



Department of Purchasing & Contracting  
1300 Commerce Drive, 2<sup>nd</sup> Floor  
Decatur, Georgia 30030  
Fax: (404) 371-7006

**Date: December 5, 2023**

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## **Request for Quotation No. 23-3003816**

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DeKalb County, Georgia is requesting a quotation for the following:

### **Video Surveillance System Inspection Services**

**I. Proposed Term:**

Six (6) Months

**II. Attachments:**

- A. Scope of Work
- B. Quote Form
- C. Reference Form and Reference Check Release Statement
- D. Contractor Affidavit
- E. Insurance Requirements

**III. Payment Terms:**

Net 30

**IV. Scope of Work:**

See Attachment A.

**V. Federal Work Authorization Program:**

All qualifying contractors and subcontractors performing work with DeKalb County, Georgia must register and participate in the federal work authorization program to verify the work eligibility information of new employees. In order for a Quotation to be considered, it is mandatory that the Contractor Affidavit, Attachment D, be completed with Bidder's response.

**VI. Due Dates:**

All questions are due to **Tina L. Richardson** via email at [tlrichardson@dekalbcountyga.gov](mailto:tlrichardson@dekalbcountyga.gov) on or before **5:00 p.m. EST on December 8, 2023**.

**Additional Information/Addenda**

The County will issue responses to inquiries and any other corrections or amendments it deems necessary in written addenda issued prior to the due date. Bidders should not rely on any representations, statements or explanations other than those made in this RFQ or in any addendum to this RFQ. Where there appears to be a conflict between the RFQ and any addenda issued, the last addendum issued will prevail. It is the responsibility of the Bidder to ensure awareness of all addenda issued for this solicitation. Please acknowledge the addenda and submit to the DeKalb County Department of Purchasing and Contracting as requested. Bidders may contact the above listed contact person to verify the number of addenda prior to submission. Addenda issued for this RFQ will be posted on DeKalb County's website, [Active Request for Quotes \(RFQs\) | DeKalb County GA](#). Bidder should regularly check the County's website for addenda.

**Quotes are due on or before 3:00 p.m. EST on December 20, 2023.** Bidder must complete and return the quote form, reference form, contractor affidavit and provide a copy of Bidder's valid business license to DeKalb County by email to the attention of **Tina L. Richardson** at [tlrichardson@dekalbcountyga.gov](mailto:tlrichardson@dekalbcountyga.gov).

**All quotes are to be provided on Attachment B, Quote Form.**

The County intends to award to the lowest, responsive and responsible bidder who, per the County's determination, has satisfactorily met the requirements of the RFQ; however, the County reserves the right to reject any and all bids, to waive informalities and to re-advertise.

Thank you for your interest in doing business with DeKalb County.

Sincerely,

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Tina L. Richardson  
Procurement Technician  
Department of Purchasing and Contracting

## **Attachment A**

### **SCOPE OF WORK**

#### **I. PURPOSE**

DeKalb County Government (the County) is soliciting quotes from qualified contractors to provide services to support implementing the regulatory compliance standards outlined in the recently adopted mandatory Video Surveillance System (VSS) Ordinance.

#### **II. BACKGROUND**

The Governing Authority of DeKalb County is asking businesses to help keep the community safe by mandatory installation of video surveillance cameras. The purpose of this ordinance shall mean a continuous digital surveillance system including cameras, cabling, monitors, and digital video recorders (DVR). This also includes Wi-Fi network cameras, provided that all footage can be saved and made available to the DeKalb County Police Department or any other law enforcement agency for review. The Video Surveillance System shall be subject to regular inspection by the Chief Executive Officer or his designee, who is authorized to inspect any such system at reasonable times to determine whether it conforms to the requirement of the code. If the Video Surveillance System does not conform, the non-compliant convenience store in question shall take immediate steps to bring the system back into compliance within sixty (60) days of being notified of the Video Surveillance System's non-compliance. The DeKalb County Police Department will develop, maintain, and publish on the County website dated, written Video Surveillance System Standards that provide the minimum standards for Video Surveillance System equipment, installation, and maintenance. Any new standards or changes to existing standards will become effective on May 1st of each year.

#### **III. SCOPE OF SERVICES**

- A. The awarded Contractor is expected to assess the Video Surveillance System (VSS) equipment across 273 business sites, including convenience stores and gas stations. The Contractor is required to certify that the VSS equipment complies with the minimum technological standards below.
  1. All Video Surveillance Systems (VSS) must feature high resolution color cameras with the capability to:
    - a. Generate instant screen captures upon request.
    - b. Produce a digital image that clearly depicts the facial features of a filmed individual.
    - c. Provide images with InfraRed (IR)/night vision functionality as necessary in low-light conditions to satisfy the foregoing subsections.

2. All Video Surveillance System (VSS) cameras must, at minimum, meet the following standards:
    - a. Minimal Resolution: 4MP (1440p)
    - b. Image Size: 2560 x 1440
    - c. Pixels Per Image: 5,017,600
    - d. Aspect Ratio: 16:9
    - e. 24 Frames Per Second (24 FPS)
  3. All Video Surveillance System (VSS) cameras must have the ability to convert video files to mp4 standard software files; and convert picture files to JPG, JPEG, or TIF standard software files.
  4. All Video Surveillance System (VSS) cameras must have the capability to record an area that extends no less than seventy-five (75') feet.
  5. All Video Surveillance System (VSS) cameras must operate in a stationary position and should refrain from engaging in any panning motion.
  6. All Video Surveillance System (VSS) cameras must display the correct date and time of each recording.
  7. All Video Surveillance System (VSS) cameras must use a digital video recording device to capture images from each surveillance camera within the business location. Each recording device must be kept in a secured location that is remote from the surveillance cameras.
  8. The business locations shall retain the continuous digital images recorded by the Video Surveillance System (VSS) for no less than sixty (60) days.
- B. The Contractor is required to provide basic training to DeKalb County Code Compliance staff in identifying and assessing the minimum Video Surveillance System (VSS) standards outlined above. Basic training should include on-site physical examination of the systems and an explanation of how the systems either comply or don't comply with the minimum standards listed in the Video Surveillance Ordinance.
- C. The anticipated duration of the contract shall be no more than six months from the award date or upon the completion of inspection for all 273 affected businesses, whichever comes first.
- D. All work products resulting from the inspection activities associated with the contract will be the sole and exclusive property of DeKalb County government.

E. Other Tasks:

The awarded Contractor shall also provide:

1. Questions and concerns to appropriate County contact for review and resolution.
2. Invoices in electronic format prescribed by the County.

**IV. SUBMITTAL REQUIREMENTS**

In response to this RFQ, the qualified firms shall submit:

1. Valid certification and/or license as proof of Certified VSS Technician/Installer and/or Licensed Low Voltage Contractor.
2. Resume(s) of principal/owner.
3. The completed Attachment B, Quote Form.
4. The completed Attachment C, Reference Check and Release Form with at least 3 references.
5. The completed Attachment D, Contractor Affidavit.

**Failure to provide one (1) or more of the above requested items may result in your quote being deemed non-responsive.**

**V. CONTRACT TIME**

This is expected to be a six (6) month contract.

**Attachment B**  
**QUOTE FORM**

<b>Quoter Information:</b>	
Company Name:	
Company Address:	
Quoter Name and Title:	Phone Number:
Quoter Email Address:	

<b>COST FOR INSPECTION ASSESSMENT AND TRAINING SERVICES</b>	
Bidder shall provide the hourly rate (inclusive of time, labor, materials, and equipment) to complete the inspection and assessment services in accordance with Attachment A, Scope of Work.	\$ _____
Bidder shall provide the flat rate cost for a basic training session that meets the requirements described in Attachment A, Scope of Work.	\$ _____

<b>Quote Statement:</b>	
I, the undersigned, certify that this quote is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a quote for the same materials, supplies, equipment, or services, and is in all respect fair and without collusion or fraud. I agree to abide by all conditions of this quote, and certify that I am authorized to sign this quote for the Quoter.	
_____	_____
Authorized Signature	Date
_____	
Name of Authorized Signer (Typed or Printed)	
_____	
Name of Quoter (Typed or Printed)	

## Attachment C

### REFERENCE CHECK AND RELEASE FORM

List below at least three (3) references, including company name, contract period, contact name, email address, telephone numbers and project name of individuals who can verify your experience and ability to perform the type of services listed in the solicitation.

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

Company Name	Contract Period		
Contact Person Name and Title	Telephone Number (include area code)		
Complete Primary Address	City	State	Zip Code
Email Address	Fax Number (include area code)		
Project Name			

### REFERENCE CHECK RELEASE STATEMENT

You are authorized to contact the references provided above for purposes of this RFQ.

Signed \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

# Attachment D

## CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned verifies its compliance with O.C.G.A. § 13-10-91, as amended, stating affirmatively that the Quoter submitting a quote, contractor, firm or corporation which is contracting with DEKALB COUNTY, GA, a political subdivision of the State of Georgia, 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, as amended]. The affiant agrees to continue to use the federal work authorization program throughout the contract period.

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, as amended, on the Subcontractor Affidavit form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the COUNTY, within five (5) days from when the subcontractor(s) is retained to perform such service.

BY: \_\_\_\_\_  
Authorized Officer or Agent

\_\_\_\_\_  
Federal Work Authorization  
Enrollment Date

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

\_\_\_\_\_  
Identification Number

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

\_\_\_\_\_  
Company Name & Address (do not include a post office box)

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

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



## Attachment E

### INSURANCE REQUIREMENTS

#### IMPORTANT NOTICE

**IMPORTANT — PLEASE READ CAREFULLY & FOLLOW INSTRUCTIONS LISTED HEREIN**

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1. If the County sends to you notice of award on this quote, take this form to your insurance agent as this form contains requirements that may be non-standard in the insurance industry.
2. Instruct your insurance agent that the County's requirements are listed in Section III, and that you *must* comply with these requirements before you may proceed with the work.
3. Before the starting of any work, the successful contractor must furnish to DeKalb County certificates of insurance from companies doing business in Georgia and acceptable to the County as follows:
  1. Certificates must cover:
    - **Statutory Workers Compensation**
      - (1) Employer's liability insurance by accident, each accident \$1,000,000.
      - (2) Employer's liability insurance by disease, policy limit \$1,000,000.
      - (3) Employer's liability insurance by disease, each employee \$1,000,000.
    - **Business Auto Liability Insurance** with a minimum \$500,000 Combined Single Limit/Each Occurrence (Including operation of non-owned, owned, and hired automobiles).
    - **Commercial General Liability Insurance**
      - (1) Each Occurrence - \$1,000,000
      - (2) Fire Damage - \$250,000
      - (3) Medical Expense - \$10,000
      - (4) Personal & Advertising Injury - \$1,000,000
      - (5) General Aggregate - \$2,000,000
      - (6) Products & Completed Operations - \$1,500,000
      - (7) Contractual Liability where applicable
  2. DeKalb County, GA shall be named as Additional Insured under any General Liability, Business Auto and Umbrella Policies. Coverage shall apply as Primary and non-contributory with Waiver of Subrogation in favor of DeKalb County, Georgia. Such additional insured coverage shall be endorsed to Contractor's policy by attachment of ISO Additional Insured Endorsement forms CG 20 10 10 01 (ongoing operations) and CG 20 37 10 01 (products-

completed operations), or form(s) providing equivalent coverage.

3. This insurance for the County as the additional insured shall be as broad as the coverage provided for the named-insured Contractor. It shall apply as primary insurance before any other insurance or self-insurance, including any deductible, non-contributory, and waiver of subrogation provided to the County as the additional insured.
4. Contractor agrees to waive all rights of subrogation and other rights of recovery against the County and its elected officials, officers, employees or agents, and shall cause each Subcontractor to waive all rights of subrogation for all coverages.
5. Certificates shall state that the policy or policies shall not expire, be cancelled or altered without at least sixty (60) days prior written notice to the County.
6. Contractor understands and agrees that the purchase of insurance in no way limits the liability of the Contractor.
7. The insurance carrier must have a minimum A.M. Best rating of not less than "A" (Excellent) with a Financial Size Category of VII or better.
8. Certificates to contain policy number, policy limits and policy expiration date of all policies issued in accordance with this contract.
9. Certificates to contain the location and operations to which the insurance applies.
10. Certificates to contain successful contractor's protective coverage for any subcontractor's operations. If this coverage is included in General Liability, please indicate on the Certificate of Insurance.
11. Certificates to contain successful contractor's contractual insurance coverage. If this coverage is included in the General Liability, please indicate this on the Certificate of Insurance.
12. The successful contractor shall be wholly responsible for securing certificates of insurance coverage as set forth above from all subcontractors who are engaged in this work.
13. Certificates shall be issued and delivered to the County and must identify the "Certificate Holder" as follows:

DeKalb County, Georgia  
Director of Purchasing and  
Contracting  
Maloof Administration Building  
1300 Commerce Drive, 2nd Floor  
Decatur, Georgia 30030