



CITY OF TAMPA, FLORIDA
c/o Contract Administration Department
306 E. Jackson Street # 280A4N
Tampa, FL 33602

RFQ 15-D-00006; Cuscaden Pool Renovation Design

PUBLIC ANNOUNCEMENT IN COMPLIANCE WITH REQUIREMENTS OF CHAPTER 287.055, LAWS OF FLORIDA, CONSULTANTS COMPETITIVE NEGOTIATION ACT, AS AMENDED AND THE CITY OF TAMPA'S EQUAL BUSINESS OPPORTUNITY PROGRAM

RFQ- 15-D-00006 - The City of Tampa desires to obtain professional **Architectural/Engineering Services for the design of Cuscaden Pool Renovations**. Services will include but may not be limited to program refinement, construction cost estimating, schematic design, design development, preparation of construction documents for bidding, submittal and tracking of all regulatory permit applications, ADA and Tampa Code Chapter compliance, shop drawing review, and associated activities required during construction. Construction cost is estimated at \$1,500,000.

A pre-submittal conference will be held at **10 A.M. Monday October 20, 2014** in the 3rd Floor City Council Chambers, Old City Hall 315 E. Kennedy Blvd., Tampa, Florida 33602. The Only **Site Visit/Walk-Through** is scheduled for **8:00 A.M. Tuesday October 21, 2014** at 2900 N. 15th St. Attendance is not mandatory.

A link to the 2005 Record Drawings or additional material may be provided at:
http://www.tampagov.net/dept_contract_administration/programs_and_services/architectural_engineering_construction_and_related_rfqs/index.asp . Unless otherwise posted on that site, no further data, nor site visits, will be available before the deadline established for the submission of Letters-Of-Interest.

Questions may be directed to Jim Greiner, P.E., Contract Administration, City of Tampa DPW, 4th Floor North, 306 E. Jackson Street, Tampa, Florida 33602; Telephone (813) 274-8598, Fax (813) 274-8080, or E-Mail Jim.Greiner@tampagov.net.

Firms desiring to provide these services to the City must submit **A Single Electronic File in Searchable PDF format, Smaller than 3MB**, that includes a Letter of Interest referring to RFQ 15-D-00006, Statement of Qualifications and any supplemental material allowing evaluation for further consideration based upon the following criteria/point system: Successful Comparable Project Experience, (20); Public Swimming Pool Project Experience, (30); Preservation (25); Workload and availability (10); Past performance/Low amount of City work (5); Standard Form #330 (or #254)(5); Planned WMBE/SLBE Solicitation & Utilization, Form MBD 10 & 20 (10 pts)..

The PDF file must be addressed to:

Brad L. Baird, P. E., Chairman, Consultants' Competitive Negotiation Committee,
City of Tampa – c/o CAD - 4th Floor North,
306 E. Jackson Street,
Tampa, Florida 33602, and

E-Mailed to
ContractAdministration@tampagov.net

**BEFORE 2 P.M.,
Thursday, November 13, 2014.**

Submissions received on the day of the deadline may not be acknowledged by return-e-mail before the deadline.

RFQ 15-D-00006; CUSCADEN POOL RENOVATION DESIGN

SUPPLEMENTAL INFORMATION

10/9/14

PROPOSED SCOPE OF WORK:

Replace Pool Filtration, Chemical Equipment, and related piping to include connection to existing sanitary sewer.

Interactive Water Feature:

- Refinish Water Feature and floor.
- Replace Water Feature Filtration, Chemical Equipment, and related piping.

Pool Related Work:

- Replace pool shell aggregate finish, as well as tile at various locations.
- Replace expansion joints.
- Replace vacuum system.
- Upgrade pool signage.

Repair Pool Heaters and related equipment.

Chemical Control Room:

- Provide Chemical Control Room separate from the main Pool Equipment Room.

Upgrade Exterior Pool Lighting:

- To be compliant with current building and life safety codes.

Pool Deck, Pool Coping, and Deck Drains:

- Replace pool coping.
- Replace deck drains with a continuous deck drain and additional outfall piping.
- Remove pool deck pavers, patch cracks in concrete slab, install continuous waterproofing membrane to include entire concrete pool deck, all penetrations, under trench drains, as well as at interface with pool coping, perimeter deck beams, and the Headhouse Building.
- Install pool deck material.

Headhouse Exterior:

- Eliminate water infiltration currently entering the building under the exterior doors.
- Repair exterior brick, mortar, parapets, and roof to eliminate water infiltration.

Other Exterior Walls and Railing Repairs:

- Repair miscellaneous cracks in exterior brick and mortar, concrete beams, columns and railings, as well as test and replace deficient sealant joints at windows, doors, louvers brick infill panels, etc.

Headhouse Interior and Other Interior Space Restoration:

- Replace damaged interior finishes, including gypsum wallboard, paint, ceiling tiles, flooring and base as needed.
- Replace HVAC ductwork and electrical lighting damaged by moisture.



Page 1 of 4 DMI – Solicited/Utilized
City of Tampa –DMI -Schedule of All Sub-(Contractors/Consultants/Suppliers) Solicited
(FORM MBD-10)

Contract No.: _____ Contract Name: _____
 Contractor Name: _____ Address: _____
 Federal ID: _____ Phone: _____ Fax: _____ Email: _____

- No Firms were contacted/solicited for this contract.
- No Firms were contacted because: _____
- See attached documents with supplemental information.

NIGP Code General Categories: Buildings = 909, General = 912, Heavy = 913, Trades = 914, Architects = 906, Engineers & Surveyors = 925, Supplier = 912-77

This DMI Schedule Must Be Submitted with the Bid or Proposal (Do Not Modify This Form)

S = SLBE W=WMBE	Company Name Address Phone & Fax	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic Am. AF AM = Asian Am. NF NM = Native Am. CF CM = Caucasian	Trade or Services NIGP Code (listed above)	Contact Method L=Letter F=Fax E=Email P=Phone	Quote or Resp. Rec'd Y/N
Federal ID					

It is hereby certified that the information provided is an accurate and true account of contacts and solicitations for sub – contracting opportunities on this contract. **This form must be completed and submitted with the bid or proposal.** **Modifying or failing to sign DMI forms may result in Non-Compliance and/or deemed non-responsive.**

Signed: _____ Name/Title: _____ Date: _____



Instructions for completing The Sub-(Contractors/Consultants/ Suppliers) Solicited Form (Form MBD-10)

This form must be submitted with all bids or proposals. All subcontractors (regardless of ownership or size) solicited and subcontractors from whom unsolicited quotations were received must be included on this form. The instructions that follow correspond to the headings on the form required to be completed. Note: Ability or desire to self-perform all work shall not exempt the prime from Good Faith Efforts when Goal has been established.

- **Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business.
- **Address.** The physical address of your business.
- **Federal ID.FIN.** A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Firms were contacted/solicited for this contract.** Checking the box indicates that a pre-determined Subcontract Goal was not set by the City resulting in your business not using subcontractors and will self-perform all work. If during the performance of the contract you employ subcontractors, the City must pre-approve subcontractors. Use of the “Sub-(Contractors/Consultants/Suppliers) Payments” form must be submitted with your invoices. Note: Certified SLBE or WMBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors.
- **No Firms were contacted because.** Provide brief explanation why no firms were contacted/solicited.
- **See attached documents.** Check box, if after you have completed the DMI Form in its entirety, you are providing any additional documentation relating to the form. All DMI data not submitted on the MBD Form-10 must be in the same format and have all requested data from MBD Form-10 included.

The following instructions are for information of any and all subcontractors solicited.

- **“S” = SLBE, “W” = WMBE.** Enter “S” for firms Certified by the City as Small Local Business Enterprises and/or “W” for firms Certified by the City as Women/Minority Business Enterprise.
- **Federal ID.FIN.** A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials** Indicate the trade, service, or material provided by the subcontractor. NIGP codes are listed at top section of document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with letter the method of soliciting for bid.
- **Quote or Resp. (response) Rec’d (received) Y/N.** Indicate “Y” Yes if you received a quotation or if you received a response to your solicitation. Indicate “N” No if you received no response to your solicitation from the subcontractor.

If any additional information is required or you have any questions, you may call the Minority Business Development Office at (813) 274-5522.



**Page 3 of 4DMI – Solicited/Utilized
City of Tampa –DMI Schedule of Sub-(Contractors/Consultants/Suppliers) to be Utilized
(FORM MBD-20)**

Contract No.: _____ Contract Name: _____
 Contractor Name: _____ Address: _____
 Federal ID: _____ Phone: _____ Fax: _____ Email: _____

[] See attached documents.

[] No Subcontracting (of any kind) will be performed on this contract.

NIGP Code General Categories: Buildings = 909, General = 912, Heavy = 913, Trades = 914, Architects = 906, Engineers & Surveyors = 925, Supplier = 912-77

This DMI Schedule Must Be Submitted with the Bid or Proposal (Do Not Modify This Form)

Enter "S" for firms Certified as Small Local Business Enterprises, "W" for firms Certified as Women/Minority Business Enterprise

S = SLBE W = WMBE	Company Name Address Phone & Fax	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic Am. AF AM = Asian Am. NF NM = Native Am. CF CM = Caucasian	Trade, Services, or Materials NIGP Code Listed above	Amount of Quote. Letter of Intent if available.	Percent of Scope/Contract %
Federal ID					

Total Subcontract/Supplier Utilization \$ _____
 Total SLBE Utilization \$ _____
 Total WMBE Utilization \$ _____
 Percent SLBE Utilization of Total Bid/Proposal Amt. ____% Percent WMBE Utilization of Total Bid/Proposal Amt. ____%
 It is hereby certified that the following information is a true and accurate account of utilization for sub-contracting opportunities on this contract. **This form must be completed and submitted with the bid or proposal.** Modifying or failing to sign DMI forms may result in Non-Compliance and/or deemed non-responsive.

Signed: _____ Name/Title: _____ Date: _____



Page 4 of 4DMI – Solicited/Utilized

Instructions for completing The Sub-(Contractors/Consultants/ Suppliers) to be Utilized Form (Form MBD-20)

This form must be submitted with all bids or proposals. All subcontractors projected to be utilized must be included on this form.

- **Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business.
- **Address.** The physical address of your business.
- **Federal ID.FIN.** A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Subcontracting (of any kind) will be performed on this contract.** Checking box indicates your business will not use subcontractors when no Subcontract Goal has been set by the City, but will self-perform all work. When subcontractors are utilized during the performance of the contract, the “Sub-(Contractors/Consultants/Suppliers) Payments” form must be submitted with your invoices. Note: Certified SLBE or WMBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors.
- **See attached documents.** Check if you have provided any additional documentation relating to the utilization of subcontractors.
-

The following instructions are for information of Any and All subcontractors to be utilized.

- **Federal ID.FIN.** A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **“S” = SLBE, “W” = WMBE.** Enter “S” for firms Certified by the City as Small Local Business Enterprises and/or “W” for firms Certified by the City as Women/Minority Business Enterprise.
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials (NIGP code if Known)** Indicate the trade, service, or material provided by the subcontractor. NIGP codes are available at <http://www.tampagov.net/mbd>.
- **Amount of Quote, Letters of Intent** (required for both SLBEs and WMBEs)
- **Percent of Work/Contract.** Indicate the percent of the total contract price the subcontract(s) represent.
- **Total Subcontract/Supplier Utilization.** – Provide total dollar amount of all subcontractors/suppliers projected to be used for the contract. (Dollar amounts may not apply to CCNA proposals.)
- **Total SLBE Utilization.** Provide total dollar amount for all projected SLBE subcontractors/Suppliers used for this contract. (Dollar amounts may not apply to CCNA proposals.)
- **Total WMBE Utilization.** Provide total dollar amount for all projected WMBE subcontractors/Suppliers used for this contract. (Dollar amounts may not apply to CCNA proposals.)
- **Percent SLBE Utilization.** Total amount allocated to SLBEs divided by the total bid amount. (Dollar amounts may not apply to CCNA proposals.)
- **Percent WMBE Utilization.** Total amount allocated to WMBEs divided by the total bid/proposal amount. (Dollar amounts may not apply to CCNA proposals.)

If any additional information is required or you have any questions, you may call the Minority Business Development Office at (813) 274-5522.