

#### RFQ 14-D-00050; City-Wide Parking Garage Improvements Design

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

**RFQ- 14-D-00050 -** The City of Tampa desires to obtain Professional Architectural or Engineering Inspection, Study, and Design services for improvements to Parking Structures in the City of Tampa.

The project include but is not limited to a complete conditions assessment effort for 8 parking structures that entails over 9,000 parking spaces or approximately 3.4 million square feet. The assessment includes but is not limited to a comprehensive inspection and review of structural, mechanical, electrical systems; expansion joint reviews, water intrusion documentation, elevators, and egress stairs. Firm will prepare an assessment report with associated cost estimates for required improvements to sustain the operational service life of the structures. Services will ultimately include preparation of construction documents; ADA and Tampa Code Chapter compliance as required, shop drawing review, and associated activities required during construction as well as post design services as a means of implementing necessary repairs and upgrades.

The services are anticipated for a three year period. Total fees are estimated at about \$300,000

A pre-submittal conference will be held at 3:00 P.M., Tuesday August 12, 2014 in the City Council Chambers 3<sup>rd</sup> Floor Old City Hall 315 E Kennedy Blvd, Tampa, FL 33602. Attendance is not mandatory.

Reference material may be posted at; <a href="http://www.tampagov.net/dept\_contract\_administration/programs\_and\_services/architectural\_engineering\_construction\_and\_related\_rfqs/index.asp">www.tampagov.net/dept\_contract\_administration/programs\_and\_services/architectural\_engineering\_construction\_and\_related\_rfqs/index.asp</a>. Unless otherwise posted, no further data will be available before the deadline established for the submission of Letters-Of-Interest.

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

Firms desiring to provide these services to the City must submit A Single Electronic File in Searchable PDF format, Smaller than 3MB, that includes a Letter of Interest referring to RFQ 14-D-00050, Statement of Qualifications and any supplemental material allowing evaluation for further consideration based upon the following criteria/point system: Successful Comparable Project Experience, (40); Project Approach (30); Workload and availability (10); Past performance/Low amount of City work (5); Standard Form #330 (or #254)(5); Planned WMBE/SLBE Solicitation & Utilization, Form MBD 10 & 20 (10 pts).

The PDF file must be addressed to: Mike Herr, Chairman, Consultants' Competitive Negotiation Committee, City of Tampa CAD - 4th Floor North, 306 E. Jackson Street, Tampa, Florida 33602, then

E-Mailed to

ContractAdministration@tampagov.net
Before 2 PM, Thursday, September 4th,
2014.

Submitters should save the e-mail receipt which should follow within a day of your submission. Submissions made on the deadline day may not be acknowledged before the deadline.



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

Contract No.:	Contract Name:						
Contractor Na	me: Address: Phone: Fax: Email:						
Federal ID:	Phone:	Fax:	Ema	il:			
No Firms w	ere contacted/solicited for this contract. ere contacted because: ed documents with supplemental information.						
NIGP Code General	Categories: Buildings = 909, General = 912, Heavy = 913, Tra	ndes = 914, Archite	cts = 906, Engineers &	Surveyors = 925,	Supplier = 912-7	7	
This DMI Sch	nedule Must Be Submitted with the Bid or I	Proposal (Do	Not Modify Th	is Form)			
S = SLBE W=WMBE	Company Name		Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic	Trade or Services	Contact Method L=Letter	Quote or	
Federal ID	Address Phone & Fax		Am.  AF AM = Asian Am.  NF NM = Native Am.  CF CM = Caucasian	NIGP Code (listed above)	F=Fax E=Email P=Phone	Resp. Rec'd Y/N	
contracting o	ertified that the information provided is an a pportunities on this contract. <i>This form m</i> e ailing to sign DMI forms may result in Non-Co	ust be comp	oleted and sub	mitted with			
Signed:	Name/T	Fitle:	alatina (lite f	[	Date:		
MBD 10 rev. 02/	Note: Detailed Instruction	ons for com	pieting this forn	n are on the	e next page	2	



#### Page 2 of 4DMI - Solicited/Utilized

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

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

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

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

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

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



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

Contract No.:	Contract Name:	Contract Name:         Address:           Phone:         Fax:         Email:							
Contractor Name:			Address:						
Federal ID:	Phone:	Fax:	Email:						
NIGP Code General Categories: E	ents.  of any kind) will be performe  Buildings = 909, General = 912, Heavy  Schedule Must Be Submi	= 913, Trades = 914,	Architects = 906, Enginee						
	ll Local Business Enterprises, "W" for firm Company Name Address Phone & Fax			Trade, Services, or Materials NIGP Code Listed above	Amount of Quote. Letter of Intent if available.	Percent of Scope/Contract %			
				usovo					
Total SLBE Utilization \$ Total WMBE Utilization 9	lier Utilization \$ \$ n of Total Bid/Proposal Amt.		ent WMBE Utilization	of Total Bio	d/Proposa	ıl Amt. %			
It is hereby certified that to contract. <i>This form mus</i> i	the following information is a top the completed and submitted and submitted and submitted the deemed non-responsive.	true and accurate	e account of utilizatio	n for sub-coi	ntracting o	pportunities on th			
Signed:	Note: De	Name/Title:			Date:				
MBD 20 rev. 02/01/13	Note: De	tailed Instruct	ions for completin	a this form	are on t	he next page.			



#### Page 4 of 4DMI - Solicited/Utilized

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

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

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

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

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

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