



**City of Tampa**  
*Jane Castor, Mayor*

**Contract Administration**  
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Tampa, FL 33602  
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**ADDENDUM 1**  
**Via E-Mail**  
**DATE: September 5, 2025**

Contract: 25-C-00007; Wastewater Tuberculated Gravity Pipeline Rehabilitation by Cured-in-Place Pipe Lining

Bidders on the above referenced project are hereby notified that the following addendum is made to the Contract Documents. BIDS TO BE SUBMITTED SHALL CONFORM TO THIS NOTICE.

**Item 1** - City of Tampa Ordinance No. 2017-28, Chapter 26.5. Equal Business Opportunity Program, Article III. Women & Minority Business Enterprise: Sections 26.5-191, 26.5-195, 26.5-196, 26.5-197, 26.5-201, 26.5-203, 26.5-204, and 26.5-205 are suspended until further notice to ensure compliance with federal law. The City will provide updates as further developments occur.

**Item 2** - Replace DMI forms with the attached.

All other provisions of the Contract Documents and Specifications not in conflict with this Addendum shall remain in full force and effect. Questions are to be e-mailed to [ContractAdministration@tampagov.net](mailto:ContractAdministration@tampagov.net).

*Jim Greiner*

Jim Greiner, P.E., Contract Management Supervisor





Instructions for completing The Sub- (Contractor's/Consultants/ Suppliers) Solicited Form  
(DMI 10 Form)

**This form must be submitted with all bids or proposals.** **All** subcontractors (regardless of ownership or size) solicited and subcontractors from whom unsolicited quotations were received must be included in this form. The instructions that follow correspond to the headings on the form required to be completed. **Note:** Ability or desire to perform all work shall not exempt the prime from Good Faith Efforts to achieve participation.

**Contract No.** This is the number assigned by the City of Tampa for the proposal.

- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business and/or doing business as (dba), if applicable.
- **Address.** The physical address of your business.
- **Federal ID. FIN.** A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact the business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Firms were contacted or solicited for this contract.** Checking the box indicates that a pre-determined Subcontract Goal or Participation Plan Requirement was not set by the city, resulting in your business not using subcontractors and will self-perform all work. If, during the performance of the contract, you employ subcontractors, the City must pre-approve subcontractors. Use of the "Sub-(Contractors/Consultants/Suppliers) Payments" form (DMI 30 Form) must be submitted with every pay application and invoice. **Note:** Certified SLBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors.
- **No Firms were contacted because.** Provide a brief explanation of why no firms were contacted or solicited.
- **See attached documents.** Check the box if, after you have completed the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/documentation relating to the form. All DMI data not submitted on the DMI 10 Form must be in the same format and include all the requested data from the DMI 10 Form.

The following instructions are for the information of all subcontractors solicited.

- **"S" = SLBE.** Enter "S" for firms Certified by the City as Small Local Business Enterprises; **"O" = non-certified others.**
- **Federal ID. FIN.** A number assigned to a business for tax reporting purposes. This information is critical in the proper identification and payment of the contractor/subcontractor.
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Trade, Services, or Materials** indicate the trade, service, or materials provided by the subcontractor. NIGP codes, aka "National Institute of Governmental Purchasing," are listed in the top section of the document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with a letter the method(s) of soliciting for bids.
- **Quote or Resp. (response) Rec'd (received) Y/N.** Indicate "Y" Yes if you received a quotation or if you received a response to your solicitation. Indicate "N" No if you received no response to your solicitation from the subcontractor. Must keep records: log, ledger, documentation, etc. that can validate/verify.

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





Instructions for completing The Sub- (Contractor's/Consultants/ Suppliers) to be Utilized Form  
(DMI 20 Form)

**This form must be submitted with all bids or proposals. All subcontractors (regardless of ownership or size) projected to be utilized must be included in this form.**

- **Contract No.** This is the number assigned by the City of Tampa for the proposal.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business and/or doing business as (dba) if applicable.
- **Address.** The physical address of your business.
- **Federal ID.** FIN. A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact the business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Subcontracting/consulting (of any kind) will be performed on this contract.** Checking the box indicates your business will not use subcontractors when no Subcontract Goal or Participation Plan Requirement was set by the city but will self-perform all work. When subcontractors are utilized during the performance of the contract, the "Sub-(Contractors/Consultants/Suppliers) Payments" form (DMI 30 Form) must be submitted with every pay application and invoice. Note: Certified **SLBE firms** bidding as Primes **are not exempt** from outreach and solicitation of subcontractors, including completion and submission of Form-10 and Form-20.
- **No Firms listed To-Be-Utilized.** Check box: provide a brief explanation why no firms were retained when a goal or participation plan requirement was set on the contract. **Note: Mandatory compliance with Good Faith Effort outreach (GFECF) requirements applies (DMI 50 Form), and supporting documentation must accompany the bid.**
- **See attached documents.** Check the box if, after completing the DMI Form in its entirety, you need more space to list additional firms and/or if you have supplemental information/documentation relating to the scope/value/percent utilization of subcontractors. Reproduce copies of DMI-20 and attach. All data not submitted on duplicate forms must be in the same format and content as specified in these instructions.

The following instructions are for the information of all subcontractors To Be Utilized.

- **Federal ID.** FIN. A number assigned to a business for tax reporting purposes. This information is critical in the proper identification of the subcontractor.
- **"S" = SLBE,** enter "S" for firms Certified by the City as Small Local Business Enterprises; **"O" = non-certified others.**
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Trade, Services, or Materials (NIGP code if known).** Indicate the trade, service, or material provided by the subcontractor. Abbreviated list of NIGP is available at <http://www.tampagov.net/DMI> "Information Resources".
- **Amount of Quote, Letters of Intent** (required for SLBEs).
- **Percent of Work/Contract.** Indicate the percentage of the total contract price the subcontract(s) represent. For CCNA only (i.e., Consultant A/E Services), you must indicate subcontracts as a percentage of the total scope/contract.
- **Total Subcontract/Supplier Utilization.** – Provide the total dollar amount of all subcontractors/suppliers projected to be used for the contract. (Dollar amounts may be optional in CCNA depending on solicitation format).
- **Total SLBE Utilization.** Provide the total dollar amount for all projected SLBE subcontractors/Suppliers used for this contract. (Dollar amounts may be optional in CCNA proposals depending on the solicitation format).
- **Percent SLBE Utilization.** Total amount allocated to SLBEs divided by the total bid/proposal amount.

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



**Page 1 of 2 –DMI Payment**  
**City of Tampa – DMI Sub-(Contractors/Consultants/Suppliers) Payments**  
**(DMI 30 FORM)**

[ ] Partial [ ] Final

Contract No.: WO, (if any): \_\_\_\_\_ Contract Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_ Address: \_\_\_\_\_

Federal ID: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

GC Pay Period: \_\_\_\_\_ Payment Request/Invoice Number: \_\_\_\_\_ City Department: \_\_\_\_\_

Total Amount Requested for pay period: \$ \_\_\_\_\_ Total Contract Amount (including change orders): \$ \_\_\_\_\_

\-Type of Ownership - S = SLBE, O = Other

Type	Company Name Address Phone & Fax	Total Subcontract Or PO Amount	Amount Paid To Date	Amount To Be Paid For This Period
Trade/Work Activity			Amount Pending Previously Reported	Sub Pay Period Ending Date
[ ] Sub [ ] Supplier				
Federal ID				
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**(Modifying This Form or Failure to Complete and Sign May Result in Non-Compliance)**

Certification: I hereby certify that the above information is a true and accurate account of payments to subcontractors/consultants on this contract.

Signed: \_\_\_\_\_ Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

DMI 30 form (rev. 08/2025)

**Note: Detailed Instructions for completing this form are on the next page**

*Forms must be signed and dated, or they will be considered incomplete. Failure to sign this document or return it unsigned can be cause for determining that a company is in non-compliance with Ordinance 2008-89.*



## Page 2 of 2 – DMI Payment

### Instructions for completing The DMI Sub-(Contractor's/Consultants/ Suppliers) Payment Form (DMI 30)

This form must be submitted with all invoicing or payment requests where there has been subcontracting rendered for the pay period. If applicable, after payment has been made to the subcontractor, "Waiver and Release of Lien upon Progress Payment", "Affidavit of Contractor in Connection with Final Payment", or an affidavit of payment must be submitted with the amount paid for the pay period.

**(Modifying or omitting information from this form may result in non-compliance.)**

- **Contract No.** This is the number assigned by the City of Tampa for the proposal.
- **W.O.** If the report covers a work order number (W.OO. for the contract, please indicate it in that space.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business.
- **Address.** The physical address of your business.
- **Federal ID.** A number assigned to a business for tax reporting purposes.
- **Phone.** Telephone number to contact the business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **Pay Period.** Provide start and finish dates for the pay period. (e.g. 05/01/13 – 05/31/13)
- **Payment Request/Invoice Number.** Provide a sequence number for payment requests. (ex. Payment one, write 1 in the space, payment three, write 3 in the space provided.)
- **City Department.** The City of Tampa department to which the contract pertains.
- **Total Amount Requested for the pay period.** Provide all the dollars you are expecting to receive for the pay period.
- **Total Contract Amount (including change orders).** Provide the expected total contract amount.
- **Signed/Name/Title/Date.** This is your certification that the information provided on the form is accurate.
- **See attached documents.** Check if you have provided any additional documentation relating to the payment data. Located at the bottom middle of the form.
- **Partial Payment.** Check if the payment period is a partial payment, not a final payment.
- **Final Payment.** The check for this period is the final payment period.

The following instructions are for the information of all subcontractors used for the pay period.

- **(Type) of Ownership.** Indicate SLBE or Other.
- **Trade/Work Activity.** Indicate the trade, service, or material provided by the subcontractor.
- **Subcontractor/Subconsultant/Supplier.** Please indicate the status of the firm on this contract.
- **Federal ID.** A number assigned to a business for tax reporting purposes.
- **Company Name, Address, Phone & Fax.** Provide company information for verification of payments.
- **Total Subcontract Amount.** Provide the total amount of subcontract for the subcontractor, including change orders.
- **Amount Paid to Date.** Indicate all dollars paid to date for the subcontractor.
- **Amount Pending, Previously Reported.** Indicate any amount previously reported for which payments are pending.
- **Amount To Be Paid for this Period.** Provide the dollar amount requested for the pay period.
- **Sub Pay Period Ending Date.** Provide the date for which the subcontractor invoiced for the work performed.

If any additional information is required or you have any questions, you may call the Office of Equal Business Opportunity at (813) 274-5522.



**City of Tampa  
Official Letter of Intent  
(DMI-40 Form)**

A Letter of Intent is required for each SLBE listed on the Schedule of Subcontractors to be Utilized form (DMI 20 Form). Letter of Intent must be signed by both the Bidder/Service Provider and SLBE firm.

**Bid/Proposal/Contract Number:** \_\_\_\_\_

**Bid/Proposal/Contract Name:** \_\_\_\_\_

**A. To be completed by the Bidder/Service Provider**

Name of Bidder: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**B. To be completed by SLBE**

Name of SLBE: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contract Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**C. Identify the scope of work to be performed or item(s) to be supplied by the SLBE. On unit price bids, identify to which bid line item the SLBE's work scope or supply corresponds:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Cost of work to be performed by SLBE:** \_\_\_\_\_

**E. Cost of work to be performed by SLBE as a percentage of total City contract amount:** \_\_\_\_\_

**Bidder/Proposer certifies that it intends to utilize the SLBE listed above, and that the work described above is accurate. Bidder/Proposer will provide the City with a copy of the related subcontract agreement and/or purchase order prior to the commencement of SLBE's work. The SLBE firm certifies that it has agreed to provide such work/supplies for the amount stated above.**

Bidder/Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title

SLBE Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title





**Official Letter of Intent Instructions  
City of Tampa  
Equal Business Opportunity Program**

The Official Letter of Intent must be submitted to the soliciting department within ten (10) workdays after the **notice of intent to award is posted**. Not providing all letters of intent within the prescribed timeframe may cause a delay in the award or declare the bid to be non-responsive.

**Bid/Proposal/Contract Number**- Please record the bid/proposal/contract number provided by the City of Tampa's procuring department.

**Bid/Proposal/Contract Name** – Please record the bid/proposal/contract name provided by the City of Tampa's procuring department.

**To be Completed by the Bidder/Service Provider: Please record the prime contractor or main bidder's** detailed company information as indicated.

**To be completed by the SLBE** – Please record the SLBE subcontractor's detailed company information as indicated.

**The bidder is to identify the scope of work to be performed or the item(s) to be supplied by the SLBE. On unit price bids, indicate the bid line item that the SLBE's scope of work or supply corresponds to.** – Please record the details of the services or supplies the SLBE will provide.

**Cost of work to be performed by SLBE** – Provide an agreed-upon estimate of the total price of work or supplies. (Unit prices are accepted if specific quantities have yet to be determined).

**Bidder/Proposer**—The signature of an authorized agent for the prime contractor or main bidder, with the date signed.

**SLBE firm** – Signature of an authorized agent for the SLBE subcontractor or supplier with the date signed.

**Contract Confirmation** – A copy of the executed subcontract agreement and/or purchase order with the SLBE must be filed with the City of Tampa immediately upon execution and/or prior to the commencement of work by SLBE.