

## **REQUEST FOR PROPOSAL**

CITY OF NAPLES
PURCHASING DIVISION
CITY HALL, 735 8<sup>TH</sup> STREET SOUTH
NAPLES, FL 34102

PH: 239-213-7100 FX: 239-213-7105

#### **Cover Sheet**

NOTIFICATION DATE: 03/10/17

## Community Center Floor Cover Replacement

SOLICITATION NUMBER:

OPENING DATE & TIME:

17-012

04/07/2017 2:00 PM

PRE-PROPOSAL CONFERENCE DATE, TIME AND LOCATION:
Non-mandatory Pre-Bid Meeting and site walk-through held March 21, 2017; 10:00 AM local time; River Park
Community Center, 301 11th Street - North, Naples, FL 34102

| LEGAL NAME OF PARTNERSHIP, CORPORATION OR INDIVIDUAL:                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| MAILING ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CITY-STATE-ZIP:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| PH:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EMAIL:                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FX:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | WEB ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| AUTHORIZED SIGNATURE DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PRINTED NAME/TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| I certify that this proposal is made without prior corporation, firm, or person submitting a proposal for trespects fair and without collusion or fraud. I agree to I am authorized to sign this proposal for the proposer proposer offers and agrees that if the proposal is accept the City of Naples all rights, title, and interest in and tunder the Anti-trust laws of the United States and the commodities or services purchased or acquired by assignment shall be made and become effective at the tree. | the same materials, supplies, or equipment and is in all abide by all conditions of this proposal and certify that r. In submitting a proposal to the City of Naples the ted, the proposer will convey, sell, assign or transfer to to all causes of action it may now or hereafter acquire a State of FL for price fixing relating to the particular the City of Naples. At the City's discretion, such the City tenders final payment to the proposer. |
| Please initial b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y all that apply                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| I acknowledge receipt/ revie<br>Addendum #1 Addendum #2                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

#### PLEASE NOTE THE FOLLOWING

- > This page <u>must be completed and returned</u> with your proposal.
- > Proposals must be submitted in a sealed envelope, marked with solicitation number & opening date.
- > All submissions must be received and date stamped by Purchasing staff prior to the above "OPENING DATE & TIME".
- > Submission received after the above opening date and time will not be accepted.
- > Evaluation scores will be available on the City of Naples web site <a href="https://www.naplesgov.com">www.naplesgov.com</a>. If you do not have computer access and want a copy of the evaluation scores, please enclose a stamped, self-addressed envelope with your proposal.

#### **GENERAL CONDITIONS**

- TO INSURE ACCEPTANCE OF THE PROPOSAL, PLEASE FOLLOW THESE INSTRUCTIONS. ANY AND ALL SPECIAL CONDITIONS, ATTACHED HERETO, HAVE PRECEDENCE.
- 1. **SEALED PROPOSAL:** All proposals must be submitted in a sealed envelope. The face of the envelope shall contain the proposal name and proposal number. Proposals not submitted on attached proposal form shall be rejected. All proposals are subject to the conditions specified herein. Those which do not comply with these conditions are subject to rejection.
- **2. EXECUTION OF PROPOSAL**: Proposal must contain a manual signature of authorized representative in the proposal section. Proposal must be typed or printed in ink. Use of erasable ink is not permitted. All corrections made by proposer to his proposal must be initialed.
- **3. NO PROPOSAL:** If not submitting a proposal, respond by returning the Statement of No Proposal and explain the reason in the spaces provided. Failure to respond 3 times in succession without justification shall be cause for removal of the supplier's name from the proposal mailing list. NOTE: To qualify as a respondent, proposer must submit a "NO PROPOSAL," and it must be received no later than the stated proposal opening date and hour.
- **4. PROPOSAL OPENING:** Shall be public, on the date and at the time specified on the proposal form. It is the proposer's responsibility to assure that his proposal is delivered at the proper time and place of the proposal opening. Proposals which for any reason are not so delivered will not be considered. Offers by telegram; telephone; or fax are not acceptable. Proposal files may be examined during normal working hours.
- **5. WITHDRAWAL OF PROPOSALS:** Withdrawal of a proposal within sixty (60) days after the opening of proposals is subject to suspension or debarment in accordance with Policy 7-4 for up to three years.
- **6. PRICES, TERMS and PAYMENT**: Firm Prices shall be proposal and include all packing, handling, shipping charges and delivery to the destination shown herein. Proposer is encouraged to offer cash discount for prompt invoice payment. Terms of less than 20 days will not be considered.
- **A. TAXES**: The City of Naples does not pay Federal Excise and Sales taxes on direct purchases of tangible personal property. See exemption number on face of purchase order. This exemption does not apply to purchases of tangible personal property made by contractors who use the tangible personal property in the performance of contracts for the improvement of City-owned real property.
- **B.** MISTAKES: Proposers are expected to examine the specifications, delivery schedule, proposal prices, extensions, and all instructions pertaining to supplies and services. Failure to do so will be at proposer's risk. In case of mistake in extension, the unit price will govern.
- **C. CONDITION AND PACKAGING:** It is understood and agreed that any item offered or shipped as a result of this proposal shall be a new, current standard production model available at the time of this proposal. All containers shall be suitable for storage or shipment, and all prices shall include standard commercial packaging.
- **D. SAFETY STANDARDS:** Unless otherwise stipulated in the proposal, all manufactured items and fabricated assemblies shall comply with applicable requirements of Occupational Safety and Health Act and any standards there under.
- **E.** UNDERWRITERS' LABORATORIES: Unless otherwise stipulated in the proposal, all manufactured items and fabricated assemblies shall carry U.L. approval and re-examination listing where such has been established.
- **F. PAYMENT:** Payment will be made by the buyer after the items awarded to a vendor have been received, inspected, and found to comply with award specifications, free of damage or defect and properly invoiced. All invoices shall bear the purchase order number. Payment for partial shipments shall not be made unless specified in the proposal. Failure to follow these instructions may result in delay in processing

invoices for payment. In addition, the purchase order number must appear on bills of lading, packages, cases, delivery lists and correspondence.

- **7. DELIVERY:** Unless actual date of delivery is specified (or if specified delivery cannot be met), show number of days required to make delivery after receipt of purchase order in space provided. Delivery time may become a basis for making an award (see Special Conditions). Delivery shall be within the normal working hours of the user, Monday through Friday, unless otherwise specified.
- 8. MANUFACTURERS' NAMES AND APPROVED EQUIVALENTS: Any manufacturers' names, trade names, brand names, information and/or catalog numbers listed in a specification are for information and not intended to limit competition. The proposer may offer any brand for which he is an authorized representative, which meets or exceeds the specification for any item(s). If proposals are based on equivalent products, indicate on the proposal form the manufacturer's name and number. Proposer shall submit with his proposal, cuts, sketches, and descriptive literature, and/or complete specifications. Reference to literature submitted with a previous proposal will not satisfy this provision. The proposer shall also explain in detail the reason(s) why the proposed equivalent will meet the specifications and not be considered an exception thereto. Proposals which do not comply with these requirements are subject to rejection. Proposals lacking any written indication of intent to quote an alternate brand will be received and considered in complete compliance with the specifications as listed on the proposal form.
- **9. INTERPRETATIONS:** Any questions concerning conditions and specifications shall be directed in writing to this office for receipt no later than ten (10) days prior to the proposal opening. Inquiries must reference the date of proposal opening and proposal number. Failure to comply with this condition will result in proposer waiving his right to dispute the proposal.
- 10. CONFLICT OF INTEREST: All proposal awards are subject to Section 2-973 Conflict of Interest, City of Naples Code of Ordinances, which states: "No public officer or employee shall have or hold any employment or contractual relationship with any business entity or any agency which is subject to the regulation of or is doing business with the city; nor shall an officer or employee have or hold any employment or contractual relationship that will create a continuing or frequently recurring conflict between his private interests and the performance of his public duties or that would impede the full and faithful discharge of his public duties. Any member of the city council or any city officer or employee who willfully violates this section shall be guilty of malfeasance in office or position and shall forfeit his office or position. Violation of this section with the knowledge, express or implied, of the person or corporation contracting with or making a sale to the city shall render the contract or sale voidable by the city manager or the city council."
- **11. AWARDS:** As the best interest of the City may require, the right is reserved to make award(s) by individual item, group of items, all or none, or a combination thereof; to reject any and all proposals or waive any minor irregularity or technicality in proposals received.
- **12. ADDITIONAL QUANTITIES:** For a period not exceeding ninety (90) days from the date of acceptance of this offer by the buyer, the right is reserved to acquire additional quantities up to but not exceeding those shown on proposal at the prices proposal in this invitation. If additional quantities are not acceptable, the proposal sheets must be noted "PROPOSAL IS FOR SPECIFIED QUANTITY ONLY." (THIS PARAGRAPH DOES NOT APPLY FOR A TERM CONTRACT.)
- 13. **SERVICE AND WARRANTY:** Unless otherwise specified, the proposer shall define any warranty service and replacements that will be provided during and subsequent to this contract. Proposers must explain on an attached sheet to what extent warranty and service facilities are provided.
- **SAMPLES:** Samples of items, when called for, must be furnished free of expense, on or before proposal opening time and date, and if not destroyed may, upon request, be returned at the proposer's expense. Each individual sample must be labeled with proposer's name, manufacturer's brand name and number, proposal number and item reference. Request for return of samples shall be accompanied by instructions which include shipping authorization and name of carrier and must be received with your

proposal. If instructions are not received within this time, the commodities shall be disposed of by the City of Naples.

- **PROPOSAL PROTEST:** The city has formal proposal protest procedures that are available on request.
- **16. INSPECTION, ACCEPTANCE AND TITLE:** Inspection and acceptance will be at destination unless otherwise provided. Title and risk of loss or damage to all items shall be the responsibility of the contract supplier until accepted by the ordering agency, unless loss or damage results from negligence by the ordering
- **17. DISPUTES**: In case of any doubt or difference of opinion as to the items to be furnished hereunder, the decision of the buyer shall be final and binding on both parties.
- **18. GOVERNMENTAL RESTRICTIONS:** In the event any governmental restrictions may be imposed which would necessitate alteration of the material, quality, workmanship or performance of the items offered on this proposal prior to their delivery, it shall be the responsibility of the successful proposer to notify the buyer at once, indicating in his letter the specific regulation which required an alteration. The City reserves the right to accept any such alteration, including any price adjustments occasioned thereby, or to cancel the contract at no expense to the City.
- **19. LEGAL REQUIREMENTS:** Applicable provision of all Federal, State, county and local laws, and of all ordinances, rules, and regulations shall govern development submittal and evaluation of all proposals received in response hereto and shall govern any and all claims and disputes which may arise between person(s) submitting a proposal response hereto and the City of Naples by and through its officers, employees and authorized representatives, or any other person, natural or otherwise; and lack of knowledge by any proposer shall not constitute a cognizable defense against the legal effect thereof.
- **20. PATENTS AND ROYALTIES:** The proposer, without exception, shall indemnify and save harmless the City of Naples and its employees from liability of any nature or kind, including cost and expenses for or on account of any copyrighted, patented, or unpatented invention, process, or article manufactured or used in the performance of the contract, including its use by the City of Naples. If the proposer uses any design, device, or materials covered by letters, patent or copyright, it is mutually agreed and understood without exception that the proposal prices shall include all royalties or cost arising from the use of such design, device, or materials in any way involved in the work.
- **21. ADVERTISING:** In submitting a proposal, proposer agrees not to use the results there from as a part of any commercial advertising.
- **22. ASSIGNMENT:** Any Purchase Order issued pursuant to this proposal invitation and the monies which may become due hereunder are not assignable except with the prior written approval of the buyer.
- **23. LIABILITY:** The supplier shall hold and save the City of Naples, its officers, agents, and employees harmless from liability of any kind in the performance of this contract.
- **24. PUBLIC ENTITY CRIMES**: A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.
- **25. DISCRIMINATION:** An entity or affiliate who has been placed on the discriminatory vendor list may not submit a proposal on a contract to provide goods or services to a public entity, may not submit a

proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

- **26. COUNTY TAXES**: No proposal shall be accepted from and no contract will be awarded to any person, firm or corporation that is in arrears to the government of Collier County, Florida.
- **27. OFFER EXTENDED TO OTHER GOVERNMENTAL ENTITIES**: The City of Naples encourages and agrees to the successful proposer extending the pricing, terms and conditions of this solicitation or resultant contract to other governmental entities at the discretion of the successful proposer.

# IF THIS PROPOSAL IS FOR A TERM CONTRACT, THE FOLLOWING CONDITIONS SHALL ALSO APPLY

- **28. ELIGIBLE USERS**: All departments of the City of Naples are eligible to use this term contract. Such purchases shall be exempt from the competitive proposal requirements otherwise applying to their purchases.
- **29. PRICE ADJUSTMENTS:** Any price decrease effectuated during the contract period by reason of market change shall be passed on to City of Naples. Price increases are not acceptable.
- **30. CANCELLATION:** All contract obligations shall prevail for at least one hundred eighty (180) days after effective date of contract. After that period, for the protection of both parties, this contract may be cancelled in whole or in part by either party by giving thirty (30) days prior written notice to the other party.
- **31. RENEWAL**: The City of Naples reserves the option to renew the period of this contract, or any portion thereof for up to two (2) additional periods. Renewal of the contract period shall be by mutual agreement in writing.
- **32. ABNORMAL QUANTITIES**: While it is not anticipated, should any unusual or abnormal requirements arise, the City reserves the right to solicit separate proposals thereon.
- **33. FISCAL NON-FUNDING CLAUSE**: In the event sufficient funds are not budgeted for a new fiscal period, the City shall notify the contractor of such occurrence and the contract shall terminate on the last day of the current fiscal year without penalty or expense to the City.

## IF THIS PROPOSAL IS FOR PERFORMING A SERVICE, THE FOLLOWING CONDITIONS SHALL ALSO APPLY

- **34. ALTERNATIVE PROPOSALS:** Proposers offering service delivery methods other than those permitted by the scope of work may submit a separate envelope clearly marked "ALTERNATIVE PROPOSAL". Alternative proposals will be deemed non-responsive and will not be considered for award. All such responses will, however, be examined prior to award. Such examination may result in cancellation of all proposals received to permit rewriting the scope of work to include the alternative method, or the alternative method may be considered for future requirements of the City of Naples.
- **35. ANTITRUST:** By entering into a contract, the contractor conveys, sells, assigns and transfers to the City of Naples all rights, titles and interest it may now have or hereafter acquire under the antitrust laws of the United States and the State of Florida that relate to the particular goods or services purchased or acquired by the City of Naples under said contract.

- **36. PROPOSER INVESTIGATIONS:** Before submitting a proposal, each proposer shall make all investigations and examinations necessary to ascertain all site conditions and requirements affecting the full performance of the contract and to verify any representations made by the City of Naples upon which the proposer will rely. If the proposer receives an award as a result of its proposal submission, failure to have made such investigations and examinations will in no way relieve the proposer from its obligation to comply in every detail with all provisions and requirements of the contract documents, nor will a plea of ignorance of such conditions and requirements be accepted as a basis for any claim whatsoever by the contractor for additional compensation.
- 37. CERTIFICATES AND LICENSES: The Contractor, at time of proposal, shall possess the correct occupational licenses, all professional licenses or other authorizations necessary to carry out and perform the work required by the City of Naples and Collier County for this project pursuant to all applicable Federal, State and Local Laws, Statues, Ordinances, and rules and regulations of any kind.
- **38. CHANGE IN SCOPE OF WORK:** The City of Naples may order changes in the work consisting of additions, deletions or other revisions within the general scope of the contract. No claims may be made by the contractor that the scope of the project or of the contractor's services has been changed, requiring changes to the amount of compensation to the contractor or other adjustments to the contract unless such changes or adjustments have been made by written amendment to the contract signed by the City of Naples and the contractor. If the contractor believes that any particular work is not within the scope of the project, is a material change, or will otherwise require more compensation to the contractor, the contractor must immediately notify the City in writing of this belief. If the City believes that the particular work is within the scope of the contract as written, the contractor will be ordered to and shall continue with the work as changed and at the cost stated for the work within the scope.
- **39. CONTRACTOR PERSONNEL**: The City of Naples shall, throughout the life of the contract, have the right of reasonable rejection and approval of staff or subcontractors assigned to the work by the contractor. If the City reasonably rejects staff or subcontractors, the contractor must provide replacement staff or subcontractors satisfactory to the City in a timely manner and at no additional cost to the City. The day-to-day supervision and control of the contractor's employees and sub-contractors is the responsibility solely of the contractor.
- **40. COST REIMBURSEMENT**: The contractor agrees that all incidental costs, including allowances for profit and tools of the trade, must be included in the proposal rates. If an arrangement is made between the contractor and the City to reimburse the contractor for the cost of materials provided in the performance of the work, the contractor shall be reimbursed in the following manner: The City shall reimburse the contractor on completion and acceptance of each assigned job, only for those materials actually used in the performance of the work that is supported by invoices issued by the suppliers of the contractor describing the quantity and cost of the materials purchased. No surcharge shall be added to the supplier's invoices or included in the contractor's invoice submitted to the City that would increase the dollar amount indicated on the supplier's invoice for the materials purchased for the assigned job.
- **41. EXCEPTIONS**: Proposers taking exception to any part or section of the solicitation shall indicate such exceptions on the proposal form. Failure to indicate any exception will be interpreted as the proposer's intent to comply fully with the requirements as written. Conditional or qualified proposals, unless specifically allowed, shall be subject to rejection in whole or in part.
- **42. FAILURE TO DELIVER**: In the event of the contractor to fail to deliver services in accordance with the contract terms and conditions, the City, after due oral or written notice, may procure the services from other sources and hold the contractor responsible for any resulting purchase and administrative costs. This remedy shall be in addition to any other remedies that the City may have.
- **43. FAILURE TO ENFORCE**: Failure by the City at any time to enforce the provisions of the contract shall not be construed as a waiver of any such provisions. Such failure to enforce shall not affect the validity of the contract or any part thereof or the right of the City to enforce any provision at any time in accordance with its terms.

- **44. FORCE MAJEURE:** The contractor shall not be held responsible for failure to perform the duties and responsibilities imposed by the contract due to legal strikes, fires, riots, rebellions and acts of God beyond the contractor, unless otherwise specified in the contract.
- **45. INDEPENDENT CONTRACTOR**: The contractor shall be legally considered an independent contractor and neither the contractor nor its employees shall, under any circumstances, be considered servants or agents of the City of Naples and the City of Naples shall be at no time legally responsible for any negligence or any wrongdoing by the contractor, its servants or agents. The City of Naples shall not withhold from the contract payments to the contractor any federal income taxes, Social Security tax, or any other amounts for benefits to the contractor. Further, the City shall not provide to the contractor any insurance coverage or other benefits, including Workers' Compensation normally provided by the City for its employees.
- **46. ORAL STATEMENTS**: No oral statement of any person shall modify or otherwise affect the terms, conditions or specifications stated in this contract. All modifications to the contract must be made in writing by the City of Naples.
- **QUALIFICATIONS OF PROPOSERS:** The proposer may be required, before the award of any contract, to show to the complete satisfaction of the City of Naples that it has the necessary facilities, ability, and financial resources to provide the service specified therein in a satisfactory manner. The proposer may also be required to give a past history and references in order to satisfy the City in regard to the proposer's qualifications. The City may make reasonable investigations deemed necessary and proper to determine the ability of the proposer to perform the work, and the proposer shall furnish to the City all information for this purpose that may be requested. The City reserves the right to reject any proposal if the evidence submitted by, or investigation of, the proposer fails to satisfy the City that the proposer is properly qualified to carry out the obligations of the contract and to complete the work described therein. Evaluation of the proposer's qualifications shall include:
- > The ability, capacity, skill and financial resources to perform the work or service.
- > The ability to perform the work service promptly or within the time specified, without delay.
- > The character, integrity, reputation, judgment, experience, and efficiency of the proposer.
- > The quality of performance of previous contracts or services.
- **48. QUALITY CONTROL:** The contractor shall institute and maintain throughout the contract period a properly documented quality control program designed to ensure that the services are provided at all times and in all respects in accordance with the contract. The program shall include providing daily supervision and conducting frequent inspections of the contractor's staff and ensuring that accurate records are maintained describing the disposition of all complaints. The records so created shall be open to inspection by the City.
- **RECOVERY OF MONEY**: Whenever, under the contract, any sum of money shall be recoverable from or payable by the contractor to the City, the same amount may be deducted from any sum due to the contractor under the contract or under any other contract between the contractor and the City. The rights of the City are in addition and without prejudice to any other right the City may have to claim the amount of any loss or damage suffered by the City on account of the acts or omissions of the contractor.
- **SOLUREMENTS CONTRACT:** During the period of the contract, the contractor shall provide all the services described in the contract. The contractor understands and agrees that this is a requirements contract and that the City shall have no obligation to the contractor if no services are required. Any quantities that are included in the scope of work reflect the current expectations of the City for the period of the contract. The amount is only an estimate and the contractor understands and agrees that the City is under no obligation to the contractor to buy any amount of services as a result of having provided this estimate or of having any typical or measurable requirement in the past. The contractor further understands and agrees that the City may require services in excess of the estimated annual contract amount and that the quantity actually used whether in excess of, or less than, the estimated annual contract amount and that the quantity actually used

shall not give rise to any claim for compensation other than the total of the unit prices in the contract for the quantity actually used.

- 51. **TERMINATION FOR CONVENIENCE**: The performance of work under the contract may be terminated by the City in whole or in part whenever the City determines that termination is in the City's best interest. Any such termination shall be effected by the delivery to the contractor of a written notice of termination of at least seven (7) days before the date of termination, specifying the extent to which performance of the work under the contract is terminated and the date upon which such termination becomes effective. After receipt of a notice of termination, except as otherwise directed, the contractor shall stop work on the date of the receipt of the notice or other date specified in the notice; place no further orders or subcontracts for materials, services or facilities except as necessary for completion of such portion of the work not terminated; terminate all vendors and subcontracts; and settle all outstanding liabilities and claims.
- 52. **TERMINATION FOR DEFAULT:** The City of Naples reserves the right to terminate the contract if the City determines that the contractor has failed to perform satisfactorily the work required, as determined by the City. In the event the City decides to terminate the contract for failure to perform satisfactorily, the City shall give to the contractor at least seven (7) days written notice before the termination takes effect. The seven-day period will begin upon the mailing of notice by the City. If the contractor fails to cure the default within the seven (7) days specified in the notice and the contract is terminated for failure to perform satisfactorily, the contractor shall be entitled to receive compensation for all reasonable, allocable and allowable contract services satisfactorily performed by the contractor up to the date of termination that were accepted by the City prior to the termination. In the event the City terminates the contract because of the default of the contractor, the contractor shall be liable for all excess costs that the City is required to expend to complete the work under contract.
- 53. STATE AND FEDERAL EMPLOYMENT LAWS: Contractors providing service to the City are required to comply with all state and federal employment laws. This includes, but is not limited to, laws resulting from the Immigration and Reform and Control Act of 1986, wherein all employers are required to verify the identity and employment eligibility of all employees. The Department of Homeland Security, U.S. Citizenship and Immigration Services require employees and employers to complete Form I-9 and the employer must examine evidence of identity and employment eligibility within three business days of the date employment begins. Non compliant contractors will be subject to contract sanctions, up to and including contract termination.
- CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY, AND 54. VOLUNTARY EXCLUSION: The contractor agrees to comply with Executive Order 12549 "Debarment and Suspension" and 2 CFR 180 "OMB Guidelines to Agencies on Government wide Debarment and Suspension." These rules require all contractors using federal funds not be debarred or suspended from doing business with the Federal Government. This includes sub-recipients and lower tier participant for covered transactions. Signing and submitting this document certified the organization and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency, and further have not within the preceding three-year period been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction.

THE CITY OF NAPLES IS AN EQUAL OPPORTUNITY EMPLOYER

#### GENERAL INSURANCE REQUIREMENTS

The Contractor shall not commence work until he has obtained all the insurance required under this heading, and until such insurance has been approved by the Owner, nor shall the Contractor allow any subcontractor to commence work until all similar insurance required of the subcontractor has also been obtained and approved by the Owner.

Certificates of insurance must be issued by an authorized representative of the insurance company at the request and direction of the policyholder and must include sufficient information so as to identify the coverage and the contract for Owner's improvements for which they are issued. Certificates of insurance must be issued by a nationally recognized insurance company with a Best's Rating of no less than B+VII, satisfactory to the Owner, and duly licensed to do business in the state of said Contract.

The Contractor shall procure and maintain, during the life of this Contract, Workmen's Compensation Insurance for all of his employees to be engaged in work under this Contract, and he shall require any subcontractor similarly to provide Workmen's Compensation Insurance for all of the latter's employees to be engaged in such work, unless such employees are covered by the protection afforded by the Contractor's insurance. In case any employees are to be engaged in hazardous work under this Contract, and are not protected under this Workmen's Compensation statute, the Contractor shall provide, and shall cause each subcontractor to provide, adequate coverage for the protection of such employees. It is acceptable to use a State-approved Workmen's Compensation Self-Insurance fund.

The Contractor shall take out and maintain during the life of this Contract, Public Liability and Property Damage and shall include Contractual Liability, Personal Injury, Libel, Slander, False Arrest, Malicious Prosecution, Wrongful Entry or Eviction, Broad Form Property Damage, Products, Completed Operations and XCU Coverage to be included on an occurrence basis, and to the full extent of the Contract to protect him, the Owner, and any subcontractor performing work covered by this Contract from damages for personal injury, including accidental death, as well as from claims for property damage, which may arise from operations under this contract, whether such operations be by himself or by a subcontractor, or by anyone directly or indirectly employed by either of them. The Contractor shall also maintain automobile liability insurance including "non-owned and hired" coverage. The entire cost of this insurance shall be borne by the Contractor.

The amount of such insurance shall be no less than \$1,000,000 annual aggregate for bodily injury and property damage combined per occurrence.

The City of Naples must be named as Additional Insured on the insurance certificate <u>and the following must also be stated on the certificate</u>. "These coverage's are primary to all other coverage's the City possesses for this contract only." The City of Naples shall be named as the Certificate Holder. The Certificate Holder shall read as follows:

The City of Naples 735 Eighth Street South Naples, Florida 34102

No City Division, Department, or individual name should appear on the Certificate.

No other format will be acceptable.

The Certificate must state the solicitation number and title.

When using the ACORD 25 - Certificate of Insurance only the most current version will be accepted.

The City of Naples requires a copy of a cancellation notice in the event the policy is cancelled. The City of Naples shall be expressly endorsed onto the policy as a cancellation notice recipient.

#### STATEMENT OF NO PROPOSAL

If you will not be bidding on this product/service, please help us by completing and returning only this page to:

> City of Naples, Purchasing Division City Hall, 735 8th Street South Naples, FL 34102 Fax 239-213-7105

| <b>Proposal</b> #         | and Description:                                                                                                                                         |                 |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| We, the unders reason(s): | signed, decline to proposal on the above project fo                                                                                                      | r the following |
| deadline Our Com          | not able to respond to this Request for Proposals b<br>ipany does not offer this product or service.<br>rent work schedule will not permit us to perform |                 |
| services Specifica        | tions are incomplete or information is unclear xplain below).                                                                                            | n the required  |
| Other (Pleas              | se specify below)                                                                                                                                        |                 |
| Company Name              | <u>,                                    </u>                                                                                                             |                 |
| РН                        | Email                                                                                                                                                    |                 |
| Name and Title            | of individual completing this form:                                                                                                                      |                 |
| (Printed Name)            | (Title)                                                                                                                                                  |                 |
| (Signature)               | (Date)                                                                                                                                                   |                 |

### **REFERENCES**

#### THIS SHEET MUST BE COMPLETED AND RETURNED WITH PROPOSAL

PROVIDE AT LEAST THREE REFERENCES FOR WHOM YOUR COMPANY HAS PROVIDED <u>SAME OR SIMILAR SERVICES</u> WITHIN THE LAST 2 YEARS.

| COMPANY NAME:           |
|-------------------------|
| ADDRESS:                |
| TELEPHONE:              |
| CONTACT PERSON:         |
| CONTACT E-MAIL ADDRESS: |
| COMPANY NAME:           |
| ADDRESS:                |
| TELEPHONE:              |
| CONTACT PERSON:         |
| CONTACT E-MAIL ADDRESS: |
| COMPANY NAME:           |
| ADDRESS:                |
| TELEPHONE:              |
| CONTACT PERSON:         |
| CONTACT E-MAIL ADDRESS: |
| Submitting Vendor Name: |

# CONSTRUCTION SPECIAL CONDITIONS

#### A. TERMS OF CONTRACT

The resulting contract will commence on award and be in effect until completion of the project. Services to be rendered by the contractor shall be commenced subsequent to the execution of this Agreement upon written Notice to Proceed from the City for all or any designated portion of the Project must be completed by the contract dates specified within the Notice to Proceed for construction. Should contractor fail to complete the project within this timeframe, daily liquidated damages in an amount of \$250.00 per day will be assessed.

#### B. PROHIBITION OF CONTACT

Under no circumstances should any prospective organization or individual, or anyone acting for or on behalf of a prospective organization or individual, seek to influence or gain the support of any member of the City Council, public official or City staff favorable to the interest of any prospective organization or individual. Likewise, contact with City Council, any public official or city staff against the interests of other prospective organization (s) and or individual(s) is prohibited. Any such activities will result in the exclusion of the prospective organization or individual from consideration by the City.

#### C. REFERENCES

Bidder must submit a minimum of three references on the form provided. Additionally, a signed and dated IRS W-9 form with EIN is required from all vendors.

#### D. STATEMENT OF NO BID

If you will not be bidding on this producer/service, please help us by completing and returning the Statement of No Bid.

#### E. BID FORMAT

The Contract, if awarded, will be awarded on the basis of material and equipment illustrated and described on the Drawings or specified in the Specification. If a substitution or an "or equal": item is proposed, the proposer must submit this information to the City of Naples Purchasing Department ten (10) days prior to the Proposal Date for evaluation as an acceptable substitution or an "or equal" item. If the substitution or the "or equal" item is accepted, the City of Naples will issue an Addendum to all Proposers listing the allowable substitution or the "or equal" item. The cost of changes in related work, additional drawings which may be required to illustrate or define the substitute or "or equal" equipment and its relationship to the other parts or portions of the Work shall be paid by the Contractor. No change will be made in the amount of time in which to complete the Work or in the liquidated damages.

#### F. BID SECURITY / BID BOND

It is the policy of the City of Naples to require a Bid Bond for all construction-related sealed bids estimated to be in excess of \$100,000. A bid bond or equivalent financial security in the amount of five (5) percent of the bid price shall be required and must accompany all bids. The Bid Bond is to be provided by a surety company authorized to do business in the State of Florida or otherwise supplied in a form satisfactory to the City. The bid bond must be submitted with the bid. When the invitation for bids requires a bid bond, noncompliance will result in rejection of the bid.

Note that failure or refusal of the awarded bidder to enter into a contract within twenty (20) calendar days after receipt of said contract will result in damages to the City and bid bond will be forfeited to the City as liquidated damages.

#### G. PROPOSAL CONSTRUCTION PERFORMANCE & PAYMENT BONDS A Performance and Payment Bond will be required of the Awarded Proposer for any contract that is in excess of \$100,000.00 dollars and will be in an amount equal to 100 (%) percent of the price specified in the Contract.

The bond(s) shall be executed by a surety company authorized to do business in the State of Florida, or otherwise secured in a manner satisfactory to the City for the protection of all persons supplying labor and material to the contractor or its subcontractors for the performance of the work provided for in the contract.

Proof of insurance from the successful proposer is required at the time of issuance and award of a contract.

#### H. **OUESTIONS**

Questions regarding this proposer packet must be received in writing in the Purchasing Division NO LATER THAN TEN CALENDAR DAYS PRIOR TO THE PROPOSAL CLOSING DATE TO ENSURE AN ANSWER IS PROVIDED PRIOR TO CLOSING.

> Direct all questions to: Gerald "Jed" Secory, MBA / CPPO / CPM **Purchasing and Contracts Manager** City of Naples, Purchasing Division 735 8th Street South Naples, Florida 34102 PH: (239) 213-7102 FX: (239) 213-7105

> > Jsecory@naplesgov.com

#### SUBMISSION CHECKLIST

Proposers should check off each of the following items as completed and submit with proposal response:

| CHECKLIST ELEMENTS                                                                                                                                                                                                                                                                                                            | INCLUDED |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Submit one (1) original signature and five (5) copy of your original proposal / document AND a Windows© compatible PDF of the original document on a CD or Flash / Thumb Drive that is clearly labeled.                                                                                                                       |          |
| Include any required drawings; descriptive literature; qualifications; schedules; product compliance / exceptions; alternatives; questionnaire; references, forms, tabs, pricing/cost; and any information required of the proposer identified in the text of the solicitation including information for proposal evaluation. |          |
| Include information require in the SUBMITTAL REQUIREMENTS                                                                                                                                                                                                                                                                     |          |
| Mandatory FORMS from this document to be included are: <u>Cover Sheet</u> , <u>References Sheet</u> , <u>Submission Checklist Sheet</u> ,     IRS <u>W-9</u> (Dec 2014) and <u>PRICE / Compensation Schedule</u> .                                                                                                            |          |
| Have an authorized individual sign the appropriate pages including the <a href="Cover Sheet">Cover Sheet</a> with any addenda initialed. Also, examples of vendor contracts used by the City can be found on the Naples Purchasing web site and should be reviewed by the vendor.                                             |          |
| Proposal document needs to be received by the OPENING DATE & TIME indicated on the Cover Sheet. The mailing envelope must be addressed to:     City of Naples     Purchasing Division     735 8th Street South     Naples, Florida 34102                                                                                      |          |
| The mailing envelope should be sealed and marked with:  Number: 17-012  Title: Community Center Floor Cover Replacement Opening Date: 4/7/2017                                                                                                                                                                                |          |

ALL COURIER DELIVERED SOLICITATIONS MUST HAVE THE SOLICITATION NUMBER AND TITLE ON THE OUTSIDE OF THE COURIER PACKET.

| Submitting Vendor Nan | e: |
|-----------------------|----|
|-----------------------|----|

At the discretion of the Purchasing Manager, bids or proposals with minor irregularities may be accepted and allowed to be corrected when in the best interest of the City.

#### W-9 FORM MUST BE COMPLETED AND RETURNED WITH BID

#### Fillable Form can also be downloaded at

https://www.irs.gov/pub/irs-pdf/fw9.pdf

(Rev. December 2014) Department of the Treasury

## **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

| interna                                             | Revenue Service                                              |                                                                                                                                                                                                                       |                                                                                      |                                            |                                                      |                        |                      |                        |
|-----------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|------------------------|----------------------|------------------------|
|                                                     | 1 Name (as shown                                             | n on your income tax return). Name is required on this line;                                                                                                                                                          | do not leave this line blank.                                                        |                                            |                                                      |                        |                      |                        |
| ge 2.                                               | 2 Business name/o                                            | disregarded entity name, if different from above                                                                                                                                                                      |                                                                                      |                                            |                                                      |                        |                      |                        |
| Print or type<br>See Specific Instructions on page  | Individual/sole single-membe                                 |                                                                                                                                                                                                                       | tion Partnership                                                                     | Trust/estate                               | 4 Exempti<br>certain ent<br>instruction<br>Exempt pa | ities, not<br>s on pag | t individı<br>ge 3): | y only to<br>uals; see |
| Print or type<br>Instructions                       | Note. For a si                                               | ngle-member LLC that is disregarded, do not check LLC; c cation of the single-member owner.                                                                                                                           |                                                                                      |                                            | Exemption code (if an                                | from FA                |                      | oorting                |
| F =                                                 | Other (see inst                                              | tructions) >                                                                                                                                                                                                          |                                                                                      |                                            | (Applies to acc                                      |                        | tained outsi         | de the U.S.)           |
| pecific                                             | 5 Address (number                                            | r, street, and apt. or suite no.)                                                                                                                                                                                     |                                                                                      | Requester's name a                         |                                                      |                        |                      |                        |
| See S                                               | 6 City, state, and Z                                         | ZIP code                                                                                                                                                                                                              |                                                                                      |                                            |                                                      |                        |                      |                        |
|                                                     | 7 List account num                                           | nber(s) here (optional)                                                                                                                                                                                               |                                                                                      |                                            |                                                      |                        |                      |                        |
| Par                                                 | Taxpay                                                       | er Identification Number (TIN)                                                                                                                                                                                        |                                                                                      |                                            |                                                      |                        |                      |                        |
| The state of the state of                           | SECOND C                                                     | propriate box. The TIN provided must match the nar                                                                                                                                                                    | me given on line 1 to avo                                                            | id Social sec                              | curity number                                        |                        |                      |                        |
| reside<br>entities                                  | o withholding. For<br>nt alien, sole propi                   | individuals, this is generally your social security nurrietor, or disregarded entity, see the Part I instruction yer identification number (EIN). If you do not have a                                                | mber (SSN). However, fo                                                              | ra a                                       |                                                      |                        |                      |                        |
|                                                     |                                                              | more than one name and the instruction of the                                                                                                                                                                         |                                                                                      | or                                         | i da máidi a aái a                                   |                        |                      |                        |
| auideli                                             | nes on whose nun                                             | n more than one name, see the instructions for line 1                                                                                                                                                                 | and the chart on page 4                                                              | for Employer                               | identification                                       | n numb                 | er                   |                        |
|                                                     |                                                              |                                                                                                                                                                                                                       |                                                                                      |                                            | -                                                    |                        |                      |                        |
| Part                                                | Certific                                                     | cation                                                                                                                                                                                                                |                                                                                      |                                            |                                                      |                        |                      |                        |
| Under                                               | penalties of perjur                                          | y, I certify that:                                                                                                                                                                                                    |                                                                                      |                                            |                                                      |                        |                      |                        |
| 1. The                                              | number shown or                                              | n this form is my correct taxpayer identification num                                                                                                                                                                 | ber (or I am waiting for a                                                           | number to be iss                           | sued to me                                           | ; and                  |                      |                        |
| Ser                                                 | rice (IRS) that I am                                         | ackup withholding because: (a) I am exempt from ban<br>a subject to backup withholding as a result of a failu<br>backup withholding; and                                                                              | ckup withholding, or (b)<br>re to report all interest or                             | I have not been n<br>r dividends, or (c)   | otified by t<br>the IRS ha                           | ne Intei<br>s notifi   | rnal Rev<br>ed me t  | venue<br>that I am     |
| 3. I an                                             | a U.S. citizen or                                            | other U.S. person (defined below); and                                                                                                                                                                                |                                                                                      |                                            |                                                      |                        |                      |                        |
| 4. The                                              | FATCA code(s) en                                             | tered on this form (if any) indicating that I am exemp                                                                                                                                                                | ot from FATCA reporting                                                              | is correct.                                |                                                      |                        |                      |                        |
| Certifico<br>becaus<br>interes<br>genera<br>instruc | cation instruction<br>e you have failed<br>paid, acquisition | is. You must cross out item 2 above if you have been to report all interest and dividends on your tax return or abandonment of secured property, cancellation or than interest and dividends, you are not required to | en notified by the IRS than<br>n. For real estate transactors debt, contributions to | t you are currently<br>stions, item 2 does | s not apply                                          | . For m                | nortgag              | e<br>and               |
| Sign<br>Here                                        | Signature of U.S. person ▶                                   |                                                                                                                                                                                                                       | Date                                                                                 | •                                          |                                                      |                        |                      |                        |
| Gene                                                | eral Instruct                                                | tions                                                                                                                                                                                                                 | Form 1098 (home mortg<br>(tuition)                                                   | gage interest), 1098-                      | E (student lo                                        | an inter               | est), 109            | 98-T                   |
|                                                     |                                                              | Internal Revenue Code unless otherwise noted.                                                                                                                                                                         | • Form 1099-C (canceled                                                              | debt)                                      |                                                      |                        |                      |                        |
| Future o                                            | evelopments. Information enacted affects                     | mation about developments affecting Form W-9 (such                                                                                                                                                                    | • Form 1099-A (acquisitio                                                            | ,                                          | of secured p                                         | ropertv)               |                      |                        |
| as legisli                                          | tion enacted after w                                         | ve release it) is at www.irs.gov/fw9.                                                                                                                                                                                 |                                                                                      |                                            |                                                      | / /                    |                      |                        |

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Form W-9 (Rev. 12-2014)

Page 2

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
  - 4. The type and amount of income that qualifies for the exemption from tax.
- 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

#### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

#### Payments you receive will be subject to backup withholding if:

- 1. You do not furnish your TIN to the requester,
- 2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

- 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships above.

#### What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

#### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

#### **Penalties**

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

#### **Specific Instructions**

#### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1, if the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

#### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

#### Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

#### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
  - 2-The United States or any of its agencies or instrumentalities
- 3-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- $4-\mbox{\rm H}$  foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6-A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- $7\!-\!\text{A}$  futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9-An entity registered at all times during the tax year under the Investment Company Act of 1940
  - 10-A common trust fund operated by a bank under section 584(a)
  - 11-A financial institution
- 12-A middleman known in the investment community as a nominee or custodian
  - 13-A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

| IF the payment is for                                                                  | THEN the payment is exempt for                                                                                                                                                                                |
|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Interest and dividend payments                                                         | All exempt payees except for 7                                                                                                                                                                                |
| Broker transactions                                                                    | Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012. |
| Barter exchange transactions and patronage dividends                                   | Exempt payees 1 through 4                                                                                                                                                                                     |
| Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup> | Generally, exempt payees 1 through 5 <sup>2</sup>                                                                                                                                                             |
| Payments made in settlement of payment card or third party network transactions        | Exempt payees 1 through 4                                                                                                                                                                                     |

<sup>&</sup>lt;sup>1</sup>See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
  - B-The United States or any of its agencies or instrumentalities
- C-A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
  - G-A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
  - I-A common trust fund as defined in section 584(a)
  - J-A bank as defined in section 581
  - K-A broke
  - L-A trust exempt from tax under section 664 or described in section 4947(a)(1)
  - M-A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

#### I ine f

Enter your city, state, and ZIP code.

#### Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

#### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

- 1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- **3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

#### What Name and Number To Give the Requester

| For this type of account:                                                                                                                                                                   | Give name and SSN of:                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Individual     Two or more individuals (joint account)                                                                                                                                      | The individual The actual owner of the account or, if combined funds, the first individual on the account' |
| <ol><li>Custodian account of a minor<br/>(Uniform Gift to Minors Act)</li></ol>                                                                                                             | The minor <sup>2</sup>                                                                                     |
| a. The usual revocable savings<br>trust (grantor is also trustee)     b. So-called trust account that is                                                                                    | The grantor-trustee'  The actual owner'                                                                    |
| not a legal or valid trust under state law                                                                                                                                                  | The actual owner                                                                                           |
| <ol><li>Sole proprietorship or disregarded<br/>entity owned by an individual</li></ol>                                                                                                      | The owner <sup>3</sup>                                                                                     |
| 6. Grantor trust filing under Optional<br>Form 1099 Filing Method 1 (see<br>Regulations section 1.671-4(b)(2)(i)<br>(A))                                                                    | The grantor*                                                                                               |
| For this type of account:                                                                                                                                                                   | Give name and EIN of:                                                                                      |
| <ol><li>Disregarded entity not owned by an<br/>individual</li></ol>                                                                                                                         | The owner                                                                                                  |
| 8. A valid trust, estate, or pension trust                                                                                                                                                  | Legal entity⁴                                                                                              |
| Corporation or LLC electing<br>corporate status on Form 8832 or<br>Form 2553                                                                                                                | The corporation                                                                                            |
| Association, club, religious,<br>charitable, educational, or other tax-<br>exempt organization                                                                                              | The organization                                                                                           |
| 11. Partnership or multi-member LLC                                                                                                                                                         | The partnership                                                                                            |
| 12. A broker or registered nominee                                                                                                                                                          | The broker or nominee                                                                                      |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity                                                                                          |
| 14. Grantor trust filing under the Form<br>1041 Filing Method or the Optional<br>Form 1099 Filing Method 2 (see<br>Regulations section 1.671-4(b)(2)(i)<br>(B))                             | The trust                                                                                                  |

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

- <sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- <sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.
- \*Note. Grantor also must provide a Form W-9 to trustee of trust

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

#### **Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

#### **Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

<sup>&</sup>lt;sup>2</sup> Circle the minor's name and furnish the minor's SSN.

# City of Naples, FL REQUEST FOR PROPOSAL

Community Center Floor Cover Replacement RFP No. 17-012

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### PROJECT REQUIREMENTS AND SPECIFICATIONS PROJECT REQUIREMENTS AND SPECIFICATIONS

17-012 Community Center Floor Cover Replacement RFP

#### PROJECT DESCRIPTION

The purpose of this project is removal and replacement of existing floor covering at the City of Naples River Park Community Center, 301 11th Street - North, Naples, FL 34102. This Request for Proposal is to seek a professional contractor to provide labor, equipment, materials and supervision necessary to perform the work described below. The project is to be completed within a 60 day period after a Purchase Order is executed and a Notice to Proceed is issued. All square footage areas mentioned in this document are approximate and for planning purposed only. Exact measurements are the responsibility of the vendor. Labor cost should include the moving of furniture. There will be a pre-bid meeting for prospective bidders to inspection and measurement the replacement area prior to submitting a bid.

#### **SUMMARY OF WORK**

- 1) Contract includes supplying all tools, labor, and materials necessary to successfully initiate the removal and installation of flooring.
- 2) Contractors shall be responsible for all flooring measurements for this project.
- 3) This project shall include but not be limited to: providing dumpster service, labor for movement of furniture, rehang doors, and replace door stops.
- 4) All spots or smears of floor adhesives or seam cement shall be removed. Contractor shall line up transition of new flooring with existing furniture line. All work shall be in conformity with specifications.

#### **BASELINE VENDOR / INSTALLER QUALIFICATIONS**

- 1) Flooring contractor to be a specialty contractor normally engaged in this type of work and shall have prior experience in the installation of types of materials of the project.
- 2) Flooring contractor-possessing Contract for the carpet installation shall not sub-contract the labor without written approval of the Project Manager.
- 3) Flooring contractor will be responsible for proper product installation, including floor testing and preparation as specified by the flooring manufacturer and JOB CONDITIONS herein.
- 4) Flooring contractor is to provide a written installation warranty that guarantees the completed installation to be free from defects in materials and workmanship for a period of one year after job completion.

#### FLOORING COVERING REPLACEMENT MATERIALS

#### Porcelain Tile:

For this solicitation, the city has set a porcelain tile square foot fixed material cost (for vendor comparison only) at \$2.00 for common brand (Daltile, MS International, MARAZZI, Emser, Merola, Megatrade, or equals) 20" x 20" tiles. The titles will be white/beige/cream glazed porcelain gloss with a PEI Rating 4 or better. In consultation with the awarded vendor, data on specified products, physical and performance characteristics, availability, patterns, colors and final pricing will be determined.

#### Other Materials:

All other materials needed for this project and related to porcelain tile installation including but not limited to; adhesives, grout, and 4" vinyl cove base molding, metal edging, antifracture membrane, cutting door bottoms, and additional floor preparation.

#### MATERIALS DELIVER AND STORAGE

A small in-building and secure staging area will be provided by the city. Material delivery will be arranged and the responsibility of the awarded vendor.

#### FLOOR PREPARATION

The floor for replacement must be free of dust, dirt, oil, grease paint, wax, moisture or any debris that could affect adhesion of the tile to the floor. Sweeping compounds must not be used as they may leave oily deposits. Floor installation must pay proper attention to abatement procedures and precautions in accordance with all state and local codes. The floor must be level and smooth. Depressions and cracks must be filled with a liquid latex additive patching compound and all protrusions leveled. Concrete floors must be sealed if dusting or powdering exists.

#### **PERMITTING**

All permitting required for the project is the responsibility of the vendor.

#### **AWARD**

The City reserves the right to award the bid in a manner that best serves the interests of the City of Naples.

#### CONTRACT MANAGEMENT

Mile Leslie, Deputy Director, Community Services and/or his authorized representative will serve as the City's Contract and Project Manager.

#### HOURS OF WORK

All work is to be performed between the hours of 8 A.M. and 5 P.M. Monday thru Friday. Before beginning work, notification must be made to the City of Naples

Contract Management or designee. After hours (when center is closed) or weekend installation may be preferred by the City and additional points may be awarded to vendors that offer this option. Please address this in to Approach to Project section.

#### SCOPE OF WORK

Communication with center staff is essential. The award vendor must work with staff regarding room availability which may be extended to after summer camp programs due to high volume use of the facility. Staff must be notified in advance if furniture/equipment needs to be moved or relocated by a specific date. Work must be completed no later than September 15, 2017. Contractor is responsible for daily cleaning of construction debris and dust.

For clarity, the work to be completed is broken down into below six sections.

#### Section One:

Two Office's - Estimated Area  $(16.5 \times 10.5 = 176 \text{ sq/ft}) & (17 \times 11 = 187 \text{ sq/ft})$ 

- Remove and dispose existing carpet/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install vinyl cove base

#### Sports Equipment Closet - Estimated Area (6 x 12 = 72 sq/ft)

- Remove and dispose of existing vinyl tile/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install vinyl cove base

#### Library Room - Estimated Area (16 x 12 =192 sq/ft)

- Remove and dispose existing carpet/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install vinyl cove base

#### **Section Two:**

#### Program/Conference Office - Estimated Area (14 x 14 =196 sq/ft)

- Remove and dispose existing carpet/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install vinyl cove base

#### Electrical Room - Estimated Area (10 x 11 = 110 sq/ft)

- Remove and dispose existing vinyl/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install vinyl cove base

#### **Section Three:**

#### Computer Room - Estimated Area (18 x 28 = 504 sg/ft)

- Remove and dispose existing carpet/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install vinyl cove base

#### Hall Way - Estimated Area (97 x 6 = 582 sq/ft)

• Remove and dispose existing carpet/cove base

- Supply and install 20" x 20" porcelain tile
- Supply and install antifracture membrane
- Supply and install vinyl cove base

#### **Section Four:**

Men & Woman Restroom Floors -Estimated Area (23 x 10 = 230 sq/ft ) (23 x 12 = 276 sq/ft)

- Remove and dispose of existing tile floors/cove base
- Supply and install 20" x 20" porcelain tile
- Supply and install antifracture membrane
- Supply and install tile cove base?
- Remove and dispose of any tile on walls around garbage cans and cove base
- Supply and install 20" x 20" porcelain tile to walls. Note tile behind urinals
  and toilets can stay as is, if contractor can remove adjacent floor tile without any
  issues.

#### **Section Five:**

Kitchen – Estimated Area (18 x 32 = 576 sq/ft)

- Remove and dispose of existing tile floors/cove base
- Supply and install non-slip/restaurant grade tiles
- Supply and Install antifracture membrane
- Supply and install tile cove base

## **SELECTION PROCESS**

**Solicitation Schedule:** Listed below are the important dates and times related to this solicitation. The Procurement Division may find it necessary to change any of these dates or times. All dates are subject to change.

Action
RFP Issued
Non-mandatory Preproposal Conference
Proposals Opening
Evaluation Committee Meeting

Completion Date
March 10, 2017
March 31, 2017
April 7, 2017 at 2:00 PM
Week of April 10, 2017

**Proposal Preparation Cost:** Costs to prepare a response to this request and travel to for interviews, should they be required, shall be the full responsibility of the proposer

**Selection Criteria:** The evaluation of Floor Cover Replacement service proposals will be made on a pre-determined basis as follows:

| Criteria                                                   | Maximum Points |
|------------------------------------------------------------|----------------|
| Ability to Meet Project Timeframe and Project Requirements | 10             |
| Qualifications AND Experience of the Firm                  | 20             |

| Demonstrated Record of Past Performance and References | 20 |
|--------------------------------------------------------|----|
| Approach to this Project                               | 10 |
| Pricing                                                | 40 |

Evaluation Committee: The Evaluation Committee will be comprised of City Manager approve members. The committee will submit a recommendation for selection to the City Council for final determination. A short list of firms may be asked to provide additional information at the Evaluation Committee discretion.

#### SUBMITTAL REQUIREMENTS

Qualified firms interested in providing the Floor Cover Replacement services described are invited to submit details regarding their firm's (or team's) qualifications as related to the projects outlined in this RFP. Submittals shall address the items listed within a maximum of 35 singlesided pages. Failure to provide all requested items may be sufficient cause for non-acceptance of the proposal. Proposals should be concise and clear.

Under a separate forward section, complete and include the Cover Sheet to your proposal. Do not forget to have an authorized individual sign in the appropriate block and the forms requested in the Check List not otherwise placed. Also include:

- Cover Letter Maximum two pages outlining why the City should select your firm/team. Identify who will be the point of contact including their email address. Identify the Project Manager and in which office they are located.
- Items for Baseline Eligibility Mandatory Form information including Cover Sheet, Submission Check List, W-9, general references and any applicable licenses / certifications.

The proposer may provide additional information; however, it shall be placed at the end of the proposer's submittal in a section separated from the remainder of the proposal.

Please provide the following in your qualifications within the TAB format below.

#### Tab A - Ability to Meet Project Timeframe And Project Requirements

- Indication the firm's ability to obtaining materials needed for this project in a timely manner.
- o Provide a project schedule that identifies general timeframes for work identified on the work tasks showing the firm's general work load capacity.
- o Identify any issue that the City might have omitted in its understanding of this project.

#### Tab B - Qualifications AND Experience of the Firm

- Explain the firm's qualifications and experience in flooring project of this nature along with your best successful example.
- Include any professional licenses or certifications.
- Show the elements required in the BASELINE VENDOR / INSTALLER QUALIFICATIONS section in the above specification.
- Provide an organization chart and identify where the project manager and work components will be done (office locations).

#### Tab C - Demonstrated Record of Past Performance and References

- Describe the experience of the key staff to be assigned to the City projects including demonstrated knowledge and understanding of the types of services to be performed; previous experience in similar or related work.
- Should subconsultant(s) be listed as part of the project team, the proposer shall provide a letter from each subconsultant that indicates the subconsultant's intent to be part of the project team.
- Demonstrate that staff have specific experience relevant to this project and have worked as a team before on other similar projects.
- o Provide three (3) client references for similar projects led by the proposed Project Manager within the past 5-years (NOTE: this is separate and different than the references required in Mandatory Forms.)

#### Tab D - Approach to this Project

- Provide your firm's approach to achieving the project identified tasks.
- o Identify project opportunities and challenges and how you would recommend that challenges be addressed along with value added services your firm can provide.

o After hours (when center is closed) or weekend installation may be preferred by the City and additional points may be awarded to vendors that offer this option. Please address this.

### Tab E - Pricing

o In this section provide your cost schedule found as Exhibit A.

#### FIRM RANKING

Based on the results of the process, the Selection Committee will prepare a prioritized ranking of firms, and may request an interview with any, all, or none. The final contract will then be forwarded to the City Council for approval.

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| ATTACHMENT A - Price Schedule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                       |          |
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| River Park Community Center F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | loor Replacement RFP                  |          |
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