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

16-C-00026; San Carlos Pumping Station Rehabilitation Design-Build

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, City of Tampa Code Chapter 2, Article V, Division 3, Section 2-282, and Applicable Federal Law. Submitters will be Notified of Intent To Award by E-mail.

RFQ for Contract 16-C-00026 - The City of Tampa Wastewater Department desires to obtain Design-Build Services to complete the rehabilitation of the San Carlos Pumping Station located at 4406 San Carlos Street.

Services will be provided under a contract with negotiated fixed fees for assessment of rehabilitation needs, selection and evaluation of design alternatives, final design, permitting, project management, overhead, profit, and a guaranteed maximum price with appropriate surety bonds. Services will also include, but not limited to, engineering investigations, site planning, cost estimating, advertising and administration of subcontracts, start-up, O&M manuals, training, and all related work required for a complete project.

Background: The San Carlos pumping station was placed into service in 1981. Several of the station's components are original and have reached the end of their useful life. The station currently uses (3) pumps. Pump #1 and Pump #3 are variable speed pumps rated at 37,000 gpm (1500 hp). Each of these pumps are controlled by a medium voltage eddy current clutch system. Pump #2 is a variable speed pump rated at 13,400 gpm (250 hp). This pump is controlled by a variable frequency drive. The station discharges through a force main consisting of 48" pipe that connects directly to the Howard F. Curren AWTP.

The station rehabilitation shall include, but is not limited to the following: replacement of all pumps, motors, pump discharge valves, electrical and control components, flow meters, other equipment needed to restore station reliability and provide improved operation, building and other improvements needed to accommodate and provide suitable environment for selected equipment. Pump selection and pumping strategy shall provide station capacity to meet peak wet weather flows of 38,000 gpm (55 MGD) and the daily flow requirements. The pump selection and pumping strategy shall be designed to maximize energy efficiency using variable speed control. The rehabilitation shall also include architectural updates to the existing building so that the building exterior is modernized and enhances the neighborhood. The station is located in a residential area and there has been a history of complaints associated with station odors and concerns from the neighborhood during other construction projects. Specialized design and construction approaches shall be developed to minimize and mitigate disruption to the area during the rehabilitation and so that wastewater flow is maintained throughout all phases of the construction.

The scope of the design-build contract will include:
1. Assessment of equipment replacement needs.
2. Development and analysis of alternatives for pumping strategy, equipment selection and layout, construction sequencing, methods to minimize disruption during construction, and associated cost estimates
3. Complete design of selected alternative including phasing
4. Construction of selected alternative
5. Public Relationship activities needed to maintain a positive response to the project from affected neighborhoods

Estimated Construction Budget: $9,000,000.
Schedule: Design FY17 & FY18; Construction FY19.

A pre-submittal conference will be held at 3:00PM Monday, October 10, 2016, in the 3rd Floor City Council Chambers, Old City Hall 315 E. Kennedy Blvd., Tampa, Florida 33602. After the conference, a site visit will be conducted at the San Carlos Pumping Station. Attendance is not mandatory.

A link to additional material may be provided at demandstar.com and at: http://www.tampagov.net/contract-administration/programs/architectural-engineering-construction-and-related-rfqs . Unless otherwise posted, no further data nor site visits 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, (813) 274-8598, or E-Mail ContractAdministration@tampagov.net. Communication during the advertising and selection process is limited to the staff of the Contract Administration and Legal Departments.

Firms must provide evidence of any required licenses or registrations with its submission or within thirty days thereof in order to be considered.

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 16-C- 00026, Statement of Qualifications and any supplemental material allowing evaluation for further consideration(short-listing) based upon the following criteria/point system: Successful Comparable Project Experience, (35); Urban Wastewater Pumping Station Project Experience, (35); Workload and Availability, (10); Past Performance/Low amount of City work, (5); Standard Form #A305, (5); 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.

The PDF must be E-Mailed to
ContractAdministration@tampagov.net
BEFORE 2 P.M., Thursday, November 3, 2016.
Submissions received on the day of the deadline may not be acknowledged by return-e-mail before the deadline.

Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive

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

(FORM MBD-10)

Contract No.:_____ Contract Name:_____
Company Name:_____ Address:_____
Federal ID:_____ Phone:_____ Fax:_____ Email:_____

Check applicable box(es). Detailed Instructions for completing this form are on page 2 of 4.
[ ] No Firms were contacted or solicited for this contract.
[ ] No Firms were contacted because:_____
[ ] See attached list of additional Firms solicited and all supplemental information (List must comply to this form)
Note: Form MBD-10 must list ALL subcontractors solicited including Non-minority/small businesses

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

S = SLBE W=WMBE O = Neither Federal ID	Company Name Address Phone, Fax, Email	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic 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 Response Received Y/N

Failure to Complete, Sign and Submit this form with your Bid or Proposal Shall render the Bid Non-Responsive (Do Not Modify This Form)

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:_____

Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive
Forms must be included with Bid / Proposal

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 to achieve participation.

- **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 and/or doing business as (dba) if applicable.
- **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 or solicited for this contract.** Checking the box indicates that a pre-determined Subcontract Goal or Participation Plan Requirement 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 (MBD Form-30) must be submitted with every pay application and invoice. 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 or solicited.
- **See attached documents.** Check box, if after you have completed the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/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 either Women/Minority Business Enterprise; **"O" = Non-certified others**.
- **Federal ID.** FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification and payment of the contractor/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 materials provided by the subcontractor. NIGP codes aka "National Institute of Governmental Purchasing" are listed at top section of document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with letter the method(s) 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. Must keep records: log, ledger, documentation, etc. that can validate/verify.

If additional information is required or you have questions, please contact the Equal Business Opportunity Program - Minority and Small Business Development Office at (813) 274-5522.

Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive

Page 3 of 4 – DMI Solicited/Utilized Schedules
City of Tampa – Schedule of All To-Be-Utilized Sub-(Contractors/Consultants/Suppliers)
(FORM MBD-20)

Contract No.:_____ Contract Name:_____
Company Name:_____Address:_____
Federal ID:_____ Phone:_____ Fax:_____ Email:_____

Check applicable box(es). Detailed Instructions for completing this form are on page 4 of 4.
[ ] See attached list of additional Firms Utilized and all supplemental information (List must comply to this form)
Note: Form MBD-20 must list ALL subcontractors To-Be-Utilized including Non-minority/small businesses
[ ] No Subcontracting/consulting (of any kind) will be performed on this contract.
[ ] No Firms are listed to be utilized because:_____

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, "O" for Other Non-Certified

S = SLBE W=WMBE O =Neither Federal ID	Company Name Address Phone, Fax, Email	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 (LOI) if available	Percent of Scope or Contract %

Failure to Complete, Sign and Submit this form with your Bid or Proposal Shall render the Bid Non-Responsive. (Do Not Modify This Form)

Total ALL 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:_____

Failure to Complete, Sign and Submit Both Forms 10 & 20 SHALL render the Bid or Proposal Non-Responsive
Forms must be included with Bid / Proposal

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 (regardless of ownership or size) projected to be utilized must be included on this form. Note: Ability or desire to self-perform all work shall not exempt the prime from Good Faith Efforts to achieve participation.

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 and/or doing business as (dba) if applicable.
- **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/consulting (of any kind) will be performed on this contract.** Checking box indicates your business will not use subcontractors when no Subcontract Goal or Participation Plan Requirement was 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 (MBD Form-30) must be submitted with every pay application and invoice. Note: certified SLBE or WMBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors, including completion and submitting Form-10 and Form-20.
- **No Firms listed To-Be-Utilized.** Check box; provide brief explanation why no firms were retained when a goal or participation plan requirement was set on the contract. Note: mandatory compliance with Good Faith Effort outreach (GFECP) requirements applies (MBD Form-50) and supporting documentation must accompany the bid.
- **See attached documents.** Check box, if after completing the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/documentation relating to the scope/value/percent utilization of subcontractors. Reproduce copies of MBD-20 and attach. All data not submitted on duplicate forms must be in the same format and content as specified in these instructions.

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; **"O" = Non-certified others**.
- **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. Abbreviated list of NIGP is available at http:/www.tampagov.net/mbd "Information Resources".
- **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. For CCNA only (i.e. Consultant A/E Services) you must indicate subcontracts as percent of total scope/contract.
- **Total Subcontract/Supplier Utilization.** – Provide total dollar amount of all subcontractors/suppliers projected to be used for the contract. (Dollar amounts may be optional in CCNA depending on solicitation format).
- **Total SLBE Utilization.** Provide total dollar amount for all projected SLBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Total WMBE Utilization.** Provide total dollar amount for all projected WMBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Percent SLBE Utilization.** Total amount allocated to SLBEs divided by the total bid/proposal amount.
- **Percent WMBE Utilization.** Total amount allocated to WMBEs divided by the total bid/proposal amount.

If additional information is required or you have questions, please contact the Equal Business Opportunity Program - Minority and Small Business Development Office at (813) 274-5522.