



Procurement Services

Dear Applicant,

Thank you for your interest in doing business with DeKalb Community Services ("CSB"). The Bidder List is used to develop a mailing list for Request of Quotations (RFQ), Request for Proposals (RFP), Request for Information (RFI) and Request for Qualified Contractors (RFQC). This package includes information helpful in successfully completing your application (s), including:

- DeKalb CSB Bidder's List Application
- Detailed instructions for the completion of the application
- The National Institute of Governmental Purchasing (NIGP) Commodity & Services Code

Index After you have completed the application (s) for your company, return it to:

DeKalb Community Service Board Procurement
Services
445 Winn Way
4th Floor, Room 446
Decatur, Georgia 30030

Or

DeKalb Community Service Board Procurement
Services
P.O. Box 1648
Decatur, Georgia 30031

Please retain a copy of the application (s) for your records. If your company changes its address, phone number, contact information or commodity information, you must notify DeKalb CSB. You may do so by emailing Doncella@dekcsb.org copy of your old information and new information.

We value the participation of all interested vendors in DeKalb CSB's competitive bidding system and encourage all vendors to register with the State of Georgia Procurement Registry.

Respectfully,

Doncella Avery
Purchasing/Procurement Associate
Office: 404-508-6410
Doncella@dekcsb.org



BIDDER'S LIST APPLICATION
Type or print in ink. Fill in each section.

Initial Application 0 Revision 0

| | |
|---|---|
| 1. Enter FEIN/SSN: Federal Employer ID Number: _____ | 2. Company Name & Address: _____ |
| Social Security Number: _____ | Street Number & Name _____ |
| E-verify Number _____ | City State Zip _____ |

| | |
|---|---|
| 3. Previous Company Name & Address: _____ | 4. Mail Bid Request To: _____ |
| Street or PO Box _____ | Street or PO Box _____ |
| City State Zip _____ | City State Zip _____ |

5. Category: (In addition to selecting a category below, also see NIGP list for category of services. Indicate the service(s) you provide by marking them on the list.)

- | | | |
|--------------------------|-------------------|-----------------------|
| Manufacturer or Producer | Authorized Dealer | Service Establishment |
| Wholesaler | Retail Merchant | Professional Services |
-



6. Primary Business: (check one)

- 1. Construction Firm D
- 2. Authorized Dealer D
- 3. Service Firm D
- 4. Retail Merchant D
- 5. Manufacturer D

Month _____

7. Organized As: (check one)

- 1. Individual D
- 2. Partnership D
- 3. Corporation D
- Day _____ Year _____ State _____
- 4. Limited Liability Corp. D

8. Primary Company Contact Person

Name

Title

Telephone

Fax Number

Toll-Free Number

Web-Address

9. Commodity/Service Information

Principal Line of Business:

Is product manufactured in Georgia?
YES D NO D NA D

Estimated On-Hand Inventory Value:
\$ _____

Does your company have Internet access?
YES D NO D

10. Name of Owner, Members of Board, Partners or Corporation:

President: _____

Vice President: _____

Secretary: _____

Treasurer: _____

Owner(s) or Partners: _____

11. Name and Title of persons authorized to sign bid(s) and contract(s). This must be kept current.

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____



12. Do you wish to bid on DeKalb Community Service Board Contracts? YES 0 NO 0

13. Commodity Code Selection List. Select the 3-Digit Subclass title that contains the products and/or services that you wish to bid on when available. The listing is Alpha/Numeric; please select ONLY the ones that your company is directly a provider for. If prior application is on file and you wish to correct or update that application, enter the codes that are applicable followed by "A" for add and "D" for delete in the appropriate column.

14. Applicant's Statement I, the undersigned, hereby certify that the above and foregoing information is a full, true and correct statement of facts, and subject to the Open Records Act of Georgia.

Signature of Person Authorized to
Sign this Application

Title

Date

Return Application to:

DeKalb Community Service Board
Procurement Services

P.O. Box 1648
Decatur, Georgia 30031

445 Winn Way
Room 446
Decatur, Georgia 30030

DEKALB CSB



(GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT AFFIDAVIT)

| | |
|--------------------------------------|--------------------------------|
| Contractor's Name: | |
| State Entity's Name: | DEKALB COMMUNITY SERVICE BOARD |
| State Solicitation/ Contract No.: | |

CONTRACTOR AFFIDAVIT

By executing this affidavit, the undersigned Contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the Contractor identified above has registered with and is participating in a federal work authorization program*, 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 the State Entity, Contractor will secure from such subcontractor(s) similar verification of compliance with O.C.G.A. § 13-10-91 on the attached Subcontractor Affidavit. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the State Entity at the time the subcontractor(s) is retained to perform such service.

EEV /E-Verify¹M 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 SEAL]

Notary Public

My Commission Expires:



CERTIFICATE OF NON-COLLUSION

By responding to this solicitation, the supplier understands and agrees to the following:

1. That the submitted response constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and the State Entity; and
2. That the supplier has read the specifications and requirements shown or referenced in the solicitation and that the supplier's response is made in accordance with the provisions of such specifications and requirements except as expressly stated otherwise in the supplier's response; and
3. That the supplier guarantees and certifies that all items included in the supplier's response meet or exceed any and all such stated specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
4. That, if awarded a contract, the supplier will deliver goods and/or services that meet or exceed the specifications and requirements of the solicitation except as expressly stated otherwise in the supplier's response; and
5. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days (or such other time period as identified in the solicitation)** from the final solicitation closing date and that the response may be held open for an additional period of time subject to the supplier's consent; and
6. That the supplier's response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. The supplier understands and agrees that collusive bidding is a violation of state and federal law and can, result in fines, prison sentences, and civil damage awards; and
7. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

DO NOT MODIFY THE BID/PROPOSAL CERTIFICATION TERMS IN ANY WAY. THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH YOUR RESPONSE.

| | |
|---|--|
| Contractor's Full Legal Name: (PLEASE TYPE OR PRINT) | |
| Authorized Signature: | |
| Printed Name and Title of Person Signing: | |
| Date: | |
| Company Address: | |
| FAX Number: | |
| Email Address: | |
| *This table must be completed in its entirety by the supplier. | |