



ENGINEERING SERVICES TO EVALUATE ANNEXATION

**STATEMENT OF NO RESPONSE**

If your firm is unable to submit a proposal, please complete and return this form prior to the Solicitation Opening date shown herein. Return by email ([afrazer@cityofsebastian.org](mailto:afrazer@cityofsebastian.org)) or by mail to:

CITY OF SEBASTIAN  
ATTN: PROCUREMENT  
1225 MAIN STREET  
SEBASTIAN, FLORIDA 32958

Company's Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

**We have declined to propose on RFQ #20-01 Engineering Services to Evaluate Annexation Process for the following reason(s) (mark all that applies):**

- \_\_\_\_\_ ***Do not offer the good(s) or service(s) required***
- \_\_\_\_\_ ***Our schedule would not permit us to perform responsibly***
- \_\_\_\_\_ ***Unable to meet specifications***
- \_\_\_\_\_ ***Unable to meet insurance/eligibility requirements***
- \_\_\_\_\_ ***Specifications unclear (please explain below)***
- \_\_\_\_\_ ***Other (please specify below)***

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name / Title**

\_\_\_\_\_  
**Date**



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**SOLICIATION INFORMATION FORM**

Please submit this form to assist us in learning more about how our solicitation opportunities are most often found.

**Company's Name:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

Please tell us how you found out this Request for Proposal was released/available (mark all that applies):

\_\_\_\_\_ *Indian River Press Journal (TCPalm)*

\_\_\_\_\_ *DemandStar/Onvia*

\_\_\_\_\_ *City of Sebastian Web Site*

\_\_\_\_\_ *Other (please specify below)* \_\_\_\_\_

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**MAILING LABEL**

**Cut along the outer border and affix this label to the sealed envelope to identify it as a Sealed Solicitation Submittal.**

<b>SEALED RFQ • DO NOT OPEN</b>	
<b>SOLICITATION #:</b>	RFQ #20-01
<b>SOLICITATION TITLE:</b>	Engineering Services to Evaluate Annexation Process
<b>DUE DATE/TIME:</b>	Friday, February 21, 2020 @ 2:00 PM EST
<b>SUBMITTED BY:</b>	
	Proposer's Name
	Proposer's Address
	Proposer's Address
<b>DELIVER TO:</b>	City of Sebastian <b>ATTN:</b> Procurement Division 1225 Main Street Sebastian, Florida 32958



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**PROPOSAL CHECKLIST**

Please use the following checklist as a reference document to confirm all requirements are met in your RFQ submission. **This checklist must be submitted as part of the Proposal.** Please be advised that this checklist should not be interpreted as a comprehensive list of all information required by this Solicitation from prospective Proposers. It simply serves as a guide for the most significant documents to be included in the Proposal and should be enhanced as deemed necessary. It is solely the Proposer's responsibility to read and understand all requirements and adhere to all issued Addenda.

Requirements	OFFICE USE ONLY
One (1) original copy of proposal (bearing original signatures)	
Six (6) copies of proposal	
One (1) electronic copy of proposal (USB)	
Letter of Interest ( <i>Refer to Section 2.1</i> )	
Proposal Checklist – <b>FORM A</b>	
Signed Addenda, <i>if applicable</i>	
<b>TAB #1 – QUALIFICATIONS</b> ( <i>Refer to Sections 2.2 - 2.4</i> )	
Company Profile	
Experience	
Project Team	
<b>TAB #2 – PROJECT INVOLVEMENT</b> ( <i>Refer to Sections 2.5</i> )	
Project Approach	
<b>TAB #4 – INSURANCE/LICENSES</b> ( <i>Refer to Sections 2.6 – 2.7</i> )	
Proof of Insurance	
Proof of License(s)	
<b>TAB #4 – REFERENCES</b> ( <i>Refer to Section 2.8</i> )	
Reference List – <b>FORM C</b>	
<b>TAB #5 – FORMS</b> ( <i>Refer to Section 2.8</i> )	
Contact Information Sheet – <b>FORM B</b>	
Proposer's Disclosure Questionnaire – <b>FORM D</b>	
Document Notification Affidavit - <b>FORM E</b>	
Subcontractor Listing Form – <b>FORM F</b>	

**PLEASE ENSURE THE MAILING LABEL IS AFFIXED TO THE SEALED ENVELOPE.**

(See page 21)

**IMPORTANT:** Failure to submit the requested copies or complete and submit the required forms may result in submittal being deemed non-responsive and removed from consideration.



**ENGINEERING SERVICES TO EVALUATE ANNEXATION**

**CONTACT INFORMATION SHEET**

<b>DUE DATE:</b> Proposals due on or before 2:00 PM EST at <b>City of Sebastian</b> <b>ATTN: Procurement</b> <b>1225 Main Street</b> <b>Sebastian, Florida 32958</b> <b>Friday, February 21, 2020</b> Check Addenda for any revised opening dates before submitting your proposal. <b>Proposal(s) received, after the date and time stated above, shall not be considered for award.</b>	<b>RFQ NO.:</b> <b>#20-01</b>	<b>RELEASE DATE:</b> <b>01/27/2020</b>	<b>CONTACT:</b> <b>Ann-Marie Fraser, CPPB, MBA</b> <b>Procurement/Contracts Manager</b> <b>(772) 388-8231</b> <b>afraser@cityofsebastian.org</b>
	<b>RFQ TITLE:</b> <b>ENGINEERING SERVICES TO EVALUATE ANNEXATION PROCESS</b>		
<b>Firm's Name and "Doing Business As", if applicable:</b>			
<b>Federal Tax Identification Number:</b>			
<b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____			
<b>Telephone Number:</b> _____ <b>Fax Number:</b> _____			
<b>E-Mail Address of Authorized Representative:</b>			
<p>The undersigned hereby proposes and agrees to furnish all labor, materials, and equipment, and to perform all work required for the above-named Project in the manner and time prescribed in the Scope of Work and Drawings (if applicable) and such addenda thereto as may be issued prior to bid opening date.</p>			
<b>Signature of Authorized Representative (Manual)</b>			
<b>Name of Authorized Representative (Typed or Printed)</b>			
<b>Title</b>			

**Failure to fully complete and submit this Information Sheet may result in rejection of the submittal**

**ENGINEERING SERVICES TO EVALUATE ANNEXATION**

**REFERENCE LIST**

**Proposer's Name:** \_\_\_\_\_

Proposer must provide the contact information for a minimum of three (3) references in which similar work was performed within the last five (5) years, public sector entities preferred.

**Reference #1**

<b>Company Name:</b>	
<b>Location (City, State):</b>	
<b>Contact Person:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Dates of Service:</b>	
<b>Services Provided:</b>	

**Reference #2**

<b>Company Name:</b>	
<b>Location (City, State):</b>	
<b>Contact Person:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Dates of Service:</b>	
<b>Services Provided:</b>	

**Reference #3**

<b>Company Name:</b>	
<b>Location (City, State):</b>	
<b>Contact Person:</b>	
<b>Contact Number:</b>	
<b>Email Address:</b>	
<b>Dates of Service:</b>	
<b>Services Provided:</b>	

**Failure to fully complete and submit this List may result in rejection of the submittal**



ENGINEERING SERVICES TO EVALUATE ANNEXATION

**PROPOSER'S DISCLOSURE QUESTIONNAIRE**

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter. Additional sheets may be attached if required.

Proposer's Name: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_

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

Federal Identification No.: \_\_\_\_\_

This Business is: ( ) An Individual ( ) A Partnership ( ) A Corporation

Proposer's License No., if applicable: \_\_\_\_\_

**\*Attach certificate of status, competency, and/or state registration**

- (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 association 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 request for equitable adjustment, contract claims, bid protest, 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
- (4) Has your firm had any involvement in the annexation process being reviewed? YES  NO
- (5) Describe each affiliation or business relationship with an employee, board member, elected official(s) or an immediate family member of any such person of the City of Sebastian. If none, write NONE.

\_\_\_\_\_

\_\_\_\_\_

- (6) Describe ANY other affiliation or business relationship that may cause a conflict of interest. If none, write NONE.

\_\_\_\_\_

\_\_\_\_\_

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

\*\*\*\*\*  
I hereby certify that all statements made are true and I agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this proposal for the City of Sebastian.

Signature

Date

**Failure to fully complete, sign and submit this Questionnaire may result in rejection of the submittal**

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**DOCUMENT NOTIFICATION AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ acknowledge that I have legal authorization  
(Printed Name)

to contractually bind \_\_\_\_\_,  
(Company Name)

I acknowledge that as part of my response to this solicitation I have read and reviewed copies of the following documents/notifications, attached:

- Conflict of Interest Disclosure
- Drug-Free Workplace Provisions
- Public Entity Crimes Notification
- Non-Collusive Affidavit
- E-Verify Acknowledgement
- Immigration Laws Notification
- Scrutinized Vendor Certification
- No Lobbying Notification
- Debarment and Suspension Certification
- Vendor Performance Acknowledgement

I hereby swear or affirm that I have read and that I understand and accept all the requirements and regulations imposed by the above-referenced documents and that I acknowledge and accept that the above-referenced documents and all terms and conditions contained therein are included in the response to this solicitation.

The foregoing Affidavit was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020, by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ as identification and who did take an oath.

[Notary Seal]

\_\_\_\_\_  
**Notary Public Name:**

\_\_\_\_\_  
**Notary Public Signature:**

\_\_\_\_\_  
**Notary Commission Expiration:**

**Failure to fully complete, sign and submit this Affidavit may result in rejection of the submittal**



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**SUB-CONSULTANTS LISTING FORM**

Proposer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

RFQ Title: \_\_\_\_\_ Engineering Services to Evaluate Annexation Process RFQ #: \_\_\_\_\_ 20-01

**NOTE:** List **all sub-consultants** you invited to bid on this project, whether they were selected or not. If sub-consultants will not be used on this agreement, check the box below. **Form must be submitted with your proposal.** Use additional sheets if necessary.

The City reserves the right to reject any proposals if the Proposer names sub-consultants who have previously failed in the proper performance of an award, or failed to deliver on time contracts of a similar nature, or who is not in a position to perform under this award. The City reserves the right to inspect all facilities of any sub-consultant in order to make a determination as to the foregoing.

Company Name	Work To Be Performed	Contact Person	Telephone Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

I affirm that Sub-consultants will not be used to complete projects under this agreement.

Print Preparer's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Failure to fully complete, sign and submit this Form may result in rejection of the submittal**