



# Department of Purchasing

## Donald R. Riley, CPPB, Procurement Specialist

<b>REQUEST FOR QUOTE NUMBER:</b>		18RFQ121317-DRR
<b>WILL BE RECEIVED UNTIL</b>	December 22, 2017	3:00 p.m. EST
<b>DESCRIPTION:</b> Dumpster Services for the City of Stockbridge		
<b>Return to:</b>	Donald R. Riley, CPPB, Purchasing Specialist City of Stockbridge – Purchasing Department 4640 N. Henry Boulevard Stockbridge, Georgia 30281	
<b>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 20, 2017 @ 3:00 P.M. EST.</b>		
<b>CONTACT NAME:</b>	<b>E-Mail Address :</b>	<b>Telephone Number:</b>
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>		
<b>Company Name:</b>		
<b>Company Address:</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Number:</b>	<b>Fax Number:</b>	<b>E-Mail Address:</b>
<b>RESPONSES MUST BE DELIVERED/EMAILED TO THE PURCHASING OFFICE BY THE DATE INDICATED.</b>		
<b>Person submitting QUOTE: (Please Print)</b>		<b>Date</b>
<b>Title</b>		
<b>*Signature of the person submitting QUOTE:</b>		
<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  
DUMPSTER SERVICES  
PUBLIC WORKS 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 weekly dumpster and trash pickup from two (2) location in the City of Stockbridge for the Public Works 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](mailto: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 provide weekly dumpster services for the Public Works Department at two (2) locations in the City of Stockbridge.

The City of Stockbridge is requesting a quote for weekly dumpster trash pick and disposal during 2018. Vendors are to provide two (2), eight (8) yard dumpster at the \_\_\_\_\_ locations \_\_\_\_\_ below:

Stockbridge City Hall 4640 North Henry Boulevard, Stockbridge, Georgia  
Merle Manders Conference Center 111 Davis Road, Stockbridge, Georgia

In the event of price change affecting item(s) listed above, such an increase must be properly documented by the vendor, and a thirty (30) day notice must be given before new prices become effective. The City of Stockbridge reserves the right to accept the price increase as submitted or to cancel the service contract in whole or in part prior to the effective date of the price increase, or to divide the contract among bidders; which ever is in the best interest of the City of Stockbridge.

**5. PRICING SHEETS**

The quoted price is for weekly services, for two (2), eight (8) cubic yard dumpster.

<b>PRICING SHEETS LINE</b>	<b>DESCRIPTION</b>	<b>QUANTITY</b>	<b>PRICE</b>	<b>TOTAL PRICE</b>
<b>1</b>	Price per week, emptied once (1) per week	2	\$ _____	\$ _____
<b>2</b>	Price per week, emptied twice (2) per week	2	\$ _____	\$ _____
Total Cost for Line Items ( 1 & 2)			\$ _____	

**SPECIAL CONDITIONS/INSTRUCTIONS** Provide same day pick-up if necessary upon request. It shall be necessary that the successful quoter have the units named above in stock for prompt delivery on a needed basis. Quoter will extend these prices and terms to other locations and departments throughout the City of Stockbridge.

**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
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**

<b>Combined Single Limits</b>	Each Occurrence	-	\$1,000,000
(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