TOWN OF SURFSIDE

REQUEST FOR QUALIFICATIONS



RFQ No. 2023-06 CONTINUING PROFESSIONAL ARCHITECTURAL, ENGINEERING, LANDSCAPE ARCHITECTURAL, SURVEYING AND MAPPING SERVICES

The Town of Surfside Commission:

Mayor Shlomo Danzinger Vice Mayor Jeffrey Rose Commissioner Fred Landsman Commissioner Marianne Meischeid Commissioner Nelly Velasquez

> Town of Surfside 9293 Harding Ave Surfside, Florida 33154

ISSUE DATE: RFQ OPENING DATE: November 30, 2023 RFQ OPENING TIME: 1:00 PM



PUBLIC NOTICE

REQUEST FOR QUALIFICATIONS (RFQ) No. 2023-06 CONTINUING PROFESSIONAL ARCHITECTURAL, ENGINEERING, LANDSCAPE ARCHITECTURAL, SURVEYING AND MAPPING SERVICES

NOTICE IS HEREBY GIVEN that the Town of Surfside ("Town") is soliciting qualifications from qualified firms to provide continuing professional architectural, engineering, landscape architectural, surveying and mapping services (the "Services"), pursuant to the Consultants' Competitive Negotiation Act, Section 287.055, Florida Statutes (the "CCNA"). Interested firms ("Respondents") may pick-up a copy of the Request for Qualifications ("RFQ") No. 2023-06 from the Town Clerk's Office, Town Hall, 9293 Harding Avenue, Second Floor, Surfside, Florida, 33154, or may download it from the Town's website at <u>www.townofsurfsidefl.gov</u>. The RFQ contains detailed and specific information about the scope of services, submission requirements, and evaluation and selection procedures. One (1) original, four (4) hard copies, and one (1) electronic copy on a USB drive of the completed and executed qualifications must be delivered no later than **November 30, 2023, at 1:00 PM**, to the following address: **Town of Surfside, Town Hall, Town Clerk's Office, 9293 Harding Avenue, Surfside, Florida, 33154**.

The Town reserves the right to reject late submissions, in the sole discretion of the Town Manager or his designee. The envelope containing the sealed Response must be clearly marked as follows: "SEALED RESPONSE, RFQ NO. 2023-06 FOR CONTINUING PROFESSIONAL ARCHITECTURAL, ENGINEERING, LANDSCAPE ARCHITECTURAL, SURVEYING AND MAPPING SERVICES, OPENING DATE AND TIME/SUBMISSION DEADLINE: November 30, 2023, at 1:00 PM." The Town Clerk shall certify the time of acceptance.

In 2021, the Town solicited CCNA engineering firms by RFQ No. 2020-06, resulting in the pre-qualification and approval of various firms for designated services. This RFQ solicits additional disciplines including architectural, engineering, landscape architectural, surveying and mapping services. Firms previously approved in 2021 in connection with RFQ No. 2020-06 need not resubmit pursuant to this RFQ, except for additional disciplines or areas.

A <u>Non-Mandatory Pre-RFQ Submittal Conference</u> will be held on October 31, 2023, at 2:00 PM EST at the Town of Surfside, Town Hall, 9293 Harding Ave, Surfside, FL 33154. Respondents planning to submit qualifications are encouraged to attend this meeting. Respondents should allow enough time to ensure arrival prior to the indicated time.

All persons attending the pre-response conference may ask questions or seek clarification regarding this RFQ via the procedures outlined below. Any questions or clarifications concerning the Response specifications must be received by Sandra McCready, M.M.C., Town Clerk, no later than 5:00 PM, November 7, 2023. Any questions regarding RFQ No. 2023-06 are to be submitted either in writing directly to Sandra McCready, Town Clerk, at the following address: 9293 Harding Ave., Second Floor. Surfside. Florida 33154. or via email to: smccready@townofsurfsidefl.gov. Any questions received by the Clerk after the stated deadline will be disregarded. All questions received by the Clerk prior to the stated deadline shall be answered via an Addendum to this RFQ and circulated to all registered Respondents.

The Town shall solicit, evaluate and award the contract in a manner consistent with the CCNA. The Town intends pre-qualify consultants and retain one or more firms qualified under separate continuing services agreement for the Services in the Town of Surfside, Florida. The Town reserves the right to cancel this solicitation, reject any or all submissions, with or without cause, to waive technical errors and informalities, and to accept any response from a Respondent which is qualified and best serves the interests of or represents the best value to the Town.

The Town hereby provides notice to all Respondents of the imposition of a Cone of Silence for this solicitation, as set forth in Section 3-17 of the Town Code. "Cone of Silence," as used herein, means a prohibition on communication regarding a competitive bid or solicitation for a purchase exceeding \$25,000.00, including but not limited to, a particular request for qualifications ("RFQ") between (1) A potential respondent, vendor, service provider, proposer, bidder, lobbyist, or consultant, and (2) Town commissioners, Town's staff including, but not limited to, the Town Manager and his or her staff, and any member of the Town's selection or evaluation committee. Please contact the Town Clerk and/or Town Attorney with any questions on the Cone of Silence.

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SECTION 1 INFORMATION FOR RESPONDENTS

1.1 INTRODUCTION

The Town of Surfside (the "Town"), a municipality located in Miami-Dade County, Florida, pursuant to the Consultants' Competitive Negotiation Act, Section 287.055, Florida Statutes, (the "CCNA"), hereby requests qualifications from qualified firms ("Respondents") for the selection of qualified firms (the "Consultant" or "Respondent") to perform continuing professional architectural, engineering, landscape architectural, surveying and mapping services (the "Services"). The Town intends to pre-qualify Consultants and retain one or more firms qualified under separate continuing services agreements for the Services within the Town. No minimum amount of such professional services or compensation will be assured to any of the firms so retained, and the Town shall not be prevented in any manner from retaining other firms in its sole discretion to perform any such services.

Florida law requires the Town to make a determination of a respondent's qualifications to perform the Services prior to engagement. The information used in this request for qualifications ("RFQ") will be used by the Town to make its determination. The Town intends to award a contract to the selected Consultant(s) to provide the Services contemplated in this RFQ. The contract will be negotiated pursuant to the CCNA. In 2021, the Town solicited CCNA engineering firms by RFQ No. 2020-06, resulting in the pre-qualification and approval of various firms for designated services. This RFQ solicits additional disciplines including architectural, engineering, landscape architectural, surveying and mapping services. Firms previously approved in 2021 in connection with RFQ No. 2020-06 need not resubmit pursuant to this RFQ, except for additional disciplines or areas.

1.2 SCHEDULE OF EVENTS

The following schedule shall govern this RFQ. The Town reserves the right to change the scheduled dates and times at its sole discretion.

| | DESCRIPTION | DATE | TIME (EST) |
|---|---|-------------------|------------|
| 1 | Advertisement/ Distribution of RFQ | October 11, 2023 | 2:00 PM |
| 2 | Non-Mandatory Pre-RFQ Conference 9293 Harding Ave., Surfside, FL 33154 | October 31, 2023 | 2:00 PM |
| 3 | Deadline to Submit Questions / Requests for Clarifications | November 7, 2023 | 5:00 PM |
| 4 | Deadline to Submit RFQ Response | November 30, 2023 | 1:00 PM |
| 5 | RFQ Opening | November 30, 2023 | 1:00 PM |
| 6 | RFQ Evaluation and Selection | ТВА | ТВА |

1.3 CONE OF SILENCE

Notwithstanding any other provision of these specifications, the provisions of the Town "Cone of Silence" are applicable to this transaction. The "Cone of Silence", as used herein, means a prohibition on any communication regarding a particular Request for Proposal (RFP), Request for Qualification (RFQ), or bid, between a potential vendor, service provider, contractor, bidder, lobbyist, or consultant, and the Town Commission, Town's professional staff including, but not limited to, the Town Manager and his or her staff, any member of the Town's selection or evaluation committee.

The Cone of Silence shall be imposed upon each RFP, RFQ, and bid after the advertisement of said RFP, RFQ, or bid.

The Cone of Silence shall terminate at time the Town Manager makes his or her written recommendation to the Town Commission. However, if the Town Commission refers the Town's Manager's recommendation back to the Town Manager or staff for further review, the Cone of Silence shall be re-imposed until such time as the Town Manager makes a subsequent written recommendation.

The Cone of Silence shall not apply to:

- 1. Oral communications at pre-proposal/pre-bid conferences.
- 2. Oral presentations before selection or evaluation committees.
- 3. Public presentations made to the Town Commission during any duly noticed public meeting.
- 4. Communications in writing at any time with any town employee, unless specifically prohibited by the applicable RFP, RFQ, or bid documents. The bidder or Respondents shall file a copy of any written communication with the Town Clerk. The Town Clerk shall make copies available to any person upon request.
- 5. Communications regarding a particular RFP, RFQ, or bid between a potential vendor, service provider, contractor, bidder, lobbyist or consultant and the Town's Purchasing Agent or Town employee designated responsible for administering the procurement process of such RFP, RFQ or bid, provided the communication is limited strictly to matters of process or procedure already contained in the corresponding solicitation document.
- 6. Communications with the Town Attorney and his or her staff.

- 7. Duly noticed site visits to determine the competency of bidders regarding a particular bid during the time period between the opening of bids and the time the Town Manager makes his or her written recommendation.
- 8. Any emergency procurement of goods or services pursuant to Town Code.
- 9. Responses to the Town's request for clarification or additional information.
- 10. Contract negotiations during any duly noticed public meeting.
- 11. Communications to enable Town staff to seek and obtain industry comment or perform market research, provided all communications related thereto between a potential vendor, service provider, contractor, bidder, lobbyist, or consultant and any member of the Town's professional staff including, but not limited to, the Town Manager and his or her staff are in writing or are made at a duly noticed public meeting.

Please contact the Town Attorney for any questions concerning the Cone of Silence compliance.

Violation of the Cone of Silence by a particular bidder or Respondents shall render any RFP award, RFQ award, or bid award to said bidder or Respondents voidable by the Town Commission and/ or Town Manager

1.4 DISADVANTAGED BUSINESS OR SMALL BUSINESS ENTERPRISE (DBE/SBE), MINORITY BUSINESS ENTERPRISE (MBE) AND WOMEN BUSINESS ENTERPRISE (WBE). The Town of Surfside is committed to increasing contracting and subcontracting opportunities with disadvantaged, minority-owned, and women-owned enterprises, in order to promote their growth, capacity-building, and economic success. In accordance with 2 C.F.R. § 200.321, the successful Respondent shall take all necessary affirmative steps to assure that minority businesses, women's business enterprises, and labor surplus area firms are used when possible. Affirmative steps for the Successful Respondent to take regarding subcontractors must include: Placing qualified small and minority businesses and women's business enterprises on solicitation lists; Assuring that small and minority businesses, and women's business enterprises are solicited whenever they are potential sources; Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses, and women's business enterprises; Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses, and women's business enterprises; Using the services and assistance, as appropriate, of such organizations as the Small

Business Administration and the Minority Business Development Agency of the Department of Commerce.

- **1.5** <u>ADDENDA.</u> If the Town finds it necessary to add to, or amend this RFQ prior to the Response submittal deadline, the Town will issue written addenda/addendum. Each Consultant must acknowledge receipt of each addendum by signing the corresponding acknowledgement and providing it with its Response.
- **1.6** <u>**CERTIFICATION.</u>** By submitting a Response to this RFQ, the signer of the Response declares that the person(s), firm(s) and parties identified in the Response are interested in and available for providing the Services; that the Response is made without collusion with any other person(s), firm(s) and parties; that the Response is fair in all respects and is made in good faith without fraud; and that the signer of the cover letter of the Response has full authority to bind the person(s), firm(s) and parties identified in the Response. By submitting a Response, the Consultant shall certify that it has fully read and understood this RFQ and the Response method and has full knowledge of the scope, nature, and quality of work to be performed.</u>
- **1.7** <u>ECONOMY OF PREPARATION.</u> Responses should be prepared simply and economically, providing a straightforward, concise description of the Respondent's ability to fulfill the requirements of the RFQ.
- **1.8 INTERVIEWS.** The Town reserves the right to short-list Consultants and conduct personal interviews or require presentations by any or all Consultants prior to ranking, or at any time during the evaluation process, or at the Town Commission Meeting where selection and award is made.
- **1.9 RESPONSES BINDING.** All Responses submitted shall be binding upon the Respondent for 365 calendar days following opening.
- **1.10** <u>PUBLIC RECORDS.</u> Florida law provides that municipal records should be open for inspection by any person under Chapter 119, F.S. Public Records law. All information and materials received by the Town in connection with Responses shall become property of the Town and shall be deemed to be public records subject to public inspection.
- **1.11 RESPONSE DISCLOSURE.** Upon opening, Responses become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes, to the extent applicable. Respondents are required to *identify specifically* any information contained in their Response which they consider confidential and/or proprietary and which they believe to be exempt from disclosure, citing specifically the applicable exempting law. All Responses received from Respondents in response to this RFQ will become the property of the Town and will not be returned to the Respondents. In the event of

contract award, all documentation produced as part of the contract will become the exclusive property of the Town.

- **1.12** <u>**RESPONSE WITHDRAWAL.**</u> Respondents may withdraw their Responses by notifying the Town Clerk in writing at any time prior to the scheduled opening. Respondents may withdraw their Responses in person or through an authorized representative. Respondents and authorized representatives must disclose their identity and provide written receipt for the returned Responses. Responses, once opened, become the property of the Town and will not be returned to the Respondents.
- **1.13** <u>**RETENTION OF RESPONSE.</u>** The Town reserves the right to retain all Responses submitted and use any ideas contained in any Response, regardless of whether that Consultant is selected.</u>
- 1.14 REQUESTS FOR INFORMATION/CLARIFICATION. The Town, independently or upon request, may furnish additional information related to this RFQ so as to clarify any provision contained herein and/or to facilitate Responses. The Town has made efforts to provide accurate and complete information in this RFQ. The Town shall not be penalized in any way for the lack of any information deemed necessary by any responding firm. Accuracy of this data is not guaranteed. It is the sole responsibility of responding Respondents to assure that they have all information necessary for submission of their Responses. Any and all questions or requests for information or clarification pertaining to this RFQ must be made in writing via email to Sandra McCready, Town Clerk, smccready@townofsurfsidefl.gov, by no later than November 7, 2023, by 5:00 PM EST, as described in the Schedule of Events. Requests may be submitted in person or via email. Once all requests have been received a summary of all questions and responses will be sent to all Firms.
- **1.15 IRREGULARITIES & RESERVATION OF RIGHTS.** Responses will be selected at the sole discretion of the Town. The Town reserves the right to waive any irregularities in the request process, to reject any or all Responses, reject a Response which is in any way incomplete or irregular, re-bid the entire solicitation or enter into agreements with more than one respondent. Responses received after the deadline provided in this RFQ will not be considered.

The Town reserves the right to award one or more contract(s) to the Consultant who will best serve the interests of the Town and whose is considered by the Town to be the most qualified Respondent whose bid meets the requirements and criteria set forth in this RFQ. Notwithstanding, the Town may, at its sole discretion, reject all Responses and cancel the solicitation, in which case no award will be made.

The Town reserves the right to accept or reject any or all Responses, based upon its deliberations and opinions. In making such determination, the Town reserves the right to investigate the financial capability, integrity, experience and quality of performance of each Consultant, including officers, principals, senior management and supervisors, as well as the staff identified in the Response.

Respondents shall furnish additional information as the Town may require. This includes information that indicates financial resources as well as ability to provide the requisite services. The Town reserves the right to make investigations of the qualifications of the firm as it deems appropriate, including but not limited to background investigations and checking of references.

- **1.16** <u>LOBBYIST REGISTRATION.</u> Respondents must comply with the Town's lobbyist regulations after Cone of Silence has been lifted. Please contact the Town Clerk for additional information.
- **1.17** <u>**RESPONSE/PRESENTATION COSTS.</u>** The Town shall not be liable for any costs, fees, or expenses incurred by any Consultant in responding to this RFQ, nor subsequent inquiries or presentations relating to its Response.</u>
- **1.18 LATE SUBMISSIONS.** Responses received by the Town after the time specified for receipt will not be considered. They will be marked "LATE" and returned unopened. Responses received after the closing time and date, for any reason whatsoever, will not be considered. Any disputes regarding timely receipt of Responses shall be decided in the favor of the Town. Respondents shall assume full responsibility for timely delivery at the location designated for receipt of Statements of Qualifications. The Town shall not be responsible for Statements of Qualifications received after the submittal deadline and encourages early submittal.
- **1.19 <u>COMPLETENESS</u>**. All information required by this RFQ must be supplied to constitute an acceptable and complete Response.
- **1.20** <u>PERMITS, TAXES, LICENSES.</u> The Consultant shall, at its own expense, obtain all necessary permits, pay all licenses, fees and taxes required to comply with all local ordinances, state and federal laws, rules, regulations and professional standards that would apply to this contract.
- **1.21 <u>LAWS, ORDINANCES.</u>** The Consultant shall observe and comply with all federal, state, and local laws, including ordinances, rules, regulations and professional standards that would apply to the contract.
- **1.22** TERMS OF ENGAGEMENT; PROFESSIONAL SERVICES AGREEMENT. The selected Respondent(s) should be prepared to execute an agreement in substantially the form of the Professional Services Agreement provided in

Attachment "A" to this RFQ (the "Contract"), provided that the Town may elect a different form of contract. The terms of the Contract may be negotiated upon selection of Consultant.

- 1.23 BONDS. The selected Consultant must, prior to performing any portion of the Work or Services and within three (3) days of the Effective Date of the Contract, deliver to the Town the Bonds required to be provided by Respondent hereunder and the Professional Services Agreement (collectively, the "Bonds"). The Town, in its sole and exclusive discretion, may also require other bonds or security, in order to guaranty that the awarded contract with the Town will be fully and appropriately performed and completed. The surety providing such Bonds must be licensed, authorized, and admitted to do business in the State of Florida and must be listed in the Federal Register (Dept. of Treasury, Circular 570). The cost of the premiums for such Bonds shall be included in the contract price. If notice of any change affecting the scope of services/work, the contract price, contract time, or any of the provisions of the Contract is required by the provisions of any bond to be given to a surety, the giving of any such notice shall be the selected Consultant's sole responsibility, and the amount of each applicable bond shall be adjusted accordingly. If the surety is declared bankrupt or becomes insolvent or its right to do business in Florida is terminated or it ceases to meet applicable law or regulations, the selected Consultant shall, within five (5) days of any such event, substitute another bond (or Bonds as applicable) and surety, all of which must be satisfactory to the Town.
- **1.23.1 PERFORMANCE BOND.** If this provision is selected, the selected Consultant must deliver to the Town a performance bond in an amount equal to 100 percent of the price specified in the contract. The performance bond shall provide that the bonding company will complete the project if the selected Consultant defaults on the contract with the Town by failing to perform the contract in the time and manner provided for in the contract. If a performance bond is required, the Town shall select this box: □.
- **1.23.2** <u>PAYMENT BOND.</u> If this provision is selected, the selected Consultant must deliver to the Town a payment bond in an amount equal to 100 percent of the price specified in the contract. The payment bond shall provide that the bonding company or surety will promptly pay all persons who supply labor, materials, or supplies used directly or indirectly in the performance of the work provided for in the contract between the selected Consultant and the Town if the selected Consultant fails to make any required payments only. If a payment bond is required, the Town shall select this box: □.
- **1.23.3** <u>WAIVER OF BONDS.</u> If this provision is selected, the Town Manager has waived or limited the requirements contained herein for payment or performance bonds upon such circumstances as are deemed in the best interest of the Town. If the requirement for a payment bond is waived, the

Town shall select this box: \boxtimes . If the requirement for a performance bond is waived, the Town shall select this box: \boxtimes .

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[END OF SECTION 1]

SECTION 2 SCOPE OF SERVICES

2.1 INTRODUCTION

Pursuant to, the Consultants' Competitive Negotiations Act, Section 287.055, Florida Statutes (the "CCNA"), the Town of Surfside ("Town") is accepting Submittals from qualified and properly licensed firms or individuals (hereinafter "Consultants") interested in providing continuing professional architectural, engineering, landscape architectural, surveying and mapping services (the "Services"). The Town intends to pre-qualify consultants and retain one or more firms qualified under separate continuing services agreements for continuing professional architectural, engineering, landscape architectural, surveying and mapping services within the Town. No minimum amount of such professional services or compensation will be assured to any of the firms so retained, and the Town shall not be prevented in any manner from retainingother firms in its sole discretion to perform any such services.

As provided in the CCNA, the selected firm(s) will be retained under a continuing services contract and shall be required to provide services on an on-going, as-needed basis, on various projects and assignments. These services shall include, but shall not be limited to, those specified herein. The retained Consultant(s) shall demonstrate specific experience and capabilities and must have personnel qualified through education and experience in the specified disciplines. Firms should provide in-house capability for all the required services, but subcontracting for specialty services will be considered. The qualifications and selection of consultants shall be in accordance with the CCNA. Consultants must be currently licensed to practice in the State of Florida.

2.2 SCOPE OF SERVICES

The Town intends to retain a pool of firms, if possible, via continuing contracts, to be available to perform the Services, which may include, without limitation the following CCNA disciplines: planning services, architectural services, landscape architectural services, surveying and mapping (including aerial, land photogrammetry, topography and surveying), mechanical engineering, electrical engineering, structural engineering, plumbing, environmental engineering including water, sewer, and stormwater services, traffic and transportation engineering, utilities, construction engineering and inspections (CEI), engineering project management, engineering code development, plan and development review, geotechnical engineering, value engineering, sampling and material testing services, engineering studies, cost estimating, and oversight, coordination, and preparation of solicitation documents for various services including but not limited to design, construction, and design build services. The Town, on an as needed basis, will periodically issue work orders for specific projects and assignments to the retained Consultant(s).

Additionally, the Town intends to retain a one or more firms, if possible, via continuing contracts, to be available to provide continuing professional architectural, engineering,

landscape architectural, surveying and mapping services to augment existing staff in the Public Works Department related to the planning, design, review and/or construction management of projects, which may include, but are not limited to the following services:

- 1. Contract administration for maintenance of public rights-of-way, landscaping and irrigation systems to provide safe and aesthetically attractive public spaces for the benefit of the Town;
- 2. Contract administration for the construction, operation and maintenance of public facilities;
- 3. Contract administration and coordination of sidewalk and streetlight maintenance for all public roadways to ensure safe passage throughout Surfside;
- 4. Contract administration and assistance with local, state and federal grants for improvements to public works facilities and services within the Town;
- 5. Contract administration and oversight of the Town's solid waste management operations and regulatory compliance;
- 6. Recommend, develop, and implement a capital improvement plan for the Town
- 7. Administer the Town's NPDES/Stormwater Master Plan programs and provide associated regulatory monitoring and compliance services;
- 8. Oversee the operation and maintenance of water, wastewater and stormwater utilities and provide associated regulatory monitoring and compliance services;

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[END OF SECTION 2]

SUBMISSION REQUIREMENTS & EVALUATION

3.1 INSTRUCTIONS

Careful attention must be given to all requested items contained in this RFQ. Respondents are required to submit qualifications in accordance with the requirements of this RFQ.

PLEASE READ THE ENTIRE SOLICITATION BEFORE SUBMITTING A RESPONSE.

Respondents shall complete all required forms and information as set forth in this RFQ. The entire set of documents, together with all attachments hereto, constitutes the RFQ. Each Respondents must return these documents with all information required and necessary for the Town to properly analyze the response in total and in the same order in which it was issued. Respondents' notes, exceptions, and comments may be rendered on an attachment, provided the same format of this RFQ text is followed. All responses to this RFQ shall be returned in a sealed envelope or package with the RFQ number and opening date clearly noted on the outside of the envelope, prior to the stated deadline. Respondents must provide a response to each requirement of the RFQ. Responses should be prepared in a concise manner with an emphasis on completeness and clarity.

3.2 SUBMISSION REQUIREMENTS

Sealed submittals including one (1) original, four (4) bound paper copies of the submittal, and one (1) readable/reproducible flash drive completely duplicating the original Response of the submittals must be received <u>no later</u> than 1:00 PM EST on November 30, 2023 and be clearly marked on the outside, "RFQ No. 2023-06 CONTINUING PROFESSIONAL ARCHITECTURAL, ENGINEERING, LANDSCAPE ARCHITECTURAL, SURVEYING AND MAPPING SERVICES." The outside of the sealed envelope shall also show the name of the Respondent. All responses must be received by the Office of the Town Clerk, in the Town Hall located at 9293 Harding Avenue, Surfside, FL 33154, by 1:00 PM EST on November 30, 2023, at which time their receipt will be publicly documented by the Town Clerk or her designee(s).

Sealed Qualification Packages will be received at:

Town of Surfside Office of the Town Clerk 9293 Harding Avenue Surfside, Florida 33154

3.3 RESPONSE / QUALIFICATION PACKAGE / REQUIREMENTS

Consultants interested in performing these professional services must display considerable relevant experience with the above-referenced type of work and should emphasize both the experience and capability of particular personnel who will actually perform the work.

In order to ensure a uniform review process and to obtain the maximum degree of comparability, it is required that the Statements of Qualifications be organized in the manner specified. Failure to do so may deem a submitted Statements of Qualifications as non-responsive. The following information and documents, as well as the manner and order same are presented, are required for the Statements of Qualifications. Failure to provide the information as requested may cause the State of Qualifications to be deemed nonresponsive.

- A. <u>Title Page</u>. A Title Page with Consultant's business name, address, and telephone number; name and all contact information for individual that will serve as "Project Manager," a primary liaison between the Consultant and the Town; date and subject "Statement of Qualifications for Continuing Professional Architectural, Engineering, Landscape Architectural, Surveying and Mapping Services"
- B. <u>Table of Contents</u>. A Table of Contents that outlines in sequential order the major areas of theStatement of Qualifications, including enclosures. All pages must be consecutively numbers and correspond to the Table of Contents. The following order must be used: Title Page, Table of Contents, Transmittal Letter, General Information, Specific Information, References and Proof ofInsurance.
- **C.** <u>**Transmittal Letter.</u>** A brief letter that states the Firm's commitment to the Town and anunderstanding of the services to be performed.</u>
- **D.** <u>Qualifications of the Firm.</u> Indicate the firm's number of years of experience in providing professionalEngineering services. Provide the form of organization or the business structure (corporation, partnership, etc.), and the principals, officers and directors of the Firm, with address, phone number, fax number, E-Mail address, web site, contact person(s), etc. The firm should be established as a legal entity in the State of Florida. Relative size of the firm, including management, technical and support staff, licenses and any other pertinent information shall be submitted.</u>

List the members of the Firm or project team. Provide a list of the personnelto be used for the types of projects listed and their qualifications, including an organizational chart of key personnel and staffing. A brief resume including education, experience, licenses and any other pertinent information shall be included for each key personnel and team member, foreach project, including subconsultants to be assigned to each project. Provide any other documentation that demonstrates their ability to satisfy all of the minimum qualification requirements. Statements of Qualifications that do not contain such documentation may be deemed non-responsive.

E. <u>Firm and Key Personnel's Experience.</u> A comprehensive summary of the experience and qualifications of the Firmand key individual(s) who will be selected to serve as the key personnel and project manager for the Town. Individuals MUST

have a minimum of five (5) years' experience in engineering services, and have served as project manager/construction manager on similar projects on a minimum of three (3) previous occasions. Provide a list and description of a minimum of five (5) similar municipal and other projects or services rendered similar to those contemplated by this RFQ satisfactorily performed within the past five (5) years.

F. <u>Approach to Handling of Potential Projects.</u> A description of the proposed approach to the project(s) that may beassigned to your firm. As part of the project approach, the firm shall propose scheduling methodology (timeline) for effectively managing and executing the services in the optimum time. Also provide information on your firm's current workload and how the potential project(s) will fit into your workload. Describe available facilities, technological capabilities and other available resources you offer for the potential project(s).

Provide in concise narrative form, your understanding of the Town's needs, goals and objectives as they relate to the potential project(s), and your overall approach to accomplishing the project(s). Give an overview on yourproposed vision, ideas and methodology.

- **G.** <u>References.</u> Three (3) letters of references shall be submitted as part of the Statement of Qualifications, which shall each include the following information from thereferencing individual:
 - A. Name;
 - B. Position;
 - C. Entity;
 - D. Address;
 - E. Telephone & Facsimile Number;
 - F. E-Mail Address;
 - G. Contract Date and Value;
 - H. Description of Project/Work; and
 - I. Total cost of the engineering/construction/studies estimated and actual.
- H. <u>Proof of Existing Insurance/Sample Insurance Certificate.</u> Evidence of insurance currently in place that meets or exceeds the specifications of Section VII herein or a commitment from an insurance company that such insurance coverage may be obtained by the Proposer. The successful Firm(s) must submit, prior to signing of a contract, aCertificate of Insurance naming the Town as an additional insured and meeting the requirements detailed within this RFQ.
- I. <u>Litigation.</u> Describe any and all previous or pending litigation(s) or investigation(s), either civil or criminal, involving a governmental agency, or which may affect the performance of the Services to be rendered herein, in which the Consultant and/or any of its employees, subcontractors or subconsultants is/are and/or has/have been involved within the last five (5) years.

J. Complete and Attach Forms (Refer to Attachment "B" of this RFQ)

- A. Proposer's Certification Form
- B. Sworn Statement regarding Public Entities Crimes
- C. Americans with Disabilities Act Non-Discrimination Statement,
- D. Business Entity Affidavit
- E. Certification Regarding Debarment, Suspension & Other ResponsibilityMatters Primary Cover Transactions
- F. W-9
- G. Statement of Qualifications Checklist Form
- H. Contact Information Form
- I. Certificate of Authority (Complete Form 3A or 3B as applicable)
 - a. Certificate of Authority (for Corporations or Partnerships) Certificate of Authority (for Individuals)
- J. Company Qualifications' Questionnaire
- K. Key Personnel
- L. Client References
- M. Dispute Disclosure
- N. Acknowledgment of Addendum
- K. Insurance. Respondent must provide evidence of insurance currently in place that meets or exceeds the specifications herein or a commitment from an insurance company that such insurance coverage may be obtained by the Respondent prior to entering into an agreement with the Town. The successful Respondent(s) must submit, prior to signing of a contract, a Certificate of Insurance naming the Town of Surfside, Florida, as an additional insured and meeting the following requirements, which are also set forth in the form of Contract attached to this RFQ:

Consultant shall secure and maintain throughout the duration of this RFQ and the contract, if selected, insurance of such types and in such amounts not less than those specified below as satisfactory to Town, naming the Town and the Department as an Additional Insured, underwritten by a firm rated A-X or better by A.M. Best and gualified to do business in the State of Florida. The insurance coverage shall be primary insurance with respect to the Town, its officials, employees, agents and volunteers naming the Town as additional insured. Any insurance maintained by the Town and/or the Department shall be in excess of the Contractor's insurance and shall not contribute to the Contractor's insurance. The insurance coverages shall include at a minimum the amounts set forth in this section and may be increased by the Town as it deems necessary or prudent. Copies of Contractor's actual Insurance Policies as required herein and Certificates of Insurance shall be provided to the Town, reflecting the Town and the Department as an Additional Insured. Each Policy and certificate shall include no less than (30) thirty-day advance written notice to Town prior to cancellation, termination, or material alteration of said policies or insurance. All coverage forms must be primary and non-contributory and the Contractor shall provide a waiver of subrogation for the benefit of the Town. The Contractor shall be responsible for

assuring that the insurance policies and certificates required by this Section remain in full force and effect for the duration of the Agreement and any Projects.

- a. Commercial General Liability coverage with limits of liability of not less than a \$1,000,000 per Occurrence combined single limit for Bodily Injury and Property Damage. This Liability Insurance shall also include Completed Operations and Product Liability coverages and eliminate the exclusion with respect to property under the care, custody and control of Contractor. The annual General Aggregate Liability limit and the Products/Completed Operations Liability Aggregate limit shall be in the amount of \$5,000,000 each.
- b. Workers Compensation and Employer's Liability insurance, to apply for all employees for statutory limits as required by applicable State and Federal laws. The policy(ies) must include Employer's Liability with minimum limits of \$1,000,000.00 each accident. No employee, subcontractor or agent of the Contractor shall be allowed to provide Services pursuant to this RFQ who is not covered by Worker's Compensation insurance.
- c. Business Automobile Liability with minimum limits of \$1,000,000.00 per Occurrence, combined single limit for Bodily Injury and Property Damage. Coverage must be afforded on a form no more restrictive than the latest edition of the Business Automobile Liability policy, without restrictive endorsements, as filed by the Insurance Service Office, and must include Owned, Hired, and Non-Owned Vehicles.
- d. Professional Liability Insurance in an amount of not less than \$1,000,000.00 per occurrence, single limit.

The Town may require higher limits of insurance or additional coverage if deemed necessary.

3.4 EVALUATION CRITERIA

Responses will be evaluated according to the following criteria and respective weight:

| | Criteria | Maximum Points |
|---|---|-------------------|
| | Qualifications of Firm: To include years of experience, ability, capacity and skill of firm(s) and personnel to perform, including timeliness, stability and availability, licenses, insurance, etc. | 25 |
| 2 | Qualifications the Project Team: To include experience and qualifications of key personnel that will be assigned to the Town's projects. | 30 |

| 3. | Approach to the Handling of Potential Projects & Timeliness Indicate Firm's understanding of proposed needs and projects proposed by the Town. | |
|----|--|-----|
| 4. | Previous Similar Projects & References Experience and background in providing similar services and past performance, including, but not limited to, familiarity with local regulatory agency procedures and requirements, and assisting in the administration of funding and grants requirements. | 20 |
| | TOTAL | 100 |

3.5 SELECTION PROCESS

- A. <u>Procedure for Evaluation of RFQ Responses.</u> An evaluation committee will be established by the Town (the "Committee") to review and evaluate all responses submitted in response to this RFQ. The Committee will first review each response for compliance with the minimum qualifications and mandatory requirements of the RFQ. The Committee reserves the right to request additional information or seek clarifications as it deems necessary. Failure to comply with any mandatory requirements may disqualify a proposal. The Committee reserves the right to conduct interviews or require presentations prior to ranking the firms. The Committee shall select in order of preference and rank the firm(s) it deems the most highly qualified to perform the required services using evaluation factors including, but not limited to, those as set forth above. The rankings and recommendations of the Committee will be given to the Town Commission for consideration and approval at a Commission meeting. The Town Manager and Town Commission shall have the final authority to select the firms and award the Continuing Services Agreement.
- B. Negotiation of Continuing Services Agreement. After selection of the Consultant(s) by the Town Commission, the Town Manager or designee(s) shall negotiate pricing and terms for Continuing Services Agreement in accordance with the CCNA, with the selected Consultant(s) at compensation that the Town Manager, in his/her sole discretion, determines is fair, competitive, and reasonable and with terms that incorporate the major terms and conditions contained in this RFQ. Any award and execution of a Continuing Services Agreement shall be subject to approval by the Town Attorney as to form, content, and legal sufficiency. Should the Town Manager be unable to negotiate a satisfactory contract with the selected Consultant at a price the Town Manager determines to be fair, competitive, and reasonable, negotiations with that Consultant may be terminated. The Town Manager or designee(s) shall then undertake negotiations with the next highest-ranked Consultant, and, if negotiations are terminated, shall continue to each next highest-ranked Consultant until a satisfactory contract may be negotiated. Upon reaching mutually agreeable terms with the selected firm(s), the

Continuing Services Agreement(s) for each selected firm shall be presented to the Town Commission for final approval. Any award shall be subject to execution of a Continuing Services Agreement.

- **C.** <u>Continuing Services Agreement.</u> After selection and pre-qualification of Consultant(s) by the Town, a continuing services agreement will incorporate the major terms and conditions for Consultant's performance. A sample agreement is provided as Attachment "A" within this RFQ. The agreement shall be in the form of a continuing contract, as approved by the Town Attorney for legal form and sufficiency, and shall include, but not be limited to, the following matters:
 - a. The services to be provided by the Consultant pursuant to the Agreement shall be nonexclusive, and nothing therein shall preclude the Town from engaging other firms to perform the same or similar services for the benefit of the Town within the Town's sole and absolute discretion.
 - b. The Consultant shall warrant that it has not employed or retained any company or person, other than a bona fide employee working solely for the Consultant, to solicit or secure a contract pursuant to this Request for Qualifications. Also, that it has not paid or agreed to pay any person(s), company, corporation, individual, or firm, other than a bona fide employee working solely for the Consultant any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award of a contract pursuant to this RFQ.
 - c. The Agreement will include provisions for termination by either party and for termination for convenience by the Town.
 - d. The Consultant shall be required to warrant and represent that at all times during the term of the Agreement it shall maintain in good standing all required licenses, certifications and permits required under federal, state and local laws necessary to perform the services.
 - e. It is anticipated that the Agreement shall be a continuing contract. All work of a specified nature to be performed by Consultant shall be outlined in the Agreement.
 - f. The Agreement will provide for the rates/fees for services, which Consultant shall charge the Town and shall be scope specific.
 - g. The Consultant shall at all times carry professional liability insurance, workers' compensation insurance, public liability and property damage insurance, and automotive public liability and property damage insurance as specified in this RFQ.
 - h. Each Consultant shall be required, pursuant to Chapter 287, Florida Statutes, to execute a "Sworn Statement on Public Entity Crimes" prior to the execution of a contract resulting from this Request for Qualifications. By executing this sworn statement, the Consultant is affirmatively stating that neither it nor an affiliate (as defined in the statute) has been convicted of a public entity crime, and that it is not barred from entering into the contract.

The Consultant shall further acknowledge that any misstatement or misrepresentation of fact, lack of compliance with the statute, or subsequent conviction of a public entity crime shall result in the contract being null and void and/or subject to immediate termination by the Town. In the event of such termination, the Town shall not incur any liability for any work or materials furnished by the Consultant.

- i. Consultant shall invoice the Town for each project or assignment, as negotiated. Each invoice shall identify the project or assignment, detail the contract price, payments made to date, percentage of completion of the assignment, project or phase, payment due this invoice, remaining balance due. Invoices shall itemize hours, hourly wage, or other unit agreed upon as measurement of payment during negotiations, if requested. If hourly, invoices shall identify the name and title of personnel who performed the work.
- j. Consultant shall indemnify and hold harmless the Town, its officers and employees, from liabilities, damages, losses and costs, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness or intentional wrongful conduct of the Consultant and persons employed or utilized by the Consultant in the performance of the services under this Agreement.
- k. The Consultant shall pay all royalties and assume all costs arising from the use of any invention, design, process materials, equipment, product or device which is the subject of patent rights or copyrights. Consultant shall, at its own expense, hold harmless and defend the Town against any claim, suit or proceeding brought against the Town which is based upon a claim, whether rightful or otherwise, that the goods or services, or any part thereof, furnished under the contract, constitute an infringement of any patent or copyright of the United States. The Consultant shall pay all damages and costs awarded against the Town in such matter.
- I. An understanding and agreement, by and between the Consultant and the Town, that the completion time will be as specified in approved work authorizations and that all work shall be prosecuted regularly, diligently, and uninterrupted at such rate of progress as will ensure full completion thereof as specified in the Scope of Services.
- m. The Agreement will provide for the Town to designate a Contract Administrator for each project or assignment, who shall be responsible for the project or assignment. The Contract Administrator may prepare a scope of services for each new assignment, upon which the selected firms in that category may be required to submit a Statement of Qualifications for performance of the work of a specified nature which has been outlined in the continuing contract.

[END OF SECTION 3]

SECTION 4 ATTACHMENTS

ATTACHMENT "A" CONTINUING SERVICES AGREEMENT BETWEEN THE TOWN OF SURFSIDE AND NAME OF ENTITY

1. Scope of Services.

- **1.1.** Consultant shall provide the Services set forth in the Proposal attached hereto as Exhibit "A" and incorporated herein by reference (the "Services").
- **1.2.** Consultant shall furnish all reports, documents, and information obtained pursuant to this Agreement, and recommendations during the term of this Agreement (hereinafter "Deliverables") to the Town.

2. <u>Term/Commencement Date</u>.

- 2.1. The term of this Agreement shall be from the Effective Date through [INSERT LENGTH OF CONTRACT] thereafter, unless earlier terminated in accordance with Paragraph 8. Additionally, the Town Manager may renew this Agreement for [X] additional [Y] year periods on the same terms as set forth herein upon written notice to the Consultant.
- **2.2.** Consultant agrees that time is of the essence and Consultant shall complete the Services within the term of this Agreement, unless extended by the Town Manager.

3. Compensation and Payment.

- **3.1.** Compensation for Services provided by Consultant shall be in accordance with the Proposal attached hereto as Exhibit "A." Consultant shall be compensated a flat rate lump sum fee in the amount of \$XXXX.XX per month.
- **3.2.** Consultant shall deliver an invoice to Town no more often than once per month detailing Services completed and the amount due to Consultant under this Agreement. Fees shall be paid in arrears each month, pursuant to Consultant's invoice, which shall be based upon the percentage of work completed for each task invoiced. The Town shall pay the Consultant in accordance with the Florida Prompt Payment Act after approval and acceptance of the Services by the Town Manager.

4. Subconsultants.

4.1. The Consultant shall be responsible for all payments to any subconsultants and shall maintain responsibility for all work related to the Services.

4.2. Consultant may only utilize the services of a particular subconsultant with the prior written approval of the Town Manager, which approval may be granted or withheld in the Town Manager's sole and absolute discretion.

5. Town's Responsibilities.

- **5.1.** Town shall make available any maps, plans, existing studies, reports, staff and representatives, and other data pertinent to the Services and in possession of the Town, and provide criteria requested by Consultant to assist Consultant in performing the Services.
- **5.2.** Upon Consultant's request, Town shall reasonably cooperate in arranging access to public information that may be required for Consultant to perform the Services.

6. Consultant's Responsibilities; Representations and Warranties.

- **6.1.** The Consultant shall exercise the same degree of care, skill and diligence in the performance of the Services as is ordinarily provided by a consultant under similar circumstances. If at any time during the term of this Agreement or within two (2) years from the completion of this Agreement, it is determined that the Consultant's Deliverables or Services are incorrect, not properly rendered, defective, or fail to conform to Town requests, the Consultant shall at Consultant's sole expense, immediately correct its Deliverables or Services.
- **6.2.** The Consultant hereby warrants and represents that at all times during the term of this Agreement it shall maintain in good standing all required licenses, certifications and permits required under Federal, State and local laws applicable to and necessary to perform the Services for Town as an independent contractor of the Town. Consultant further warrants and represents that it has the required knowledge, expertise, and experience to perform the Services and carry out its obligations under this Agreement in a professional and first class manner.
- **6.3.** The Consultant represents that is an entity validly existing and in good standing under the laws of Florida. The execution, delivery and performance of this Agreement by Consultant have been duly authorized, and this Agreement is binding on Consultant and enforceable against Consultant in accordance with its terms. No consent of any other person or entity to such execution, delivery and performance is required.

7. Conflict of Interest.

7.1. To avoid any conflict of interest or any appearance thereof, Consultant shall not, for the term of this Agreement, provide any consulting services to any private sector entities (developers, corporations, real estate investors, etc.), with any current, or foreseeable, adversarial issues in the Town.

8. <u>Termination</u>.

- **8.1.** The Town Manager, without cause, may terminate this Agreement upon five (5) calendar days written notice to the Consultant, or immediately with cause.
- **8.2.** Upon receipt of the Town's written notice of termination, Consultant shall immediately stop work on the project unless directed otherwise by the Town Manager.
- **8.3.** In the event of termination by the Town, the Consultant shall be paid for all work accepted by the Town Manager up to the date of termination, provided that the Consultant has first complied with the provisions of Paragraph 8.4.
- **8.4.** The Consultant shall transfer all books, records, reports, working drafts, documents, maps, and data pertaining to the Services and the project to the Town, in a hard copy and electronic format within fourteen (14) days from the date of the written notice of termination or the date of expiration of this Agreement.

9. Insurance.

- **9.1.** Consultant shall secure and maintain throughout the duration of this agreement insurance of such types and in such amounts not less than those specified below as satisfactory to Town, naming the Town as an Additional Insured, underwritten by a firm rated A-X or better by A.M. Best and qualified to do business in the State of Florida. The insurance coverage shall be primary insurance with respect to the Town, its officials, employees, agents, and volunteers naming the Town as additional insured. Any insurance maintained by the Town shall be in excess of the Consultant's insurance and shall not contribute to the Consultant's insurance. The insurance coverages shall include at a minimum the amounts set forth in this section and may be increased by the Town as it deems necessary or prudent.
 - 9.1.1. Commercial General Liability coverage with limits of liability of not less than a \$1,000,000 per Occurrence combined single limit for Bodily Injury and Property Damage. This Liability Insurance shall also include Completed Operations and Product Liability coverages and eliminate the exclusion with respect to property under the care, custody and control of Consultant. The General Aggregate Liability limit and the Products/Completed Operations Liability Aggregate limit shall be in the amount of \$2,000,000 each.
 - 9.1.2. Workers Compensation and Employer's Liability insurance, to apply for all employees for statutory limits as required by applicable State and Federal laws. The policy(ies) must include Employer's Liability with minimum limits of \$1,000,000.00 each accident. No employee, subcontractor or agent of the Consultant shall be allowed to provide Services pursuant to this Agreement who is not covered by Worker's Compensation insurance.
 - 9.1.3. Business Automobile Liability with minimum limits of \$1,000,000 per occurrence, combined single limit for Bodily Injury and Property Damage. Coverage must be afforded on a form no more restrictive than the latest edition of the Business Automobile Liability policy, without restrictive

endorsements, as filed by the Insurance Service Office, and must include Owned, Hired, and Non-Owned Vehicles.

- 9.1.4. Professional Liability Insurance in an amount of not less than One Million Dollars (\$1,000,000.00) per occurrence, single limit.
- 9.2. Certificate of Insurance. Certificates of Insurance shall be provided to the Town, reflecting the Town as an Additional Insured (except with respect to Professional Liability Insurance and Worker's Compensation Insurance), no later than ten (10) days after award of this Agreement and prior to the execution of this Agreement by Town and prior to commencing Services. Each certificate shall include no less than (30) thirty-day advance written notice to Town prior to cancellation, termination, or material alteration of said policies or insurance. The Consultant shall be responsible for assuring that the insurance certificates required by this Section remain in full force and effect for the duration of this Agreement, including any extensions or renewals that may be granted by the Town. The Certificates of Insurance shall not only name the types of policy(ies) provided, but also shall refer specifically to this Agreement and shall state that such insurance is as required by this Agreement. The Town reserves the right to inspect and return a certified copy of such policies, upon written request by the Town. If a policy is due to expire prior to the completion of the Services, renewal Certificates of Insurance shall be furnished thirty (30) calendar days prior to the date of their policy expiration. Each policy certificate shall be endorsed with a provision that not less than thirty (30) calendar days' written notice shall be provided to the Town before any policy or coverage is cancelled or restricted. Acceptance of the Certificate(s) is subject to approval of the Town.
- **9.3.** <u>Additional Insured</u>. Except with respect to Professional Liability Insurance and Worker's Compensation Insurance, the Town is to be specifically included as an Additional Insured for the liability of the Town resulting from Services performed by or on behalf of the Consultant in performance of this Agreement. The Consultant's insurance, including that applicable to the Town as an Additional Insured, shall apply on a primary basis and any other insurance maintained by the Town shall be in excess of and shall not contribute to the Consultant's insurance. The Consultant's insurance shall contain a severability of interest provision providing that, except with respect to the total limits of liability, the insurance shall apply to each Insured or Additional Insured (for applicable policies) in the same manner as if separate policies had been issued to each.
- **9.4.** <u>Deductibles</u>. All deductibles or self-insured retentions must be declared to and be reasonably approved by the Town. The Consultant shall be responsible for the payment of any deductible or self-insured retentions in the event of any claim.
- **9.5.** The provisions of this section shall survive termination of this Agreement.

10.<u>Nondiscrimination.</u> During the term of this Agreement, Consultant shall not discriminate against any of its employees or applicants for employment because of their race, color, religion, sex, or national origin, and to abide by all Federal and State laws regarding nondiscrimination.

11. Attorneys Fees and Waiver of Jury Trial.

- **11.1.** In the event of any litigation arising out of this Agreement, the prevailing party shall be entitled to recover its attorneys' fees and costs, including the fees and expenses of any paralegals, law clerks and legal assistants, and including fees and expenses charged for representation at both the trial and all appellate levels.
- **11.2.** IN THE EVENT OF ANY LITIGATION ARISING OUT OF THIS AGREEMENT, EACH PARTY HEREBY KNOWINGLY, IRREVOCABLY, VOLUNTARILY AND INTENTIONALLY WAIVES ITS RIGHT TO TRIAL BY JURY.

12. Indemnification.

- **12.1.** Consultant shall indemnify and hold harmless the Town, its officers, agents and employees, from and against any and all demands, claims, losses, suits, liabilities, causes of action, judgment or damages, arising from Consultant's performance or non-performance of any provision of this Agreement, including, but not limited to, liabilities arising from contracts between the Consultant and third parties made pursuant to this Agreement. Consultant shall reimburse the Town for all its expenses including reasonable attorneys' fees and costs incurred in and about the defense of any such claim or investigation and for any judgment or damages arising from Consultant's performance or non-performance of this Agreement.
- **12.2.** Nothing herein is intended to serve as a waiver of sovereign immunity by the Town nor shall anything included herein be construed as consent to be sued by third parties in any matter arising out of this Agreement or any other contract. The Town is subject to section 768.28, Florida Statutes, as may be amended from time to time.
- **12.3.** The provisions of this section shall survive termination of this Agreement.
- 13. <u>Notices/Authorized Representatives</u>. Any notices required by this Agreement shall be in writing and shall be deemed to have been properly given if transmitted by handdelivery, by registered or certified mail with postage prepaid return receipt requested, or by a private postal service, addressed to the parties (or their successors) at the addresses listed on the signature page of this Agreement or such other address as the party may have designated by proper notice.

14. <u>Governing Law and Venue</u>. This Agreement shall be construed in accordance with and governed by the laws of the State of Florida. Venue for any proceedings arising out of this Agreement shall be proper exclusively in Miami-Dade County, Florida.

15. Entire Agreement/Modification/Amendment.

- **15.1.** This writing contains the entire Agreement of the parties and supersedes any prior oral or written representations. No representations were made or relied upon by either party, other than those that are expressly set forth herein.
- **15.2.** No agent, employee, or other representative of either party is empowered to modify or amend the terms of this Agreement, unless executed with the same formality as this document.

16. Ownership and Access to Records and Audits.

- **16.1.** Consultant acknowledges that all inventions, innovations, improvements, developments, methods, designs, analyses, drawings, reports, compiled information, and all similar or related information (whether patentable or not) which relate to Services to the Town which are conceived, developed or made by Consultant during the term of this Agreement ("Work Product") belong to the Town. Consultant shall promptly disclose such Work Product to the Town and perform all actions reasonably requested by the Town (whether during or after the term of this Agreement) to establish and confirm such ownership (including, without limitation, assignments, powers of attorney and other instruments).
- **16.2.** Consultant agrees to keep and maintain public records in Consultant's possession or control in connection with Consultant's performance under this Agreement. The Town Manager or her designee shall, during the term of this Agreement and for a period of three (3) years from the date of termination of this Agreement, have access to and the right to examine and audit any records of the Consultant involving transactions related to this Agreement. Consultant additionally agrees to comply specifically with the provisions of Section 119.0701, Florida Statutes. Consultant shall ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed, except as authorized by law, for the duration of the Agreement, and following completion of the Agreement until the records are transferred to the Town.
- **16.3.** Upon request from the Town's custodian of public records, Consultant shall provide the Town with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided by Chapter 119, Florida Statutes, or as otherwise provided by law.
- **16.4.** Unless otherwise provided by law, any and all records, including but not limited to reports, surveys, and other data and documents provided or created in connection with this Agreement are and shall remain the property of the Town.

- **16.5.** Upon completion of this Agreement or in the event of termination by either party, any and all public records relating to the Agreement in the possession of the Consultant shall be delivered by the Consultant to the Town Manager, at no cost to the Town, within seven (7) days. All such records stored electronically by Consultant shall be delivered to the Town in a format that is compatible with the Town's information technology systems. Once the public records have been delivered upon completion or termination of this Agreement, the Consultant shall destroy any and all duplicate public records that are exempt or confidential and exempt from public records disclosure requirements.
- **16.6.** Any compensation due to Consultant shall be withheld until all records are received as provided herein.
- **16.7.** Consultant's failure or refusal to comply with the provisions of this section shall result in the immediate termination of this Agreement by the Town.

16.8. <u>Notice Pursuant to Section 119.0701(2)(a), Florida Statutes.</u> IF THE CONSULTANT HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONSULTANT'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS.

| Custodian of Records: | Sandra McCready, MMC |
|-----------------------|--------------------------------|
| Mailing address: | 9293 Harding Avenue |
| | Surfside, FL 33154 |
| Telephone number: | 305-861-4863 |
| Email: | smccready@townofsurfsidefl.gov |

- **17.**<u>Nonassignability</u>. This Agreement shall not be assignable by Consultant unless such assignment is first approved by the Town Manager. The Town is relying upon the apparent qualifications and expertise of the Consultant, and such firm's familiarity with the Town's area, circumstances and desires.
- **18.** <u>Severability</u>. If any term or provision of this Agreement shall to any extent be held invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each remaining term and provision of this Agreement shall be valid and be enforceable to the fullest extent permitted by law.
- 19. Independent Contractor. The Consultant and its employees, volunteers and agents shall be and remain an independent contractor and not an agent or employee of the Town with respect to all of the acts and services performed by and under the terms of this Agreement. This Agreement shall not in any way be construed to create a partnership, association or any other kind of joint undertaking, enterprise or venture between the parties.
- **20.** <u>Compliance with Laws</u>. The Consultant shall comply with all applicable laws, ordinances, rules, regulations, and lawful orders of public authorities in carrying out Services under this Agreement, and in particular shall obtain all required permits from

all jurisdictional agencies to perform the Services under this Agreement at its own expense.

- 21. <u>Waiver</u>. The failure of either party to this Agreement to object to or to take affirmative action with respect to any conduct of the other which is in violation of the terms of this Agreement shall not be construed as a waiver of the violation or breach, or of any future violation, breach or wrongful conduct.
- 22. <u>Survival of Provisions</u>. Any terms or conditions of either this Agreement that require acts beyond the date of the term of the Agreement, shall survive termination of the Agreement, shall remain in full force and effect unless and until the terms or conditions are completed and shall be fully enforceable by either party.
- 23. <u>Prohibition of Contingency Fees</u>. The Consultant warrants that it has not employed or retained any company or person, other than a bona fide employee working solely for the Consultant, to solicit or secure this Agreement, and that it has not paid or agreed to pay any person(s), company, corporation, individual or firm, other than a bona fide employee working solely for the Consultant, any fee, commission, percentage, gift, or any other consideration, contingent upon or resulting from the award or making of this Agreement.
- 24. <u>Public Entity Crimes Affidavit</u>. Consultant shall comply with Section 287.133, Florida Statutes (Public Entity Crimes Statute), notification of which is hereby incorporated herein by reference, including execution of any required affidavit.
- **25.** <u>Counterparts</u>. This Agreement may be executed in several counterparts, each of which shall be deemed an original and such counterparts shall constitute one and the same instrument.
- **26.**<u>Conflicts.</u> In the event of a conflict between the terms of any exhibits or attachments hereto, or any documents incorporated herein by reference, the conflict shall be resolved in the following order of priorities and the more stringent criteria for performance of the Services shall apply:
 - 26.1.1. First Priority: Exhibit "A," RFQ No. 2023-06;
 - 26.1.2. Second Priority: "Exhibit "C," the Scope of Services;
 - 26.1.3. Third Priority: "Exhibit "D," the Rate Schedule; and
 - 26.1.4. Fourth Priority: "Exhibit "B," the Response to RFQ No. 2023-06.
- **27.**<u>Boycotts.</u> The Consultant is not currently engaged in, and will not engage in, a boycott, as defined in Section 3-1.1 of the Town of Surfside Code of Ordinances.
- 28. <u>E-Verify Affidavit.</u> In accordance with Section 448.095, Florida Statutes, the Town requires all contractors doing business with the Town to register with and use the E-Verify system to verify the work authorization status of all newly hired employees. The

Town will not enter into a contract unless each party to the contract registers with and uses the E-Verify system. The contracting entity must provide its proof of enrollment in E-Verify. For instructions on how to provide proof of the contracting entity's participation/enrollment in E-Verify, please visit: <u>https://www.e-verify.gov/faq/how-do-i-provide-proof-of-my-participationenrollment-in-e-verify</u>. By entering into this Agreement, the Contractor acknowledges that it has read Section 448.095, Florida Statutes; will comply with the E-Verify requirements imposed by Section 448.095, Florida Statutes, including but not limited to obtaining E-Verify affidavits from subcontractors; and has executed the required affidavit attached hereto and incorporated herein.

[Remainder of page intentionally left blank; Signature page and E-Verify Affidavit follows.]

E-VERIFY AFFIDAVIT

In accordance with Section 448.095, Florida Statutes, the Town requires all contractors doing business with the Town to register with and use the E-Verify system to verify the work authorization status of all newly hired employees. The Town will not enter into a contract unless each party to the contract registers with and uses the E-Verify system.

The contracting entity must provide of its proof of enrollment in E-Verify. For instructions on how to provide proof of the contracting entity's participation/enrollment in E-Verify, please visit: <u>https://www.e-verify.gov/faq/how-do-i-provide-proof-of-my-participationenrollment-in-e-verify</u>

By signing below, the contracting entity acknowledges that it has read Section 448.095, Florida Statutes and will comply with the E-Verify requirements imposed by it, including but not limited to obtaining E-Verify affidavits from subcontractors.

□ Check here to confirm proof of enrollment in E-Verify has been attached to this Affidavit.

In the presence of:

Signed, sealed and delivered by:

| Witness #1 | Print Name: | |
|------------|-------------|--|
| | | |

| Print Name: | | |
|--------------|--|--|
| Title: | | |
| Entity Name: | | |

ACKNOWLEDGMENT

State of Florida County of _____

| The foregoing instrument was acknowledg | ed before me by means of \Box physical |
|---|--|
| presence or online notarization, this d | lay of, 20, by |
| (name of perso | on) as |
| (type of authority) for | (name of party on behalf of whom |
| instrument is executed). | |

Notary Public (Print, Stamp, or Type as Commissioned)

Personally known to me; or

Produced identification (Type of Identification:_____)

- ____Did take an oath; or
- ____Did not take an oat

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year as first stated above.

TOWN OF SURFSIDE

[NAME OF ENTITY]

| By: Hector Gomez Town Manager | By: Name: Title: |
|---|------------------------|
| | Witness: |
| Attest: | |
| By: Sandra McCready, MPA, MMC Town Clerk | Ву: |
| Approved as to form and legal sufficiency: | Witness: |
| By: Weiss Serota Helfman Cole & Bierman, P.L. Town Attorney | Ву: |
| Addresses for Notice: Town of Surfside | Addresses for Notice: |
| Attn: Town Manager 9293 Harding Avenue | |
| Surfside, Florida 33154 (305) 861-4863 smccready@townofsurfsidefl.gov | (tolophono) |
| With a copy to: Weiss Serota Helfman | (telephone) (email) |
| Cole & Bierman, P.L. Attn: Lillian Arango Esq. Town of Surfside Attorney 2800 Ponce de Leon Boulevard, | With a copy to: |
| Suite 1200 Coral Gables, FL 33134 305-854-0800 (telephone) | |
| larango@wsh-law.com | (telephone) (email) |

EXHIBIT "A"

RESPONSE TO RFQ NO. 2023-06

EXHIBIT "B"

SCOPE OF SERVICES
EXHIBIT "C" RATE SCHEDULE

ATTACHMENT "B" FORMS

PROPOSER'S CERTIFICATION

I have carefully examined the RFQ and any other documents accompanying or made a part of this RFQ.

I hereby propose to furnish the services specified in the RFQ. I agree that my Statement of Qualifications will remain firm for a period of 365 days in order to allow the Town adequate time to evaluate the Statements of Qualifications.

I certify that all information contained in this Statement of Qualifications is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Statement of Qualification on behalf of the firm as its act and deed and that the firm is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this Statement of Qualifications is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a Statement of Qualifications 1 for the same service; no officer, employee or agent of the Town of Surfside or any other Proposer is interested in said Statement of Qualifications; and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

I understand that a person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crimes may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, sub-contractor, or consultant under a contract with a public entity in excess of the threshold amount provided in Sec. 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

Name of Business BY:

Sworn to and subscribed before me this _____, 20____,

Signature

Name and Title, Typed or Printed

Mailing Address

Notary Public

City, State, Zip Code (____) Telephone Number STATE OF _____

My Commission Expires

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the TOWN OF SURFSIDE, FLORIDA

for: _______ (print name of entity submitting sworn statement)

whose business address is: _____

- 2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
- 3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
- 4. I understand that an "affiliate" as defined in Paragraph 287.133(1) (a), Florida Statutes, means:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.
- 5. I understand that a "person" as defined in Paragraph 287.133(1) (e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public

entity. The term "person" includes those officers, directors, executives, and partners. Shareholders, employees, members, and agents who are active in management of an entity.

- 6. Based on information and belief, the statement, which I have marked below, is true in relations to the entity submitting this sworn statement. (Indicate which statement applies).
 - □ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with ad convicted of a public entity crime subsequent to July 1, 1989.
 - □ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.
 - □ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

| Signature | | |
|--|--|------|
| Sworn to and subscribed before me this | day | , 20 |
| Personally known \Box OR | | |
| Produced identification | Notary Public – State of My commission expires: | |

Type of identification

Printed, typed or stamped commissioned name of notary public

AMERICANS WITH DISABILITIES ACT DISABILITY NONDISCRIMINATION STATEMENT

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the TOWN OF SURFSIDE, FLORIDA

| by: |
|---|
| (print individual's name and title) |
| for: |
| (print name of entity submitting sworn statement) |
| whose business address is: |
| and (if annliaghts) its Endered Englands Identification Number (EEIN) is |
| and (if applicable) its Federal Employer Identification Number (FEIN) is: |
| (i) the entity has no FERN, include the social security Number of the individual signing this sworth statement. |

I, being duly first sworn state:

That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the following laws, including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction:

The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions; The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes; The Rehabilitation Act of 1973, 229 USC Section 794; The Federal Transit Act, as amended 49 USC Section 1612; and The Fair Housing Act as amended 42 USC Section 3601-3631.

| Signature | |
|--|--|
| Sworn to and subscribed before me this | day, 20 |
| Personally known □ OR | |
| Produced identification | Notary Public – State of My commission expires: |
| Type of identification | · · · · · · · · · · · · · · · · · · · |
| | Printed, typed or stamped commissioned name of notary public |

BUSINESS ENTITY AFFIDAVIT (VENDOR / PROPOSER DISCLOSURE)

I, _____, being first duly sworn state:

The full legal name and business address of the person(s) or entity contracting or transacting business with the Town of Surfside ("Town") are (Post Office addresses are not acceptable), as follows:

Federal Employer Identification Number (If none, Social Security Number)

| Name of Entity, Individual, Partners or Corporation | | | | |
|---|------------------------|------|-------|----------|
| Doing Business As (If same | as above, leave blank) | | | |
| Street Address | Suite | Town | State | Zip Code |

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation or company, the full legal name and business address shall be provided for each officer, director, member and manager and each stockholder or member who holds directly or indirectly five percent (5%) or more of the corporation's or company's stock or shares. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

| Full Legal Name | Address | <u>Ownership</u> |
|-----------------|---------|------------------|
| | | % |
| | | % |
| | | % |
| | | % |

2. The full legal names and business address of any other individual (other than subcontractors, material men, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the Town are (Post Office addresses are not acceptable), as follows:

Signature of Affiant

Print Name

Sworn to and subscribed before me this ______ day_____, 20____.

Personally known *OR* Produced identification

Notary Public – State of ______ My commission expires: _____

Type of identification

Printed, typed or stamped commissioned name of notary public

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 Federal *Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

The prospective primary participant certifies to the best of its knowledge and belief that it (1)and its principals:

(a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application 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 or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

(2)Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this Statement of Qualifications.

Business Name____

Date

By______Signature of Authorized Representative

Name and Title of Authorized Representative

W9 Form

| | 2 Business name/disregarded entity name, if different from above | | | |
|---|--|--|--|--|
| ю. 1 | | | | |
| on page (| following seven boxes. | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | |
| | Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate | | | |
| ns. | single-member LLC | Exempt payee code (if any) | | |
| Print or type. Specific Instructions | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) | | | |
| tr c | | Exemption from FATCA reporting | | |
| <u>in</u> | LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that | code (if any) | | |
| ن ان آ | is disregarded from the owner should check the appropriate box for the tax classification of its owner. | | | |
| eci | □ Other (see instructions) ► | (Applies to accounts maintained outside the U.S.) | | |
| | 5 Address (number, street, and apt. or suite no.) See instructions. Requester's name an | nd address (optional) | | |
| See | | | | |
| 0) | 6 City, state, and ZIP code | | | |
| | | | | |
| | 7 List account number(s) here (optional) | | | |
| | | | | |
| Par | t I Taxpayer Identification Number (TIN) | | | |

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid Social security number backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later. or Employer identification number

Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

Certification Part II

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

| Sign | Signature of | |
|------|---------------|--|
| Here | U.S. person > | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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 brokers)
- Form 1099-S (proceeds from real estate transactions)

Date 🕨

- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest),
- 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- 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, later.

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*, later, for further information.

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 Pub. 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 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 24% 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 instructions for Part II 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*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

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*, later, 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 (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a 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 on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

| IF the entity/person on line 1 is a(n) | THEN check the box for |
|--|--|
| Corporation | Corporation |
| Individual Sole proprietorship, or Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes. | Individual/sole proprietor or single- member LLC |
| LLC treated as a partnership for U.S. federal tax purposes, LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes. | Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation) |
| Partnership | Partnership |
| Trust/estate | Trust/estate |

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on 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-A 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

 $7{-}{\rm A}$ 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

 $12-A \ \mbox{middleman}$ 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 ¹ | Generally, exempt payees 1 through 5 ² |
| Payments made in settlement of payment card or third party network transactions | Exempt payees 1 through 4 |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² 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

 $\rm H-A$ 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 broker

L-A trust exempt from tax under section 664 or described in section 4947(a)(1)

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. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

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.

If you are a single-member LLC that is disregarded as an entity separate from its owner, 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 *What Name and Number To Give the Requester,* later, 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. Go to *www.irs.gov/Forms* to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to *www.irs.gov/OrderForms* to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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 item 1, 4, or 5 below indicates 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), ABLE accounts (under section 529A), 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: |
|--|---|
| 1. Individual | The individual |
| Two or more individuals (joint account) other than an account maintained by an FFI | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Two or more U.S. persons (joint account maintained by an FFI) | Each holder of the account |
| Custodial account of a minor (Uniform Gift to Minors Act) | The minor ² |
| a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ¹ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ¹ |
| Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| 7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A)) | The grantor* |
| For this type of account: | Give name and EIN of: |
| 8. Disregarded entity not owned by an individual | The owner |
| 9. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 10. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 11. Association, club, religious, charitable, educational, or other tax- exempt organization | The organization |
| Partnership or multi-member LLC A broker or registered nominee | The partnership The broker or nominee |

| For this type of account: | Give name and EIN of: |
|--|-----------------------|
| 14. 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 |
| Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B)) | The trust |

¹ 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.

² Circle the minor's name and furnish the minor's SSN.

³ 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.

⁴ 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*, earlier.

*Note: The 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 Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic 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 report them at *www.ftc.gov/complaint*. You can contact the FTC at *www.ftc.gov/idtheft* or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see *www.ldentityTheft.gov* and Pub. 5027.

Visit *www.irs.gov/ldentityTheft* 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.

STATEMENT OF OUALIFICATIONS CHECKLIST

Proposer Name:

| ompany Name: | |
|-----------------------|--|
| Iailing Address: | |
| ity, State, Zip Code: | |
| elephone: | |
| ax: | |

Mark all of the services the firm is qualified to perform with an "X" below:

Architectural Services

- □ General
- □ Landscape Architect

Land Surveying

- □ Aerial
- □ Land Photogrammetry
- Topography
- □ Surveying

Other

- Project Management
 Procurement Management
 Material testing
- Construction Management
- Planning Services

Engineering

Includes Designs, Contract Documents, Construction Management, and Administration

- Asbestos Survey & Removal
- Chemical
- Electrical
- **D** Environmental
- Geographic Information Systems(GIS)
- Mechanical/HVAC
- □ SiteAssessment
- □ Solid Waste
- □ Stormwater
- □ Structural
- □ Transit
- □ Transportation
- □ Water/Wastewater/Utilities/Drainage
- □ Other__

CONTACT INFORMATION FORM

RFQ 2023-06 - CONTINUING PROFESSIONAL ARCHITECTURAL, ENGINEERING, LANDSCAPE ARCHITECTURAL, SURVEYING AND MAPPING SERVICES

| COMPANY NAME: | |
|---------------------------------|--|
| | |
| MAILING ADDRESS: | |
| | |
| COMPANY PHONE NUMBER: | |
| | |
| POINT OF CONTACT NAME: | |
| POINT OF CONTACT MOBILE NUMBER: | |
| | |
| POINT OF CONTACT EMAIL ADDRESS: | |

CERTIFICATE OF AUTHORITY (if Corporation)

| I HEREBY CI | ERTIFY that a meeting of the [circle one] Board of Directors/ | Partners of |
|-----------------|--|----------------------|
| | a business existing under the laws of the State | e of |
| , (the '' | Entity") held on, 20, | the following |
| resolution was | duly passed and adopted: | |
| | "RESOLVED, that,, | as |
| | of the Entity, be and is hereby author | ized to |
| | execute this Proposal dated, 20, | on |
| | behalf of the Entity and submit this Proposal to the Tow of Su | urfside, |
| | and this Entity and the execution of this Certificate of Aut | hority, |
| | attested to by the Secretary of the Corporation, and with the E | entity's |
| | Seal affixed, will be the official act and deed of this Entity." | |
| I FURTHER C | CERTIFY that said resolution is now in full force and effect. | |
| IN WI | FNESS WHEREOF , I have hereunto set my hand and affixed | the official seal of |
| the Entity this | day of | , 20 |
| | | |

| Secretary: | |
|-------------|--|
| Print Name: | |

| President: | |
|-------------|--|
| Print Name: | |

(Seal)

CERTIFICATE OF AUTHORITY (if Individual)

I,_____ ("Affiant") being first duly sworn, deposes and says: 1. I am the [Select and print as applicable: Owner/Partner/Officer/Representative/Agent] of: doing business as ______, the Contractor that has submitted the attached Proposal. 2. I am fully informed respecting the preparation and contents of the attached Proposal and all of the pertinent circumstances respecting such Proposal. 3. I am authorized to execute the Proposal dated , and submit this Proposal to the Town of Surfside, and the execution of this Certificate of Authority, attested to by a Notary Public, will be the official act and deed of this attestation. In the presence of: Signed, sealed and delivered by: Witness #1 Print Name: _____ Print Name: _____ Title: Witness #2 Print Name: **ACKNOWLEDGMENT** State of Florida County of _____ On this ______ day of ______, 20___, before me the undersigned, personally appeared ______, whose name(s) is/are subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it. Witness my hand and official seal: Notary Public (Print, Stamp, or Type as **Commissioned**) _____Personally known to me; or Produced identification (Type of Identification:_____)

_____Did take an oath; or

____Did not take an oath

COMPANY QUALIFICATION QUESTIONNAIRE

Some responses may require the inclusion of separate attachments. Separate attachments should be as concise as possible, while including the requested information. In no event should the total page count of all attachments to this Form exceed five (5) pages. Some Information may not be applicable, in such instances insert "N/A".

- 1. How many years has your company been in business under its current name and ownership?
 - a. Professional Licenses/Certifications (include name and license #)* Issuance Date

(*include active certifications of small or disadvantage business & name of certifying entity)

- Type of Company: □ Individual □ Partnership □ Corporation □ LLC □ Other If other, please describe the type of company:
 - a. FEIN/EIN Number:
 - b. Dept. of Business Professional Regulation Category (DBPR):
 - i. Date Licensed by DBPR:
 - ii. License Number:
 - c. Date registered to conduct business in the State of Florida:
 - i. Date filed:
 - ii. Document Number:

| | d. Primary Office Locat | tion: | |
|---|---|---|----------------|
| | e. What is your primary | v business?(This answer should be | a specific) |
| | | | e specific) |
| f. Name and Licenses of any prior companies | | | |
| | Name of Company | License Name & No. | Issuance Date |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 3. | Company Ownership | | |
| | a. Identify all owners o (Attach additional pa | r partners of the company: ges if necessary) | |
| | Name | Title | % of ownership |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | b. Is any owner identifi | ed above an owner in another con | npany? 🗆 Yes 🛛 |
| | No If yes, identify the n | ame of the owner, other company | v names, and % |
| | ownership | | |
| | | | |

c. Identify all individuals authorized to sign for the company, indicating the level of their signing authority (use additional pages/attachments if necessary)

| Name | Title | Signatory Authority (All, Cost Up to \$Amount, No-Cost, Other) |
|------|-------|---|
| | | |
| | | |
| | | |

- 4. Employee Information
 - a. Total No. of Employees:
 - b. Total No. of Managerial/Admin. Employees:
- 5. Recent Contracts
 - a. Identify the five (5) most recent contracts in which your company has provided similar services to other public entities. Include the Owner's name and contact person.

- 6. Insurance Information:
 - a. Insurance Carrier name & address:
 - b. Insurance Contact Name, telephone, & e-mail:
 - c. Number of Insurance Claims paid out in last 5 years & value:
- 7. In the space below, describe any other experience, not covered by any of the stated submittal requirements of the RFQ, related to the Services to be performed under the Agreement that Proposer believes is unique to its organization and would benefit the Town.

By signing below, Proposer certifies that the information contained herein is complete and accurate to the best of Proposer's knowledge.

By:_____

Signature of Authorized Officer

Date

Printed Name

PROPOSER'S TEAM & KEY PERSONNEL KEY PERSONNEL AND STAFF TABLE

1. Proposer shall complete the following chart with its proposed Key Personnel and Staff. If additional space is required, use a duplicate page and attach to this form.

| Name | Job Title | Company | Years of Experience | Years with Proposer | Licenses & Certifications |
|------|-----------|---------|------------------------|------------------------|---------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |

2. In the space below, explain the Proposer's ability and resources to substitute personnel with equal or higher qualifications than the Key Staff they will substitute for, where substitution is required due to attrition, turnover, or specific request from the Town.

3. In the chart below, provide the requested information for each Key Personnel or Staff member's engagement commitments that will exist concurrently with the Town's Services.

| Name | Area of Responsibility | Commitment Hours | Client | Period of Engagement |
|------|------------------------|---------------------|--------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

By signing below, Proposer certifies that the information contained herein is complete and accurate to the best of Proposer's knowledge.

By:_____ Signature of Authorized Officer

Date: _____

Printed Name

CLIENT REFERENCES IN ADDITION TO THE INFORMATION REQUIRED ON THIS FORM, CONTRACTOR TO PROVIDE A MINIMUM OF THREE REFERENCE LETTERS.

| REFERENCE #1 |
|--|
| Public Entity Name: |
| Reference Contact |
| Name: |
| Contact Title: |
| Contact Department: |
| Contact Telephone: |
| Contact Email: |
| Public Entity Size/Number of Residents/Square Mileage: |
| Contract Start Date: Contract End Date: |
| Is the Contract still Active? Yes No |
| Scope of Work (be as detailed as possible) |
| |
| |

REFERENCE #2

| Public Entity Name: |
|--|
| Reference Contact |
| Name: |
| Contact Title: |
| Contact Department: |
| Contact Telephone: |
| Contact Email: |
| Public Entity Size/Number of Residents/Square Mileage: |
| Contract Start Date: Contract End Date: |
| Is the Contract still Active? Yes No |
| Scope of Work (be as detailed as possible) |
| |
| |

| REFERENCE #3 | |
|--|--|
| Public Entity Name: | |
| Reference Contact | |
| Name: | |
| Contact Title: | |
| Contact Department: | |
| Contact Telephone: | |
| Contact Email: | |
| Public Entity Size/Number of Residents/Square Mileage: | |
| Contract Start Date: Contract End Date: | |
| Is the Contract still Active? Yes No | |
| Scope of Work (be as detailed as possible) | |
| | |
| | |
| | |

DISPUTE DISCLOSURE

Answer the following questions by placing an "X" after "Yes" or "No". If you answer "Yes", please explain in the space provided, or on a separate sheet attached to this form.

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

YES _____ NO _____

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

YES _____ NO _____

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

YES _____ NO _____

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

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation of falsification of facts shall be cause for forfeiture of rights for further consideration of this Proposal or Bid for the Town of Surfside.

Firm: _____

Authorized Signature: _____

| Print or Type Name: | |
|----------------------------|--|
| | |

| Title: | |
|--------|--|
| | |
| | |

ACKNOWLEDGEMENT OF ADDENDA

I HEREBY ACKNOWLEDGE that I have received all of the following addenda and am informed of the contents thereof:

Addendum Numbers Received:

(Check the box next to each addendum received)

_____ Addendum 1

_____ Addendum 2

_____ Addendum 3

_____ Addendum 4

_____ Addendum 5

_____ Addendum 9

_____ Addendum 10

_____ Addendum 6

Addendum 7

Addendum 8

NAME OF ENTITY

AUTHORIZED SIGNATURE

PRINT NAME

DATE