatures, or areas that require typical user interaction and then automatically placing the correct type of electronic input field accordingly. This functionality helps expedite the placement of fields in a document uploaded into the software.<br>▪ Upload/import additional files or documentation to be attached to an application or form and review after submission. Solution should offer the option to mandate attachment(s) and prevent submission if no attachment is provided.<br>▪ Create templates and/or apply pre-existing templates to any form based on preset similarity thresholds.<br>▪ Combine or merge multiple forms into a single PDF document from within the solution. |

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| | ▪ Allow users to download, email, or print form submission for personal records with option to retrieve at later date |
| Electronic Signatures | The solution should have the ability to:<br>▪ Provide unlimited electronic signatures per document that are legally binding and compliant with eSIGN and UETA regulations<br>▪ Delegate to alternative signer if primary signer is not available to sign<br>▪ Allow simultaneous and/or consecutive signings to occur and in a specified order<br>▪ Allow conditional/optional signers |
| Automated Workflows | The solution should have the ability to:<br>▪ Create multiple workflows, set triggers to route documents electronically for review and signature based on predefined workflows for document approval processes. Each signature workflow should allow specified signers to be replaced, removed, or reminded to accommodate varying circumstances.<br>▪ Allow the forwarding of signing workflows to a different signer in their absence. This feature would allow or prevent signing workflows sent to one individual to be forwarded to someone else for signing/completion.<br>▪ Designate who should receive the document(s) after the completion of a signing workflow. This functionality would include options on what occurs after the signing workflow has been completed, such as whether the completed document and/or attachments should be emailed to everyone involved in the signing or designated contacts who do not sign, and therefore be accessible by only the signing initiator.<br>▪ Send automatic email reminders daily for pending signers and to set expiration dates for signature requests on time-sensitive documents |
| Document Records Management | The solution should have the ability to:<br>▪ Track and store executed forms, extract, and sort data entries in a spreadsheet (.xls, .csv, etc.) for easy export and upload into other programs (i.e., Microsoft Excel).<br>▪ Retrieve, share, and/or sort signed documents by title, date form created, completion date, department, etc.<br>▪ Set document expiration dates for different documents/types and automatically archive after retention period has expired.<br>▪ Require administrator permission prior to the deletion of any files/folders.<br>▪ Open documents in native format.<br>▪ Efficiently organize and categorize documents |
| Optimized Search Functionality | The solution should have the ability to:<br>▪ Search and retrieve documents by form name, signer name, department name, job title, submission date, receipt number, |

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| | etc. simplifying access a particular document or signer |
|---|---|
| Real-Time Analytics and Reporting | The solution should have the ability to: <br> ▪ Extract and sort data entries in a spreadsheet for easy reporting <br> ▪ Monitor and report number of forms created, active forms, and archived forms, number of submissions per form, and system metrics (i.e. system usage, active license, popular forms, etc.) <br> ▪ Send these reports electronically and export via .xls and/or .csv formats. <br> ▪ Feature AI assist for summarizing data (optional) |
| Administrators/User License | The solution should support: <br> ▪ Tiered access levels for users based on roles access control and responsibilities which limit access to restricted records <br> ▪ User authentication: Active Directory (AD Authentication) or Local User |
| Implementation and Support | ▪ Training is to be provided within one week of installation of the system, and periodically as needed. <br> ▪ Must provide technical support and maintenance services from 8:00 AM to 8:00 PM ET, Monday through Friday to ensure optimal performance. <br> ▪ Incident resolution time should begin no later than two (2) hours from receipt of incident report, via telephone, email, or other contractually agreed upon manner. <br> ▪ Backups must be done at least within 24 hours of data entry. Internet access must be available 24 hours a day, 7 days a week with a generator back-up in the event of a power failure. <br> ▪ All upgrades must be included throughout the contract at no additional costs. <br> ▪ Data migration from existing forms from online document management system. |
| **TECHNICAL REQUIREMENTS** | |
| Accessibility | The solution should be: <br> ▪ A SaaS cloud solution with all data being isolated/stored within the United States. <br> ▪ Delivered and used entirely through a web browser with minimum plugins or third-party browser add-ons. <br> ▪ Compatible with multiple platforms (Windows, Mac, OS, IOS, Android, etc.) from multiple devices (desktop, laptop, tablet, smartphone, etc.) and work with major internet browsers (Chrome, Firefox, Edge, Safari, etc.) allowing recipients to access the link from any device. <br> ▪ Compatible with the major file types (.PDF, .docx, .png, .jpeg, .jpg, .TIFF, etc.) to facilitate seamless sharing and collaboration |
| Secured Digital Storage | The solution should include: <br> ▪ Secure and reliable cloud-based storage for all records and backup files. |

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| | <ul><li>Unlimited storage capacity to accommodate county's growing digital document and data needs.</li><li>Security measures to protect documents from loss, damage, or unauthorized access.</li></ul> |
| Destruction of Digital Records | When the destruction of digital records is performed based on the county's ERM retention rules, the records must be destroyed according to the National Institute of Standards and Technology (NIST) approved methods. |
| Bandwidth Requirements | The solution should be able to host multiple users with no performance degradation |
| Security | The solution should:<ul><li>Comply with ESIGN, UETA and eIDAS laws/regulations, ensuring legal validity and security in electronic transactions in addition to ADA, Section 508, SOC1, SOC2 for internal controls and security, and HIPAA for the protection of sensitive health information.</li><li>Support data encryption while in transit to the cloud and at rest.</li><li>Protect against ransomware and phishing.</li><li>Support both HTTPS (SSL) and HTTP protocols for client to product communication.</li></ul><br>The hosting site environment must also be secure in terms of reliability and safety. A disaster recovery plan should be in place to mitigate the risk of data loss and minimize downtown.<br><br>The service provider should detail their hosting environment, including redundant power, fire suppression, 24/7 on-site security, internet connectivity, firewalls, VPN services, secured remote access, fault-tolerant network architecture, clustered servers, load-balanced servers, backup strategies, and 24/7 monitoring. |
| Application Programming Interface (API) | The solution should have modern APIs capable of integrating with other API-compatible systems. The API should include feature sets to ensure programming and interfacing consistencies with third-party systems. |
| **NON-FUNCTIONAL REQUIREMENTS** | |
| Test Environment | The service provider must offer a "sandbox" training environment for experimenting with new features, changes, and workflows without affecting live production. |
| Usability and User Experience | The solution must feature a user-friendly interface, be accessible across devices and operating systems, and ensure reliable performance with uptime >99%, allowing users to sign documents anytime, anywhere. |
| Audit Log and History | The solution must provide a detailed, chronological record of all activities (user actions, document status, records access, error tracking, etc.) to ensure a secure, transparent, and compliant digital signing |

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| | process, enhancing the reliability of cloud-based signatures. |
|---|---|
| Application Errors | County personnel will provide the vendor's technical support team with a detailed description of any application error and its circumstances. The vendor will respond to any issues within two hours, provided the county has given sufficient information (e.g., URL, screenshots). All Responders must detail response protocol to helpdesk notices and their approximate response time. |
| Ownership of Documents | All documents created or imported into the software solution will remain the sole property of DeKalb County Government. County shall have the right to download or transfer any records, including archived ones, at any time. Upon contract termination, county will have the right to retrieve/download all data in individual PDF files and excel (.xls, .csv) formats within 90 days of termination at no additional charge. |
| Custom Branding | The solution must support custom branding, including logos on documents, dashboards, and communications, ensuring the logo is clearly visible to indicate official communication from the County. |

## III. SUBMITTAL REQUIREMENTS:

A. Successful responder(s) will provide:
- Vendor profile sheet (an overview about the company)
- A sample product guide (includes screenshots highlighting product and features)
- Quote submitted in the requested format (see Attachment C, Quote Form)
- At least 3 references from clients, preferably of comparable size, from whom similar work was performed

B. Responders are required to specify:
- Capability to provide a cloud-based solution for requested services
- Hardware, software, and other requirements necessary to achieve services provided in scope of work
- Related experience (minimum of 2 years) to determine past performance
- Types of Standard User Licenses offered
- Number of non-licensed users who can utilize, complete, and sign forms created by licensed users
- Maximum storage capacity
- Customer service response time and hours of operations
- Accessibility to self-service training aids (i.e. knowledge library, user guides, webinars, etc.)

C. Live demonstrations:
Successful responders must participate in a virtual demonstration of the proposed solution to clarify aspects set forth in proposals.

**Responders should submit their response to this RFQ in one (1) pdf document.**

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## IV.    EVALUATION CRITERIA:

At the County's discretion, an award will be made to the most successful responder who demonstrates the ability to best meet the overall goals of the RFQ. Responses will be evaluated using the following criteria and scoring matrix:

| | DESCRIPTION | MAX SCORE |
|---|---|---|
| 1. | **Functional Requirements**<br>▪ The ability for the proposed solution to provide the required/desired functions based on the features, security, and specifications of system (Core and Optional*) | 30 |
| 2. | **Total Cost of Proposal**<br>▪ Annual Cost of Services<br>▪ Implementation Fee<br>▪ Cost per standard user licenses, form transactions, storage capacity, etc. | 20 |
| 3. | **Experience and Qualifications**<br>▪ Vendor profile sheet<br>▪ Experience (3) - Evidence of similar services to similar jurisdictions<br>▪ References (3) - Quality of references and their feedback<br>▪ Qualifications (3) - Specific information on the service provider's resources and ability to deliver the required services, providing specific approach/plans (implementation, data conversion, testing, training, cutover) to be used to perform the services. | 20 |
| 4. | **Technical Support and Trainings**<br>▪ Implementation support hours and service delivery<br>▪ Self-service knowledge base (KB) articles and training aids<br>▪ Customer support team availability (phone, email, chat bot) | 15 |
| 5. | **Integrations, modern APIs**<br>▪ Oracle, Microsoft Office, etc. | 15 |
| | **Total Possible Score** | **100** |

While cost is not the sole determining factor, the County reserves the right to request "best and final offer" if the highest scoring quote(s) exceed budget projections. If the "best and final offer" exceeds budget projections, the County reserves the right to reject the quote and to award the next highest scoring quote. The County also reserves the right to reject any and all bids, cancel, or re-solicit.

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

# 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.**

| COMPANY INFORMATION | | | |
|---|---|---|---|
| **Vendor Name** | | | |
| **Vendor Mailing Address** | | | |
| **Vendor Phone Number** | | **Vendor Fax Number** | |
| **Vendor Email** | | | |
| **Primary Contact Person** | | **Primary Contact Email** | |

| PRODUCT/SERVICE INFORMATION | | | | |
|---|---|---|---|---|
| **Description** | **Inclusive Items** | **Qty.** | **Unit Cost** | **Total** |
| Annual Service Cost | | | | |
| Maximum # of Forms | | | | |
| # of HR Admin Licenses | | | | |
| # of End-Users | | | | |
| Implementation Fee | | | | |
| Implementation Support Hours | | | | |
| Virtual Training Fee | | | | |
| | | | *Introductory Discount Applied*: | |
| | | | **Total Cost:** | |
| | | | *Annual Recurring Cost:* | |

Product Features Included in Cost (please check all that apply)

| | | | |
|---|---|---|---|
| ▪ Electronic Signatures | ▪ Secured Cloud Server | ▪ Records Management | ▪ Mobile-Friendly |
| ▪ PDF Form Builder | ☐ Unlimited Cloud Storage | ☐ Workflow Automations | ☐ Customer Support |
| ☐ HTML Webform | ☐ Conditional Signers | ☐ Automatic Notifications | ☐ Custom Branding |

| ADDITIONAL EXPENSES | | | |
|---|---|---|---|
| **Description** | **Qty.** | **Unit Cost** | **Total** |
| Additional HR Admin Licenses | | | |
| Additional User License | | | |
| Additional Forms/Transactions | | | |
| Additional Storage Space | | | |
| Additional Training Hours | | | |
| Additional Support Hours | | | |
| Cost to retrieve data after contract expiration | | | |

ADDITIONAL QUESTIONS:
- Estimated Project Lead Time Required: _____ weeks
- Timeframe to retrieve data after contract expiration: _____ weeks
- File types delivered for data upon contract expiration:_____

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**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 Responder.

_____          _____

Authorized Signature                                                                Date

_____

Name of Authorized Signer (Typed or Printed)

_____

Name of Firm (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-

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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

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