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

RFQ 13-C-00024; HFCAWTP #2 High Purity Oxygen Generator Rehab. **Design-Build**

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- 13-C-00024 - The City of Tampa desires to obtain **Design-Build** Services to complete the rehabilitation of the existing No.2 Cryogenic High Purity Oxygen (HPO) generation system used for the carbonaceous reactors at the Howard F. Curren AWTP located at 2700 Maritime Blvd.

The project will be completed in two phases: Phase I will include an assessment of the system to establish the required improvements and alternatives to rehabilitate the facility. Phase II will include the construction and services needed to complete the rehabilitation of the facility and place the system into operation. Services for each phase of the project will be provided under a contract with a negotiated fixed fee. Services shall include, but may not be limited to, engineering, design, permitting, cost estimating, project management, construction, public construction bond, advertising, negotiating, and administering subcontracts, start-up, performance testing, preparation of O&M manuals and as-built drawings, training, and all other related work required to complete the project.

Background:
The Howard F. Curren AWTP currently has two cryogenic oxygen generation plants to produce high purity oxygen for carbonaceous BOD removal in the activated sludge treatment system. Both plants were originally designed and manufactured by Air Products Inc. and were rated to produce 60-tpd. Only Plant No. 1 is currently in operation. The Plant No. 2 has been out of service for over 8-years and requires several improvements in order for the plant to be placed back into service. Although, one plant has sufficient capacity to produce the current oxygen demands for treatment plant process, a second plant is needed to provide a back-up system and allow the other plant to be placed out of service for maintenance and other routine repairs.

The design criteria with projected improvements required for the rehabilitation is posted separately.

The scope of the project shall include, but may not be limited to following:

Phase I of the project will include a complete assessment of the No. 2 cryogenic oxygen generation plant to determine the condition of the various components and the required repairs and improvements needed to rehabilitate the plant and allow the plant to be placed into operation. A report on the findings of the assessment will be provided to the City. The report will provide a list of required and/or recommended improvements and the associated costs. The report shall provide alternatives for reducing the cost of the rehabilitation, improving of the operating efficiency of the system, and extending the plant's operating life. This report will be used as a basis for negotiating and finalizing the scope and cost of the plant rehabilitation that will be completed in the Phase II of the project.

Phase II of the project will include the construction of the selected improvements needed to complete the rehabilitation of the oxygen generation plant. This phase will also include services to place the plant into operation, performance testing, and adjustments needed to demonstrate the plant meets all design requirements.

The total project estimate is $750,000.

A pre-submittal conference will be held at 9:00 AM, Tuesday February 12, 2013, in the Administrative Building 2nd Floor Training Room at the HFCATWP 2545 Guy Verger Blvd. Tampa, FL 33605. Attendance is not mandatory, but recommended. Firms must E-mail the names and companies represented for all attendees a minimum of 24 hours in advance to Richard.Birchmire@tampagov.net to obtain security clearance. Operational and Maintenance manuals are available for viewing by appointment only from Monday Feb. 11 through Friday Feb. 15 from 8 AM to 2 PM. Appointments can be made by contacting Robert Decker at 813-267-6358.

A link to Design Criteria material is posted on demandStar.com and at:
http://www.tampagov.net/dept_contract_administration/programs_and_services/architectural_engineering_construction_and_related_rfqs/index.asp . 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 4th Floor North, 306 E. Jackson Street, Tampa, Florida 33602; Telephone (813) 274-8598 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 13-C-00024, Statement of Qualifications and any supplemental material allowing evaluation for further consideration based upon the following criteria/point system: Comparable Project Scope Experience, (35); Comparable Design-Build Project Experience, (35); Workload and Availability, (10); Past Performance/Low amount of City work, (5); Standard Form #A305 or #330 or equivalent, (5); Planned City Certified SLBE and/or W/MBE Participation, MBDform (10).

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 P.M., Thursday March 7, 2013.

City of Tampa – DMI -Schedule of All Sub-(Contractors/Consultants/Suppliers) Solicited

(FORM MBD-10)

Contract No.:________________ Contract Name:____

Contractor Name:____ Address:____________________________

Federal ID:__________________ Phone:______________ Fax:________________ Email:______________________

[ ] No Firms were contacted/solicited for this contract.

[ ] No Firms were contacted because:____

[ ] See attached documents with supplemental information.

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

NIGP Code General Categories: Buildings = 909, General = 912, Heavy = 913, Trades = 914, Architects = 906, Engineers & Surveyors = 925, Supplier = 912-7

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

It is hereby certified that the information provided is an accurate and true account of contacts and solicitations for sub – contracting opportunities on this contract.

Signed:________________________________ Name/Title:____________________________ Date:______________

This form must be completed and submitted with the bid or proposal. Modifying or failing to sign DMI forms may result in submission being found non-compliant and/or non-responsive.

Note: Detailed Instructions for completing this form are on the next page

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

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

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

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

- **"S" = SLBE, "W" = WMBE.** Enter "**S**" for firms Certified by the City as Small Local Business Enterprises and/or "**W**" for firms Certified by the City as Women/Minority Business Enterprise.
- **Federal ID.** FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **Company Name, Address, Phone & Fax**. Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials** Indicate the trade, service, or material provided by the subcontractor. NIGP codes are listed at top section of document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with letter the method of soliciting for bid.
- Q**uote 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.

City of Tampa – DMI Schedule of Sub-(Contractors/Consultants/Suppliers) to be Utilized

(FORM MBD-20)

Contract No.:_____ Contract Name:_____

Contractor Name:_____ Address:_____

Federal ID:_____ Phone:_____ Fax:_____ Email:_____

[ ] See attached documents.

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

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

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

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

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

Total Subcontract/Supplier Utilization $_____

Total SLBE Utilization $ _____

Total WMBE Utilization $ _____

Percent SLBE Utilization of Total Bid/Proposal Amt. _____% Percent WMBE Utilization of Total Bid/Proposal Amt. _____%

It is hereby certified that the following information is a true and accurate account of utilization for sub-contracting opportunities on this contract.

Signed:_____ Name/Title:_____ Date:_____

This form must be completed and submitted with the bid or proposal. Modifying or failing to sign DMI forms may result in submissions being found non-compliant and/or non-responsive.

Note: Detailed Instructions for completing this form are on the next page.

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.

Contract 13-C-00024; Howard F. Curren Advanced Wastewater Treatment Plant High Purity Oxygen Generator Rehabilitation

DESIGN CRITERIA

2013, Charlie Lynch, PE, Chief Engineer,
Wastewater Department
City of Tampa, Florida

Description of Existing Oxygen Generation Plant

The existing No. 2 oxygen generation plant uses a cryogenic air separation process to produce high purity oxygen. The plant was originally rated to produce 60-tpd of high purity oxygen. However, improvements were made in 1990's to expand the capacity to 80-tpd. Based on current treatment plant demands, the system only needs to produce 60-tpd.

Due to several failed components and the need to rehabilitate the system, the No. 2 plant has not been in operation in over 8-years. In addition, some parts have been removed from the No. 2 plant and installed on the No. 1 plant to allow that plant to remain in operation.

General expectations of inspection and rehabilitation

1. Phase I:

   Phase I of the project will include a complete assessment of the No. 2 cryogenic oxygen generation plant to determine the condition of the various components and the required repairs and improvements needed to rehabilitate the plant and allow the plant to be placed into operation. The condition assessment will include the following:

   - Inspect each system component
   - Provide results on condition of each component
   - Provide estimated remaining life and need for replacement
   - Provide list of required repairs/recommendations and associated costs
   - Provide repair alternatives to reduce rehabilitation cost
   - Provide alternatives and associated costs that could improve system efficiency and reduce operating cost. A cost/benefit analysis will be provided for these alternatives.
   - Provide alternatives and associated costs that could extend the life of the system
   - Provide information on operational improvements that could reduce maintenance and operating cost
   - Develop construction sequence needed to complete the rehabilitation and start-up of completed system

A report of the findings of the assessment, recommendations for required improvements, alternatives for rehabilitating and improving the system, and associated costs will be provided. This report will be used as a basis for negotiating and finalizing the scope and cost of the plant rehabilitation that will be completed in the Phase II of the project.

2. Phase II

Phase II of the project will include the construction of the selected improvements needed to complete the rehabilitation of the oxygen generation plant. This phase will include the following:

- Purchase and installation of equipment, parts, and improvements needed to complete the rehabilitation
- Advertising, negotiating, and administering subcontracts
- Services to place the plant into operation
- Performance testing and adjustments needed to demonstrate the plant meets all design requirements and is operating properly.
- Preparation of as-built drawings showing completed improvements
- Preparation of O&M manuals for rehabilitated system
- Training treatment plant personnel in the operation of the completed system

General List of Required Repairs

Listed below is a general list of the scope of the required repairs. This list is not a comprehensive list of all required repairs and is only intended to provide guidelines on the expectations of the repairs.

- Perform all preventative and/or required maintenance of system components
- Replace all deteriorated or failed valves and actuators
- Replace all deteriorated or failed piping, tubes, and related fittings
- Repair, rehabilitate, and/or replace all deteriorated metallic surfaces, hardware, and components
- Replace the existing air compressor and related equipment.
- Replace all failed insulation and install additional insulation as needed to improve the system efficiency
- Clean, prepare, paint and/or provide protective coatings to all system components as needed to prevent corrosion and ensure reliable operation of the system
- Replace, repair, and/or rehabilitate all deteriorated or failed concrete surfaces
- Replace all deteriorated and/or failed gauges
- Replace and upgrade instrumentation and control systems as needed to implement recommended system improvements, increase system efficiency, and to ensure reliable operation of the system
- Replace and/or rehabilitate all other system components to restore operation on the system, improve efficiency, and ensure reliable operation