



## REQUEST FOR QUOTATION

For

### PURCHASE AND INSTALLATION OF A LATERAL FILING SYSTEM FOR THE CHATHAM COUNTY POLICE DEPARTMENT

**QUOTE NUMBER: 21-0142-5**

The Number Must Appear On All Quotations and Related Correspondence.

Quotation must be received **NO LATER THAN: 2:00PM DECEMBER 3, 2021** at the Purchasing and Contracting office. Quotes may be emailed to: [ajfleming@chathamcounty.org](mailto:ajfleming@chathamcounty.org)

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

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

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

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

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

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. Shipping charges must be included in the quote.

Item No.	Description	Qty	U/M	Manufacturer	Unit Price	Total Bid
1.	Lateral Filing System per drawings	1	Ea.			
2.	Installation					
					TOTAL	\$

Time frame for delivery \_\_\_\_\_

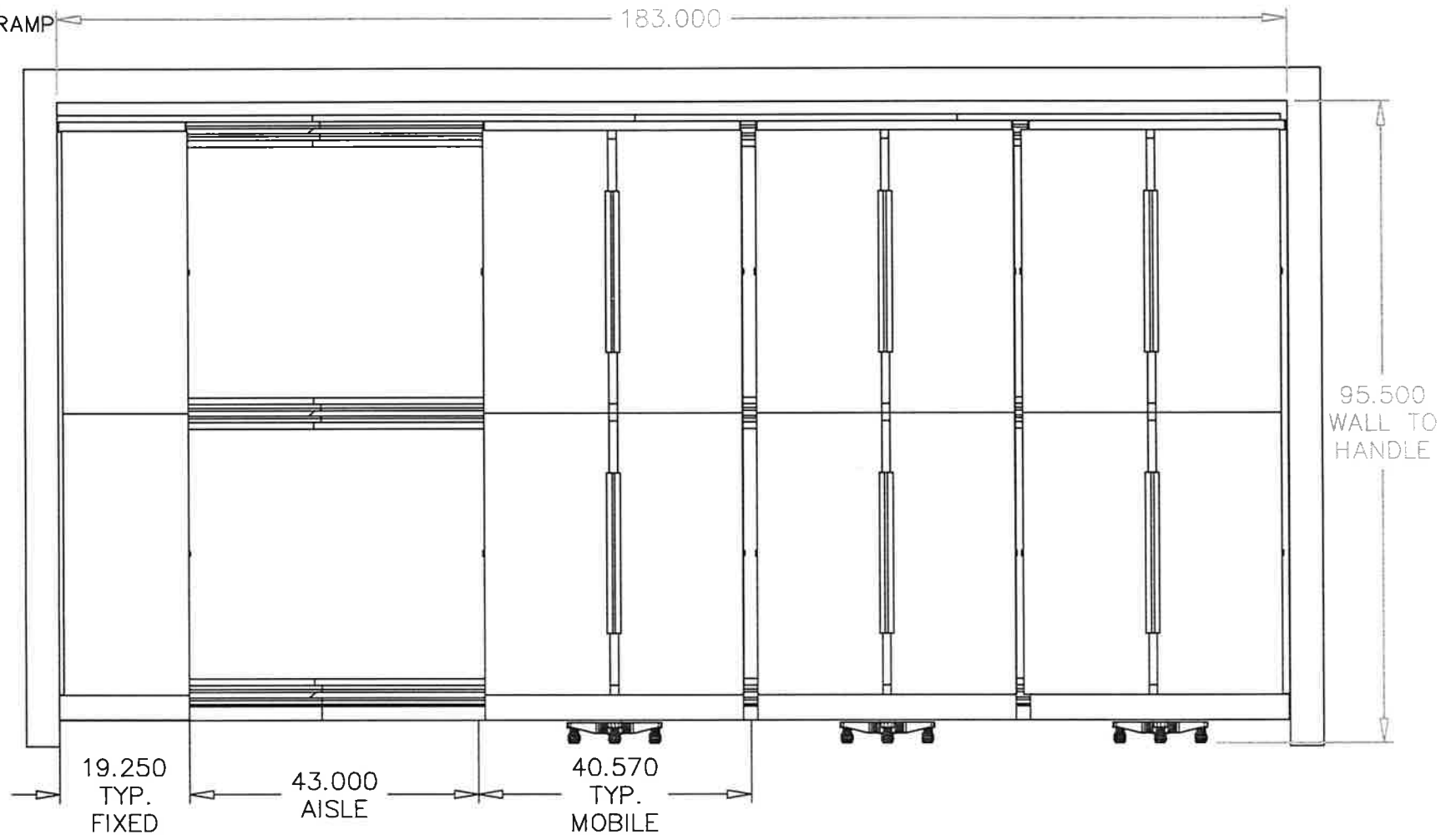
\_\_\_\_\_  
Please Print Name

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

Date \_\_\_\_\_

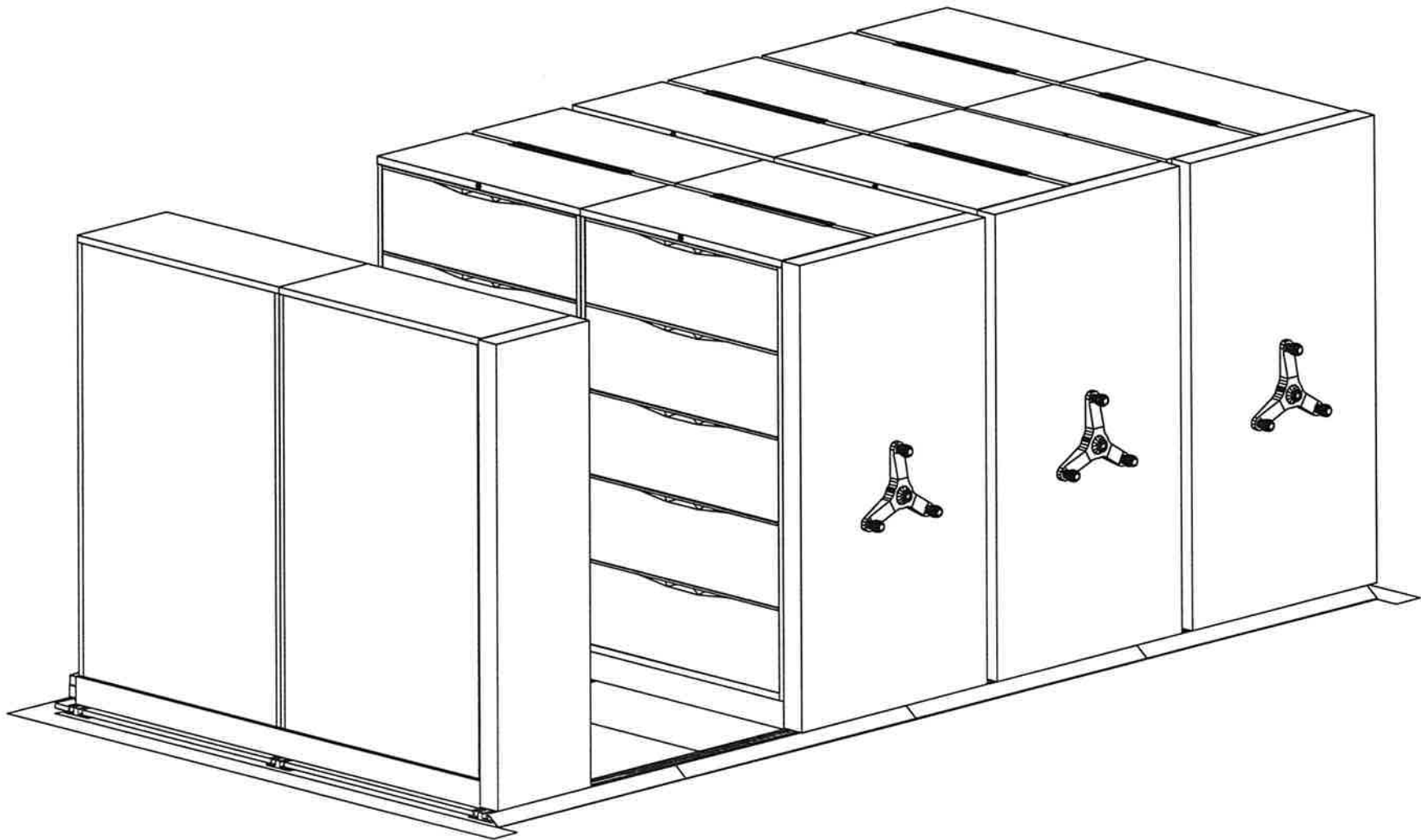
LATERAL FILES ON MOBILE AISLE 1000 SYSTEM  
 5-TIER  
 4TIER LETTER - HANGING FILING  
 TOP TIER ROLL OUT SHELF- BINDERS  
 TOTAL LFI BINDERS: 532  
 TOTAL LFI FILING: 2,128  
 UNFINISHED DECKING  
 VINYL TILES  
 STANDARD RAMP

NOTE: ROOM DIMENSIONS, LOCATION OF LIGHT SWITCHES, OUTLETS, AND OTHER ELECTRICAL ENTITIES WILL NEED TO BE VERIFIED PRIOR TO ORDERING.



NOTE: SAFCO MOBILE 1000 SYSTEMS ARE BEST INSTALLED ON SOLID FLOORING LIKE CONCRETE OR CONCRETE W/ VCT TILE. REMOVAL OF CARPET IS **STRONGLY** RECOMMENDED. INSTALLATION ON CARPET SHOULD ONLY BE CONSIDERED IF UNPADDED AND LOW PROFILE.

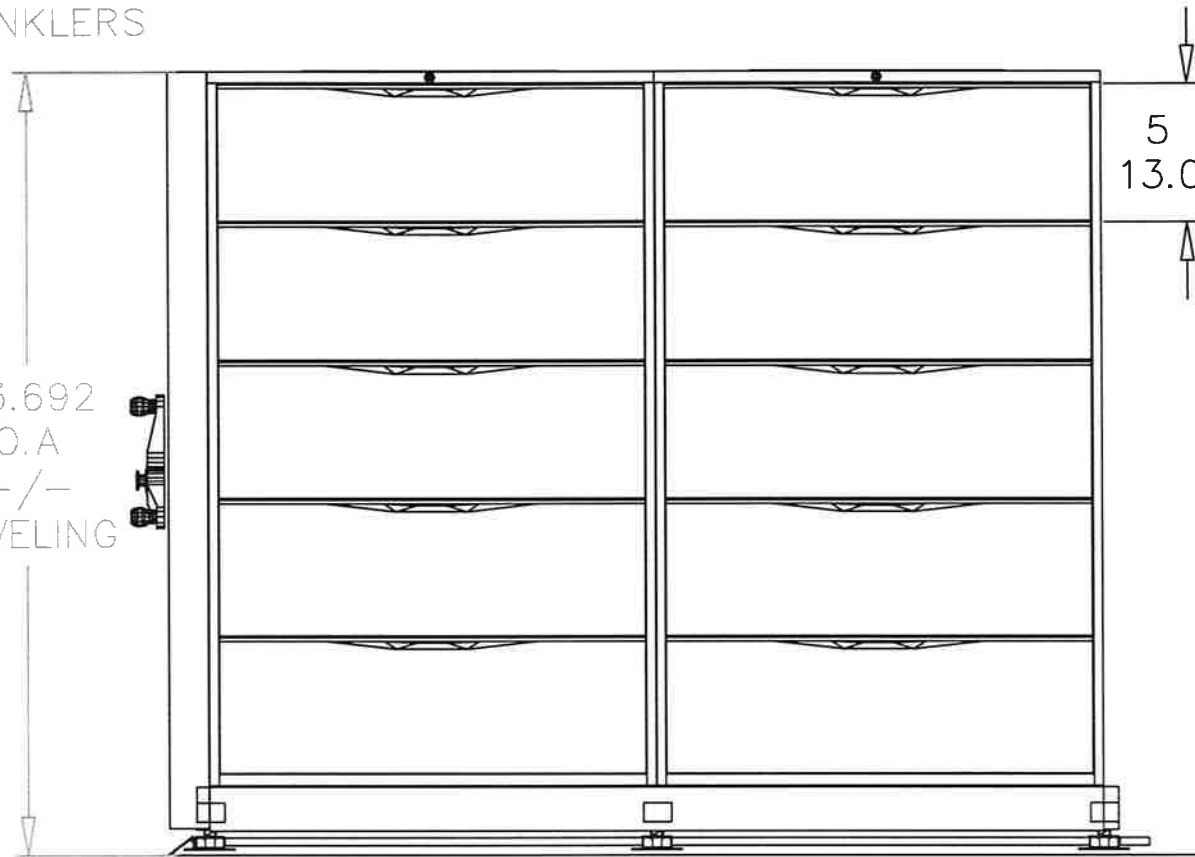
Authorized Signature _____ Date _____	Rev. Notes -	
Signature Required: By signing this drawing, the authorized dealer, rep or customer has confirmed all room dimensions, doorway sizes, column location and outside dimensions, ceiling heights and obstructions. This signed drawing must be submitted with purchase order and all finish options.		PROJECT NAME: Chatham County Police Dept <span style="float: right;">1</span>



18.000  
MIN TO  
SPRINKLERS

73.692  
O.A  
+/-  
LEVELING

5 @  
13.000



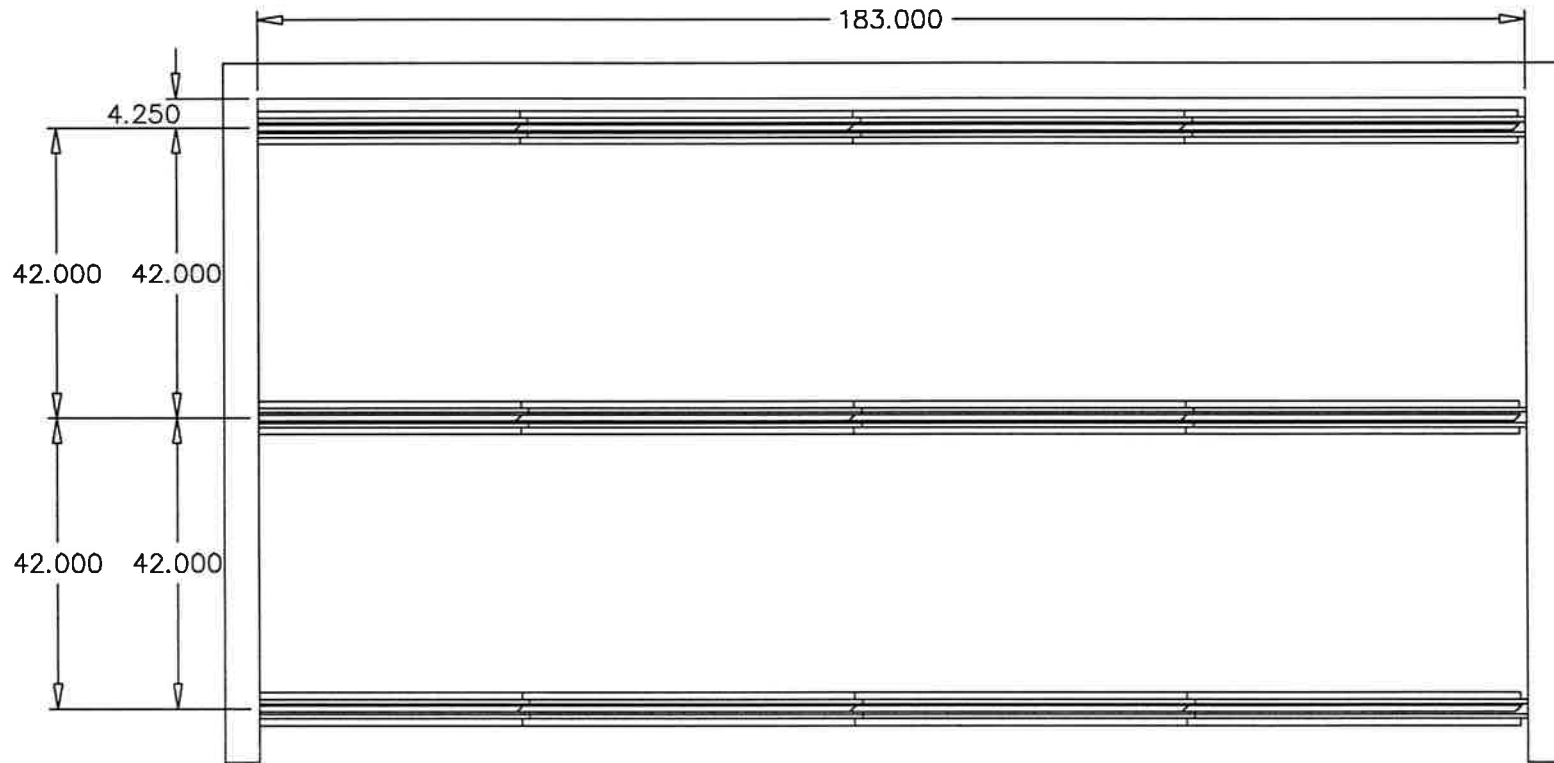
5-TIER LATERAL FILES  
ON MOBILE AISLE 1000 SYSTEM  
ELEVATION VIEW

The overall equipment height specified does not include system leveling. A minimum 3" clearance is required between product and ceiling/obstructions. This allows for leveling adjustments. A minimum of 18" between shelving equipment and sprinkler heads is required when sprinkler systems are installed. It is the customer's responsibility to check with the municipality of installation for code requirements.

PROJECT NAME: Chatham County Police Dept

MOBILE AISLE 1000 SYSTEM – TRACK  
PLACEMENT

PREFERRED INSTALLATION IS ON SOLID  
FLOORING – CONCRETE/TILE  
TRACK LEVELERS ALLOW FOR A MAXIMUM  
3/4" ADJUSTMENT  
DIMENSIONS SHOWN ARE  
CENTER-TO-CENTER



## Request for Quotation Instructions

1. All shipments are to be F.O.B. destination. Freight charges must be included in 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. 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)” 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. This 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 under O.C.G.A. § 13-10-91(b)(1)**

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 CHATHAM COUNTY has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, 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 continue to use the federal work authorization program throughout the contract period and 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 \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_

**SUBCONTRACTOR AFFIDAVIT under O.C.G.A. § 13-10-91(b)(3)**

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 CHATHAM COUNTY has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, 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 subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91 (b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five (5) business days of receipt. If the undersigned subcontractor receives notice of receipt of an affidavit from any sub-subcontractor that has contracted with a sub-subcontractor to forward, within five (5) business days of receipt, a copy of such notice to the contractor. Subcontractor 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 Subcontractor

\_\_\_\_\_  
Name of Project

\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_, 201\_\_ in \_\_\_\_\_(city), \_\_\_\_\_(state).

\_\_\_\_\_  
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 \_\_\_\_\_, 201\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:  
\_\_\_\_\_



***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: