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

RFQ 13-C-00032; TPD Gun Range 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-00032 - The City of Tampa desires to obtain **Design-Build** Services in connection with the construction of the new **Tampa Police Department Gun Range.**

Services will be provided under a contract with negotiated fixed fee for design, permitting, project management, overhead, profit and a guaranteed maximum price for construction with appropriate surety bonds. Services will include, but not limited to, design document completion, all environmental and regulatory permitting, construction and all related work required for a complete project.

The project's total budget is $3,500,000.

A pre-submittal conference will be held at 3:00 PM, Tuesday April 23, 2013, in the City Council Chambers, 315 E. Kennedy Blvd. Tampa, FL 33602. Attendance is not mandatory.

A link to Design Criteria material is posted at demandstar.com. Duplicate courtesy files are posted at: http://www.tampagov.net/dept_contract_administration/programs_and_services/architectural_engineering_construction_and_related_rfqs/index.asp . Unless otherwise posted on that web 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, P.E., Contract Administration, City of Tampa DPW, 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 13-C-00032, Statement of Qualifications and any supplemental material allowing evaluation for further consideration based upon the following criteria/point system: Gun Range Construction Project Experience, (30); Comparable Design-Build Project Experience, (35); Workload and Availability, (15); Past Performance/Low amount of City work, (5); Standard Form #A305 or #330 or equivalent, (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 P.M.,
Thursday May 9, 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.

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 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 opportunitieson 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:_____

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.

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

Signed:_____ Name/Title:_____ Date:_____

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.
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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.