



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: Dumpster Services for Select Dawson County Government Buildings

RFQ # 07-17

Release Date: July 21, 2017

Dawson County Purchasing is issuing this Request for Quote to solicit services from all interested, qualified and certified vendors who specialize in dumpster services. The successful contractor must provide all equipment, materials, tools, licenses, transportation, incidentals and labor to provide ten (10) dumpsters for rent and weekly trash services for select Dawson County Government buildings. The County does not guarantee a minimum value for this contract.

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

Request for Quote Released	July 21, 2017
Pre-Submittal Conference	No Pre-Submittal Conference
Deadline for questions to Dawson County to mhawk@dawsoncounty.org	July 26, 2017 at 1:00PM, EST
Deadline for Addenda emailed	July 31, 2017 at 2:00PM, EST
Submittal deadline	August 2, 2017, at 2:00PM, EST
Tentative Award Date	August 4, 2017, by 5:00PM, EST

Pre-Submittal Conference

There will not be a pre-submittal conference held by the County for these services.

Contact Person

Vendors are encouraged to contact Melissa Hawk, Purchasing Manager at (706) 344-3500 x42223, by fax at (706) 531-2728 or email mhawk@dawsoncounty.org to clarify any part of the Request for Quote requirements. Responses may be emailed.

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: Dawson County is seeking services for:

- Providing one (1) for each location, eight (8) yard front load dumpsters with pick up once a week for the following facilities:
 - Dawson County Government Center, 25 Justice Way, Dawsonville, GA
 - Dawson County Facilities Department, 189 Highway 53 West, Dawsonville, GA
- Providing one (1) for each location, eight (8) yard front load dumpsters with pick up twice a week for the following facilities:
 - Dawson County Sheriff's Office, 19 Tucker Avenue, Dawsonville, GA
 - Rock Creek Park, 445 Martin Road, Dawsonville, GA

- Veterans Memorial Park/Senior Center, 186 Recreation Road, Dawsonville, GA
- War Hill Park, 4081 War Hill Park Road, Dawsonville, GA - This location requires seasonal pick up for April through October only.
- Providing one (1) for each location, six (6) yard front load dumpsters with pick up once a week for the following facilities:
 - Fire Station #1, 393 Memory Lane, Dawsonville, GA
 - Fire Station #2, 145 Liberty Drive, Dawsonville, GA
 - Fire Station #6, 2142 Hubbard Road, Dawsonville (Big Canoe), GA
 - Fire Station #7, 170 Dawson Forest Road, Dawsonville, GA
- The dumpsters are to be in excellent condition; either new or refurbished.

Clean-up of Site:

- The Contractor shall ensure that all materials and debris are removed at the premises at each pickup.

Equipment:

- Removal of current dumpsters will be coordinated through the Facilities Director, or his designee. The replacement containers are to be in place at each location no later than January 2, 2018.

Administration

The project will be administered by the Dawson County Purchasing Department and 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 from January 1, 2018 through December 31, 2018. The contract may be renewed according to the terms stated herein for two (2) additional, one (1) year periods.

The pricing shall be in force for the term of the contract.

The contract shall terminate absolutely and without further obligation at such time as appropriated and otherwise unobligated funds are no longer available to satisfy the obligations of the County under this contract.

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 Proposal: Each proposal 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 Finance Office, Attn: Cheri McMillon, 25 Justice Way, Suite 2214, Dawsonville, GA 30533.

Final Selection: Following review of all qualified proposals, selection of a suitable vendor, and preliminary contract negotiations, a recommendation will be made to Administration by the project representative. Following approval, the County will complete contract negotiations. 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 proposals.

Execution of Contract: Contract is to be executed within ten (10) calendar days of NOTICE OF AWARD. If the contract document is mailed, the date of presentation shall be deemed to be the postmark date. The successful bidder's proposal and this solicitation shall be incorporated into the contract, except to the extent that this document conflicts with the contract, in which case the provisions of the contract shall take precedent.



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">• Contractor Affidavit
<input type="checkbox"/>	<ul style="list-style-type: none">• Subcontractor Affidavit (if applicable)
<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

Signature of Representative

Print Name

Title of Representative

Date

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



VENDOR'S INFORMATION FORM

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.

ATTACH COPY OF BUSINESS LICENSE AND A COMPLETED W-9 FORM

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VENDOR'S PRICE PROPOSAL FORM

Company Name: _____

Item	Location/ Service Address	Descrip	Container Quantity	Freq Per Week	Period	Mon Cost	Base Year Extended Cost	1st Renewal Option Year	2nd Renewal Option Year
1	Dawson County Government Center/25 Justice Way, Dawsonville GA 30534	8 yd	1	1	Week				
2	Dawson County Facilities, 189 53 West, Dawsonville, GA 30534	8 yd	1	1	Week				
3	Dawson County Sheriff's Office, 19 Tucker Avenue, Dawsonville, GA 30534	8 yd	1	2	Week				
4	Rock Creek Park, 445 Martin Road, Dawsonville, GA 30534	8 yd	1	2	Week				
5	Veterans Memorial Park/Senior Services, 186 Recreation Road, Dawsonville, GA 30534	8 yd	1	2	Week				
6	War Hill Park, 4081 War Hill Park Road, Dawsonville, GA 30534	8 yd	1	2	Week - Seasonal April - October Only				
7	Fire Station #1, 303 Memory Lane, Dawsonville, GA 30534	4 yd	1	1	Week				
8	Fire Station #2, 145 Liberty Drive, Dawsonville, GA 30534	4 yd	1	1	Week				
9	Fire Station #6, 2142 Hubbard Road, Dawsonville, GA 30534	4 yd	1	1	Week				
10	Fire Station #7, 170 Dawson Forest Road, Dawsonville, GA 30534	4 yd	1	1	Week				
					TOTAL				

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VENDOR'S PRICE PROPOSAL FORM (CON)

Company Name: _____

Additional Pickups

Item	Description	UOM	QTY	Base Year Unit Price	1st Renewal Option Year	2 nd Renewal Option Year
1	Dumpster Services for 8 yard container, additional pickup	Per Pickup	1	\$ _____	\$ _____	\$ _____
2	Dumpster Services for 6 yard container, additional pickup	Per Pickup	1	\$ _____	\$ _____	\$ _____

Additional Information: _____

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

Signature

Title

Date

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VENDOR'S REFERENCE FORM

All references must be from customers for whom your company has completed work similar to the specifications of this bid. Attach additional page if necessary. Vendors may make additional copies of this form if providing background information regarding all previous/current Government accounts held.

Company Name: _____

1. Company _____

Street Address _____

City, State & Zip _____

Contact Person Name _____ Title _____

Phone _____ FAX _____ Email _____

Describe Scope of Work and dates of project/service: _____

2. Company _____

Street Address _____

City, State & Zip _____

Contact Person Name _____ Title _____

Phone _____ FAX _____ Email _____

Describe Scope of Work and dates of project/service: _____

3. Company _____

Street Address _____

City, State & Zip _____

Contact Person Name _____ Title _____

Phone _____ FAX _____ Email _____

Describe Scope of Work and dates of project/service: _____

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ADDENDA ACKNOWLEDGEMENT

The vendor has examined and carefully studied the Request for Proposals and the following Addenda, receipt of all of which is hereby acknowledged:

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Authorized Representative (Signature)

Date

Authorized Representative/Title
(Print or Type)

Vendors must acknowledge any issued addenda. Proposals which fail to acknowledge the vendor's receipt of any addendum will result in the rejection of the offer if the addendum contained information which substantively changes the Owner's requirements.

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



DRUG FREE WORKPLACE

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

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

Contractor's Name:	
County Solicitation/ Contract No.:	

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 Public

[NOTARY SEAL]

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)**

Contractor's Name:	
County Solicitation/ Contract No.:	

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.

Contractor's Name:	
Subcontractors:	



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

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

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-VerifyTM 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 Public

[NOTARY SEAL]

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.

Attest: _____

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public

Commission Expires: _____

(SEAL)

Authorized Signature

Print Name

Title