



**REQUEST FOR QUOTATION**

For

**“Personal Protective Equipment for Chatham Emergency Management Agency”**

**QUOTE NUMBER: 20-0056-3**

The Number Must Appear On All Quotations and Related Correspondence.

Quotation must be received **NOT LATER THAN 2:00 PM, on June 24, 2020** at the office of the Purchasing Agent. Quotes may be faxed, or emailed only.

Address Reply To: **Johnnie Coker, 912-790-1624**

Fax to: **912 -790-1627**

Email to: **jlcocker@chathamcounty.org**

NAME OF BIDDER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

PHONE: FAX: \_\_\_\_\_

EMAIL:FED TAX ID #: \_\_\_\_\_

INDICATE MINORITY OWNERSHIP STATUS OF BIDDER (FOR STATISTICAL PURPOSES ONLY):

CHECK ONE:

\_\_\_\_\_ NON-MINORITY OWNED

\_\_\_\_\_ AFRICAN AMERICAN

\_\_\_\_\_ HISPANIC

\_\_\_\_\_ ASIAN AMERICAN

\_\_\_\_\_ AMERICAN INDIAN

\_\_\_\_\_ WOMAN

The undersigned proposes to furnish the following items in strict conformance to the specifications and Request for Quote issued by Chatham County for this quote. Any exceptions must be clearly marked in the attached Specifications.

**SPECIFICATIONS ARE AS FOLLOWS:**

**This is a one-time purchase.**

Qty	Description	Unit Cost	Total Cost	Lead Time
2,214	N95 or K95 Mask			
66,995	Surgical Mask			
144	Face Shields			
20	Touchless Thermometers			
81	Hand Sanitizer, 1 Liter			
660	Hand Sanitizer, individual, 2oz			
185	Hand Soap, 12oz			
44	Tissues, Individual Travel Packs			
16 rls	Painters Tape			
93	Large Paper Bags			
24	Biohazard Waste bag, with disposal fee included.			
232	32 oz Spray bottle of Alcohol Solution			
10,835	Gloves, Large, Latex free			
7,224	Gloves, XLarge, Latex free			
494	Gowns Disposable			
4	Rolling Sneeze Guard 36" H x 30" W Covering from 42" above the floor to 76" above the floor.			
617 rls	Center pull paper towels, 275 sheets a roll			
		TOTAL		

Please insure to include lead-time for delivery of product. Lead-time may be a factor considered when making award.

All shipments are to be F.O.B. destination. Freight and packaging charges must be included in the quotation. Delivery shall be made to 4225 Augusta Rd. Garden City, GA 31408, and within the time specified in the quote.

This Quotation will remain in effect for \_\_\_\_\_ days from the date of the quotation receipt.

*Please acknowledge receipt of addendum:* \_\_\_\_\_

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

\_\_\_\_\_  
Authorization Signature

Date \_\_\_\_\_

Number of addendums received \_\_\_\_\_

## Request for Quotation Instructions

1. All shipments are to be F.O.B. destination. Freight and packaging charges must be included in the quotation. Delivery shall be made to the address listed on the Purchase Order and within the time specified in the quote.
2. Quotations subject to terms set forth herein, are requested on the following list of materials, supplies, or services. On quotes for services, Chatham County insurance requirements must be met. The successful vendor must provide the County with a Certificate of Insurance listing the County as Certificate Holder.
3. **Quote must be submitted on first sheet in spaces indicated.**
4. Quotes for materials, supplies, vehicles, and/or equipment must be accompanied by brochures, or copies of detailed factory specifications, ratings, technical data, including accurate descriptions of the exact materials, supplies, vehicles and/or equipment for which bids are made.
5. All information required by request for quotation must be completed to constitute a proper bid.
6. Vendor warrants that the goods are merchantable and as described herein or in the solicitation response. Additional warranties may be called for in the specifications.
7. Chatham County is exempt, by law, from any and all federal and state taxes. Do not include taxes in your quotations. Tax exemption number is **58-6001113**. Exemption certificate will be provided upon request.
8. Price Protection Period of ninety (90) days for all items desired from date of bid opening. Vendors are advised that prices in effect at time of bid shall apply and not be subject to revision at time of shipment.
9. The County reserves the right to split this award by line item if deemed to be in its best interest.
10. Minority/Women Business Enterprise (MWBE) Policy: It is the policy of the County to provide minority and women owned business enterprises with equal opportunity for participating in selling goods and services to the County.
11. **Local Preference:** Bids will be evaluated in accordance with the County's Local Preference ordinance.
12. **Employment Eligibility Verification:** As required under Senate Bill 529 – “Georgia Security and Immigration Compliance Act” of 2006, O.C.G.A. Section 2, Article 3 13-10-91, public employers, their contractors and subcontractors are required to verify the work eligibility of all newly hired employees through an electronic federal work authorization program. The Georgia Department of Labor has added a new Chapter 300-10-1, entitled "Public Employers, Their Contractors and Subcontractors Required to Verify New Employee Work Eligibility Through a Federal Work Authorization Program," to the Rules and Regulations of the State of Georgia. (See website: [http://www.dol.state.ga.us/pdf/rules/300\\_10\\_1.pdf](http://www.dol.state.ga.us/pdf/rules/300_10_1.pdf).) The new rules designate the “Employment Eligibility Verification (EEV) Basic Pilot Program” operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security as the electronic federal work authorization program to be utilized for these purposes. The EEV/Basic Pilot Program can be accessed at: <https://e-verify.uscis.gov/enroll/StartPage.aspx?JS=YES>. Bidders shall comply with this new rule and submit with your bid the attached “Contractor Affidavit and Agreement.”
13. O.C.G.A. § 50-36-1, requires Georgia’s cities to comply with the federal **Systematic Alien**

**Verification for Entitlements (SAVE) Program.** SAVE is a federal program used to verify that applicants for certain “public benefits” are legally present in the United States. Contracts with the County are considered “public benefits.” Therefore, the bidders are required to provide the Affidavit Verifying Status for Chatham County Benefit Application prior to receiving any County contract. The affidavit is included as part of this bid package.

14. The original invoice is to be submitted to the County Finance Department. The purchase order number must be shown on all invoices and packing lists.
15. References may be requested of the successful bidder. ***THIS IS NOT AN ORDER***

## 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 contracting with (name of public employer) has registered with and is participating in a federal work authorization program\* [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], 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 (name of public employer), contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. 13-10-91 on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the (name of the public employer) at the time the subcontractor(s) is retained to perform such service.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User 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  
My Commission Expires:

\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the  
“EEV / Basic Pilot Program” operated by the U. S. Citizenship and Immigration Services Bureau of the U.S.  
Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

**SUBCONTRACTOR AFFIDAVIT**

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 (name of public employer) has registered with and is participating in a federal work authorization program\* [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], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

\_\_\_\_\_  
EEV / Basic Pilot Program\* User Identification Number

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

\_\_\_\_\_  
Date

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

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

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

\_\_\_\_\_  
Notary Public  
My Commission Expires:

\_\_\_\_\_  
\* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the  
“EEV / Basic Pilot Program” operated by the U. S. Citizenship and Immigration Services Bureau of the U.S.  
Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

***Systematic Alien Verification for Entitlements (SAVE)  
Affidavit Verifying Status for Chatham County Benefit  
Application***

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

1.) \_\_\_\_\_ I am a citizen of the United States.

**OR**

2.) \_\_\_\_\_ I am a legal permanent resident 18 years of age or older.

**OR**

3.) \_\_\_\_\_ I am an otherwise qualified alien (8 § USC 1641) or non-immigrant under the Federal Immigration and Nationality Act (8 USC 1101 et seq.) 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: