



CITY OF TAMPA, FLORIDA - RFQ
c/o Contract Administration Department
306 East Jackson Street #280A4N
Tampa, Florida 33602

19-C-00012; Southeast Seminole Heights Flooding Relief Project - Design-Build

PUBLIC ANNOUNCEMENT IN COMPLIANCE WITH REQUIREMENTS OF SECTION 287.055, FLORIDA STATUTES (CONSULTANTS' COMPETITIVE NEGOTIATION ACT) APPLICABLE LAW, EXECUTIVE ORDERS, RULES, REGULATIONS, AND THE CITY'S STANDARD PROCEDURES. A NOTICE OF INTENT TO AWARD SHALL BE POSTED, IF AT ALL, ON THE CITY'S WEBSITE ACCESSIBLE BY UTILIZING THIS WEBSITE LINK: www.tampagov.net/contract-administration/programs/architectural-engineering-construction-and-related-rfq

RFQ –19-C-00012 - The City of Tampa desires to obtain Professional Design-Build Services for the construction of the Southeast Seminole Heights Flooding Relief Project, Stormwater Capital Improvement Project.

The project includes but is not limited to design, construction and perform public relations for a major storm water conveyance system; Segments 1 and 2 as shown on the feasibility analysis document.

Segments 1 and 2 consists of the design and construction of approximately 11,600 and 3700. Linear feet of box culvert, laterals, inlets, interconnections to the existing stormwater system, and associated utility construction. The location, length, and corridor of the drainage system will be sited and confirmed by the Design-Build team. The Design-Build effort shall incorporate, to a practical extent, green solutions as part of the proposed stormwater infrastructure. Solutions include, but are not limited to, treatment systems appropriate for an urban area such as pervious pavement, rain gardens, filters, baffle boxes, pocket ponds and wetlands to reduce pollutant loading on the Hillsborough River and Hillsborough Bay.

Services will also include coordination and scheduling during the permitting and design phase, cost estimating, public relations, administering subcontracts and all related work required for a completed project. Services will be provided under a contract for a negotiated guaranteed maximum price with appropriate Public Construction Bonds.

The contract is expected to be performed over a three year period with a budget of \$23.5 million, funded in part by the Southwest Florida Water Management District.

The purpose of the conceptual drawings was to attain feasibility for the construction of the box culverts, and the route of the conveyance system. They do not include the design for the upgrade of the local drainage and any green infrastructure elements that will be included in this project. The drawings were not prepared based on topographic survey, nor benefit of a tree survey by an arborist and the existing utilities were shown based on the best information available. It shall be the responsibility of the design team to perform topographic survey and create new base drawings for their design, which shall include the design of the local drainage systems and utility relocations.

A pre-submittal conference will be held at 3:30 PM Tuesday, November 27, 2018 in the 3rd Floor City Council Chambers, Old City Hall 315 E. Kennedy Blvd., Tampa, Florida 33602. Attendance is not mandatory.

Additional material may be found at demandstar.com and at: www.tampagov.net/contract-administration/programs/architectural-engineering-construction-and-related-rfq

Questions may be directed to Jim Greiner, P.E., Contract Administration, City of Tampa, (813) 274-8598, or E-Mail jim.greiner@tampagov.net.

An individual or entity ("Firm") responding to this RFQ must provide evidence of any required licenses, certificates, or registrations with its submission or within 10 days thereof in order to be considered. The City shall own all ideas, documents, plans, and materials developed as a result of this solicitation and Firm is informed same shall be subject to reuse in accordance with Section 287.055(10), Florida Statutes. Firm (i) confirms it has read and is familiar with Section 119.071(3), Florida Statutes regarding certain building plans, blueprints, schematic drawings, which depict the internal layout and structural elements of a building, facility, or other structure owned or operated by the City or other agency that are per said section exempt from Section 119.07(1), Florida Statutes and Section 24(a), Art. I of the Florida Constitution ("Exempt Plans") and (ii) agrees Firm shall remain in compliance with same, including maintaining the exempt status of such Exempt Plans for so long as they are held by Firm or otherwise in its possession. The City may cancel, withdraw, or modify this RFQ at any time and reserves the right to reject any or all responses and to waive irregularities, formalities, and informalities as it determines in the City's best interest.

Firms desiring to provide these services to the City must submit a single electronic file in searchable PDF format, Smaller than 3MB, that includes the attached RFQ Transmittal Memorandum completed as appropriate, a Letter of Interest addressed to Brad L. Baird, P.E., Chairman, and referring to this RFQ by number, together with a Statement of Qualifications and any supplemental material allowing evaluation for further consideration (short-listing) based upon the following criteria/point system: Successful Comparable Project Experience, (20); Successful Public Relations Experience, (10); Successful Comparable Urban Stormwater Project Experience (45); Workload and availability (5); Past performance/Low amount of City work (5); Standard Form #A305(without financial info. Send fin. Info in a separate PDF marked FinInfo.), (5); Planned WMBE/SLBE Solicitation & Utilization, Form MBD 10 & 20 (10 pts) .

The PDF file must be **E-Mailed to ContractAdministration@tampagov.net BEFORE 2 P.M., Monday, December 17, 2018.** As a courtesy, the City will endeavor provide an email acknowledgement usually sent within a few days after submission receipt (submissions received on the day of the deadline may not be acknowledged before the deadline or at all). It is Firm's responsibility to confirm its submission (PDF file) has been received.

RFQ TRANSMITTAL MEMORANDUM FOR A SUBMITTAL TO THE CITY OF TAMPA, FLORIDA

TRANSMITTAL DATE:

RFQ NO. & TITLE:

TO: Brad L. Baird, P. E., Chairman Selection & Certification Committee (CCNA)
c/o Contract Administration Department via ContractAdministration@tampagov.net
306 East Jackson Street, 4th Floor North, Tampa, Florida 33602

SUBMITTER ("Firm") NAME:

FEDERAL TAX ID#:

FIRM TYPE: Individual/Sole Proprietor Joint Venture (JV)* Partnership (PN)* Corporation
 Limited Liability Company Other: _____

FIRM CONTACT NAME:

EMAIL:

PHONE:

CERTIFICATIONS: Firm is licensed, permitted, and certified as required to do business in Florida: Yes | No
License/registration/certification no(s): _____

Per §287.133, Fla. Stat., individuals or entities (including those meeting the §287.133, Fla. Stat. definition of "affiliate") placed on the convicted vendor list ("List") following a conviction for public entity crimes may not submit a bid, proposal, or reply ("Response") on a contract to provide any goods or services to a public entity, may not submit a Response on a contract with a public entity for the repair or construction of a public building or public work, may not submit a Response for leases of real property to a public entity, and may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in §287.017, Fla. Stat. for CATEGORY TWO for a period of 36 months from the date of placement on the List. Neither Firm nor its affiliates have been placed on the List: Yes | No

Firm's own initial application for employment has criminal history screening practices similar to those contained in Chapter 12, Article VI, Tampa Code (responses, whether "Yes" or "No", are for informational purposes only and will not be used as a basis for award or denial, or for any protest): Yes | No

Firm shall comply with all applicable governmental rules & regulations, including the City's Ethics Code (Sec. 2-522, Tampa Code). The City's Charter & Ethics Code prohibit any City employee from receiving any substantial benefit or profit out of any award or obligation entered into with the City, or from having any direct or indirect financial interest in effecting any such award or obligation. If Firm is successful, it shall ensure no City employee receives any such benefit or interest as a result of such award (See Sec.2-514(d), Tampa Code): Yes | No

Firm is not in arrears and is not in default upon any obligation to the City of Tampa: Yes | No

Firm agrees that if the City of Tampa determines Firm has participated in any collusive, deceptive, or fraudulent practices with regard to this submittal, in addition to any other remedy it may exercise, the City will have the right to debar Firm and deem invalid any contract let under such circumstances: Yes | No

Data or material Firm asserts to be exempted from public disclosure under Chapter 119, Fla. Stat., is submitted in a separate, single electronic searchable PDF file labeled with the above RFQ number and the phrase "Confidential Material", which identifies the data/material to be protected, states the reasons the data/material is exempt from public disclosure, and the specific Florida statute allowing such exemption (if "No" or otherwise, then Firm waives any possible or claimed exemption upon submission, effective at opening): Yes | No

FAILURE TO COMPLETE THE ABOVE MAY RESULT IN FIRM'S SUBMITTAL BEING DECLARED NON-RESPONSIVE

[SEAL] Authorized Signature (wet): _____
Printed Name: _____
Title: Sole Prop Pres Sr VP Gen Ptnr LLC Auth.Mbr/Mgr
 Other _____ (attach proof of authority)

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn (or affirmed) before me this ____ day of _____, 20____ by _____ either in his/her individual capacity or where Firm is an entity as the _____ of _____, on behalf of such entity. He/She is personally known to me or produced a/n _____ state driver's license as identification.

[NOTARY SEAL]

Printed Name: _____ Notary Public, State of _____
My Commission Expires: _____ Commission No: _____

* With submittal or within 10 days thereafter, Firm must provide a signed copy of the complete agreement between all JV/PN members indicating respective roles, responsibilities, and levels of participation.



Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive

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

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

Check applicable box(es). Detailed Instructions for completing this form are on page 2 of 4.

- No Firms were contacted or solicited for this contract.
- No Firms were contacted because: _____
- See attached list of additional Firms solicited and all supplemental information (List must comply to this form)
Note: Form MBD-10 must list ALL subcontractors solicited including Non-minority/small businesses

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

S = SLBE W=WMBE O = Neither	Company Name Address Phone, Fax, Email	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic 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 Response Received Y/N

Failure to Complete, Sign and Submit
this form with your Bid or Proposal
Shall render the Bid Non-Responsive
(Do Not Modify This Form)

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.

Signed: _____ Name/Title: _____ Date: _____
Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive
Forms must be included with Bid / Proposal



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 to achieve participation.

- **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 and/or doing business as (dba) if applicable.
- **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 or solicited for this contract.** Checking the box indicates that a pre-determined Subcontract Goal or Participation Plan Requirement 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 (MBD Form-30) must be submitted with every pay application and invoice. 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 or solicited.
- **See attached documents.** Check box, if after you have completed the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/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 either Women/Minority Business Enterprise; **“O” = Non-certified others.**
- **Federal ID.** FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification and payment of the contractor/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 materials provided by the subcontractor. NIGP codes aka “National Institute of Governmental Purchasing” are listed at top section of document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with letter the method(s) 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. Must keep records: log, ledger, documentation, etc. that can validate/verify.

If additional information is required or you have questions, please contact the Equal Business Opportunity Program - Minority and Small Business Development Office at (813) 274-5522.



Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive

**Page 3 of 4 – DMI Solicited/Utilized Schedules
City of Tampa – Schedule of **All To-Be-Utilized** Sub-(Contractors/Consultants/Suppliers)
(FORM MBD-20)**

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

Check applicable box(es). Detailed Instructions for completing this form are on page 4 of 4.

See attached list of additional Firms Utilized and all supplemental information (List must comply to this form)

Note: Form MBD-20 must list ALL subcontractors To-Be-Utilized including Non-minority/small businesses

No Subcontracting/consulting (of any kind) will be performed on this contract.

No Firms are listed to be utilized because: _____

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

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

S = SLBE W=WMBE O =Neither	Company Name Address Phone, Fax, Email	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 (LOI) if available	Percent of Scope or Contract %

Failure to Complete, Sign and Submit
this form with your Bid or Proposal
Shall render the Bid Non-Responsive.
(Do Not Modify This Form)

Total ALL 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.

Signed: _____ Name/Title: _____ Date: _____

**Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive
Forms must be included with Bid / Proposal**



Page 4 of 4 DMI – 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 (regardless of ownership or size) projected to be utilized must be included on this form. Note: Ability or desire to self-perform all work shall not exempt the prime from Good Faith Efforts to achieve participation.

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 and/or doing business as (dba) if applicable.
- **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/consulting (of any kind) will be performed on this contract.** Checking box indicates your business will not use subcontractors when no Subcontract Goal or Participation Plan Requirement was 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 (MBD Form-30) must be submitted with every pay application and invoice. Note: certified **SLBE or WMBE firms** bidding as Primes **are not exempt** from outreach and solicitation of subcontractors, including completion and submitting Form-10 and Form-20.
- **No Firms listed To-Be-Utilized.** Check box; provide brief explanation why no firms were retained when a goal or participation plan requirement was set on the contract. Note: mandatory compliance with Good Faith Effort outreach (GFECF) requirements applies (MBD Form-50) and supporting documentation must accompany the bid.
- **See attached documents.** Check box, if after completing the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/documentation relating to the scope/value/percent utilization of subcontractors. Reproduce copies of MBD-20 and attach. All data not submitted on duplicate forms must be in the same format and content as specified in these instructions.

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; **“O” = Non-certified others.**
- **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. Abbreviated list of NIGP is available at <http://www.tampagov.net/mbd> “Information Resources”.
- **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. For CCNA only (i.e. Consultant A/E Services) you must indicate subcontracts as percent of total scope/contract.
- **Total Subcontract/Supplier Utilization.** – Provide total dollar amount of all subcontractors/suppliers projected to be used for the contract. (Dollar amounts may be optional in CCNA depending on solicitation format).
- **Total SLBE Utilization.** Provide total dollar amount for all projected SLBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Total WMBE Utilization.** Provide total dollar amount for all projected WMBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Percent SLBE Utilization.** Total amount allocated to SLBEs divided by the total bid/proposal amount.
- **Percent WMBE Utilization.** Total amount allocated to WMBEs divided by the total bid/proposal amount.

If additional information is required or you have questions, please contact the Equal Business Opportunity Program - Minority and Small Business Development Office at (813) 274-5522.