



Dawson County Purchasing Department  
25 Justice Way, Suite 2223  
Dawsonville, GA 30534  
Phone: 706-344-3500 x42223 Fax: 706-531-2728

## REQUEST FOR QUOTE – UNDER \$25,000

**Service: Natural Gas Services for Various Dawson County Buildings**

**RFQ # 40-22**

**Release Date:** February 1, 2022

Dawson County Purchasing is issuing this Request for Quote to solicit qualified companies to provide pricing for natural gas services for various Dawson County Buildings.

The anticipated schedule for the Request for Quote is as follows:

Request for Quote Released	February 1, 2022
Deadline for questions to Dawson County to <a href="mailto:mhawk@dawsoncounty.org">mhawk@dawsoncounty.org</a>	February 9, 2022, at 1:00PM
Deadline for Addenda emailed	February 15, 2022, at 1:00PM
<b>Submittal deadline</b>	<b>February 18, 2022, at 2:00PM</b>
Tentative Award Date	<b>February 22, 2022, by 5:00PM</b>

### Quote Submission

Please complete the required documentation in blue ink and submit your quote response via email to the attention of Melissa Hawk, Purchasing Manager, at [mhawk@dawsoncounty.org](mailto:mhawk@dawsoncounty.org) by the submittal deadline as detailed above.

### Contact Person

Vendors are encouraged to contact Melissa Hawk, Purchasing Manager at (706) 344-3500 x42223 or email [mhawk@dawsoncounty.org](mailto:mhawk@dawsoncounty.org) to clarify any part of the Request for Quote requirements.

Vendors may not contact any elected official or other county employee to discuss the quote process or opportunities except: 1.) through the Purchasing Manager named herein, or 2.) as provided by existing work agreement(s). This policy shall be strictly enforced and the County reserves the right to reject the submittal of any vendor violating this provision.

### Scope of Work

#### Specifications:

- Supply natural gas annually for the following locations:
  - Senior Center
  - Fire Station #1
  - Dawson County Sheriff's Office
  - Dawson County Government Center
  - Veteran's Memorial Park
- Supply natural gas seasonally between October 1<sup>st</sup> through April 30<sup>th</sup> each year for the following location:
  - Historic Jail

**Administration**

The project will be administered by the Dawson County Facilities Department will be the main point of contact for all questions during the term of the contract.

**Contract Term**

The initial term of a contract awarded as a result of this Request for Quote shall be April 1, 2022 through December 31, 2022. The contract may be renewed according to the terms stated herein for two (2) additional one (1) year periods.

The pricing for the 2022 calendar year shall remain as quoted through each renewal term.

If, at any time, the County determines it is in its best interest to discontinue use of these services the County reserves the right to cancel this Agreement by giving thirty (30) days advance written notice.

**Miscellaneous**

Price for Quote: Each quote should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the submittal is the sole responsibility of the respondent.

Open Records: All materials submitted in connection with this Request for Quote will be public documents and subject to the Open Records Act and all other laws of the State of Georgia, and the open records policies of Dawson County Board of Commissioners. All such materials shall remain the property of Dawson County and will not be returned to the respondent.

Taxes: Dawson County Government is tax exempt. No sales tax will be charged on any products or services. Dawson County cannot exempt any other person/vendor from applicable sales taxes that may be required of them in relations to this project. Selected vendor will be provided with Dawson County's Sales and Use Tax Certificate of Exemption number upon request.

Payment Terms: Any payment terms requiring payment in less than 30 days will be regarded as requiring payment 30 days after invoice or delivery, whichever occurs last. This shall not affect offers of discounts for payment less than 30 days, however.

Business License Requirements: Successful vendor must hold a valid Business License at time of submission and a copy must be filed with the Purchasing Manager at time of submission. If awarded to an out-of-county vendor, that vendor must register their business license with the Dawson County Planning and Development Department within 10 days of executed contract. There are no fees associated with this registration. Note: Only the successful vendor needs to register with Dawson County Planning and Development Department.

Insurance: Selected vendor will be required to provide Dawson County with a Certificate of Insurance for liability, automobile and workman's compensation insurance before work can begin on this County project and be effective for the duration of the work as described in the contract documents, including authorized change orders, plus any period of guarantee as required in the general warranty. The insurance certificate must name Dawson County Government as an additionally insured.

General liability insurance should be at least one million dollars (\$1,000,000) combined single limit per occurrence. Automobile insurance should be at least five hundred thousand dollars (\$500,000) combined single limit per accident for bodily injury or property damage; and Workman's Compensation insurance should be as required by the State of Georgia.

Indemnification & Hold Harmless: All respondents to this Request for Quote shall indemnify and hold harmless the Dawson County Board of Commissioners, and any of their officers and employees from all suits and claims alleged to be a result of this Request for Quote. The issuance of this Request for Quote constitutes only an invitation to present a proposal. The Dawson County Board of Commissioners reserves the right to determine, at its sole discretion, whether any aspect of a respondent's submittal meets the criteria in this Request for Quote. The Dawson County Board of Commissioners also reserves the right to seek clarifications, to negotiate with any vendor submitting a response, to reject any or all responses with or without cause, and to modify the procurement process and schedule. In the event that this Request for Quote is withdrawn or the project canceled for any reason, the Dawson County Board of Commissioners shall have no liability to any respondent for any costs or expenses incurred in connection with this Request for Quote or otherwise.

Invoices: The Contractor must submit invoices for approval of payment to the Dawson County Tax Commissioners Office, Attn: 25 Justice Way, Suite, Dawsonville, GA 30533. Each invoice must list the materials actual cost in one column and the Contractor's allowed mark-up in a second column.

Final Selection: Following review of all qualified quotes, selection of a suitable vendor, a recommendation will be made to Administration by the Purchasing Manager. Following approval, the County will complete contract execution. The County reserves the right to accept the response that is determined to be in the best interest of the County. The County reserves the right to reject any and or all quotes.

**-RFQ FORMS TO FOLLOW-**



## VENDOR'S CHECKLIST

Company Name: \_\_\_\_\_

Please indicate you have completed the following documentation; and submit them in the following order.

### ITEM DESCRIPTION

<input type="checkbox"/>	Vendor's Checklist
<input type="checkbox"/>	Vendor's Information Form
<input type="checkbox"/>	Vendor's Price Proposal Form
<input type="checkbox"/>	Vendor's Reference Form
<input type="checkbox"/>	Addenda Acknowledgement Form and Any Addenda Issued
<input type="checkbox"/>	Drug-Free Workplace Affidavit
<input type="checkbox"/>	Georgia's Security and Immigration Compliance Act Affidavit
<input type="checkbox"/>	<ul style="list-style-type: none"><li>• Contractor Affidavit</li></ul>
<input type="checkbox"/>	<ul style="list-style-type: none"><li>• Subcontractor Affidavit (if applicable)</li></ul>
<input type="checkbox"/>	Local Small Business Initiative Affidavit (if applicable)
<input type="checkbox"/>	Proof of Insurance
<input type="checkbox"/>	Completed W9
<input type="checkbox"/>	Copy of Valid Business License
<input type="checkbox"/>	Copy of Any Certifications Requested within Request for Quote

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**



## VENDOR'S INFORMATION FORM

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1. Legal Business Name \_\_\_\_\_

2. Street Address \_\_\_\_\_

3. City, State & Zip \_\_\_\_\_

4. Type of Business: \_\_\_\_\_ State of Registration: \_\_\_\_\_

(Association, Corporation, Partnership, Limited Liability Company, etc)

5. Name & Title of Authorized Signer: \_\_\_\_\_

6. Primary Contact \_\_\_\_\_

7. Phone \_\_\_\_\_ Fax \_\_\_\_\_

8. E-mail \_\_\_\_\_

9. Company Website \_\_\_\_\_

10. Has your company ever been debarred from doing business with any federal, state or local agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, please state the agency name, dates and reason for debarment.

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**ATTACH COPY OF BUSINESS LICENSE AND A COMPLETED W-9 FORM  
THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**



**VENDOR'S PRICE PROPOSAL FORM**

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Company Name: \_\_\_\_\_

<b>Term</b>	<b>Fixed Rate Per Therm</b>	<b>Therm Factor</b>	<b>DDDC Rate</b>	<b>Monthly Customer Service Fee</b>
12				
24				
36				

Additional Information: \_\_\_\_\_

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Costs listed above shall be all inclusive to total cost to the County. No other fees/charges may be applied to individual invoices.

Do you accept Net 30 terms?                      Yes                      No

If no, payment terms requested: \_\_\_\_\_

Quote valid for \_\_\_\_\_ days

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**

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**DRUG FREE WORKPLACE**

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I hereby certify that I am a principle and duly authorized representative of:

\_\_\_\_\_

Whose address is:

\_\_\_\_\_

And it is also that:

1. The provisions of Section § 50.24.1 through § 50.24.6 of the Official Code of Georgia Annotated, relating to the "Drug Free Workplace Act" have been complied with in full; and,
2. A drug free workplace will be provided for the CONTRACTOR'S employees during the performance of the contract; and,
3. Each subcontractor hired by the CONTRACTOR shall be required to ensure that the subcontractor's employees are provided a drug free workplace. The CONTRACTOR shall secure from that subcontractor the following written certification: "As part of the subcontracting agreement with \_\_\_\_\_, \_\_\_\_\_ certifies to the CONTRACTOR that a drug free workplace will be provided for the subcontractor's employees during the performance of this contract pursuant to paragraph (7) of subsection (b) of the Official Code of Georgia Annotated Section § 50.24.3"; and,
4. It is certified that the undersigned will not engage in unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of the contract.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

**THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**

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**IMMIGRATION AND SECURITY FORM  
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

<b>Contractor's Name:</b>	
<b>County Solicitation/ Contract No.:</b>	

**CONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program\*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

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 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the County at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / E-Verify™ Company Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Contractor Name)

\_\_\_\_\_  
Date

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

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

[NOTARY SEAL]

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

My Commission Expires:

\*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





**IMMIGRATION AND SECURITY FORM  
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

<b>Contractor's Name:</b>	
<b>County Solicitation/ Contract No.:</b>	

**ADDITIONAL INSTRUCTIONS TO CONTRACTOR:** Identify all subcontractors used to perform under the county contract. In addition, you must attach a signed and notarized affidavit (third page of this form) from each of the subcontractors listed below. The contractor is responsible for providing a signed and notarized affidavit to the County within five (5) days of the addition of any new subcontractor used to perform under the identified County contract.

<b>Contractor's Name:</b>	
<b>Subcontractors:</b>	



**IMMIGRATION AND SECURITY FORM  
(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)**

<b>Contractor's Name:</b>	
<b>Subcontractor's (Your) Name:</b>	
<b>County Solicitation/ Contract No.:</b>	

**SUBCONTRACTOR AFFIDAVIT**

By executing this affidavit, the undersigned Subcontractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Subcontractor which is engaged in the physical performance of services under a contract with the Contractor identified above on behalf of the County identified above has registered with and is participating in a federal work authorization program\*, in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / E-Verify™ Company Identification Number

\_\_\_\_\_  
BY: Authorized Officer or Agent  
(Subcontractor Name)

\_\_\_\_\_  
Date

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

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

SUBSCRIBED AND SWORN BEFORE ME ON THIS  
THE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_

[NOTARY SEAL]

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

My Commission Expires:

\*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



**DAWSON COUNTY BOARD OF COMMISSIONERS  
LOCAL SMALL BUSINESS  
AFFIDAVIT OF ELIGIBILITY**

*Complete form and submit with your bid. Incomplete forms may be rejected.*

1. Legal Name of Firm \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ Physical Address (if different) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Year business was established in Dawson County: \_\_\_\_\_
4. Business License Number issued by Dawson County: \_\_\_\_\_
5. Number of Employees: \_\_\_\_\_
6. Average annual gross receipts for past three years: \_\_\_\_\_
7. Business Type (circle one): Corporation, Partnership, Sole Proprietorship
8. Does your business have more than one location in Dawson County?    Yes    No  
 If yes, specify the location(s): \_\_\_\_\_  
 Is your businesses' principal base of operations in Dawson County?    Yes    No  
 Does your business have any locations outside Dawson County?                      Yes    No
9. If yes, please specify the location(s): \_\_\_\_\_

**CERTIFICATION:** I hereby certify under penalty of perjury that the information which I have provided on this form is true and correct, that I am authorized to sign on behalf of the business set out above, and if requested by the County will provide, within 10 days of notice, the necessary documents to substantiate the information on this form.

<b>Attest:</b> _____ Sworn to and subscribed before me this _____ _____ day of _____, 20____	_____ Authorized Signature _____ Print Name _____ Title
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**Notary Public**  
**Commission Expires:** \_\_\_\_\_  
 (SEAL)