



Jones County Board of Commissioners
P.O. Box 1359
Gray, GA 31032
(478) 986-6405

Jason Rizner
County Administrator

Request for Proposals

COMPUTER AIDED DISPATCH (CAD) SYSTEM AND RELATED EQUIPMENT

Issue Date: Thursday February 25, 2021

**JONES COUNTY BOARD OF COMMISSIONERS
166 INDUSTRIAL BLVD./P.O. BOX 1359
GRAY, GA 31032
PHONE: (478) 986-6405
ATTN: JASON RIZNER, COUNTY ADMINISTRATOR**

BIDS WILL BE RECEIVED UNTIL MARCH 25, 2021 AT 4:00 P.M.

PROPOSALS ARE TO BE SEALED AND MAILED VIA USPS, FEDEX OR UPS TO THE ABOVE ADDRESS OR HAND DELIVERED TO THE COUNTY ADMINISTRATOR'S OFFICE LOCATED IN THE JONES COUNTY GOVERNMENT CENTER AT 166 INDUSTRIAL BLVD., GRAY, GA 31032. ENVELOPES SHOULD BE MARKED WITH "RFP - CAD."



INVITATION TO BID

The Jones County Board of Commissioners is requesting proposals from qualified technology companies to provide a Computer Aided Dispatch (CAD) system and related equipment for the Jones County Sheriff's Office. Proposals will be accepted until 4:00 PM on Thursday, March 25, 2021 when they will be opened and read aloud in the Government Center Conference Room.

I. BACKGROUND

The Jones County Sheriff's Office currently operates the Zetron s3200/3300 radio system and the Zetron 4000 dispatch system originally installed in 1998. These systems will reach its end of life for its serviceability on or about April 1st 2021. Initially these systems utilized the GEOCOMM AVL and mapping systems until problems arose with a third party vendor, Location Technologies Inc., mapping interface equipment that provided the necessary information to make the GEOCOMM maps work. Since then, the Jones County Sheriff's Office, along with the current radio system vendor, has searched for an appropriate program to interface with our current mapping system. And currently, have been unable to provide a suitable option.

II. PURPOSE

A Computer Aided Dispatch system upgrade will meet industry standards and drastically enhance Jones County's ability to provide our community with effective, life-saving law enforcement, fire, and emergency medical services more efficiently for years to come.

III. RESPONSE TO RFP

- a. Responses to the RFP must be submitted as follows:
 - i. Sealed proposals including the forms attached to this RFP document
 - ii. Professional binder form (two hard copies)
 - iii. One digital copy of proposal on USB drive
 - iv. Plainly marked with proposer's name, title, and time for submission
 - v. Company name
 - vi. Indicate "RFP – CAD" on the package
 - vii. Proposed design including images and framework
 - viii. Cost of technology and equipment including up-front cost and recurring costs.

- b. Due to the complexities and technical aspects of this project and promotion of an impartial and fair bidding process, **all prospective bidders are required to meet with representatives of the Jones County Sheriff's Office prior to**



submitting a bid. Meetings may be arranged by contacting Chief Deputy Earl Humphries – (478) 986-3489 (Office), (478) 808-7109 (Cell) or earl@icsheriff.org.

- i. Vendors should directly communicate with the Jones County Sheriff's Office Personnel for any technical information pertaining to any proposed Computer Aided Dispatch System and related equipment via any of the communication methods specified above.
- ii. The Jones County Sheriff's Office will provide any bidder with any information required for a complete and informed bid proposal.

IV. SCOPE OF SERVICES

- a. Jones County seeks to have equipment delivered and installed at the Jones County Sheriff's Office and in vehicles.
- b. The bidder must supply all equipment, materials, and labor for installation.
- c. Proposal shall include warranty information as identified and found necessary.
- d. Proposal shall also include all necessary training for Jones County Sheriff's Office Personnel.
- e. The bidder must provide the following types of equipment and technology:
 - 4 CAD Workstations that include Call-Taking, Dispatch, and Record Management Components.
 - The CAD System must track incoming 911 calls, radio traffic, tones and alerts, AVL tracking, and GIS Mapping.
 - Servers(rack), Desktops, Laptops, Monitors, Wireless Headsets, Desk Microphones, Foot Switches, Printers, Etc. and
 - Any necessary equipment identified through any research phase to complete a Computer Aided Dispatch System.
 - Ten Mobile CAD Systems utilizing Panasonic Toughbook laptop computers including Two Mobile CAD Systems, capable of temporarily relocating main workstations with full capabilities.
 - 83 UHF Radios with GPS Features and one repeater for Jones County Sheriff's Office and Jones County EMA vehicles for AVL Mapping. Including system configurations, installation, and testing.
- f. The primary vendor will be responsible for all required licensing.

V. EQUIPMENT SPECIFICATIONS

- a. Equipment must be new and from the most current model year.
- b. All equipment must conform to current industry standards.
- c. The primary vendor is responsible for ensuring that all components of any Computer Aided Dispatch System interface cohesively.
- d. Any system must interface with the current Kenwood Radio Infrastructure.
- e. The Primary Bidding Vendor is responsible for any third-party vendor(s) regarding installation, configuration, testing, maintenance, service, and training.



- f. Any bid proposal must include, along with system specifications, a list and description of system supported features and key functions.
- g. A Computer Aided Dispatch System must interface with legacy and emerging technologies such as:
 - i. current analog telephone system and future expansions or changes
 - ii. the current VHF NeXedge Kenwood Radio Infrastructure
 - iii. NCIC/GCIC
 - iv. Eagle Advantage
 - v. Milner/Audiolog Audio Recording Software
 - vi. RUOK- Are You OK? Software
 - vii. RMS Solutions
 - viii. Current Jail Security Systems
 - ix. Again any system should interface with what is identified during any research phase.

VI. GLOSSARY OF ACRONYMS

- a. CAD – Computer Aided Dispatch
- b. AVL – Automatic Vehicle Locator
- c. RMS – Record Management System
- d. GIS – Geographic Information Systems
- e. GPS – Global Positioning System
- f. PSAP – Public Safety Answering Point

General Information:

- The County reserves the right to reject and or all bids or proposals, to waive technicalities, and to make a selection and final award as deemed to be in the best interest of the County.
- Provider selection will be based on the information contained in the proposals, and incomplete or inaccurate information may result in disqualification of a proposal or a bidder.
- The Jones County Board of Commissioners reserves the right to amend or revise bid documents. It shall be the duty of each vendor to monitor the County's website (Vendor Registry) for any addenda that may be issued.
- The proposal submitted by each proposed service provider will be treated as best and final. There will be no opportunity to negotiate fees during the selection process.
- If you plan to use subcontractors to perform any of the work described above, please identify the subcontractors you plan to use and explain the role they would play in this project.



- The County does not guarantee the purchase of any/all equipment or services.
- The County reserves the right to terminate any contract for this equipment and/or services for any of the following reasons:
 - a. If the equipment/service is not delivered/completed on an agreed-upon schedule.
 - b. If the equipment/services delivered is not the same equipment/services bid.
 - c. Receipt of substandard product/service.
 - d. Poor workmanship.

DRUG FREE WORKPLACE CERTIFICATION

The signer of the Jones County Contract certifies that the provisions of code sections 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. The signer further certifies that:

- (1) A drug-free workplace will be provided for the contractor's employees during the performance of the contract: and
- (2) Each contractor who hires a subcontractor to work in a drug-free workplace shall secure from that subcontractor the following written certification:

Subcontractor 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 code section, 50-24-3. Also the signer further certifies that he will not engage in the unlawful manufacture, sale, distribution, dispensation, possession or use of a controlled substance or marijuana during the performance of the contract.



Proposal Submission Form

Checklist

- References attached
- Information about vendor's qualifications attached
- Detailed description of vendor's proposed approach to project including equipment and labor
- Detailed warranty information attached
- E-Verify Affidavit attached
- Application for Public Benefit attached

Up-front Cost, including labor, equipment and materials to meet the specifications outlined in this document:

\$ _____

Recurring Cost for support and maintenance of the equipment and systems described in this document:

\$ _____

I certify that this proposal meets all requirements outlined in this request for proposals. I further certify that I have met with representatives of the Jones County Sheriff's Office to discuss the equipment and services requested in this RFP and that I have a full and complete understanding of labor, equipment, materials and services to be provided.

Company: _____

Address: _____

Phone: _____ **Email:** _____

Authorized Signature: _____



Receipt of Addenda

Number

Signature



References

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:

Government/Company:

Contact Person:

Title:

Phone Number:

Project Description:

Date of Project:



Contractor Insurance Requirements

Contractor's Insurance Provisions: During the life of the contract and for such additional time as may be required, the contractor will provide, pay for, and maintain in full force and effect the insurance outlined here for coverages at not less than the prescribed minimum limits of liability, covering the contractor's activities, those of any and all subcontractors, or anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable.

Certificate of Insurance: Before starting work, the contractor will give the owner a certificate of insurance completed by a duly authorized representative of their insurer certifying that at least the minimum coverages required here are in effect and specifying that the liability coverages are written on an occurrence form and that the coverages will not be canceled, nonrenewed, or materially changed by endorsement or through issuance of other policy(ies) of insurance without 60 days advance written notice to:

Jones County Board of Commissioners
P. O. Box 1359
Gray, Ga. 31032

Failure of the owner to demand such certificate or other evidence of full compliance with these insurance requirements or failure of the owner to identify a deficiency from evidence provided will not be construed as a waiver of the contractor's obligation to maintain such insurance.

The acceptance of delivery by the owner of any certificate of insurance evidencing the required coverages and limits does not constitute approval or agreement by the owner that the insurance requirements have been met or that the insurance policies shown in the certificates of insurance are in compliance with the requirements.

If the contractor fails to maintain the insurance as set forth here, the owner will have the right, but not the obligation, to purchase said insurance at the contractor's expense. Alternately, the contractor's failure to maintain the required insurance may result in termination of this contract at owner's option.

Insurance Primary: All coverage required of the contractor will be primary over any insurance or self-insurance program carried by the owner.

No Reduction or Limit of Obligation: By requiring insurance, the owner does not represent that coverage and limits will necessarily be adequate to protect the contractor. Insurance affected or procured by the contractor will not reduce or limit the contractor's contractual obligation to indemnify and defend the owner for claims or suits which result from or are connected with the performance of this contract.

Duration of Coverage: All required coverage will be maintained without interruption during the entire term of this contract and following final acceptance of the property by the owner.



Subcontractor's Insurance: The contractor will cause each sub-contractor employed by contractor to purchase and maintain insurance of the types specified below. When requested by the owner, the contractor will furnish copies of certificates of insurance evidencing coverage for each subcontractor.

Insurance Limits and Coverage: To the extent applicable, the amounts and types of insurance will conform to the minimum terms, conditions, and coverages of Insurance Service Office (ISO) policies, forms, and endorsements.

If the contractor has any self-insured retentions, or deductible under any of the following minimum required coverages, the contractor must identify on the certificate of insurance the nature and amount of such self-insured retentions or deductible and provide satisfactory evidence of financial responsibility for such obligations. All self-insured retentions or deductible will be the contractor's sole responsibility.

Commercial General Liability: The contractor will maintain commercial general liability insurance covering all operations by or on behalf of the contractor on an occurrence basis against claims for personal injury (including bodily injury and death) and property damage (including loss of use). Such insurance will have these minimum limits and coverage:

Minimum limits: \$1,000,000 each occurrence
 \$2,000,000 general aggregate with dedicated limits per project site
 \$2,000,000 products and completed operations aggregate

Worker's Compensation: The contractor will maintain workers' compensation and employer's liability insurance.

Minimum limits: Workers' compensation – statutory limit
 Employer's liability:
 \$1,000,000 bodily injury for each accident
 \$1,000,000 bodily injury by disease for each employee
 \$1,000,000 bodily injury disease aggregate



Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

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 (Jones 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 period 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(b). 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

Name of Project

Name of Public Employer

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

Executed on _____, ____, 20__ in _____(city), _____(state).

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:



Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor 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 under a contract with (name of contractor) on behalf of Jones 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

(THIS SHOULD BE 5 TO 6 NUMBERS)

_____ Federal Work Authorization User Identification Number

_____ Date of Authorization

_____ Name of Subcontractor

_____ Name of Project

_____ Name of Public Employer

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

Executed on _____, ____, 20__ in _____(city), _____(state).

_____ 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:



Affidavit Verifying Status County Public Benefit Application Jones County Board of Commissioners

By executing this affidavit under oath, as an applicant for a Jones County Georgia Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a Jones County Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit for _____. [Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date

Printed Name:

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

____ DAY OF _____, 20__

*

_____ Alien Registration number for non-citizens

Notary Public _____

My Commission Expires: _____

***Note:** O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:



OPTIONAL — FOR NON-BIDDERS ONLY

**JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
NO BID STATEMENT**

In an effort to make the procurement of goods and services for the County as competitive as possible, we are soliciting information from contractors and/or vendors who cannot bid. Your responsiveness and constructive comments will be appreciated. Completion of this form will assist us in evaluating factors which relate to the competitiveness of our bids. Please check any of the boxes below which may apply. Please explain any issues that you feel needs to be addressed.

- Specifications - Restrictive, too light", unclear, specialty item, geared toward one (1) brand or manufacturer only. *(Please explain in detail below).*
- Manufacturing - Unique item, production time for model has expired, etc.
- Bid Time - Insufficient time to properly respond to bid or proposal.
- Delivery Time - Specified delivery time cannot be met.
- Payment - Payment terms unacceptable. *(Please be specific)*
- Bonding - We are unable to meet bonding requirements.
- Insurance - We are unable to meet insurance requirements.
- Removal - Remove our firm from your bidders list for the particular commodity or service.
- Keep - Please keep our company on your bidders list for future reference.
- Project is: _____ / Too Large _____ / Too Small _____ / Site or Location is Too Distant
- Miscellaneous - Do not wish to bid, do not handle this type of item(s) or services, unable to compete, Contract clauses are unacceptable, etc. *(Please be specific)*
- Our company would only be interested in this project as a subcontractor or supplier.

VENDOR STATEMENT:

Bid Description: _____

Company Name: _____

Company Official Name: _____

Company Official Signature: _____

Telephone Number: _____

Email Address: _____

JONES COUNTY BOARD OF COMMISSIONERS – PURCHASING DEPARTMENT
(478) 986-6405 x 161
leslie.faulk@jonescountyga.org