

City of Oviedo, Florida

Public Works Engineering Department

Request For Qualifications No. 10-04



Stormwater Conveyance System Analysis

February 7, 2010

Prepared By: City of Oviedo
400 Alexandria Blvd.
Oviedo, Florida 32765

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<u>Councilman:</u>	Steve Henken	<u>Councilman:</u>	Keith Britton
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City Manager: Richard Gestrich
Public Works Director: Tony Segreto

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**LEGAL AD
CITY OF OVIEDO, FLORIDA
RFQ NO. 10-04**

**Request for Qualifications (RFQ)
Stormwater Conveyance System Analysis**

The City of Oviedo is seeking qualifications from individuals or firms interested in providing Stormwater Conveyance System Analysis pursuant to the “Consultants Competitive Negotiation Act,” Florida Statutes 287.055. The RFQ guideline package will be available through DemandStar.Com at 1-800-711-1712 or www.demandstar.com, document number 1004. RFQ’s are due on or before 2:00 p.m., March 9, 2010 to:

**Purchasing Office
400 Alexandria Boulevard, First Floor
Oviedo, Florida 32765**

The City of Oviedo reserves the right to accept or reject any and all submittals, to waive irregularities, and to re-advertise as may be determined to be in the best interest of the City of Oviedo. The City accepts no responsibility for any submittal not reaching the prescribed point within the time period stipulated.

End of Advertisement

Advertise one time: February 7, 2010

END OF SECTION

**CITY OF OVIEDO, FLORIDA
REQUEST FOR QUALIFICATIONS NO. 10-04
STORMWATER CONVEYANCE SYSTEM ANALYSIS**

**GUIDELINES FOR SUBMITTING QUALIFICATIONS FOR
PROFESSIONAL SERVICES TO COMPLETE A CITY WIDE STORMWATER
CONVEYANCE SYSTEM ANALYSIS**

1. INTRODUCTION:

The City of Oviedo is seeking the services of professionally certified individuals or firms interested in preparing a Stormwater Conveyance System Analysis for the City of Oviedo. It is anticipated that one firm will be selected. During this period, the City of Oviedo shall reserve the right to seek qualifications and/or proposals from other individuals or firms for specialized projects, as deemed to be in the best interest of the City of Oviedo.

A map showing the locations of the systems is available to view at Public Works – Engineering Department located at 1655 Evans Street, Oviedo, FL 32765. Please call 407-971-5641 to make an appointment.

2. SERVICES:

To include all items related to Stormwater Conveyance System Analysis to include the following:

- a) Preparation of a Stormwater Conveyance System Analysis, to include the following items:
 - Hydraulic Modeling for the 100 year-24 hour flood profiles.
 - 25 year-1 hour modeling for rates and stages to verify culvert and channel capacity.
 - All modeling to be performed in ICPR, version 3.0.
- b) Make recommendations based on current regulations for stormwater improvements to include:
 - Water quality.
 - Channel and culvert capacity.
 - Erosion control.
- c) Provide existing channel cross sections with recommendations to achieve maintainable channel slopes and maintenance berms.
- d) Provide full survey to include:
 - Topography
 - Top of Berm
 - Toe of Slope
 - Existing or Needed Easement Widths
 - Channel Alignments
- e) Provide an Engineer's cost estimate for recommended improvements.
- f) Meet and coordinate with City Staff and SJRWMD Staff as necessary.
- g) All final deliverables to the City shall be formatted to be compatible with City's GIS System.

3. INFORMATION:

For information pertaining to this Request For Qualification (RFQ), contact the Purchasing Department as shown in Section 8; Submittal of Qualifications. Such contacts shall be for clarification purposes only. Material changes, if any, to the scope of services or proposal procedures will be transmitted only by written addendum.

4. ANTICIPATED RFQ TIMETABLE:

- | | | |
|----|--|-------------------|
| a) | Release of Request For Qualifications | February 7, 2010 |
| b) | Deadline for Written Questions | February 24, 2010 |
| c) | Proposal Due Date | March 9, 2010 |
| d) | Evaluation of Proposals | March 25, 2010 |
| e) | Staff Recommendation and Anticipated Award by City Council | April 5, 2010 |

All dates are tentative. The City reserves the right to change scheduled dates.

5. STATEMENT OF QUALIFICATIONS:

All individuals or firms shall include Statement of Insurance Compliance, Non-Collusion Affidavit of Bidder, Disputes Disclosure Form, and Drug Free Workplace Certification Form. In addition, all individuals or firms shall submit the following information for their submittal to be considered:

- a) License
- b) Location
- c) Service Area
- d) Years of Experience
- e) Track Record of Service
- f) Resume of Key Personnel
- g) Ability to Perform Work
- h) Business and Financial References
- i) Current and Past Projects

6. SUBMITTAL OF QUALIFICATIONS:

All individuals or firms shall submit one (1) original and three (3) copies of their documents in a sealed envelope or package. The left front of the envelope or package shall read:

Request for Qualifications for Stormwater Conveyance System Analysis
RFQ No. 10-04
Due Date: March 9, 2010
Company Name:

Documents must be mailed or hand delivered to:

Barbara Taylor
Purchasing Coordinator
City Of Oviedo
400 Alexandria Boulevard, First Floor
Oviedo, FL 32765
Fax Number: 407-971-5806
Email: btaylor@cityofoviedo.net

All documents must be delivered to or received in the mail by the due date and time. Any documents submitted after this date and time will not be considered and will be returned to sender unopened. The City takes no responsibility for late mail or late delivery services.

7. SELECTION CRITERIA:

A team of City Employees will evaluate and rank each submittal based on required information provided as indicated in Section 5; Statement of Qualifications. A ranked short list will be presented to City Council for approval.

Evaluation factors are based on the abilities of the proposer to efficiently perform the Scope of Services as generally outlined in this Request for Qualifications. The City will be seeking to identify the submittal(s) which will best meet the needs of the City of Oviedo as determined from the responses to this Request for Qualifications.

A selected group of proposers may be required to make an oral presentation to the Selection Committee. Such presentation will provide an opportunity for the proposers to clarify the information provided in their RFQ. Oral presentations, if any, will be considered in conjunction with submitted data by the Selection Committee. The Selection Committee will present its recommendation to the City Council, which has the authority to make the final determination and award contracts.

Submissions will be evaluated on a total score basis, with a maximum score of one hundred (100) points. The following criteria will be used in the evaluation process to determine the successful respondent(s):

Evaluation Criteria	Maximum Points
Characteristics of the Firm – ▪ Prior public sector experience (0-15 pts.) ▪ Location of office(s) with emphasis on office providing Scope related functions. (0-10 pts.) ▪ Understanding of Scope and implementation, including and innovative methods and concepts. (0-10 pts.) ▪ Awareness of public input/concerns (0-5 pts.)	40
Qualifications – Project Team ▪ Provide qualifications and experience for project manager and staff (0-10 pts.) ▪ Provide organizational chart for the project team (0-10 pts.) ▪ Proposer's current and projected workload/availability of team members (0-10 pts.)	30
Experience – Similar Projects ▪ Provide a list of projects for similar work experience within the past three years. Include names of project managers for each project listed. (0-10 pts.) ▪ References and past performance (0-10 pts.) ▪ Ability to respond timely to City's proposal requests (0-10 pts.)	30
Total Points	100

8. QUESTIONS:

All questions shall be submitted in writing only before February 24, 2010 to:

Barbara Taylor
Purchasing Coordinator
400 Alexandria Boulevard, First Floor
Oviedo, FL 32765
Fax: (407) 971-5806
E-mail: btaylor@cityofoviedo.net

Responses to questions will be in the form of a written addendum after the question deadline. Any contact made with any other employee of the City of Oviedo regarding this "RFQ" may be grounds for the disqualification of your submittal.

9. LEGAL REQUIREMENTS:

All Federal, State, County and Local Laws, Ordinances, Rules and Regulations that in any manner affect this "RFQ" herein apply. Lack of knowledge by the submitting firms will in no way be cause for relief from responsibility.

10. CONFLICT OF INTEREST:

The award of any contract hereunder is subject to the provisions of Chapter 112, Florida Statutes. Offerors must disclose with their Proposal the name of any officer, director, partner, proprietor, associate or agent who is also an officer or employee of City or any of its agencies. Further, all Offerors must disclose the name of any officer or employee of City who owns, directly or indirectly, any interest in the Offeror's firm or any of its branches or affiliate companies.

11. LIABILITY:

The City of Oviedo assumes no responsibility to any submitting firms for the cost of preparing this Request for Qualifications. The City of Oviedo reserves the right to accept or reject any and all submittals, to waive information, or to re-advertise as may be in the best interest of the City of Oviedo. The City of Oviedo will not accept any mail or delivery service that is late, and will return all late submittals unopened.

END OF SECTION

**CITY OF OVIEDO
STANDARD INSURANCE REQUIREMENTS**

The selected Firm or Individual for all Bids, Requests for Qualifications (RFQ), and Requests for Proposals (RFP) will be required to name the City as an additional name insured with the following minimum coverages.

- A. Workers Compensation** shall be maintained by the selected firm or individuals for all employees engaged in the work under this Bid, RFQ, or RFP in accordance with the laws of the State of Florida. Employer's Liability Insurance shall be maintained by the selected firm or individual at limits not less than the following.

\$100,000 Each Accident
\$100,000 Disease Each Employee
\$500,000 Disease Aggregate

- B. Comprehensive General Liability Insurance** shall be maintained by the selected firm or individual with limits not less than the following:

\$1,000,000 Bodily Injury & Property Damage-each occurrence
\$1,000,000 Personal & Advertising Injury-each occurrence
\$2,000,000 General Aggregate
\$2,000,000 Products/Completed Operations Aggregates limit
\$ 5,000 Medical Payments
\$ 100,000 Fire Damage Legal Liability

Coverage shall include Contractual Liability and Independent Contractors Liability.

- C. Automobile Liability Insurance** shall be maintained by the selected firm or individual with a combined single limit of not less than \$1,000,000 Bodily Injury and Property Damage in accordance with the laws of the State of Florida, as to the ownership, maintenance, and use of all owned, non-owned, lease or hired vehicles.
- D. Professional Liability Insurance** shall be maintained by the selected firm or individual with a combined single limit of not less than \$1,000,000, protecting the selected firm against claims of the City for negligence, errors, mistakes, or omissions in the performance of services to be performed and furnished by the selected firm or individual.
- E. Other Required Insurance Coverage** is needed where unusual operations are necessary to complete the work, such as Longshoremen and Harbor Workers Exposures, use of aircraft or watercraft, use of explosives, or any other high risk circumstances. No aircraft, watercraft, or explosives shall be used without the express advance written approval of the City.

All insurance minimum coverages extend to any subcontractor. The General Contractor is responsible for all sub-contractors.

END OF SECTION

STATEMENT OF INSURANCE COMPLIANCE

The undersigned agrees to obtain prior to award, if selected, Professional Liability, General Liability, Automobile Liability, and Worker's Compensation coverages in accordance with the requirements as set forth in the Invitation for Proposal, Invitation to Bid, or Invitation for Qualifications, or draft agreement, attached hereto.

Policies other than State Issued Worker's Compensation shall be issued only by companies authorized by maintaining certificates of authority issued to the companies by the Department of Insurance of the State of Florida to conduct business in the State of Florida and which maintain a Rating of "A" or better and a Financial Size category of "VII" or better according to the A.M. Best Company. Policies for Worker's Compensation may be issued by companies authorized as a group self-insurer by F.S. 440.57, Florida Statutes.

PROPOSER/BIDDER

AUTHORIZED SIGNATURE

OFFICER TITLE

DATE

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

END OF SECTION

NON-COLLUSION AFFIDAVIT OF BIDDER

STATE OF _____

COUNTY OF _____

_____, being duly sworn, deposes and says that:

1. He/She is _____ of _____ the bidder
Title Company Name
that has submitted the attached bid or Request for Qualifications;
2. He/She is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
3. Such Bid is genuine and is not a collusive or sham bid;
4. Neither the said bidder nor any of its officers, partners, owners, agents, representative, employees, or parties in interest, including this affiant, has in any way colluded, connived, or agreed, directly or indirectly, with any other bidder, firm or person to submit a collusive or sham bid in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm, or person to fix the price or prices in the attached bid or any other bidder or to fix any overhead, profit or cost element of the bid price or the bid price of any other bidder, or to secure through any collusion, connivance, or unlawful agreement any advantage against the City of Oviedo, Florida or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

SIGNED _____

TITLE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 2010.

Notary Public, State of Florida

My Commission Expires: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.

END OF SECTION

DISPUTES DISCLOSURE FORM

Answer the following questions by placing an “X” after “YES” or “NO”. If you answer “YES”, please explain in the space provided, or via attachment.

Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulation or any other regulatory agency or professional association within the last five (5) years?

YES _____ NO _____

Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES _____ NO _____

Has your firm had against it or filed any requests for equitable adjustment, contract claims, bid protests, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES _____ NO _____

If yes, state the nature of the request for equitable adjustment, contract claim, litigation or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this Request for Qualifications, No. 10-04, Stormwater Conveyance System Analysis.

_____	_____
Firm	Date

_____	_____
Authorized Signature and Title	Printed or Typed Name and Title

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

END OF SECTION

DRUG-FREE WORKPLACE CERTIFICATION FORM

IDENTICAL TIE BIDS-In accordance with Florida State Statutes Section 287.087, preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services under the bid a copy of the statement specified in subsection 1 above.
4. In the statement specified in subsection, 1 notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available to whom is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this entire section.

As the person authorized to sign this statement, I certify that this firm complies fully with the above requirements.

Authorized Signature and Title

Date: _____

Print Name and Title

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.
END OF SECTION**