



REQUEST FOR QUALIFICATIONS

Date Issued: February 1, 2012

Opening Date and Time: March 5, 2012 At 2:00 p.m. (NON-PUBLIC)
Location of Opening: PURCHASING OFFICE-CITY HALL

SOLICITATION NUMBER: RFQ 11/12-02
SOLICITATION TITLE: WATER QUALITY IMPROVEMENT PROJECTS (CIP)

The City of Sanford, Florida hereby requests formal, sealed statements of qualifications to enable the competitive selection of a qualified contractor to perform pre-chlorinated pipe bursting and related services associated pipe rehab as related to Water Quality Improvement Projects (5 Yr CIP for Water Treatment Plants; Well Fields; and Water Quality).

Specifications, submission forms, documents and relevant information may be obtained by Downloading the solicitation at the Onvia DemandStar web site which can be accessed through the City of Sanford's web site: www.sanfordfl.gov under Departments select Purchasing then Sanford Bid from demandstar, as well as, addenda issued, short lists, and subsequent awards, if any, may be found on the City of Sanford's web site. **This information will not be provided by telephone or FAX.** Submissions delivered after the date and time indicated above will not be opened or otherwise considered. Please note that facsimile, telegraph, email or submissions not enclosed in a sealed envelope and which do not contain original signatures will neither be opened or considered. Any uncertainty regarding the time a bid is received will be resolved against the bidder. Except where specifically indicated by the solicitation, it is noted that information, documents, addenda, etc. provided by sites or services other than **Onvia DemandStar, the official site for posting the City of Sanford's solicitations,** shall not have standing in case of conflict or missing notifications regarding addenda.

Respectfully,

F. William Smith, Purchasing Manager

Information. Respondents list, short lists, schedules may also be down-loaded

The Friendly City

MAILING ADDRESS
CITY OF SANFORD
POST OFFICE BOX 1788
SANFORD, FLORIDA 32772-1788

PHYSICAL ADDRESS
CITY HALL
300 NORTH PARK AVENUE
SANFORD, FLORIDA 32771-1244

TELEPHONE
407.688.5028

FACSIMILE
407.688.5021

WEBSITE
WWW.SANFORDFL.GOV

CITY COMMISSION

JEFF TRIPLETT
MAYOR

MARK M^CCARTY
DISTRICT 1

DR. VELMA H. WILLIAMS
DISTRICT 2

RANDY JONES
DISTRICT 3

PATTY MAHANY
VICE MAYOR
DISTRICT 4

NORTON N. BONAPARTE
CITY MANAGER

GENERAL SUBMISSION INSTRUCTIONS

INTRODUCTION: The City of Sanford hereby requests and invites qualified companies to submit statements of qualifications to participate in a competitive negotiation process in which the City will select a contractor to perform pre-chlorinated pipe bursting and related services associated pipe rehab as related to Water Quality Improvement Projects as related to the City's 5 Yr CIP for Water Treatment Plants; Well Fields; and Water Quality.

The estimated work quantities (pipe size, unit pricing, linear feet, etc.) shall be negotiated in detail and documented on a "Work Order" format for specific segments of work. The Contractor(s) selected shall agree to furnish all the necessary engineering, plant, labor, materials, equipment, tools and services necessary to perform the "**CITY OF SANFORD WATER QUALITY IMPROVEMENT PROJECT**" for the City of Sanford, Florida, all in accordance with the Specifications and Procedural Documents associated with the contract applicable to the specific services as negotiated.

1. PREPARATION OF SUBMISSIONS:
 - A. Contractors submitting a response to this request will be referred to herein as Respondent(s). Respondents who are preparing a response to this request are expected to examine this request including all relevant forms, terms, conditions, and instructions. All costs associated with preparation and submission of the statements of qualifications and any other information shall be borne entirely by the Respondent(s).
 - B. Time is of the essence in the delivery of response to this solicitation and any other information or documentation as may be requested by the City in the evaluation and/or award process.
 - C. Submissions and modifications thereof shall be enclosed in sealed envelopes, with the required forms, addressed to the office specified in the Invitation, with the name and address of the Responder, the date and hour of opening, and the Invitation Number on the face of the envelope. Submissions received after the stated time and date will be returned to the sender unopened.
 - D. **A "black-out-period" is hereby established for the time frame between the time the request for statements of qualifications is issued and the City selects the Contractor to perform the service(s) identified by this request.**
 - (1). It is noted that attempts to contact City Commission members, members of the Evaluation/Selection Committee or City employees other than through the indicated contact person(s) during this procurement process is contrary the

public interest due to the potential to distort, compromise the City's decision making process. Therefore, attempts to contact, fraternize, or influence personnel indicated above may result in disqualification of a responding firm.

- E. **QUESTIONS:** It is the responsibility of the Respondent(s) to carefully examine the documents and information requested, provided or contained herein before and after and to report any ambiguities or inconsistencies to F. William Smith, Purchasing Manager at least seven(7) days prior to the submission deadline. Any Respondent who is in doubt as to the true meaning of any part of the Solicitation Documents, or finds a discrepancy or omission therein, may contact F. William Smith, Purchasing Manager no less than seven(7) days prior to the submission deadline for an interpretation or correction. Questions or inquiries seven(7) days or less from the submission will not receive a response. This in no way relieves the Respondent of the responsibility of completeness, correctness and accuracy of response to this request. **Only interpretation, instructions or correction(s) given, in writing, by the Purchasing Manager, F. William Smith will be binding upon the City.** Respondents are hereby notified that no other source is authorized to give information concerning explaining and/or interpreting this Request.

Questions must be submitted in writing and submitted via fax or email preferably email. The attached RFI Form is the vehicle to be used when submitting questions or requests for information.

- F. Any firm or individual desiring to provide services to the City must first be certified by the City as qualified pursuant to the law, regulations governing the City Policy and standards and practices applicable to this solicitation.
- (1) Among the factors to be considered and evaluated in making this finding are the capabilities, adequacy of personnel, past record, experience of the Contractor and other factors determined by the City to be applicable to the subject project.
 - (2) The City reserves the right to declare any Respondent ineligible at any time during the process where developments arise which adversely affect the Respondent's responsibility. Also, failure of a Respondent to observe any of the instructions and conditions contained herein before and after may constitute grounds for rejection of the relevant response.
- G. The City reserves the right to conduct any investigation and consider any evidence relevant to the qualifications and capabilities of Respondent(s) to perform the work contemplated. The investigation may include, but is not limited to, a detailed review of references, current and previous entities for

whom similar work has been performed, an inspection of the Respondent's facilities, equipment, personnel and any other evidence including financial, technical and other qualifications and abilities of the Respondent

- H. The City reserves the right to cancel a solicitation at any time prior to award, to reject any and all responses and/or portions thereof.
- I. If the Respondent is a corporation, it must provide proof that it is properly chartered with the Florida Department of State. A current Corporate Certificate of Status from the Florida Department of State is the preferred form of documentation.

2. COMPETITIVE SELECTION:

The City will conduct discussions with Contractors regarding their qualifications, approach to the project, and ability to furnish the required services.

A. The City will rank in order of preference the Contractors deemed to be the most highly qualified to perform the required services. The evaluation factors contained herein will be used to determine the ranking of Contractors. The ranking order will determine the order in which negotiations are conducted.

3. Respondents are advised to carefully follow the instructions contained herein in to be considered responsive to this solicitation. Compliance with all requirements will be solely the responsibility of the Respondent. Failure to provide requested information and to follow the outline provided may result in disqualification of his/her response.

4. SUBMISSION DELIVERABLES: The **submission shall be unbound printed on 8 1/2 " x 11" white paper, printed on one side.** Items which do not conform to this requirement may be discarded and not be considered. The Respondent warrants its response to this Request for Qualifications to be complete and correct and in compliance with this request. All responses must contain direct responses to all questions and/or requests for information and organized so that specific questions and responses are readily identifiable and in the same sequence as outlined below.

A. Letter of Interest-Limited to no more than **three(3) pages, 8 1/2" x 11", printed on one side.**

B. Provide qualifications and experience for Company including experience, training, certifications and licenses. Also, provide resumes of the individuals assigned to the project team.

- C. Identify and provide qualifications and experience of sub-contractors expected to be relevant to this project.
- D. Describe any Innovative approaches to design and construction, as it relates to the project.
- E. Provide the location of the firm's office that will support the activities associated with the project under consideration. Include the physical address, mailing address, phone number,

The submittals indicated above shall be attached in the same order as listed above. Any information provided in addition must be inserted after the information indicated above as separate item.

5. The submission package shall consist of:

- (1) One set with original signatures.**
- (2) Six (6) hard copies of the submission**
- (3) One (1) electronic disc in pdf format containing "all" submissions as specified above.**

6. EVALUATION OF SUBMISSIONS:

The Evaluation Committee will evaluate all responses received by the City for the submittal data set forth in this solicitation as amended by addenda on the basis of the criteria below and as provided herein. A determination of ranking of the three most highly qualified firms will be made by the Evaluation Committee based on the following criteria. The City shall be the sole judge of its own best interests, the submissions, discussions, presentations, and the resulting agreement. The City's decisions shall be final.

- A. Other Assessments. The City reserves the right to evaluate, prior to making an award, current financial statements and data from the Respondents, the ability to comply with required schedule, past record of integrity and past record of performance. The Evaluation Committee will evaluate each submittal against the requirements of the RFQ.
- B. The context of the above factors the submissions will be evaluated and initially ranked. At least the top ranked three Firms will be placed on the short list for further review and evaluation.

- C. Additional criteria, factors, submissions and information required to be submitted by companies on the shortlist will be provided at the time the shortlist is released to the public.
- (1). Oral presentations by Respondents included on the shortlist may be required, if required will be scheduled by and at the pleasure of the evaluation panel. Requests for additional information or other appointments are not encouraged at this time, but, may be addressed to the Purchasing Manger using an RFI.
 - (2). Upon completion of the oral presentations, if required, and evaluations of the short listed firms the initial rankings will be reconsidered and adjusted as deemed appropriate by the evaluation panel.
 - (3). The City will enter into negotiations with Respondent ranked number one in an effort to establish a contract for the identified services. If a “meetings of the minds” occurs, the process is complete. If agreement cannot be reached with the Respondent ranked number one, negotiations will be broken off and entered into with the Respondent ranked number two. The process repeats itself in this fashion until an agreement is reached. It is noted that once negotiations are broken-off with an Respondent, negotiations shall not be reopened with that Respondent. This will be done in accordance with Florida Statute 287.055
- D. The “Project manual” is included to provide information to Respondents. It is noted that bids, project pricing, etc. ARE NOT TO BE ADDRESSED AT THIS TIME. Pricing and project specifics will be considered, discussed and negotiated beginning with the respondent ranked number one and if continuation to the next ranked respondent is necessary the order of ranking will be observed. The order of ranking will be established solely on the basis of qualifications; the award will be determined by negotiations as outlined above.

CONTRACTOR EVALUATION AND SELECTION FACTORS INCLUDING WEIGHTING

CRITERIA	Criteria No.	TOTAL POINTS
<i>Ability of Firm and its Professional Personnel:</i> A. Outline qualifications and experience of the firm, to include accreditation, licenses and awards with attention given to qualifications and experience as relevant to the project referenced herein (10-30 points)	1	_____
<i>Experience with Projects of a Similar Type and Size:</i> A. Successfully completed projects for similar work experience, based on references, within the past ten[10] years (5-20 points).	2	_____
<i>Integrity and responsiveness of Company</i> A. Credibility, Professionalism, Integrity of company as determined by previous work history. (5-20 points)	3	_____

Total Score _____

Scorer: _____ **Firm Being Scored** _____

SIGNATURE OF SCORER _____

Response Submission Form

PART 1 General

1.01 Description

The following Request for Statements of Qualifications, for the (1) RFQ 11/12-02 Water Quality Improvement Projects (CIP) This Response is submitted by (2) _____

(1) Title and Solicitation number as shown in the Invitation

(2) Name, address, telephone, fax number and email of Proposer.

1.02 The Undersigned:

A. Acknowledges receipt of:

Addenda: Number _____ Dated _____
Number _____ Dated _____

B. Has examined the Solicitation Documents and understands that in submitting his/her Response, he/she waives all right to plead any misunderstanding regarding the same.

C. Understands that the responsibility for delivering the submission to the CITY on or before the specified date and time will be solely and strictly the responsibility of the Respondent. The City will not be responsible for delays caused by the United States Postal Office or a delay caused by any other occurrence. Offers by telephone, fax, email or other electronic means will not be accepted. It is understood that any deviation from a completed, signed (original signatures) proposal delivered on or before the designated time, date and place, as provided herein, to the City will be resolved against the individual or firm submitting the response.

D. Agrees:

1. To hold this Offer open for **60** calendar days after the opening date.
2. By signing this document the responding individual or firm hereby agrees to negotiate in good faith, to be bound by specifications, terms, conditions, scheduling, pricing and representations as stated and submitted with this form and/or as established by subsequent negotiations. However, it is understood that the City reserves the right to declare any submission nonresponsive if exceptions to specifications, terms, conditions, etc. of the solicitation are not acceptable in the opinion of the City to meet the requirements of said solicitation.
3. To enter into and execute a contract with the City, if awarded on the basis of this Offer and/or subsequent negotiations agreed upon by the City and the Bidder/Proposer.
4. To accomplish the work or service in accordance with any Contract resulting from this request.

1.03 Miscellaneous Requirements and Affirmations

Statements of Qualifications shall be submitted using the attached forms and in compliance with the instructions provided with this request.

● **Number of originals and complete copies to submit:**

- a. **One original and 10 copies and one electronic thumb drive or disc in pdf format all in one package, to City as indicated below- see items 2 and 3 of the solicitation for details.**

1.04 Protests

Protests, if any, shall be submitted in compliance with City Purchasing Policy in all respects. Failure to file protest to the Purchasing Manager within the requirements and time prescribed by the Purchasing Policy of the City of Sanford, shall constitute a waiver of proceedings.

1.05 SUBMITTED, signed and sealed this _____ day of _____

Bidder/Proposer By (Signature)

Date

Printed Name and Title

Corporate/Company Seal

On the Envelope Containing Your Submission:

The Return address – Your Company Name and Address

Address or Deliver To:

William Smith, Purchasing Manager

City of Sanford

P.O. Box 1788 (300 N. Park Avenue, Room 236)

Sanford, FL 32772

In the Lower Left Corner of the Envelope, Provide the Following:

RFQ Number: RFQ 11/12-02 Water Quality Improvement Projects (CIP)

Open Date: January 4, 2012 Open Time: 2:00 p.m.

This Form Must Be Completed and Returned with your Submission

Disputes Disclosure Form

Answer the following questions by answering "YES" or "NO". If you answer "YES", please explain in the space provided, please add a page(s) if additional space is needed.

- 1. Has your firm, or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulation or any other regulatory agency or professional association within the last five (5) years? _____

- 2. Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years? _____

- 3. Has your firm had filed against it or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business? _____ If yes, the explanation must state the nature of the request for equitable adjustment, contract claim or litigation, a brief description of the case, the outcome or status of suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of the project identified.

_____ Firm

_____ Authorized Signature Date

_____ Printed or Typed Name and Title

FORM NO. DSPT 12.204

This Form Must Be Completed and Returned with your Submission

Drug-Free Work Place

The undersigned, in accordance with Florida Statute 287.087 hereby certifies that the company named below does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Firm

Authorized Signature

Date

Printed or Typed Name and Title

Conflict of Interest Statement

1. _____ of _____ deposits and states that
Name of Affiant Name of Company
2. The above named entity is submitting an Expression of Interest for the City project identified below.
3. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
4. The Affiant states that only one submittal for the above project is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.
6. Neither the entity nor its affiliates, nor any one associated with them, is presently suspended or otherwise ineligible from participating in contract lettings by any local, state, or federal agency.
7. Neither the entity, nor its affiliates, nor any one associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership, management, or staff has a vested interest in any aspect of or Department of the City.
9. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the City of Sanford.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the City in writing.

Signature of Affiant Date

Typed or Printed Name of Affiant Title

State of Florida, County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared

_____ and _____
(Name(s) of individuals who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it. WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

Florida Statutes On Public Entity Crimes

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to The City

by _____ on behalf of _____

whose business address is: _____

and (if applicable) its Federal Employer Identification Number (FEIN) is _____ (If the entity has no FEIN, include the Social Security Number of the individual signing this statement: _____).

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand the "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

1. A predecessor or successor of a person convicted of a public entity crime: or
2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

_____ Neither the entity submitting this sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity were charged with and convicted of a public entity crime after July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity was charged with and convicted of a public entity crime after July 1, 1989.

_____ The entity submitting this sworn statement, or one of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity was charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order

entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order.)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(signature)

(date)

State of Florida
County of _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared

_____ and _____
(Name(s) of individuals who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

WITNESS my hand
and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

___ Personally known to me, or
___ Produced identification:

(Type of Identification Produced)

___ DID take an oath, or
___ DID NOT take an oath.



FINANCE DEPARTMENT - PURCHASING DIVISION



Email: bill.smith@sanford.fl.gov Phone: 407.688.5028/5030 Fax: 407.688.5021

INSURANCE REQUIREMENTS OUTLINED BELOW APPLICABLE TO CONTRACTS FOR SERVICES WHEN THE CONTRACTOR PERFORMS ON OR OFF CITY PREMISES

• When contract cost exceeds \$500,000; exceeds 180 days; unusual hazards exist

1. The CONTRACTOR bidder shall be **required** to provide, to the City of Sanford "City," **prior commencing** any work, a Certificate of Insurance which verifies coverage in **full** compliance with the requirements outlined below. **Any work initiated without completion of this requirement shall be unauthorized and the City will not be responsible (Ref: item 17, standard terms and conditions included with City of Sanford Purchase Order).**
2. The City reserves the right, as conditions warrant, to modify or increase insurance requirements outlined below as may be determined by the project, conditions and exposure.

Outline of Requirements:

COVERAGE REQUIRED	UP TO VENDOR POLICY MAXIMUMS, BUT WITH MINIMUM POLICY LIMITS OF:
Workers' Compensation *Certificates of exemption are not acceptable in lieu of workers compensation insurance	Employers Liability \$ 1,000,000 Each Accident \$ 1,000,000 Disease \$ 1,000,000
Commercial General <i>Liability shall include- Bodily injury liability, Property Damage liability; Personal Injury liability and Advertising injury liability</i> Coverages shall include: <i>Premises/ Operations; Products/Completed Operations; Contractual liability; Independent Contractors, Explosion; Collapse; Underground</i>	\$ 3,000,000 Per Occurrence \$ 3,000,000 General Aggregate
Comprehensive Auto Liability, CSL, <i>shall include "any auto" or shall include all of the following: owned, leased, hired, non-owned autos, and scheduled autos.</i>	\$ 3,000,000 Combined Single Limit \$ 3,000,000 General Aggregate
Professional Liability (When Required)	\$ 1,000,000 Minimum
Builder's Risk (When Required) shall include theft and sinkholes, off site storage, transit, installation, and equipment breakdown. Permission to occupy shall be included and the policy must be endorsed to cover the interest of all parties including the City of Sanford, all contractors and subcontractors. (When Required)	100% of completed value of additions and structures

Specific Requirements:

It is noted that the City has a contractual relationship with the named vendor, contractor, consultant or provider (collectively referred hereinafter as Contractor) applicable to a purchase order, work order, contract or other form of commitment by the City of Sanford, whether in writing or not and has no such contractual relationship with the Contractor's insurance carrier. Therefore, the onus is on the Contractor to insure that they have the insurance coverage specified by the City to meet all contractual obligations and expectations of the City. Further, as the Contractor's insurance coverage is a matter between the vendor and its insurance carrier, the City will turn to the Contractor for relief as a result of any damages or alleged damages for which the Contractor is responsible to indemnify and hold the City harmless. It is understood that the Contractor may satisfy relief to the City for such

damages either directly or through its insurance coverage; exclusions by the insurance carrier notwithstanding, the City will expect relief from the Contractor.

- The insurance limits indicated above and otherwise referenced are **minimum limits acceptable** to the City. Also, all **contractor policies shall to be considered primary to City coverage** and shall not Contain co-insurance provisions.
- All policies shall name the **City of Sanford as Additional Insured**, except for professional liability policies and workers compensation policies.
- **Professional Liability** Coverage, when applicable, will be defined on a case by case basis.
- In the event that the insurance coverage expires prior to the completion of the project, a **renewal certificate shall be issued 30 days prior to said expiration date.**
- **All limits are per occurrence** and must include Bodily Injury and Property Damage.
- **All policies must be written on occurrence form**, not on claims made Form, except for Professional liability.
- **Self insured retentions** shall not be allowed on any liability coverage.
- In the **notification of cancellation:** **The City of Sanford shall be endorsed onto the policy as a cancellation notice recipient. Should any of the above described policies be cancelled before the expiration date thereof, notice shall be delivered to the City of Sanford in accordance with the policy provisions.**
- All insurers must have an **A.M. Best rating of at least A-VII.**
- It is the responsibility of the Contractor to responsible to ensure that all **Subcontractors retained by the Prime Contractor shall provide coverage** as defined herein before and after and are the responsibility of said Prime Contractor in all respects.
- Any changes to the coverage requirements indicated above shall be approved by the City of Sanford, Risk Manager
- **Address of “Certificate Holder” is:** City of Sanford; Attention: Purchasing Manager; P.O. Box 1788 (300 N Park Avenue); Sanford, FL 32771 Phone: 407.688.5028/5030 FAX: 407.688.5021
- All certificates of insurance, notices, etc. must be provided to the above address.

3. I hereby certify that if the contractor on whose behalf this information is submitted is awarded a contract for any portion of the work contemplated, the insurance requirements outlined above shall be met as required.

Firm

Date

Authorized Signature

Title

This Form Must Be Completed and Returned with your Submission

COMPLIANCE WITH THE PUBLIC RECORDS LAW, 435-11

Upon award recommendation or ten (10) days after opening, submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers/Bidders must invoke the exemptions to disclosure provided by law as applicable to the response to the solicitation, must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary. The submission of a proposal authorizes release of your firm's credit data to the City of Sanford.

If the company submits information exempt from public disclosure, the company must identify with specificity which pages/paragraphs of their bid/proposal package are exempt from the Public Records Act, identifying the specific exemption section that applies to each. The protected information must be submitted to the City in a separate envelope marked accordingly.

By submitting a response to this solicitation, the company agrees to defend, indemnify and hold the City harmless in the event we are forced to litigate the public records status of the company's documents.

Signature of Affiant Date

Typed or Printed Name of Affiant Title

State of Florida, County of _____ On this _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared

_____ and _____
(Name(s) of individuals who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it. WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC
SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

___ Personally known to me, or ___ Produced identification

(Type of Identification Produced)

___ DID take an oath, or
___ DID NOT take an oath

This Form Must Be Completed and Returned with your Submission

Americans With Disabilities Act Affidavit 435-8

By executing this Certification, the undersigned CONTRACTOR certifies that the information herein contained is true and correct and that none of the information supplied was for the purpose of defrauding the City of Sanford (CITY).

the CONTRACTOR will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The CONTRACTOR agrees to comply with the rules, regulations and relevant orders issued pursuant to the Americans with Disabilities Act (AFA), 42 USC s. 12101 *et seq.* It is understood that in no event shall the CITY be held liable for the actions or omissions of the CONTRACTOR or any other party or parties to the Agreement for failure to comply with the ADA. The CONTRACTOR agrees to hold harmless and indemnify the CITY, its agents, officers or employees from any and all claims, demands, debts, liabilities or causes of action of every kind or character, whether in law or equity, resulting from the CONTRACTOR's acts or omissions in connection with the ADA.

CONTRACTOR: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____

Affix Corporate Seal

STATE OF _____)
) ss
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ of _____ firm), on behalf of the firm. He/She is personally known to me or has produced _____ identification.

Print Name _____
Notary Public in and for the County
and State Aforementioned
My commission expires: _____

This Form Must Be Completed and Returned with your Submission

Non-collusion Affidavit of Offeror/Bidder 435-6

The undersigned, by signing this document hereby certifies that the company named below hereby is or does:

1. States that the entity named below and the individual signing this document has submitted the attached bid or proposal:
2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;
3. Said bid or proposal is genuine and is not a collusive or sham bid or proposal;
4. Neither the said bidder or proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, proposer, firm or person to submit a collusive or sham bid or proposal in connection with the Contract for which the attached bid or proposal has been submitted or to refrain from bidding or proposing in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communications or conference with any other bidder, proposer, firm or person to fix the price or prices in the attached bid or proposal or of any other bidder or proposer, or to fix any overhead, profit or cost element of the bid or proposal price or the bid or proposal price of any other bidder or proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Sanford or any person interested in the proposed Contract.
5. The price or prices quoted in the attached bid or proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the bidder or proposer or any of its agents, representatives, owners, employees, or parties in interest, including the individual signing this document.

Signature of Affiant	Date
Typed or Printed Name of Affiant	Title

State of Florida, County of _____ On this _____ day of _____, 20____, before me, the undersigned Notary Public of the State of Florida, personally appeared

_____ and _____
(Name(s) of individuals who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it. WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

___ Personally known to me, or ___ Produced identification

(Type of Identification Produced)

___ DID take an oath, or
___ DID NOT take an oath

SECTION 00436

**AFFIDAVIT OF E-VERIFY REQUIRMENTS COMPLIANCE
City of Sanford, Florida**

Name of Project: _____

Bid Number/Contract Number: _____

I, _____ the duly authorized representative/agent of _____, hereinafter referred to as Contractor, by this Affidavit attest to the following:

1. That the Contractor is currently in compliance with and throughout the term of Contract Number _____ will remain in compliance with Executive Order 11-02, issued by the Office of the Governor, State of Florida, requiring the use of the Department of Homeland Security's Status Verification ("E-Verify") System to ensure that all employees of the Contract and the Contractor's subcontractors performing work under the above-listed Contract are legally permitted to work in the United States.
 - a. Each Contractor that performs work under the Project referenced above shall provide the City of Sanford, Florida, a copy of the "Edit Company Profile" screen indicating enrollment in the E-Verify Program.
2. That the Contractor will register and participate in the work status verification for all newly hired employees of the contractor and for all subcontractors performing work on the above-listed Contract.
3. That the Contractor agrees to maintain records of its compliance with the verification requirements as outlined in this Affidavit and, upon request of the any Authority having jurisdiction over the Project, including, but not limited to, the State of Florida, agrees to provide a copy of each such verification to that Authority.
4. That all persons assigned by the Contractor or its subcontractors to perform work under contract Number _____ meet the employment eligibility requirements as established by the Federal Government and the government of the State of Florida.
5. That the Contractor understands and agrees that its failure to comply with the verification requirements as set forth herein or its failure to ensure that all employees and subcontracts performing work under Contract Number _____ are legally authorized to work in the United States and the State of Florida constitute a breach of Contract Number _____ for which the City of Sanford may immediately terminate the Contract without notice and without penalty. Contractor further understands and agrees that in the event of such termination, the Contractor shall be liable to the City for any costs incurred by the City as a result of the Contractor's breach.
6. That for the purposes of this Affidavit, the following definitions apply:

"Employee" – Any person who is hired to perform work in the State of Florida.

"Status Verification System" – the procedures developed under the Illegal Immigration Reform and Immigration Responsibility Act of 1996, operated by the Department of Homeland Security and known as the "E-Verify Program", or any successor electronic verification system that may replace the E-Verify Program.

[Balance of this page intentionally blank; signatory page follows]

DATED this _____ day of _____, 20____.

Contractor Name

By: _____

Print Name: _____

Title: _____

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

I HEREBY CERTIFY that, on this _____ day of _____, 20____, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, who is personally known to me or _____ who has produced _____ as identification.

Print Name

Notary Public in and for the County
and State Aforementioned

My commission expires: _____

This Form Must Be Completed and Returned with your Submission

Offeror's Qualification Statement

SUBMITTED BY: NAME: _____

CHECK ONE: Individual Partnership Corporation Other

1. State the true, exact, correct and complete name of the company, partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Offeror is:

The address of the principal place of business is:

2. If Offeror is a corporation, answer the following:

a. Date of Incorporation: _____

b. State of Incorporation: _____

c. President's Name: _____

d. Vice President's Name: _____

e. Secretary's Name: _____

f. Treasurer's Name: _____

g. Name and address of Resident Agent: _____

3. If Offeror is an individual or a partnership, answer the following:

a. Date of Organization: _____

b. Name, Address and Ownership Units of all Partners: _____

c. State whether general or limited partnership: _____

4. If Offeror is other than an individual, corporation or partnership, describe the organization and give the name and address of principals:

5. If Offeror is operation under a fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute. Information attached: ___Yes ___NA

6. How many years has your organization been in business under its present business name? _____

a. Under what other former names has your organization operated? _____

7. Indicate registration, license number or certificate numbers for the businesses or professions which are the subject of the Proposal/Bid. Please attach certificate of competency and/or state registration.

8. Have you ever failed to complete any work awarded to you? If so, state when, where and why.

9. State the names, telephone numbers and last known addresses of three (4) owners, individuals or representative of owners with the most knowledge of work which you have performed or goods you have provided on similar projects within the last five years (government owners are preferred as references). It is noted that the experience claimed here must be associated with the company named above. Additional or other relevant experience may be included on a separate sheet provided by the offeror. The City reserves the right to require additional information and to conduct any investigation deemed necessary to evaluate the offer and the Offeror being considered for an award.

_____ (name) (address) (phone number)

_____ (name) (address) (phone number)

_____ (name) (address) (phone number)

_____ (name) (address) (phone number)

10. List the pertinent experience of the key individuals of your organization (continue on insert sheet, if necessary).

11. State the name of the individual who will have personal supervision of the work:

12. State the names and addresses of all businesses and/or individuals who own an interest of more than five percent (5%) of the Offeror's business and indicate the percentage owned of each such business and/or individual:

13. State the names, addresses and the type of business of all firms that are partially or wholly owned by the Offeror:

14. State the name of the Surety Company which will be providing the bond, and name and address of agent:

15. Bank References:

(bank) (address)

(bank) (address)

(bank) (address)

THE INFORMATION INDICATED IN ITEM 16 IS NOT REQUESTED AT THIS TIME, HOWEVER, THE CITY RESERVES THE RIGHT TO REQUEST THIS INFORMATION.

16. Attach a financial statement including Offeror's latest balance sheet and income statement showing the following items:

- a. Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials, real estate, stocks and bonds, equipment, furniture and fixtures, inventory and prepaid expenses).
- b. Net Fixed Assets
- c. Other Assets
- d. Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, accrued salaries, real estate encumbrances and accrued payroll taxes)
- e. Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus, and retained earnings)
- f. State the name of the firm preparing the financial statement and date thereof:
- g. This financial statement must be for the identical organization named on page one? If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent, subsidiary). Please note, that the CITY reserves the right to reject financial statement(s) submitted by other than the organization named on page one.

THE OFFEROR ACKNOWLEDGES AND UNDERSTANDS THAT THE INFORMATION CONTAINED IN RESPONSE TO THIS QUALIFICATIONS STATEMENT SHALL BE RELIED UPON BY THE CITY IN AWARDING THE CONTRACT AND SUCH INFORMATION IS WARRANTED BY OFFEROR TO BE TRUE. THE DISCOVERY OF ANY OMISSION OR MISSTATEMENT THAT MATERIALLY AFFECTS THE OFFEROR'S QUALIFICATIONS TO PERFORM UNDER THE CONTRACT SHALL CAUSE THE CITY TO REJECT THE BID OR PROPOSAL, AND IF AFTER THE AWARD TO CANCEL AND TERMINATE THE AWARD AND/OR CONTRACT.

Signature of Affiant Date

Typed or Printed Name of Affiant Title

State of Florida, County of _____. On this _____ day of _____, _____, before me, the undersigned Notary Public of the State of Florida, personally appeared

_____ and _____
(Name(s) of individuals who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it. WITNESS my hand and official seal.

NOTARY PUBLIC, STATE OF FLORIDA

NOTARY PUBLIC SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

___ Personally known to me, or ___ Produced identification: _____

(Type of Identification Produced)

___ DID take an oath, or ___ DID NOT take an oath.

Form No. SOQ 25.204

**REQUEST FOR INFORMATION (RFI)
CITY**

Date: _____ **RFI No:** RFQ 11/12-02 _____

Name of Company Submitting RFI: _____

Address: _____

Phone: _____ **Fax:** _____ **Email:** _____

Requested By: _____

Identification (*must be specific*) of Material Such as Solicitation, Contract or Issue

Question:

Signature and Date: _____

Response Action and Disposition Notes: