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

RFQ 15-D-00048; Lower Peninsula Watershed Management Plan

PUBLIC ANNOUNCEMENT IN COMPLIANCE WITH REQUIREMENTS OF CHAPTER 287.055, LAWS OF FLORIDA, CONSULTANTS COMPETITIVE NEGOTIATION ACT, AS AMENDED AND THE CITY OF TAMPA'S EQUAL BUSINESS OPPORTUNITY PROGRAM

RFQ- 15-D-00048 - The City of Tampa desires to obtain **Professional Engineering services associated with the the Lower Peninsula Watershed Management Plan.** The selected firm will be expected to provide engineering services including stormwater modeling, surveying, and a Basis of Design Report (BODR). The requested services are needed to support the design of stormwater capital improvements in the Lower Peninsula basin to relieve flooding associated with undersized stormwater pipes and relic ditch systems.

The selected firm must be experienced in hydrologic/hydraulic modeling of large watersheds using XP-SWMM software and must have the unlimited node version of the software. The Lower Peninsula watershed is approximately 6,000 acres and includes the entire area south of Euclid Avenue, excluding MacDill AFB. A detailed BODR will be provided that includes an alternatives analysis, identifying projects for capital improvements. The BODR will include cost estimates for each of the design alternatives and a prioritization of the projects for long-range planning. The BODR will also include maps showing flooding under existing conditions and under proposed conditions. The report will include tables identifying the reduction in flood stage as determined by the model. The firm will also identify properties to be potentially acquired by the City for future ponds and water quality treatment systems.

The Lower Peninsula project is a multi-year project to provide incremental flooding relief for a basin area of approximately 6,000 acres. The regional watershed management plan is receiving 50% Cooperative Funding from Southwest Florida Water Management District

Total fees are budgeted at $650,000.

A Pre-Submission Conference for this project will be conducted at 3:00 PM Monday July 13, 2015, at 315 E Kennedy Blvd in the 3rd Floor City Council Chambers. Attendance is not mandatory.

A link to any additional information may be provided at: demandstar.com and http://www.tampagov.net/dept_contract_administration/architectural_engineering_construction_and_related_rfqs/index.asp.
No further data will be available before the deadline established for the submission of Letters-Of-Interest.

Questions may be directed to Jim Greiner, P.E., Contract Administration, City of Tampa DPW, 4th Floor North, 306 E. Jackson Street, Tampa, Florida 33602;
Telephone (813) 274-8598, fax (813) 274-8080, or e-mail Jim.Greiner@tampagov.net.

Firms desiring to provide these services to the City must submit **A Single Electronic File in Searchable PDF format, Smaller than 3MB** that includes a Letter of Interest referring to **RFQ 15-D-00048**, Statement of Qualifications, SF330 or 254,5, and any supplemental material allowing evaluation for further consideration based upon the following criteria/point system: Comparable Project Experience, (30); Urban Stormwater Project Experience, (25); Government Project Admin. Exp., (15); Workload and availability (10); Past performance/Low amount of City work (5); Standard Form #330 (or #254)(5); Planned WMBE/SLBE Solicitation & Utilization, Form MBD 10 & 20 (10 pts). The PDF file must be addressed to:
Brad L. Baird, P. E., Chairman, Consultants' Competitive Negotiation Committee,
City of Tampa – c/o CAD - 4th Floor North,
306 E. Jackson Street,
Tampa, Florida 33602, and **E-Mailed to ContractAdministration@tampagov.net**
BEFORE 2 P.M., Thursday, July 30, 2015.
Submissions received on the day of the deadline may not be acknowledged by return-e-mail before the deadline.

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

(FORM MBD-10)

Contract No.:_____ Contract Name:_____

Contractor Name:_____ Address:_____

Federal ID:_____Phone:_____ Fax:_____ Email:_____

[] No Firms were contacted/solicited for this contract.

[] No Firms were contacted because:_____

[] See attached documents with supplemental information.

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

This DMI Schedule Must Be Submitted with the Bid or Proposal (Do Not Modify This Form)

S = SLBE W=WMBE Federal ID	Company Name Address Phone & Fax	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic Am. AF AM = Asian Am. NF NM = Native Am. CF CM = Caucasian	Trade or Services NIGP Code (listed above)	Contact Method L=Letter F=Fax E=Email P=Phone	Quote or Resp. Rec'd Y/N

It is hereby certified that the information provided is an accurate and true account of contacts and solicitations for sub – contracting opportunities on this contract. ***This form must be completed and submitted with the bid or proposal***. Modifying or failing to sign DMI forms may result in Non-Compliance and/or deemed non-responsive.

Signed:_____ Name/Title:_____ Date:_____

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

Instructions for completing The Sub-(Contractors/Consultants/ Suppliers) Solicited Form (Form MBD-10)

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

- **Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business.
- **Address.** The physical address of your business.
- **Federal ID.**FIN. A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Firms were contacted/solicited for this contract.** Checking the box indicates that a pre-determined Subcontract Goal 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 must be submitted with your invoices. Note: Certified SLBE or WMBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors.
- **No Firms were contacted because.** Provide brief explanation why no firms were contacted/solicited.
- **See attached documents.**Check box, if after you have completed the DMI Form in its entirety, you are providing any additional documentation relating to the form.All DMI data not submitted on the MBD Form-10 must be in the same format and have all requested data from MBD Form-10 included.

The following instructions are for information of any and all subcontractors solicited.

- **"S" = SLBE, "W" = WMBE.** Enter "**S**" for firms Certified by the City as Small Local Business Enterprises and/or "**W**" for firms Certified by the City as Women/Minority Business Enterprise.
- **Federal ID.**FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **Company Name, Address, Phone & Fax**. Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials** Indicate the trade, service, or material provided by the subcontractor. NIGP codes are listed at top section of document.
- **Contact Method L=letter, F=fax, E=Email, P=Phone.** Indicate with letter the method of soliciting for bid.
- **Quote or Resp. (response) Rec'd (received) Y/N**. Indicate "Y" Yes if you received a quotation or if you received a response to your solicitation. Indicate "N" No if you received no response to your solicitation from the subcontractor.

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

DMI – Solicited/Utilized

City of Tampa –DMI Schedule of Sub-(Contractors/Consultants/Suppliers) to be Utilized

(FORM MBD-20)

Contract No.:_____ Contract Name:_____

Contractor Name:_____ Address:_____

Federal ID:_____Phone:_____ Fax:_____ Email:_____

[ ] See attached documents.

[ ] No Subcontracting (of any kind) will be performed on this contract.

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

This DMI Schedule Must Be Submitted with the Bid or Proposal (Do Not Modify This Form)

Enter "S" for firms Certified as Small Local Business Enterprises, "W" for firms Certified as Women/Minority Business Enterprise

S = SLBE W=WMBE Federal ID	Company Name Address Phone & Fax	Type of Ownership (F=Female M=Male) BF BM = African Am. HF HM = Hispanic Am. AF AM = Asian Am. NF NM = Native Am. CF CM = Caucasian	Trade, Services, or Materials NIGP Code Listed above	Amount of Quote. Letter of Intent if available.	Percent of Scope/Contract %

Total Subcontract/Supplier Utilization $_____

Total SLBE Utilization $ _____

Total WMBE Utilization $ _____

Percent SLBE Utilization of Total Bid/Proposal Amt. _____% Percent WMBE Utilization of Total Bid/Proposal Amt. _____%

It is hereby certified that the following information is a true and accurate account of utilization for sub-contracting opportunities on this contract. ***This form must be completed and submitted with the bid or proposal***. Modifying or failing to sign DMI forms may result in Non-Compliance and/or deemed non-responsive.

Signed:_____ Name/Title:_____ Date:_____

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

Instructions for completing The Sub-(Contractors/Consultants/ Suppliers) to be Utilized Form

(Form MBD-20)

This form must be submitted with all bids or proposals. All subcontractors projected to be utilized must be included on this form.

- **Contract No.** This is the number assigned by the City of Tampa for the bid or proposal.
- **Contract Name.** This is the name of the contract assigned by the City of Tampa for the bid or proposal.
- **Contractor Name.** The name of your business.
- **Address.** The physical address of your business.
- **Federal ID.**FIN. A number assigned to your business for tax reporting purposes.
- **Phone.** Telephone number to contact business.
- **Fax.** Fax number for business.
- **Email.** Provide email address for electronic correspondence.
- **No Subcontracting (of any kind) will be performed on this contract.** Checking box indicates your business will not use subcontractors when no Subcontract Goal has been 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 must be submitted with your invoices. Note: Certified SLBE or WMBE firms bidding as Primes are not exempt from outreach and solicitation of subcontractors.
- **See attached documents.** Check if you have provided any additional documentation relating to the utilization of subcontractors.
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The following instructions are for information of Any and All subcontractors to be utilized.

- **Federal ID.**FIN. A number assigned to a business for tax reporting purposes. This information is critical in proper identification of the subcontractor.
- **"S" = SLBE, "W" = WMBE.** Enter "**S**" for firms Certified by the City as Small Local Business Enterprises and/or "**W**" for firms Certified by the City as Women/Minority Business Enterprise.
- **Company Name, Address, Phone & Fax**. Provide company information for verification of payments.
- **Type of Ownership.** Indicate the Ethnicity and Gender of the owner of the subcontracting business.
- **Trade, Services, or Materials (NIGP code if Known)** Indicate the trade, service, or material provided by the subcontractor. NIGP codes are available at http:/www.tampagov.net/mbd.
- **Amount of Quote, Letters of Intent** (required for both SLBEs and WMBEs)
- **Percent of Work/Contract.** Indicate the percent of the total contract price the subcontract(s) represent.
- **Total Subcontract/Supplier Utilization.** – Provide total dollar amount of all subcontractors/suppliers projected to be used for the contract. (Dollar amounts may not apply to CCNA proposals.)
- **Total SLBE Utilization.** Provide total dollar amount for all projected SLBE subcontractors/Suppliers used for this contract. (Dollar amounts may not apply to CCNA proposals.)
- **Total WMBE Utilization.** Provide total dollar amount for all projected WMBE subcontractors/Suppliers used for this contract. (Dollar amounts may not apply to CCNA proposals.)
- **Percent SLBE Utilization.** Total amount allocated to SLBEs divided by the total bid amount. (Dollar amounts may not apply to CCNA proposals.)
- **Percent WMBE Utilization.** Total amount allocated to WMBEs divided by the total bid/proposal amount. (Dollar amounts may not apply to CCNA proposals.)

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