

## City of Sanford Florida – Purchasing Division

300 N. Park Avenue (P.O. Box 1788) Sanford, Florida 32771  
 Phone: 407.688.5028 FAX: 407.688.5021 email: [purchasing@sanfordfl.gov](mailto:purchasing@sanfordfl.gov)



**REQUEST FOR QUALIFICATIONS (RFQ) Date Issued: 08-30-2015**

<b>SOLICITATION TITLE</b>	<b>REQUEST FOR QUALIFICATIONS CATALYST SITE DEVELOPER, SANFORD, FLORIDA</b>	
<b>SOLICITATION NUMBER</b> RFQ 14/15 -21	<b>RESPONSE DUE: OPENING DATE &amp; TIME</b> 09-30-2015 at 2:00 P.M.	
<b><u>Deliver Submissions</u></b> <b>to</b> 300 N Park Avenue (City Hall) Room- 236 (second floor)		<b>Response Opening Location</b> 300 N Park Avenue (City Hall) Room 117 (City Commission Chambers)
<b>INSTRUCTIONS, SUBMISSION DOCUMENTS, ADDENDA AS IT OCCURS, ETC. MAY BE OBTAINED AT:</b>  <a href="http://WWW.MYVENDORLINK.COM">WWW.MYVENDORLINK.COM</a>		<b>GENERAL INFORMATION ABOUT CITY OF SANFORD PURCHASING:</b>  <a href="http://WWW.SANFORDFL.GOV/INDEX.ASPX?PAGE=881">WWW.SANFORDFL.GOV/INDEX.ASPX?PAGE=881</a>
<b>Blackout Period/Cone of Silence applies:</b>  08-24-15 thru 10-30-15	<b>ADA Assistance Call:</b>  407.688.5025 48 hours in advance	<b>Questions must be directed to:</b> <a href="http://www.myvendorlink.com">www.myvendorlink.com</a> or RFI form sent directly to: <a href="mailto:purchasing@sanfordfl.gov">purchasing@sanfordfl.gov</a>  Phone: 407-688-5030
<p>The City hereby requests qualifications from interested parties to redevelop certain City-owned properties, in Sanford, Florida who will actively pursue redevelopment of the property within the framework of objectives, requirements and compliances identified by the City to meet desired economic development and redevelopment objectives identified by the City.</p>		
<p><a href="http://www.myvendorlink.com">www.myvendorlink.com</a> is the official solicitation posting site for the City. Information, applicable forms, documents, specifications, instructions, etc. are available at no cost to all interested parties for review, downloading and printing at this site. Also, information regarding addenda, responses to RFIs, plan-holder lists, evaluation results, etc. are posted on this site. Electronic notification is provided to registered respondents as related to each specific solicitation.</p>		
<p><b>A Cone of Silence/Black-out-period applies to this solicitation:</b> Attempts to contact City Commission members, members of the Evaluation and Selection Committee or any other City official and/or employee other than through the City's Purchasing Manager during this procurement process shall not be allowed. Any attempts to contact, fraternize, or influence personnel indicated above shall result in disqualification of the offending party or firm.</p>		

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## GENERAL CONDITIONS AND INSTRUCTIONS – RFQ

### 1. The City reserves the following rights:

A. To reject any and all submissions either in part or in their entirety, to waive informalities, to enter into negotiations with respondents in the order of ranking and to effect an award or to make no award as deemed to be in the best interests of the City.

B. To declare any Respondent ineligible at any time during the solicitation process where developments arise which adversely affect the Respondent's responsibility.

C. To conduct any investigation and consider any evidence relevant to the qualifications and capabilities of the Respondent to perform the work contemplated.

### 2. PREPARATION OF RESPONSE(S)

A. Respondents are expected to examine this RFQ form, attached drawings, any and all instructions, etc. Failure to examine all documents provided with this document will be at the Respondents risk. Respondents are responsible to make all necessary investigations to inform themselves thoroughly as to all difficulties involved in the completion of all work required pursuant to the mandates and requirements of this RFQ. No plea of ignorance or difficulties that may hereafter exist, or of conditions or difficulties that may be encountered in the execution of the work pursuant to this RFQ. Any exceptions or deviations to the RFQ shall be resolved against the Respondent and may result in negating the associated Submission.

B. All submissions must be signed with the firm name and by a responsible officer or employee. Obligations assumed by such signature must be fulfilled. Submissions shall be enclosed in sealed envelopes, with the Submission Transmittal Form and other required forms, addressed to the office specified in the Invitation with the name and address of the Respondent, 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. Facsimile or Telegraphic Responses will not be accepted.

C. Each Respondent shall furnish the information required by the Submission Form and each accompanying sheet thereof on which he makes an entry. **Submissions must be submitted using the form(s) provided or as instructed and shall include all attachments indicated. Failure to include the required forms, correctly completed, may disqualify your submission.**

D. All costs associated with preparation and submission of the Submissions and any other information shall be borne entirely by the Respondent.

E. Questions: Any Respondent who is in doubt as to the true meaning of any part of the RFQ Documents, or finds a discrepancy or omission therein, is to contact F. William Smith, Purchasing Manager using the RFI process for an interpretation or correction which shall be provided to all plan-holders as an addendum to the request. **Only interpretation, instructions or correction(s) given, in writing, by the Purchasing Manager will be recognized by the City and binding.**

(1). To enable timely issuance of addenda, questions requests for clarification or correction must be submitted no less than

seven (7) days prior to the indicated opening date.

(2). NOTE: To ensure that your submission is responsive, you are urged to request clarification or guidance on any issues involving this RFQ prior to its submission. Please note that failure to provide the requested information on the forms using the format requested may render your Submission non-responsive.

F. The accuracy and reliability of all data, analysis, information, statements and opinions associated with this RFQ are the responsibility of and must be verified by the Respondent. The Respondent is hereby instructed to base any offer on his or her own investigation and conclusions regarding the property and associated condition, analysis, projections, off site issues which affect the property, restoration requirements, etc.

### 3. ANTI-DISCRIMINATION STATEMENT

The City is committed to assuring equal opportunity in the award of agreements and, therefore, complies with all Federal, State, and Local Laws prohibiting discrimination on the basis of race, color, religion, national origin, handicap, age and gender.

### 4. ADDENDA AND CHANGES

Plan holders who registered and downloaded the RFQ Documents from VendorLink, the City's official internet posting site for solicitations will be notified regarding all Addenda. Receipt of each Addendum shall be acknowledged in the Submission Form; failure to do so may subject the Respondent to disqualification. It shall be the Respondent's responsibility to ensure that they have received all Addenda prior to the opening date.

### 5. CERTIFICATE OF INDEPENDENT SUBMISSION

By submission of this response, the Respondent certifies, and in the case of a Joint Submission, each party thereto certifies as to its own organization, that in connection with this procurement the Submission was:

- (1). prepared and arrived at independently and without assistance from any City consultant, contractor or personnel.
- (2). has not been knowingly disclosed directly or indirectly to any other Respondent.
- (3). no attempt has been made or will be made by the Respondent to induce any other person or firm to submit a submission with the purpose of restricting competition.

### 6. WITHDRAWAL OF RESPONSE(S)

Submissions cannot be altered or withdrawn after the stipulated opening date and time and prior to the end of the stipulated consideration time frame without placing the Respondent in default.

### 7. ANTITRUST

By entering into an agreement, the Respondent conveys, sells, assigns, and transfers to The City all rights, title and interest in and to all causes of action it may now have or hereafter acquire under the antitrust laws of the United States and the State of Florida, relating to the particular goods or services

purchased or acquired by the City under said agreement.

#### 8. ASSIGNMENT OF AGREEMENT

An agreement resulting from this Request shall not be assignable by the Respondent in whole or in part without the written consent of the City.

#### 9. DEFAULT

As a result of Submissions received under this Invitation, the award of the agreement may be based, in whole or in part, on subsequent negotiations including, but not limited to, delivery/completion and/or specific terms, conditions or specification factor(s) when so indicated. Accordingly, should the Respondent not meet indicated factor(s) set forth by the City or should the Respondent fail to perform any of the other provisions of or this Request or related agreement(s), the City may declare the Respondent in default and terminate the whole or any part of the agreement.

#### 10. FAILURE TO ENFORCE

On the part of the City shall in no way be construed or interpreted as a waiver of any of the City's rights and remedies.

#### 11. PERFORMANCE TIME IS OF THE ESSENCE

A. In the delivery of response to this RFQ and any other required information or documentation including the performance under the agreement and failure to perform in accordance with the requirements forth.

#### 12. BONDS AND INSURANCE

All Bonds and insurance required to be provided and maintained by the Respondent shall be obtained from surety or insurance companies that are duly licensed or authorized in the State of Florida. to issue Bonds or insurance policies for the limits and coverage so required.

A. The Bonding and insurance required must be "in-place" Before commencement of work.

B. Indemnification: To the fullest extent permitted by law, the Respondent will indemnify and hold harmless the City from and against all claims, damages, losses, and expenses, including reasonable attorney's fees, arising out of or resulting from the performance of their operations under any agreement resulting from this Request..

13. HOURS THE CITY WILL ACCEPT DELIVERIES Monday through Thursday, except for holidays, 8:00 a.m. to 4:00 p.m.

#### 14. ADDITIONAL DELIVERY INFORMATION

The City of Sanford will assume responsibility only for items actually ordered by a City of Sanford Contract/purchase order.

#### 15. EXTENSION

Any contract resulting from this solicitation may be renewed only as provided by the contract itself.

#### 16. GOVERNING LAW AND VENUE

This RFQ and any resultant agreement(s), including purchase orders, shall be governed by the Laws of the State of Florida and the Purchasing Policy of the City. In the event of any

litigation, the venue shall be of the Eighteenth Judicial Circuit in and for Seminole County, Florida.

#### 17. APPLICABLE INTERNET BASED DOCUMENTS

By this reference, items listed below are hereby understood to be incorporated into the RFQ documents as if physically attached and fully set forth therein verbatim. A sample of the standard agreement used by the City and terms and conditions applicable to City issued purchase orders. This information is available at:

A. PO Terms and Conditions:

<http://www.sanfordfl.gov/index.aspx?page=879>

B. Contract and terms and conditions:

<http://www.sanfordfl.gov/index.aspx?page=883>

C. Applicable Insurance Requirements:

<http://www.sanfordfl.gov/index.aspx?page=877>

D. Solicitation documents, Tabulations, addenda, notices applicable to submissions will be posted in the section from which the solicitation was downloaded:

<http://www.myvedorlink.com>

E. Applicable forms by number are listed on the response submission sheet:

#### 18. CONSULTANT QUALIFICATIONS

A. Must possess the blend of education and knowledge to complete this type of project as determined acceptable by the City.

B. Must possess the required licensing and insurance.

C. Must comply with all Federal, State & Local requirements.

#### 19. AGENT, REPRESENTATIVE OR FACILITATOR FOR THE CITY OF SANFORD

Any offer for the purchase and sale of the real property identified herein tendered by any real estate broker, real estate agent, attorney or any other person shall not be deemed to be an agent, representative, or facilitator acting on behalf of the City. Neither will the City be responsible for any commission or fees for representation unless specifically and expressly previously agreed upon by the City. The City may elect to enter such an agreement, but shall not be bound to do so. This provision shall not be interpreted as prohibiting real estate broker, real estate agent, attorney or any other person from obtaining compensation from the purchaser or developer with regard to the transaction with the City.

## **SUMMARY OF THE RFQ AND PROCESS:**

### **INTRODUCTION:**

The City hereby requests the **PROFESSIONAL QUALIFICATIONS** and **SPECIFIC PROJECT EXPERIENCE** from DEVELOPER(S) or DEVELOPMENT TEAMS who may be interested in the redevelopment of up to eight (8) City-owned parcels (~5.25 acres) within the Lake Monroe Waterfront Downtown Sanford Community Redevelopment Area (Catalyst Site). Development team qualifications will be reviewed for applicability and relevancy to the redevelopment objectives of the City, the Lake Monroe Waterfront Downtown Sanford Community Redevelopment Area Community Redevelopment Plan and the development parameters outlined below. The City will review and rank the submissions received and may request the top three (3) ranked submitters to make a formal presentation before the Sanford City Commission and CRA. The City Commission will select a preferred Developer(S) Or Development Team for further negotiations and possible drafting of a Letter of Understanding regarding the future development of the Catalyst Site.

### **OBJECTIVE:**

The City is seeking qualifications from potential development partners with the qualifications and experience to deliver a shared vision for the initial Lake Monroe Waterfront Downtown Sanford CRA catalyst project on the CATALYST SITE. The City envisions the development of an authentic urban neighborhood of high architectural quality. The redevelopment of the waterfront Catalyst Site is identified as a strategy and objective in the adopted Lake Monroe Waterfront Downtown Sanford Community Redevelopment Plan. The site is located within the City's Downtown Historic District and Community Redevelopment Area. The future development of the site will be required to maintain the historic architectural themes, appearance and styles demonstrated in the adjacent buildings.

Developers or Development Teams are asked to provide information to demonstrate the requested professional experience and qualifications related to:

- Development and construction of a variety of residential housing types including, single family homes, townhouses and multi-family buildings.
- Contextual Architecture and Urban Design within Historic Districts
- Infill and Urban Redevelopment
- Public-Private Partnerships
- Financial Resources

The property referred to herein as the "CATALYST SITE" includes the blocks that are generally located north of First Street between Palmetto Avenue and Sanford Avenue and south of Seminole Boulevard and a portion of the block generally located north of Commercial Street between Hood Avenue and Palmetto Avenue and south of Seminole Avenue within the City's Lake Monroe Waterfront Downtown Sanford CRA, comprising approximately 5.25 acres, and includes the following parcels:

A-25-19-30-501-0000-0200

(1.04 AC)

B-25-19-30-501-0000-0210

(0.92 AC)

C-25-19-30-300-0020-0000  
(0.79 AC)  
D-25-19-30-501-0000-0450  
(0.56 AC)  
E-25-19-30-501-0000-0410  
(0.85 AC)  
F-25-19-30-5AG-0201-0120  
(0.35 AC)  
G-25-19-30-5AG-0201-0010  
(0.59 AC)  
H- 25-19-30-5AG-0201-0090  
(0.25 AC)

See Attachment "CATALYST SITE MAP AND AFFECTED PARCELS"

The City reserves the right to reject all submissions, and to take any other action deemed to be in the best interests of the City with regard to the RFQ.

**CITY VISION AND DESIRED GOALS FOR REDEVELOPMENT OF THE CATALYST SITE:**

The Catalyst Site is located between Sanford’s historic 1st Street and the Sanford RiverWalk along Lake Monroe, fronting on the Sanford Marina.

The development of a *mixed-use urban neighborhood* has been identified by the City as a desired development pattern for this area. The City envisions redevelopment of the Catalyst Site to include a mix of residential uses that may include single family, multifamily, live-work units and townhomes.

**EVALUATION OF SUBMISSIONS:**

The City’s Evaluation and Selection Committee will evaluate all submissions received by the City on the basis of the criteria set forth below and as provided herein. The proposed ranking of the qualifications of respondents will be made to the City Commission who shall accomplish the final ranking and make final decisions in all respects as to this RFQ. The City Commission shall be the sole judge of the City’s best interests, the submissions, discussions, presentations, and the resulting agreement(s). The City Commission’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 schedules, past record of integrity and past record of performance. The Evaluation and Selection Committee will evaluate each submittal on the basis of the requirements of the RFQ.
- B. The Evaluation and Selection Committee will review and rank the submissions received for consideration by the City Commission. The City Commission may request the top three (3) ranked responders, or more in its discretion, to make a formal presentations before the City Commission and any other bodies who the City Commission may ask to attend such presentations.
- C. The City Commission will select a preferred Developer or Development Team for further negotiations and possible drafting of an agreement or agreements regarding the future development of the Catalyst Site.

The City will enter into negotiations with preferred Developer or Development Team ranked number one in an effort to establish an initial agreement for the identified services and proposed development process. If an initial agreement cannot be reached with the preferred Developer or Development Team ranked number one, negotiations will be broken off and entered into with the Developer or Development Team ranked number next highest and so on until an initial agreement is reached. It is noted that once negotiations are broken off with a respondent, they may not be reopened with that respondent.

**EVALUATION: RFQ 14/15--21 WATERFRONT DEVELOPER**

**Respondent's Name:** \_\_\_\_\_

<b>Responsiveness of Submittal</b>		
Comprehensive, relevant and organized response to RFQ, Overall thoroughness, completeness and quality of submission.	<b>10</b>	
<b>Relevance of Presented Experience and Qualifications</b>		
The professional and project experience submitted is relevant to the City's redevelopment objectives and addresses : <ul style="list-style-type: none"> <li>• Development and construction of a variety of residential housing types including, single family homes, townhouses and multi-family buildings.</li> <li>• Contextual Architecture and Urban Design within Historic Districts</li> <li>• Infill and Urban Redevelopment</li> <li>• Public-Private Partnerships</li> <li>• Financial Resources utilized on Past Projects</li> </ul>	<b>50</b>	
<b>Financial Resources of Respondent</b>		
Sufficiency of the financial resources of the Respondent to complete the Project	<b>15</b>	
<b>References</b>		
References of the firm, development team.	<b>25</b>	
<b>TOTAL POINTS</b>	<b>100</b>	

**Note:** The City reserves the right to evaluate, prior to making an award, current financial statements and data from the applicants, the ability to comply with required schedule, past record of integrity and record of performance.

Scorer: \_\_\_\_\_

Signature: \_\_\_\_\_

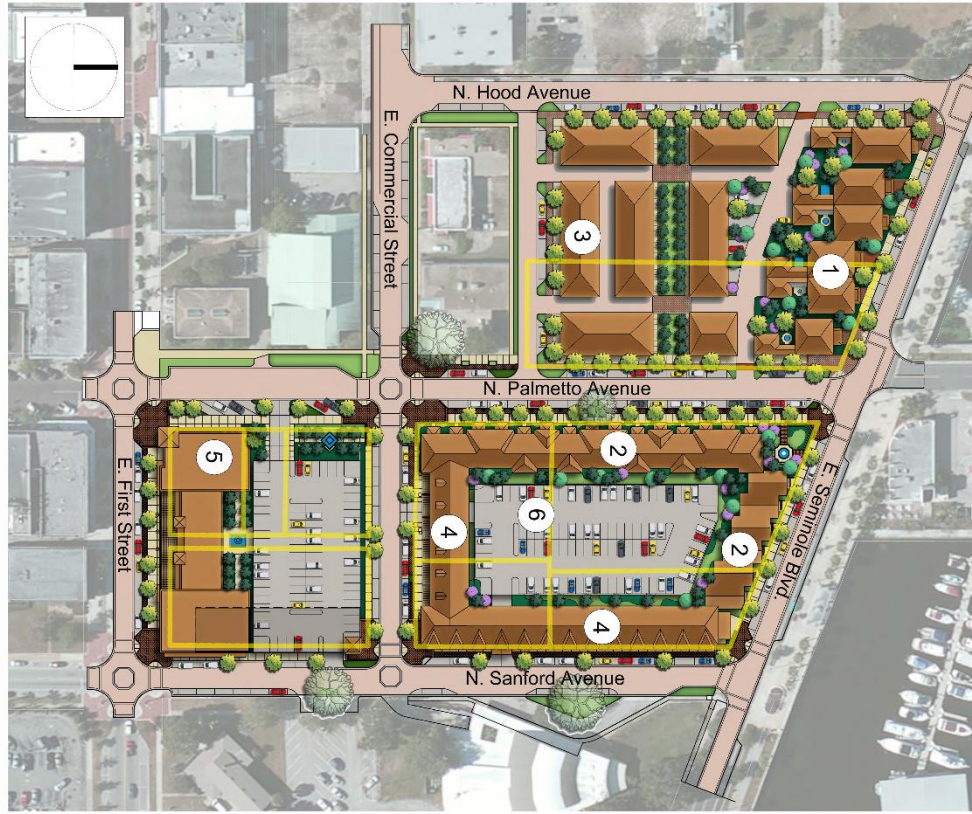
Date: \_\_\_\_\_

Comments: (Add Sheet(s) if additional space is needed)



# CATALYST SITE INFORMATION

WATERFRONT CONCEPTUAL MASTER PLAN



## LEGEND

- 1 Single Family Detached: 6 Units  
Lot size approx: 45' x 110'  
Detached rear garage with courtyard
- 2 Attached Townhouse: 21 Units  
Unit size approx: 3 Story 25'x40'  
Parking in adjacent structure
- 3 Attached Townhouse/Multi-Family: 29 Units  
Unit size approx: 3 story 25'x38'  
Parking under unit  
Access by alley
- 4 Mixed Use: 19 Residential Flats  
Commercial retail ground floor  
Office or residential flat above.  
20,100 s.f. Retail
- 5 Hotel:  
80 - 100 keys - 3 to 4 Story  
Ground floor retail on Sanford Avenue  
9,068 s.f.  
Parking Structure: 3 Story  
240 Spaces
- 6 Parking Structure: 3 Story  
285 Spaces


  
**Waterfront Master Plan**



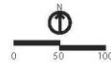




Development Program

-  10 - Estate Homes (3,600 - 5,400 sf)  
Homesites (45 x 90', 55 x 90', 60 x 90')
-  34 - Townhomes (1,800 - 2,200 sf)  
Three story tuck under garage
-  60 - Stacked Flats (900 - 1,500 sf)  
Three story surface parked

± 104 Total Dwelling Units  
± 4.65 Total Acres  
± 22.4 DU/AC



Note: This work is conceptual in nature and all graphics and data presented are approximate and based off of available data. All information is subject to change pending engineering, architectural, or regulatory review.



Downtown Sanford Waterfront Development  
Sanford, FL



**FORMS**  
**RESPONSE TRANSMITTAL FORM:**

**PART 1 GENERAL**

**1.01 Description**

The following RFQ for Catalyst Site Developer, RFQ (1)14/15-21, is hereby made to the City of Sanford. This Response is submitted by (\*).

*(\*) Name, address, email and telephone number of Respondent (is the individual signing this submission is other than an Officer of the Company indicated above, documentation indicating the vested authority to commit the Company must be attached to this transmittal form.*

**1.02 The Undersigned:**

A. Acknowledges receipt of:

1. The specifications and submission documents as provided by the City.
2. Addenda:   Number       \_\_\_\_\_       Dated \_\_\_\_\_  
                  Number       \_\_\_\_\_       Dated \_\_\_\_\_  
                  Number       \_\_\_\_\_       Dated \_\_\_\_\_

B. Has examined requirements and details germane to the RFQ and all related documents and understands that in submitting a response, the respondent hereby waives all right to plead any misunderstanding regarding the same.

C. Agrees:

1. To hold this Response open for 90 calendar days after the opening date.
2. The undersigned, acknowledges that the City has reserved the right to reject any submissions which are non-responsive or were submitted by a non-responsible entity.
3. The undersigned agrees to negotiate in good faith to enter into and execute agreement(s) with the City.
4. To accomplish the work, deliveries or other required performance in accordance with the agreement(s) with the City.

**1.03 Firm qualifications, experience, financial capability, and references shall be attached to this form**

**1.04 Miscellaneous Requirements and Affirmations**

A. Response must be on the Form(s) provided or as directed by the City.

**Submission Response package shall include one complete set of original documents and one thumb drive or disc which contains the entire response in pdf format.**

B. I have attached the indicated fully executed forms to this RFQ submission as required:

**1.05** SUBMITTED, signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, 2015

\_\_\_\_\_  
Respondent

(CORPORATE SEAL)

\_\_\_\_\_  
By (Signature) Date

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone No. Facsimile No. ATTEST:

**MARK THE EXTERIOR OF ENVELOPE CONTAINING YOUR QUALIFICATIONS RESPONSE:**

YOUR COMPANY NAME & ADDRESS AS THE RETURN ADDRESS

**ADDRESS OR DELIVER TO:**

William Smith, Purchasing Manager

Physical Delivery Address: 300 N. Park Ave., Room 236, Sanford, FL 32771

Mailing Address: P.O. Box 1788, Sanford, FL 32772

**IN LOWER LEFT CORNER OF ENVELOPE, PROVIDE THE FOLLOWING:**

**Solicitation Number and Title: RFQ 14/15-21 CATALYST SITE DEVELOPER**

**Opening Date: September 30, 2015 Open Time: 2:00 pm**

**Non-collusion Affidavit of Offeror/Bidder**

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 \_\_\_\_\_, 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

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 submitted with your proposal

## 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.

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Firm

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Authorized Signature	Date
----------------------	------

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Printed or Typed Name and Title

This form must be submitted with your proposal

## 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

This form must be submitted with your proposal



**Conflict of Interest Statement**

\_\_\_\_\_ of \_\_\_\_\_ deposes and states that

Name of Affiant \_\_\_\_\_ Name of Company \_\_\_\_\_

1. The above named entity is submitting an Expression of Interest for the City of Sanford project identified below.
2. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
3. 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.
4. 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.
5. 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.
6. 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.
7. 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 of Sanford.
8. 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 City of Sanford.
9. 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 of Sanford in writing.

\_\_\_\_\_  
Signature of Affiant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Typed or Printed Name of Affiant \_\_\_\_\_ Title \_\_\_\_\_

State of \_\_\_\_\_ 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 submitted with your proposal

## Florida Statutes On Public Entity Crimes

1. This sworn statement is submitted to The City of Sanford  
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:
  - A. A predecessor or successor of a person convicted of a public entity crime: or
  - B. 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)

The remainder of this page is blank-the next page contains notarization

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public of the State of \_\_\_\_\_, 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 submitted with your proposal

### Certification of Non-Segregated Facilities

By affixing his signature to this form, the Bidder certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. The Bidder certifies further that he will not maintain or provide for his employees any segregated facilities at any location under his control where segregated facilities are maintained. The Bidder agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this Bid. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, restaurants and other eating areas, time clocks, locker rooms and other storage and dressing areas, parking lots, drinking fountains, recreation or entertainment area, transportation and housing facilities provided for employees which are segregated by explicit directive, or are in fact segregated on the basis of race, color, religious disability or national origin, because of habit, local custom, or otherwise. The Bidder agrees that (except where he has obtained identical certifications from proposed subcontractors for specific time periods) he will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity clause, and that he will retain such certifications in his files.

The nondiscriminatory guidelines as promulgated in Section 202, Executive Order 11246, and as amended by Executive Order 11375 and as amended, relative to Equal Opportunity for all persons and implementations of rules and regulations prescribed by the United States Secretary of Labor are incorporated herein.

**NOTE:** The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

Date: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_

Print Name

Title

Official Address:

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

This form must be submitted with your proposal

**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: Premises/ Operations; Products/Completed Operations; Contractual liability; Independent Contractors, Explosion; Collapse; Underground	\$ 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
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
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 submitted with your proposal

**PUBLIC RECORDS LAW**

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 submitted with your proposal

**Unauthorized (Illegal) Alien Workers**

The CITY will not intentionally award publicly-funded contracts to any contractor who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324a(e) Section 274A(e) of the *Immigration and Nationality Act (INA)*. The CITY shall consider the employment by the CONTRACTOR of unauthorized aliens, a violation of Section 274A(e) of the *INA*. Such violation by the CONTRACTOR of the employment provisions contained in Section 274A(e) of the *INA* shall be grounds for immediate termination of this Agreement by the CITY.

1. By executing this certification, the CONTRACTOR certifies that \_\_\_\_\_  
\_\_\_\_\_ (name of company) does not and will not during the performance of any contract resulting from the solicitation identified below employ illegal alien workers or otherwise violate the provisions of the federal Immigration Reform and Control Act of 1986.

2. The Undersigned agrees to, upon request of the City, provide copies of Immigration Form I-9 for each person associated with the above named company who has been or is present at the designated jobsite associated with any work or project resulting from this solicitation.

CONTRACTOR: \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Affix Corporate Seal

STATE OF )  
 )  
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 submitted with your proposal



**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: \_\_\_\_\_  
\_\_\_\_\_

The address of the principal place of business is: \_\_\_\_\_  
\_\_\_\_\_

a. FEI/EIN Number: \_\_\_\_\_

b. Trade Mark Name: \_\_\_\_\_

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

a. Date of Incorporation: \_\_\_\_\_

b. State of Incorporation: \_\_\_\_\_

c. CEO/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:

---

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 IF CONSIDERED NECESSARY BY THE CITY.

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.

This form must be submitted with your proposal

**TRUTH IN NEGOTIATIONS CERTIFICATE**

THIS IS TO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE WAGE RATES AND OTHER FACTUAL UNIT COSTS SUPPORTING THE COMPENSATION (AS DEFINED IN SECTION 287.055 OF THE FLORIDA STATUTES (OTHERWISE KNOWN AS THE "CONSULTANTS' COMPETITIVE NEGOTIATIONS ACT" OR CCNA) AND REQUIRED UNDER CCNA SUBSECTION 287.055 (5) (A)) SUBMITTED TO THE CITY OF SANFORD, FLORIDA COUNTY PURCHASING AND CONTRACTS DIVISION, CONTRACTS SECTION, EITHER ACTUALLY OR BY SPECIFIC IDENTIFICATION IN WRITING, IN SUPPORT OF \_\_\_\_\_\* ARE ACCURATE, COMPLETE, AND CURRENT AS OF \_\_\_\_\_(DATE)\*\*. THIS CERTIFICATION INCLUDES THE WAGE RATES AND OTHER FACTUAL UNIT COSTS SUPPORTING ANY WORK ORDERS OR AMENDMENTS ISSUED UNDER THE AGREEMENT BETWEEN THE CONSULTANT AND THE CITY OF SANFORD.

FIRM \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE OF EXECUTION\*\*\* \_\_\_\_\_

\*IDENTIFY THE PROPOSAL, REQUEST FOR PRICE ADJUSTMENT, OR OTHER SUBMISSION INVOLVED, GIVING THE APPROPRIATE IDENTIFYING NUMBER: \_\_\_\_\_

\*\*INSERT THE DAY, MONTH, AND YEAR WHEN WAGE RATES WERE SUBMITTED OR, IF APPLICABLE, AN EARLIER DATE AGREED UPON BETWEEN THE PARTIES THAT IS AS CLOSE AS PRACTICABLE TO THE DATE OF AGREEMENT ON COMPENSATION.

\*\*\*INSERT THE DAY, MONTH, AND YEAR OF SIGNING.

(END OF CERTIFICATE)

THIS FORM IS PROVIDED AT THIS TIME FOR INFORMATIONAL PURPOSES

**REQUEST FOR INFORMATION (RFI)  
CITY OF SANFORD, FLORIDA**

**THERE WILL BE NO RESPONSE TO RFI'S SUBMITTED 7 DAYS OR LESS FROM OPENING DATE. RESPONSE TO AN RFI MAY BE PROVIDED VIA ADDENDUM OR DIRECTLY IN THE Q AND A SECTION ON THE VENDORLINK SITE AS RELEVANT TO THIS SPECIFIC SOLICITATION. IT IS NOTED, THAT THE PREFERRED PROCESS TO SUBMIT QUESTIONS IS VENDORLINK.**

**DATE:**

**RFI No:**

**SOLICITATION NAME AND NUMBER: RFQ 15/16-21 CATALYST SITE DEVELOPEMENT**

**NAME OF FIRM SUBMITTING RFI:**

**ADDRESS:**

**NAME OF INDIVIDUAL SUBMITTING RFI:**

**PHONE AND EMAIL INFORMATION**

**QUESTION OR ISSUE (PLEASE BE SPECIFIC):**