



CITY OF TAMPA, FLORIDA - Request For Qualifications

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

15-D-00061; Tampa Augmentation Project – Implementation Program

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

RFQ - 15-D-00061 - The City of Tampa Water Department desires to obtain professional engineering services for the **Tampa Augmentation Project -Implementation Program**.

Background

The City of Tampa is undertaking an Implementation Program for the Tampa Augmentation Project that will beneficially reuse highly treated reclaimed water from the City's Howard F. Curren Advanced Wastewater Treatment Plant (HFCAWTP). The ultimate objective of the Tampa Augmentation Project is to create additional water supply for potable use within the Tampa Bay region. The reclaimed water will recharge the aquifer through use of new rapid infiltration basins (RIBs) and restore and further expand existing wetlands to improve groundwater and surface water levels which in turn will increase the recharge to the Tampa Bypass Canal (TBC) creating additional surface water supply for potable purposes.

Professional Services Desired: The Water Department encourages innovative and alternative thinking in development of a potable reuse project for the Tampa Bay region. The following services are desired; however, the list is not intended to be all inclusive or absolutely essential and is to serve only as a guideline:

Regulatory Analysis

- Summarize and address the requirements likely to be required by the project.
- Evaluate and confirm the project implementation to meet the regulatory criteria with the various following permitting agencies including but not limited to Southwest Florida Water Management District, Hillsborough County Environmental Protection Commission, United States Army Corps of Engineers, and Florida Department of Environmental Protection.

Technical Feasibility

- Determine the optimum locations to construct RIBs and utilize wetlands adjacent to the Upper Pool of the TBC.
- Conduct geophysical hydrological investigations at selected locations including soil analysis, construction of monitoring wells, and infiltration tests.
- Determine the facilities required at the TBC, the HFCAWTP, and pipelines, pumping and storage facilities required for a successful project. Perform route studies to recommend pipeline corridors and overall property requirements.

Yield Assessment

- Conduct integrated groundwater and surface water flow modeling to determine the benefit to the groundwater aquifer, wetlands and the combined potential additional surface water yield that could be obtained from the TBC.

Cost Evaluation

- Estimate the permitting, design, construction, and operational costs for the full scale project implementation.
- Determine the anticipated impact on water rates to develop the additional TBC yield and compare to other alternatives.
- Perform comparative Cost-Benefit Analyses of other potential potable reuse project options

Schedule

- Determine the key steps required for the full scale implementation of the project and develop a project implementation schedule.

Public Involvement

- Conduct preliminary stakeholder and public outreach activities to get input on the project and implementation program.

Pilot Recharge Program

- Design and construct one or more pilot RIBs as recommended near the TBC with associated monitoring wells.
- Design and construct a pilot wetland at the HFCAWTP site to measure and determine nutrient removal capability.
- Obtain regulatory authorizations required to conduct pilot trials.

- Conduct pilot RIBs recharge trials and wetland nutrient assimilation measuring to confirm design parameters for the full scale project.
- Evaluate trial results and utilize modeling to confirm additional yield and extrapolate trial results to simulate full scale systems.

Project Design – This contract may include design and construction documents, services during construction, and related activities.

Estimated Fee Budget is \$3,000,000 for the Implementation Program and is subject to external funding approval.

A pre-submittal conference will be held at 3:00 P.M. Monday October 12, 2015 in the 3rd Floor City Council Chambers, Old City Hall 315 E. Kennedy Blvd., Tampa, Florida 33602. Attendance is not mandatory.

A link to any additional material may be provided at: demandstar.com and at;

http://www.tampagov.net/dept_contract_administration/programs_and_services/architectural_engineering_construction_and_related_rfgs/index.asp. Unless otherwise posted on that site, no further data, will be available before the deadline established for the submission of Letters-Of-Interest. Questions may be directed to Jim Greiner (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 15-D-00061**, 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, (35); Workload and availability (5); Past performance/Low amount of City work (5); Standard Form #330, (5); Participation and Planned WMBE/SLBE Solicitation & Utilization, Form MBD 10- & 20 (10 pts)..

The PDF file must be addressed to:

Brad L. Baird, P. E., Chairman, Consultants' Competitive Negotiation Committee,
City of Tampa – c/o CAD - 4th Floor North,
306 E. Jackson Street,

Tampa, Florida 33602, but **E-Mailed to**

ContractAdministration@tampagov.net

BEFORE 2 P.M., Thursday, November 5, 2015. Submissions received on the day of the deadline may not be acknowledged by return-e-mail 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 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.

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

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

S = SLBE W=WMBE	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
Federal ID					

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. **This form must be completed and submitted with the bid or proposal.** Modifying or failing to sign DMI forms may result in Non-Compliance and/or deemed non-responsive.

Signed: _____ Name/Title: _____ Date: _____



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.
- **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: _____
 Contractor Name: _____ Address: _____
 Federal ID: _____ Phone: _____ Fax: _____ Email: _____

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

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

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

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

S = SLBE W = WMBE	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 %
Federal ID					

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. **This form must be completed and submitted with the bid or proposal.** Modifying or failing to sign DMI forms may result in Non-Compliance and/or deemed non-responsive.

Signed: _____ Name/Title: _____ Date: _____



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.
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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.