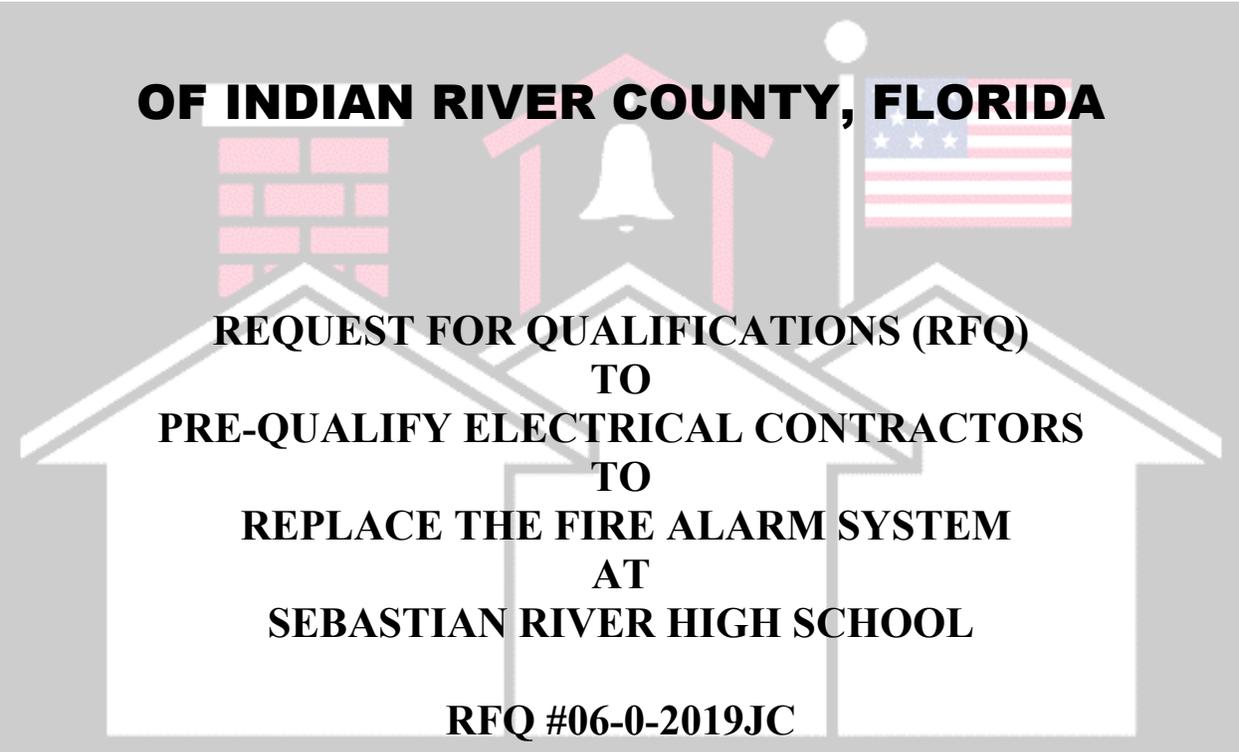


# **SCHOOL DISTRICT**

## **OF INDIAN RIVER COUNTY, FLORIDA**



**REQUEST FOR QUALIFICATIONS (RFQ)  
TO  
PRE-QUALIFY ELECTRICAL CONTRACTORS  
TO  
REPLACE THE FIRE ALARM SYSTEM  
AT  
SEBASTIAN RIVER HIGH SCHOOL**

**RFQ #06-0-2019JC**

**Proposals are due on November 29, 2018 no later than 2:00 p.m.**

October 31, 2018

Purchasing Department  
Jeff Carver, CPPO, Director  
6055 62<sup>nd</sup> Avenue  
Vero Beach, FL 32967

Dear Interested Contractor:

We appreciate your interest in becoming pre-qualified for this project. Pre-qualification applies to contractors who are interested in bidding on this project. **(Sebastian River High School Fire Alarm Replacement)**

**The general Scope of Work is as follows:**

The awarded contractor is responsible for a complete replacement of the campus wide fire alarm system. The system shall be upgraded to a new digital addressable system with voice evacuation notification device throughout the campus. Building will have independent panels that will be connected to a fiber backbone. District specifies Edwards ETS3 panels. Football stadium, softball field house and locker rooms shall be connected back to the main system and report troubles, supervisory and alarms with radio repeaters.

**Fully qualified contractors will have the following:**

1. Licensed State Certified Electrical Contractor and/or Licensed Fire Alarm Contractor 1
2. A minimum of 5 experience installing fire alarm systems

Sealed qualifications are being accepted at the School District of Indian River County's Purchasing Department as follows:

**Due Date and Time: November 29, 2018 @ no later than 2:00 p.m.**

Since the District has determined to pre-qualify prior to issuing an Invitation to Bid, the District reserves the right to exclude non-prequalified contractors from participating in this bid. This Request for Qualification will be used by the District to determine which contracting firms will be eligible to bid on this project. Evaluation criteria contained in the package will be used to determine those firms that are certified as pre-qualified to participate in this project.

Qualifications shall be considered from qualified firms or individuals whose experience includes successful work in similar projects. Also, the firm must have a sufficient number of qualified staff in fire alarm system service and installation and have the ability to complete the work in the time required and in accordance with State of Florida statutes and standards, if applicable. Pre-qualified contractors will be required to comply with all applicable federal, state and local laws, rules and regulations including District policies while acting as a pre-qualified contractor. All firms that desire participation in the project must submit current qualifications regardless of any prior awards or certification.

Proposal documents may be obtained from DemandStar by Onvia at [www.demandstar.com](http://www.demandstar.com) or toll-free 1-800-711-1712, or by contacting the Purchasing Department at (772) 564-5050. Contractors who obtain solicitation documents from sources other than DemandStar.com are cautioned that the solicitation package may be incomplete. Furthermore, all addenda shall be posted and disseminated by DemandStar.

The School District of Indian River County reserves the right to waive any technicalities; reject any and all proposals which are incomplete, conditional, non-responsive, or which contain additions not allowed for; reject any or all proposals in whole or in part with or without cause; and accept the proposals which best serves the District.

Please contact me if you have any questions or concerns regarding the application.

Sincerely,

Jeff Carver, CPPO, Director of Purchasing

## **1.0 APPLICATION PERIOD**

Pre-Qualification related to this project shall expire upon successful award of the Invitation to Bid for the Sebastian River High School Fire Alarm Replacement.

## **2.0 HOW TO SUBMIT A RESPONSIVE PROPOSAL**

Qualifications shall be submitted to the Purchasing Department, 6055 62<sup>nd</sup> Avenue, Vero Beach, FL 32967 in a sealed envelope labeled with the Proposer's name, contact information, and the Request for Contractor Qualifications (RFQ) Number. The original and four copies shall be identified as follows:

- a. RFQ Number
- b. RFQ Name
- c. Due Date/Time

The original and four copies must be submitted in a sealed envelope.

The submittal package must be submitted under tabs as indicated and in the same order as listed in the submittal package. Since tabbing of sections is necessary to meet the submittal requirements, the type of tabbing used is the proposer's choice.

Responses to the RFQ must be signed in ink by an authorized officer of the proposing firm, who is legally authorized to enter into a contractual relationship in the name of the Proposer.

Neither the District nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this RFQ. All submittals should be prepared to provide a straightforward and concise description of the respondents' qualifications and ability to meet the RFQ requirements.

**All questions or concerns must be addressed to Jeff Carver, Director of Purchasing, at [jeffrey.carver@indianriverschools.org](mailto:jeffrey.carver@indianriverschools.org) no later than ten (10) days prior to the RFQ closing date. Questions submitted after the ten (10) day cutoff date may not be answered.**

## **2.1 RESPONSIVENESS FATAL FLAWS**

To be responsive, you must sign and submit all required forms at the end of the submittal package and submit all required information. All tabbed sections must be completed. The following items constitute "FATAL FLAWS" or automatic rejection of a proposal:

- RFQ signature page(s) not properly executed
- RFQ not received prior to submittal deadline
- Surety Bonding Letter not submitted.
- Firm/Staff Experience Tabs not completed

**6.0 WHOLLY OWNED SUBSIDIARIES**

In addition to the above, please furnish the District with the following:

1. An agreement properly executed by the parent company in which they agree to indemnify the District from and against any liability and expense which may be incurred by reason of their subsidiary's failure to fully perform.
2. A resolution properly adopted and executed by the Board of Directors of the parent company verifying:
  - a. The power of said corporation to enter into contracts of surety and guaranty the legal relationship between the two corporations.
  - b. Proof that the corporate officer (s) executing the indemnity agreement has such authorization
  - c. Surety letter stating bonding capacity for that subsidiary firm.

**7.0 SELECTION PROCEDURE**

Contractors shall be pre-qualified by a Selection Committee appointed by the District Superintendent or designee. The Selection Committee acts in an advisory capacity and shall make recommendations to the District Board. **Contact with District personnel other than Purchasing Staff regarding this Request for Contractor Pre-Qualification may be grounds for elimination from the selection process.**

**8.0 EVALUATION METHODOLOGY**

The Qualification Package is designed to provide information about your firm's ability to perform the work. Evaluation criteria shall be as follows:

Responsiveness	Current Workload
Size of Firm/ Staffing- Technical staff; Project Supervisors, Office staff	Bonding Capacity
Qualifications/Experience of personnel (preferably government)	Litigation
Firm Construction Experience (preferably government)	Penalties
Timeline and Budget control	Proposed local subcontractor use
Cost control-Scheduling	References
	Warranty Service

Failure to respond to all of the questions in the RFQ package may result in the submittal being considered non-responsive. In order for the Board to make a determination of qualifications, a complete package must be submitted.

To obtain the best possible score it is important that the Proposed Project Team Experience and Related Experience of the Firm portions of the Package specifically address the advertised major area/ classes of work, and any special requirements that may be listed. Do not submit resumes AND /OR STANDARD FORM 330 in lieu of completing these portions of the RFQ. **Submitting resumes AND /OR STANDARD FORM 330 instead of the required experience package shall render the submittal non-responsive and shall be rejected.** Resumes can be submitted as additional information. The Committee shall review all qualifications received and establish a list of Contractors deemed to be pre-qualified to work on district projects. Scoring shall be based upon a Pass-Fail basis.

## 9.0 **CEILING BID LIMITATIONS**

Financial capability is a primary concern in determining whether a firm is qualified. Bonding capacity shall be evaluated to determine financial capability. A certified notarized letter from a Surety (said Surety Company must have an AM Best rating of A-VII) licensed to do business in the State of Florida must be included to satisfy the financial requirement of the package.

## 10.0 **SUBMITTAL PACKAGE**

Submit this portion of the Request for Qualification as your firm's Qualifications Package. Complete the following information exactly as shown including numbering and tabbing sections. This information is vital for the District to rate your firm, as your evaluation and ranking will be based on the information supplied below along with any other information required by the District.

The Contractor acknowledges and understands that the information contained in response to this Qualifications Statement shall be relied upon by District in awarding any contract and such information is warranted by Contractor to be true. The discovery of any omission or misstatement that materially affects the Contractor's qualifications to perform under any contract shall cause the District to reject the Qualification, and if after the award, to cancel and terminate the award and/or contract.

The contractor acknowledges that this Experience Questionnaire and Surety Bonding Letter is made for the express purpose of inducing the District to award contracts to the contractor. Further, the contractor acknowledges that the District may at its discretion, by any means which the District may choose, determine the truth and accuracy of all statements made by the contractor herein.

## TAB #1 **CONTRACTOR'S QUALIFICATIONS STATEMENT**

**THE UNDERSIGNED GUARANTEES THE TRUTH AND ACCURACY OF ALL STATEMENTS AND ANSWERS HEREIN CONTAINED:**

**Contractor's GENERAL INFORMATION:** Contractor shall furnish the following information. Failure to comply with this requirement will render proposals non-responsive and shall cause its rejection. **Attach additional sheets if necessary.**

A contractor for the purpose of this application shall mean:

- The entity that is providing evidence of completed construction work.
- The entity which must post the bond.
- The corporation or partnership applying for pre-qualification
- A corporation or partnership which is comprised of at least half of the same corporate principals or partners who were with the firm at the time the listed projects were satisfactorily completed.

1. Contractor's Name \_\_\_\_\_  
Principal Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

2. Number of years as a Contractor in this type of work: \_\_\_\_\_

3. Number of years under your present business name? \_\_\_\_\_

4. How many years under a previous business name? List name(s) below.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Type of Business:  
 Sole Proprietorship     Partnership     Corporation     Joint Venture

If a Corporation, answer this:  
Date of Corporation: \_\_\_\_\_ In What State: \_\_\_\_\_

If a Partnership or Individual Proprietorship, answer this:  
Date of Organization: \_\_\_\_\_  
If a partnership, state whether general or limited association: \_\_\_\_\_

6. Names of all officers, partners or individuals doing business under trade name.  
President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Vice President \_\_\_\_\_  
Secretary \_\_\_\_\_  
Treasurer \_\_\_\_\_

Name and Address of Partners \_\_\_\_\_

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**SUBSIDIARY OR AFFILIATED COMPANIES IN WHICH PRINCIPALS HAVE FINANCIAL INTEREST**

Name and addresses of subsidiary or companies • Explain in detail principal's affiliated companies interest in this company and nature of business

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**Business Structure** – Corporation, Joint Venture, or Partnership. Applicants submitting applications as joint ventures, shall submit a copy of their joint venture agreement. If a joint venture or prime/subcontractor arrangement of two (2) firms, indicate how the work will be distributed between the partners.

Business Structure	Indicate by X	Copy of Joint Venture Agreement Attached (Yes or No)	If applicable, how will work be distributed between partners?
Corporation			
Joint Venture			
Partnership			

**Length of Time in Business for Separate Firms of a Joint Venture**

Firm(s) Name	Length of Time in Business

7. Principal Office Location – location of principal office which will be responsible for implementation of any resulting contracts.

Address \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email Address \_\_\_\_\_

8. Other Office Locations – location of other offices from which resources may be drawn.

\_\_\_\_\_

\_\_\_\_\_

9. NUMBER OF FULL TIME PERSONNEL WITHIN YOUR ORGANIZATION

	Current	Maximum	Minimum
a. Clerical Personnel	_____	_____	_____
b. Engineers and Architects	_____	_____	_____
c. Supervisors, Foremen or Superintendents	_____	_____	_____
d. Skilled Employees Including Technicians	_____	_____	_____
e. Estimators	_____	_____	_____
f. Total Number of Full Time Personnel	_____	_____	_____

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

Principal's Name	Title	Years of Construction Experience	In What Capacity and With Whom

Supervisory Personnel	Title	Years of Construction Experience	In What Capacity and With Whom

11. List your firm, licensing, type of work licensed for and also the licensing and types of work the

individual who will have personal supervision of the work is licensed for.

Name	License #	Type of Work
_____	_____	_____

12. Firm is a certified Minority Business Enterprise as defined in Florida Statute 287.09431

\_\_\_\_\_ Yes \_\_\_\_\_ No

13. Have you, in the previous five years, been denied a contract award on which you submitted the low proposal in competitive bidding or been refused prequalification? If so, please list and describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Within the previous 5 years has your organization or predecessor organizations ever failed to complete a project? If so, state name of organization and the reason thereof.

\_\_\_\_\_  
\_\_\_\_\_

15. Within the last 10 years has your organization been convicted of a Public Entity Crime? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

16. Is your organization currently pre-qualified with any governmental agency? \_\_\_\_\_. If yes, please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Describe your firm's warranty services.

\_\_\_\_\_  
\_\_\_\_\_

**TAB #2 FINANCIAL STATEMENTS, BONDING CAPACITY AND INSURANCE**

Attach a certified, notarized letter from a Surety (said Surety Company must have an AM Best rating of A – VII licensed to do business the in the State of Florida) as the financial package.

Surety Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Telephone \_\_\_\_\_  
Local Bonding Agent \_\_\_\_\_  
Insurance Agency \_\_\_\_\_

Surety Name \_\_\_\_\_  
Contact \_\_\_\_\_  
Telephone \_\_\_\_\_  
Local Bonding Agent \_\_\_\_\_  
Insurance Agency \_\_\_\_\_

Provide a sample insurance statement confirm the following limits:

1. General Liability

COMMERCIAL GENERAL LIABILITY INSURANCE, INCLUDING CONTRACTUAL LIABILITY, TO COVER THE HOLD HARMLESS AGREEMENT SET FORTH HEREIN, WITH LIMITS OF NOT LESS THAN:

EACH OCCURRENCE	\$1,000,000
PERSONAL/ADVERTISING INJURY	\$1,000,000
RODUCTS/COMPLETED OPERATIONS AGGREGATE	\$5,000,000
GENERAL AGGREGATE	\$5,000,000
FIRE DAMAGE	\$100,000 ANY 1 FIRE
MEDICAL EXPENSE	\$5,000 - \$10,000 ANY 1 PERSON

AN ADDITIONAL INSURED ENDORSEMENT MUST BE ATTACHED TO THE CERTIFICATE OF INSURANCE. THE ADDITIONAL INSURED ENDORSEMENT SHOULD BE ISSUED ON AN ISO OR SIMILAR FORM AND APPLY ON A PRIMARY AND NONCONTRIBUTORY BASIS. VENDORS PROVIDING CONSTRUCTION SERVICES MUST PROVIDE AN ADDITIONAL INSURED ENDORSEMENT INCLUDING COVERAGE FOR COMPLETED OPERATIONS (SHOULD BE ISO CG20101185 OR CURRENT EDITIONS OF CG2037 & CG2010) UNDER THE GENERAL LIABILITY POLICY. PRODUCTS & COMPLETED OPERATIONS COVERAGE TO BE PROVIDED FOR A MINIMUM OF 10 YEARS DATE OF POSSESSION BY OWNER OR COMPLETION OF CONTRACT.

ADDITIONAL INSURED SHALL BE LISTED AS: SCHOOL BOARD OF INDIAN RIVER COUNTY, 6500 57<sup>th</sup> STREET, VERO BEACH, FLORIDA 32967.

- COVERAGE IS TO BE WRITTEN ON AN OCCURRENCE FORM BASIS AND SHALL APPLY AS PRIMARY.
- A PER PROJECT AGGREGATE LIMIT ENDORSEMENT MUST BE PROVIDED
- DEFENSE COSTS ARE TO BE IN ADDITION TO THE LIMIT OF LIABILITY
- A WAIVER OF SUBROGATION MUST BE PROVIDED IN FAVOR OF THE DISTRICT
- POLICY SHALL CONTAIN NO EXCLUSION FOR THIRD PARTY ACTION-OVER CLAIMS (INJURY TO SUBCONTRACT WORKERS)
- XCU COVERAGE IS TO BE INCLUDED WHEN INDICATED BY THE SCOPE OF SERVICE. COVERAGE SHOULD EXTEND TO INDEPENDENT CONTRACTORS AND FELLOW EMPLOYEES.
- COVERAGE IS TO INCLUDE A CROSS LIABILITY OR SEVERABILITY OF INTERESTS PROVISION AS PROVIDED UNDER THE STANDARD ISO FORM SEPARATION OF INSUREDS CLAUSE.

## 2. Automobile Liability

BUSINESS AUTOMOBILE LIABILITY FOR ANY AUTO (ALL OWNED, HIRED, AND NON- OWNED AUTOS) WITH LIMITS OF NOT LESS THAN **\$1,000,000** PER ACCIDENT. IN THE EVENT VENDOR DOES NOT OWN ANY AUTOMOBILES, THE DISTRICT WILL ACCEPT PROOF OF HIRED AND NON OWNED AUTO LIABILITY ONLY.

- CERTIFICATE HOLDER MUST BE LISTED AS ADDITIONAL INSURED.
- A WAIVER OF SUBROGATION MUST BE PROVIDED.
- COVERAGE SHOULD APPLY ON A PRIMARY BASIS.

## 3. Workers' Compensation

- WORKERS' COMPENSATION INSURANCE WITH LIMITS EQUAL TO FLORIDA STATUTORY REQUIREMENTS.
- EMPLOYERS LIABILITY MUST INCLUDE LIMITS OF AT LEAST **\$500,000** EACH ACCIDENT, **\$500,000** EACH DISEASE/EMPLOYEE, **\$500,000** EACH DISEASE/MAXIMUM.
- A WAIVER OF SUBROGATION ENDORSEMENT MUST BE PROVIDED IN FAVOR OF THE DISTRICT.
- COVERAGE SHOULD APPLY ON A PRIMARY BASIS. SHOULD SCOPE OF WORK PERFORMED BY VENDOR QUALIFY ITS EMPLOYEE FOR BENEFITS UNDER FEDERAL WORKERS' COMPENSATION STATUTE (EXAMPLE, U.S. LONGSHORE & HARBOR WORKERS ACT OR MERCHANT MARINE ACT), PROOF OF APPROPRIATE FEDERAL ACT

COVERAGE MUST BE PROVIDED.

- WORKERS' COMPENSATION EXEMPTION FORMS WILL NOT BE ACCEPTED FOR THE PROJECT ARCHITECT, ENGINEER, GENERAL CONTRACTOR, OR SOLE PRACTITIONER THAT INTENDS TO SUB-CONTRACT THE WORK TO OTHER INDIVIDUALS OR COMPANIES. THESE ENTITIES OR INDIVIDUALS ARE REQUIRED TO PURCHASE A WORKERS' COMPENSATION INSURANCE POLICY.

4. ***UMBRELLA LIABILITY –May be given consideration NO LESS THAN \$2M - \$5M EACH OCCURRENCE. COVERAGE TO APPLY AS EXCESS OVER GL, AL, EMPLOYERS LIABILITY ON A FOLLOW FORM BASIS***

5. Professional Liability

WHEN INDICATED BY THE SCOPE OF SERVICE, VENDOR MUST MAINTAIN PROFESSIONAL LIABILITY OR EQUIVALENT ERRORS & OMISSIONS LIABILITY WITH LIMIT OF NOT LESS THAN **\$1,000,000** PER OCCURRENCE.

FOR POLICIES WRITTEN ON A CLAIMS MADE BASIS, VENDOR SHALL MAINTAIN A RETROACTIVE DATE PRIOR TO OR EQUAL TO THE EFFECTIVE DATE OF THIS CONTRACT.

IN THE EVENT THE POLICY IS CANCELED, NON-RENEWED, SWITCHED TO AN OCCURRENCE FORM OR THERE IS A CHANGE IN RETROACTIVE DATE, VENDOR MUST PURCHASE AN EXTENDED REPORTING PERIOD RIDER DURING THE LIFE OF THIS CONTRACT OF NOT LESS THAN 3 YEARS.

COVERAGE IS TO APPLY ON A PRIMARY BASIS.

6. Contractors Pollution Liability:

MAY BE REQUIRED DEPENDING ON SCOPE OF SERVICES. LIMIT OF LIABILITY NO LESS THAN \$1M EACH OCCURRENCE.





**TAB #4 RELATED EXPERIENCE OF THE FIRM**

Evidence of Performance (References)

Previous job experience and performance is a primary criteria considered in determining qualifications. A contractor must show evidence of having completed, satisfactorily, construction of similar work within the past eighteen (18) months. A minimum of four references are required matching the categories you checked under Tab #1 using the attached Reference Check Form (Page 23). The references must be for projects completed within the last 18 months.

The proposing firm shall complete the reference check forms and submit them with their response attached to Tab #7. Enter your firms name on the top line beginning "REFERENCE CHECK QUESTIONAIRE". Then list the project name and number your firm is using as a reference on line two. Enter the firm who is to provide the reference on lines four and five. District staff shall send out the reference check form to the firms listed.

Related Experience of the Firm

List projects successfully completed within the last five (5) years in the space provided below. Add additional pages if necessary.

**Project 1**

Project Owner and Owner's representative name, address, phone number and fax	
Name and location of the project	
Contractor Project Manager and work for which the staff was responsible	
Date project was completed or is anticipated to be completed compared to the scheduled project finish date.	
Size of project (gross SF of construction).	
Cost of project (construction cost)	

**Project 2**

Project Owner and Owner's representative name, address, phone number and fax	
Name and location of the project	
Contractor Project Manager and work for which the staff was responsible	
Date project was completed or is anticipated to be completed compared to the scheduled project finish date.	
Size of project (gross SF of construction).	
Cost of project (construction cost)	

**Project 3**

Project Owner and Owner's representative name, address, phone number and fax	
Name and location of the project	
Contractor Project Manager and work for which the staff was responsible	
Date project was completed or is anticipated to be completed compared to the scheduled project finish date.	
Size of project (gross SF of construction).	
Cost of project (construction cost)	

**Project 4**

Project Owner and Owner's representative name, address, phone number and fax	
Name and location of the project	
Contractor Project Manager and work for which the staff was responsible	
Date project was completed or is anticipated to be completed compared to the scheduled project finish date.	
Size of project (gross SF of construction).	
Cost of project (construction cost)	

**Project 5**

Project Owner and Owner's representative name, address, phone number and fax	
Name and location of the project	
Contractor Project Manager and work for which the staff was responsible	
Date project was completed or is anticipated to be completed compared to the scheduled project finish date.	
Size of project (gross SF of construction).	
Cost of project (construction cost)	

**Project 6**

Project Owner and Owner's representative name, address, phone number and fax	
Name and location of the project	
Contractor Project Manager and work for which the staff was responsible	
Date project was completed or is anticipated to be completed compared to the scheduled project finish date.	
Size of project (gross SF of construction).	
Cost of project (construction cost)	

**TAB #5 TIMELINES AND BUDGETS**

For the projects listed in Tab #4, indicate original Owner Budget and schedule criteria, final actual budget and what impact the firm had on the final results.

Project Name	Owner's Budget	Final Actual Budget	Schedule Criteria	Impact of Firm on Final Results

**TAB #6 COST CONTROL AND SCHEDULING**

The firms' scheduling system and cost control system should be described. Methods for assuring subcontractors adherence to schedule should be highlighted. A comparison of the firms' project profile should indicate their ability to hold to original schedules and budgets.

1. Do you use or provide computer-generated schedules for the management of construction?
2. To what level of detail should a construction schedule be defined? How do you schedule the processing of shop drawings?
3. How do you coordinate development of schedule information from subcontractors?
4. State experience in handling crew loading and coordinated construction scheduling.
5. State your experience in cost loading of schedules.
6. Attach a sample schedule which best illustrates your overall scheduling capabilities.

**TAB #7 LICENSES AND CERTIFICATES REFERENCES**

Provide copies of current State of Florida registration/license(s) renewal(s) for the Applicant (Corporate and all key professional personnel) with the appropriate State Board governing the services offered. The Committee may verify the current status with the appropriate State Board.

**TAB #8 CURRENT WORKLOAD STATUS**

Give full information about all of your current contracts. In Column C insert "S" if a Subcontractor or "P" if a prime contractor, whether in progress or awarded but not yet begun; and regardless of with whom contracted.

A. Project Description, Location, Owner, Phone, Fax, Email	B. Design Architect and/or Design Engineer	C. Total Amount of Your Contract or Sub-contract.	D. Amount in Column C Sublet to Others	E. Uncompleted Amount of Contract
<b>Total</b>				

**TAB #9 LITIGATION**

Identify all litigation in which your firm or any separate firm of a joint venture has been a party to legal action (including arbitration, administrative proceedings, etc.) or lawsuits during the last five (5) years.

Brief Description of Dispute and Circumstances	Current Status	Action Taken to Settle Prior to and/or After Law Suit was Filed
		

**TAB #10 PENALTIES**

Describe in detail any projects within the last five (5) years where liquidated damages, penalties, liens, defaults, cancellations of contract or termination of contract were imposed, sought to be imposed, threatened or filed against your organization.

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**DRUG FREE WORKPLACE CERTIFICATION**

IDENTICAL TIE BIDS: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more proposals which are equal with respect to price, quantity, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a proposals received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals will be followed if none of the tied vendors have a drug-free workplace program (Florida Statutes Section 287.087). In order to have a drug-free workplace program, a business shall:

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, and 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 under proposals 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 proposals, 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.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**NON-COLLUSION AFFIDAVIT**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

\_\_\_\_\_ being first duly sworn, deposes and says that:

1. Contractor is the \_\_\_\_\_  
(Owner, Partner, Officer, Representative or Agent)
2. Contractor is fully informed respecting the preparation and contents of the attached proposals and of all pertinent circumstances respecting such proposals;
3. Such proposals is genuine and is not a collusive or sham proposals;
4. Neither the said Contractor nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Contractor, firm or person to submit a collusive or sham proposal in connection with the Contract for which the attached proposal has been submitted; or to refrain from proposing in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any Contractor, firm, or person to fix the price or prices in the attached proposals or any other Contractor, or to fix any overhead, profit, or cost element of the proposals Price or the proposals Price of any other Contractor, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against DISTRICT, or any person interested in the proposed Contract;
5. The price of items quoted in the attached proposals are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the Contractor or any other of its agents, representatives, owners, employees or parties in interest.

By \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_  who is personally know to me

or  who has presented the following type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink) or printed, typed or stamped name of Notary and Commission Number

**REFERENCE CHECK QUESTIONNAIRE**

**PROJECT NAME:** \_\_\_\_\_ **PROJ. NO:** \_\_\_\_\_

**Provide company name, contact person, telephone number and fax number. Provide 4 references for each category checked under Tab #1.**

\_\_\_\_\_

Company Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_

Reference Contact \_\_\_\_\_ Fax Number \_\_\_\_\_

	Question	Rating	Comments
1.	Was the Project completed within the promised time frame? If not, why?		
2.	Were change orders requested, what type, and were they granted, refused, and why?		
3.	Did the contractor provide enough labor to maintain the schedule?		
4.	Did the contractor provide on-site supervision, and how much supervision was provided on a daily basis?		
5.	Did the contractor move his labor to other jobs and not work on your site during the course of the work?		
6.	What types of problems did you encounter, and how were they handled by the contractor?		
7.	Did they communicate well with staff?		
8.	Were pay requests timely, accurate, and easy to read and contain all required backup information?		
9.	Was the punch list and work required for substantial and full completion done efficiently? Were there any responsibility issues?		
10.	Would you consider using this firm again?		
11.	Any other comments you would like to make about the Firm		

**Rating: 1=Poor 2=Fair 3=Average 4=Good 5=Excellent**

For internal use only (Staff Reviewer) \_\_\_\_\_

**SWORN STATEMENT ON PUBLIC ENTITY CRIMES**

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

1. 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 any agency or political subdivision of any other state or with the United States, including, but not limited to, any proposals or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
2. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of the 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, nonjury trial, or entry of a plea of guilty or nolo contendere.
3. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
  - a. A predecessor or successor of a person convicted of a public entity crime; or
  - b. An entity under the control of any 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 for fair market value under an arm's length agreement, shall be a prima facie case that one 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.
4. 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 proposals or applies to proposals on contracts for the provision of goods or services 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.
5. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies.)

\_\_\_\_\_ Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to 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 management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to 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 management of the entity, or an affiliate of the entity has been 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.

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: \_\_\_\_\_

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_  who is personally know to me  
or  who has presented the following type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink) or printed, typed or stamped name of Notary and Commission Number

**SIGNATURE PAGE**

The signatory of this application guarantee, as evidenced by the sworn affidavit required herein, the truth and accuracy of all statements and of all answers to interrogatories made.

The undersigned hereby authorize(s) and request(s) any public official, engineer, architect, surety company, bank, depository, material or equipment manufacturer or distributor or any person, firm or corporation to furnish any pertinent information requested by the Pre-Qualification Committee deemed necessary to verify the statements made in this application or regarding the standing and general reputation of the applicant.

Company Name: \_\_\_\_\_ dated this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature Printed Name and Title of Signatory

**AFFIDAVIT FOR INDIVIDUAL**

State of: Florida County of: \_\_\_\_\_

, being duly sworn, deposes and says that the financial statement taken from his/her books is a true and accurate statement of his/her financial conditions as of the date thereof, and that the answers to the interrogatories contained therein are true; and that the statements and answers to the interrogatories of the experience questionnaire are correct and true as of the date of this affidavit.

Applicant's Signature: \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

by \_\_\_\_\_  who is personally know to me

or  who has presented the following type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink) or printed, typed or stamped name of Notary and Commission Number

**AFFIDAVIT FOR PARTNERSHIP**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

, being duly sworn, deposes and says that he/she is a member of the firm of \_\_\_\_\_  
and that the financial statement taken from his books is a true and accurate statement of his financial conditions as  
of the date thereof, and that the answers to the interrogatories contained therein are true; and that the statements and  
answers to the interrogatories of the experience questionnaire are correct and true as of the date of this affidavit.

Applicant's Signature \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_  who is personally know to me or  who has

presented the following type of identification \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink) or printed, typed or  
stamped name of Notary and Commission Number

**AFFIDAVIT FOR CORPORATION**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

, being duly sworn, deposes and says that he/she is (title) \_\_\_\_\_

of the \_\_\_\_\_, the corporation described in and that executed the foregoing  
statement that he/she is familiar with the books of said corporation showing i's financial condition; that the financial  
statement taken from the of said corporation is a true and accurate statement of the financial conditions of said  
corporation as of the date thereof, and that the answers to the interrogatories contained therein are true; and that the  
statements and answers to the interrogatories of the experience questionnaire are correct and true as of the date of  
this affidavit.

Applicant's Signature \_\_\_\_\_

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

by \_\_\_\_\_  who is personally know to me or

who has presented the following type of identification \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Notary seal (stamped in black ink) or printed, typed or  
stamped name of Notary and Commission Number