



Department of Purchasing

Donald R. Riley, CPPB, Procurement Specialist

REQUEST FOR QUOTE NUMBER:		18RFQ121117-DRR
WILL BE RECEIVED UNTIL	December 20, 2017	3:00 p.m. EST
DESCRIPTION: Vacuum Cleaning/Pumping and Disposal Services		
Return to:	Donald R. Riley, CPPB, Purchasing Specialist City of Stockbridge – Purchasing Department 4640 N. Henry Boulevard Stockbridge, Georgia 30281	
ANY QUESTIONS REGARDING PURCHASING PROCEDURES OR THE SPECIFICATIONS SHOULD BE ADDRESSED <u>ONLY</u> TO THE PURCHASING SPECIALIST LISTED BELOW. QUOTEDERS MAY NOT HAVE CONTACT WITH CITY OFFICERS, ELECTED OFFICIALS OR CITY EMPLOYEES REGARDING THIS QUOTE PRIOR TO AWARD OF PURCHASE ORDER. VIOLATION OF THIS INSTRUCTION WILL RESULT IN YOUR QUOTE BEING FOUND NON-RESPONSIVE. LAST DAY FOR QUESTIONS December 15, 2017 @ 3:00 P.M. EST.		
CONTACT NAME:	E-Mail Address :	Telephone Number:
Donald R. Riley, CPPB	DRiley@CityofStockbridge-ga.gov	(770) 389-7912 (fax only)
<p>All information requested on this sheet must be completed. The signature block and related information on each quote sheet must also be completed. Unless specifications indicate “NO SUBSTITUTE”, items determined by City of Stockbridge to be “EQUAL OR BETTER” will be given full consideration. All prices QUOTED must be “FOB DELIVERED” unless otherwise requested, and must be submitted in the format requested. The City reserves the right to cancel the solicitation and to reject any or all quotes in whole or in part and is not bound to accept any quote if rejection of that quote is determined to be contrary to the best interest of the City.</p>		
Company Name:		
Company Address:		
City	State	Zip Code
Telephone Number:	Fax Number:	E-Mail Address:
RESPONSES MUST BE DELIVERED/EMAILED TO THE PURCHASING OFFICE BY THE DATE INDICATED.		
Person submitting QUOTE: (Please Print)		Date
Title		
*Signature of the person submitting QUOTE:		
<p><small>*This person has binding authority to sign contracts on behalf of the responding company. By signing this form and all attachments, vendor agrees that their quote is an offer to sell. All Quoteders shall comply with all City of Stockbridge purchasing laws, policies, and procedures, as well as relevant state and federal laws— including compliance with EEOC hiring guidelines and requirements under the Americans with Disabilities Act.</small></p>		

NO QUOTE:

REASON:

**REQUEST FOR E-QUOTE SPECIFICATIONS
VACUUM CLEANING/PUMPING AND DISPOSAL SERVICES
WATER SEWER DEPARTMENT**

1. DESCRIPTION

The City of Stockbridge Finance Department is soliciting quotes from qualified vendors to provide all necessary equipment, labor, material and apparatuses to perform cleaning/pumping, and disposal of sludge, grease, rags and sewage from Eleven (11) pump stations in the City for the Sewer Department.

PRE-QUOTE CONFERENCE (NON - APPLICABLE)

2. CONTACT PERSON

Please contact Donald R. Riley, CPPB, Purchasing Specialist, by e-mail at DRiley@cityofstockbridge-ga.gov or fax me at (770) 389-7912 only, with any procedural or technical questions. All questions should be submitted in writing to the Purchasing contact person via email only. No phone calls will be accepted. Any responses made by the City will be provided in writing to all Quoters by addendum. No verbal responses shall be authoritative.

3. TERM OF AGREEMENT

This procurement is from issuance of notice to proceed until 12/31/2018.

4. PRODUCT/SERVICE SPECIFICATIONS

The pricing sheets indicate only probable items intended for procurement. The City of Stockbridge reserves the right to limit the procurement only to the items actually required during the award period ending December 31, 2018.

Vendor is to furnish all labor, equipment, transportation, material, insurance, and other requirements necessary apparatuses to perform cleaning/pumping, and disposal of sludge, grease, rags and sewage from Eleven (11) pump stations in the City for the Sewer Department at various locations in the City of Stockbridge.

4.1. Vacuum Cleaning/Pumping and Disposal of Sludge Services

Cleaning/pumping 11 pump stations 2 to 3 times per year or as needed

The City of Stockbridge is requesting a quote for cleaning/pumping and disposal of sludge, grease, rags and sewage from the eleven (11) pump stations in the City 2 to 3 times a year or as needed during 2018. This generally tasked between 12 and 15 hours to complete each time. Please quote in a total hourly rate that includes labor and equipment and all associated costs. Quote disposal rate as an estimate by the ton.

Scope of work must include the following:

- 4.1.1. Cleaning of Eleven (11) ELEVEN lift stations up to (3) three times per year;
- 4.1.2. Pumping/Cleaning of pump station using Hydro Excavator;
- 4.1.3. Provide confined space entry where needed;
- 4.1.4. Transportation services;
- 4.1.5. Hydro excavator unit Truck;
- 4.1.6. Confined space operations;
- 4.1.7. Disposal Fee per ton; and
- 4.1.8. Other task to include in quote jetting and clearing of blockages of sewer lines on an on call twenty-four (24) hour emergency basis.

5. PRICING SHEETS

PRICING SHEETS LINE	DESCRIPTION	QUANTITY	TOTAL PRICE
1	Clean (11) Eleven lift stations	3x times this year	\$
2	Mobilize One (1) vac truck, One (1) operator and One (1) tech	Per Hour	\$
3	Disposal Fee	Per Ton	\$
4	Non-emergency call (respond within 48 hours)	Each	\$
5	Emergency call (respond within 24 hours)	Each	\$
Total Cost of All items			\$

6. INSURANCE & RISK MANAGEMENT PROVISIONS

INSURANCE & RISK MANAGEMENT PROVISIONS

- 6.1.1. **INSURANCE REQUIREMENTS:** Insurance must be written by a licensed agent in a company licensed to write insurance in the State of Georgia and acceptable to the City of Stockbridge. Insurance coverage must be current from time of award through the period of final acceptance from City of Stockbridge. The following requirements shall apply.
- 6.1.2. Policies and/or certificates certifying policies are to contain an agreement that the policies will not be changed and/or canceled without a ten (10) day prior notice to City of Stockbridge, as evidenced by return receipts of registered or certified letters.
- 6.1.3. Each respondent shall submit with the quote, evidence of insurability satisfactory to the City as to form and content. Either of the following forms of evidence are acceptable:
- 6.1.4. A letter from an insurance company stating that upon your firm/company being the successful Quoteder/respondent that a Certificate of Insurance shall be issued in compliance with the Insurance Requirements outlined below.
- 6.1.5. A Certificate of Insurance complying with the Insurance Requirements outlined below.
- 6.1.6. Upon award, the Contractor must maintain, at their expense, insurance in at least the following amounts and types outlined below. Any and all Insurance and Bonds required by this contract shall be maintained during the entire length of the contract, including any extensions or renewals thereto, and until all work has been completed to the satisfaction of the City.
- 6.1.7. The Contractor shall insure that the Request for Quote/Proposal number and Project Description appear on the Certificate of Insurance.
- 6.1.8. The Certificate of Insurance shall identify the Certificate Holder as:

City of Stockbridge – Finance Department
Attn: Purchasing Specialist
4640 North Henry Boulevard
Stockbridge, GA 30281

6.2. WORKERS COMPENSATION – STATUTORY (In compliance with the Georgia Workers Compensation Act)

EMPLOYER'S LIABILITY	BY ACCIDENT - EACH ACCIDENT	-	\$500,000.
INSURANCE	BY DISEASE - POLICY LIMIT	-	\$500,000
(Aggregate)	BY DISEASE - EACH EMPLOYEE	-	\$500,000

6.3. COMMERCIAL GENERAL LIABILITY INSURANCE (Including contractual Liability Insurance)

Bodily Injury and Property Damage Liability	Each Occurrence	-	\$1,000,000
(Other than Products/Completed Operations)	General Aggregate	-	\$2,000,000

To include Designated Per Project/Location Endorsement #CG2503/CG2504

Products\Completed Operation	Aggregate Limit	-	\$1,000,000
Personal and Advertising Injury	Limits	-	\$1,000,000
Fire Damage	Limits	-	\$ 100,000

6.4. BUSINESS AUTOMOBILE LIABILITY INSURANCE Combined Single Limits

Each Occurrence	-	\$1,000,000
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(Including operation of non-owned, owned, and hired automobiles).

6.5. **UMBRELLA LIABILITY**

(In excess of above noted coverage's) Each Occurrence - \$2,000,000

6.6. **FIDELITY BOND**

(Employee Dishonesty) Each Occurrence - \$ 100,000

Insurance in no way Limits the Liability of the Respondent.

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

The successful contractor will agree to indemnify, save harmless and defend the City, its agents, servants, and employees from all lawsuits, claims, demands, liabilities, losses and expenses for or on account of any injury or loss in connection with the work performed under this contractor: Provided, however the contractor shall not be liable for any damages resulting from the sole negligent or intentional acts or omission of the City and its employees, agents or representatives.

THE RESPONDENT ACKNOWLEDGES HAVING READ, UNDERSTANDING, AND AGREES TO COMPLY WITH THE ABOVE STATEMENTS, AND IS AUTHORIZED TO SIGN CONTRACTS ON BEHALF OF THE RESPONDING COMPANY.

COMPANY: _____ **SIGNATURE:** _____

NAME: _____ **TITLE:** _____ **DATE:** _____

7. STATE OF GEORGIA

CITY OF STOCKBRIDGE

GEORGIA SECURITY AND IMMIGRATION CONTRACTOR AFFIDAVIT AND AGREEMENT

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 the City of Stockbridge and has registered with, is authorized to use, and uses, the federal work authorization program commonly known as EVerify, 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 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 _____, __, 2017 in Stockbridge, Georgia.

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 _____,
2017.

My Commission Expires: _____

NOTARY PUBLIC