

**UTILITIES COMMISSION
City of New Smyrna Beach, Florida**

REQUEST FOR STATEMENT OF QUALIFICATIONS

**PROJECT: ALTERNATE WATER SOURCE AND WATER HARVESTING PROJECT
RSQ NO. 02-09**

THE UTILITIES COMMISSION CITY OF NEW SMYRNA BEACH IS SEEKING STATEMENTS OF QUALIFICATIONS FROM QUALIFIED ENGINEERING / HYDROGEOLOGIC COMPANIES INTERESTED IN ASSESSING THE FEASIBILITY OF AND IN ASSISTING IN THE PLANNING, PERMITTING, AND DEVELOPMENT OF AN ALTERNATE WATER SOURCE AND WATER HARVESTING PROJECT LOCATED ON APPROXIMATELY 600 ACRES OF LAND OWNED BY THE UTILITIES COMMISSION, CITY OF NEW SMYRNA BEACH, FLORIDA.

SUBMIT ONE ORIGINAL AND FIVE COPIES TO:

John O'Brien
Materials Manager
Utilities Commission
City of New Smyrna Beach, Florida
(386) 424 3045 Telephone
(386) 424 2748 Fax
Email: jobrien@ucnsb.org
Website: www.ucnsb.net/purchasing/bid-information.aspx

MAILING ADDRESS:

Post Office Box 100
New Smyrna Beach, Florida 32170-0100

WALK-IN DELIVERY ADDRESS:

200 Canal Street
New Smyrna Beach, Florida 32168

PURPOSE FOR THIS RSQ is to select the most highly qualified firms for the future sealed proposal solicitation and subsequent negotiation with the successful firm for implementation of the concept statement described herein. Firms not complying with the process contained herein will not be considered.

SUBMITTALS DUE BY: 2:30 PM on January 14, 2009 At which time only the names of the firms submitting statements of qualifications will be read aloud and recorded. Submittals received after this deadline **will not** be considered for award.

UTILITIES COMMISSION
City of New Smyrna Beach, Florida
REQUEST FOR STATEMENT OF QUALIFICATIONS
RSQ NO. 02-09

TABLE OF CONTENTS

| <u>DESCRIPTION</u> | <u>PAGE</u> |
|---|--------------------|
| SCHEDULE | 3 |
| 1. GENERAL TERMS AND CONDITIONS | 4-6 |
| 2. REQUIRED CERTIFICATIONS AND REPRESENTATIONS | 7-13 |
| 2.1 CERTIFICATE OF DRUG-FREE WORKPLACE FORM | |
| 2.2 PUBLIC ENTITY CRIMES FORM | |
| 2.3 QUESTIONNAIRE | |
| 2.4 REFERENCES | |
| 2.5 VENDOR INFORMATION | |
| 2.6 W-9 | |
| 3. SCOPE/SPECIFICATION | 14 |

UTILITIES COMMISSION
City of New Smyrna Beach, Florida
REQUEST FOR STATEMENT OF QUALIFICATIONS
RSQ NO. 02-09

SCHEDULE
RSQ 02-09

Distribution of the Request for Statements of Qualifications November 24, 2008

Deadline for Final Questions by 2:00 PM December 12, 2008

E-mail to jobrien@ucnsb.org

Addendum Published by 5:00PM December 17, 2008

www.ucnsb.net/purchasing/bid-information.aspx

Proposal Return Deadline by 2:30 PM January 14, 2009

Location: UCNSB – Purchasing Office
200 Canal St. New Smyrna Beach, Fl.

Proposals will be opened at 3:00 PM January 14, 2009

UTILITIES COMMISSION
City of New Smyrna Beach, Florida
REQUEST FOR STATEMENT OF QUALIFICATIONS
RSQ NO. 02-09

SECTION 1-GENERAL INSTRUCTIONS AND CONDITIONS

SUBMITTAL REQUIREMENTS: Firms interested in providing the required professional QUALIFICATIONS shall submit one (1) original, marked “ORIGINAL” and five (5) copies, each marked “COPY”, of the requested qualification data for evaluation. Failure to provide the required copies and “good-faith” information may result in the firm not being considered. Submittals shall be clear, concise, indexed by subject, typed on letter-size paper and individually bound. Submittals shall be mailed or delivered in a sealed package clearly marked on the outside with the project name, RSQ Number and due date. Packages shall be received by the advertised deadline. **Each firm should ensure that it has received any/all addenda and amendments to this RSQ before submitting its proposal.** Submittals should contain no more than fifty (50) pages; longer submittals may be discarded.

Required Submittals:

QUALIFICATIONS DATA:

1. Listing of similar type assessment and development projects completed within the last ten years, with dates, names, and telephone numbers to contact for reference.

FIRM’S UNDERSTANDING:

2. Description of the firm’s understanding of and approach to the UCNSB enterprise.

STAFFING REQUIREMENTS:

3. Listing of key personnel, management and staff, who will actually manage and operate the enterprise, if selected. This should include brief resumes of key people.

LOCATION:

4. Locations of the office and staff.

FINANCIAL STABILITY:

5. All respondents shall certify and provide a statement that they are financially stable and have the necessary resources, human and financial, to provide the services at the level required. All respondents shall be prepared to supply a financial statement and the latest D& B report will be accepted. **The statement can be labeled “Confidential”.**

UTILITIES COMMISSION
City of New Smyrna Beach, Florida
REQUEST FOR STATEMENT OF QUALIFICATIONS
RSQ NO. 02-09

INSURANCE:

6. Evidence of required insurance coverages' to be supplied prior to entering into a contract.

OCCUPATIONAL LICENSE AND CERTIFICATIONS:

7. Copy of Occupational License and Certifications for the firm and any subcontractors.

DRUG FREE WORKPLACE:

8. All firms submitting Statements of Qualifications shall certify that the firm has a drug free workplace policy in accordance with Florida Statute 287.087. Failure to submit this certification may result in the rejection/disqualification of your firm's submittal.

REFERENCES:

9. Three (3) professional references and/or three (3) current similar contracts.

OTHER INFORMATION:

10. Information the firm believes will help illustrate its qualifications and experience in this type of project, and that will differentiate the firm from other potential proposal firms.

PROHIBITION AGAINST CONTINGENT FEES:

11. It shall be unethical for a person to be retained or retain any company or person, other than bonafide employee working solely for the consultant, to solicit or secure this agreement and that it has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bonafide employee working solely for the consultant, any fee, commission, percentage, gift or other consideration contingent upon or resulting from award or making of this agreement. For the breach or violation of this provision, the Utilities Commission shall have the right to terminate the agreement at its sole discretion, without liability and to deduct from the agreement price or otherwise recover the full amount of such fee, commission, percentage, gift or consideration.

UTILITIES COMMISSION
City of New Smyrna Beach, Florida
REQUEST FOR STATEMENT OF QUALIFICATIONS
RSQ NO. 02-09

AFFIRMATION:

12. By submission of a proposal, respondent affirms that their submittal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud. Respondent agrees to abide by all conditions of this request for professional services and the resulting contract.

PUBLIC RECORDS

13. The award recommendation shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the State of Qualifications and must identify the data or other materials to be protected and must state the reasons why such exclusion from public disclosure is necessary. The submission of a proposal authorizes release of your firms credit data to the Utilities Commission.

Submittals will be reviewed and evaluated as to qualifications by a Selection Committee consisting of UCNSB staff based upon the information submitted and the requirements requested. The Committee will winnow the submittals to a short list of 3 firms. In person interviews may be required for selecting the shortlist of 3 firms. If interviews are required, no more than 5 firms will be interviewed from which the 3 firms will be selected and ranked for future negotiations in accordance with the CONSULTANTS' COMPETITIVE NEGOTIATIONS ACT (CCNA) Chapter 287.055, of the Florida Statutes.

WAIVER: The Utilities Commission City of New Smyrna Beach, reserves the right to reject any or all of the proposals, to waive informalities and to accept all or any part of any proposal as may be deemed to be in the best interest of the Utilities Commission City of New Smyrna Beach.

SECTION 2.0 REQUIRED CERTIFICATIONS AND REPRESENTATIONS

2.1 CERTIFICATION OF DRUG-FREE WORKPLACE

IDENTICAL TIE BIDS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

VENDOR SIGNATURE

**SWORN STATEMENT UNDER SECTION 287.133(3) (1)
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

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

1. This sworn statement is submitted Bid, Proposal or Contract for_____.
2. This sworn statement is submitted by_____ [name of entity submitting sworn statement] whose business address is: _____ and (if applicable) its Federal Employer Identification Number (FEIN) is _____.

(If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____).
3. My name is _____and my relationship to the entity named above is_____.
4. I understand that a "public entity crime" as defined in Paragraph 287.133 (1) (g), Florida Statutes, means a violation of any state of federal law be 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 with 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 misrepresentation.
5. I understand that "convicted" or "conviction" as defined in Paragraph 287.133 (91) (b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without adjudication of guilt, in any federal or state trial court or recording, relating to charges brought by federal or state trial court or recording, relating to charges brought by federal or state trial court or recording, relating to charged brought by indictment or information after July 1, 1989, as a result of just verdict, non-jury trial, or entity of a plea of guilty or nolo contendere.
6. I understand the "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means: (1) A Predecessor or Successor of a person convicted of public crime: or (2) 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, shareholder, 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 public crime in Florida during the preceding 36 months shall be considered an affiliate.
7. 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 provisions 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, partners, shareholders, employees, members and agents who are active in management of an entity.
8. Based on information and belief, that statement which I have marked below is true in relation to the entity submitting this sworn statement. [Please indicate which statement applies]

Public Entity Crimes Statement

Page 2 of 2

____ Neither the entity submitting this sworn statement, or one more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity, nor any affiliate or the entity, has been charged with and convicted of public entity subsequent to July 1, 1989, AND [Please indicate which additional statement applies.]

____ There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. [Please attach a copy of the final order.]

____ The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. [Please attach a copy of the final order.]

____ The person or affiliate has not been placed on the convicted vendor list. [Please describe any action taken by or pending with the Department of General Services.]

Date: _____
Signature

STATE OF: _____

COUNTY OF: _____

PERSONALLY APPEARED BEFORE ME, the undersigned authority, _____
[name of individual signing] who after first sworn by me affixed his/her signature in the space provided above on this ____ day of _____, 20____.

My commission expires: _____
Notary Public

Print, Type, or Stamp of Notary Public

Personally known to me, or
Produced Identification:

Type of I.D.

QUESTIONNAIRE

Additional space may be required. Please answer questions in the order presented. All questions must be answered or contractor may be disqualified.

1. Has your company ever been denied insurance or had insurance canceled?
2. Is your company bondable? Has your company ever been denied bond? If yes, explain.
3. Can your insurance company produce a certificate of insurance stating your limits and naming UCNSB as an Additional Insured?
4. Since January 1, 2001, has your company been a defendant in any lawsuits?
5. Is your company a subsidiary or otherwise legally affiliated with any other company?
6. Is your company rated by Dunn & Bradstreet or any other rating agency? If yes, what is the name of the agency and rating?
7. Is your company in any stage of bankruptcy, including initial filing?
8. Can you supply us with three (3) business references similar to UCNSB? If yes, attach a list including contact and phone number (Page 12).
9. Has or is your company or any of its principals ever been disbarred, suspended, proposed for disbarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal department, agency or any State Government department or agency?

2.4 REFERENCES

Provide the business names, contact persons and telephone numbers of three (3) references for which the firm has provided services described in this proposal for five (5) years. Prefer relationships with utility and governmental agencies. It is our intent to contact these references during the award process.

1. Name of Company: _____

Address: _____

Point of Contact: _____

Phone Number: _____

Dates of Service: _____

Service(s) Provided: _____

2. Name of Company: _____

Address: _____

Point of Contact: _____

Phone Number: _____

Dates of Service: _____

Service(s) Provided: _____

3. Name of Company: _____

Address: _____

Point of Contact: _____

Phone Number: _____

Dates of Service: _____

Service(s) Provided: _____

2.5 VENDOR INFORMATION

In addition to General conditions, your BID may be disqualified if the following vendor information is not returned with your BID.

Vendor is:

- () Corporation
- () Partnership
- () Sole Proprietorship
- () Other _____(Explain)

Federal Employer Identification

Number or Social Security Number: _____

Do you collect Florida State Sales Tax? () Yes () No

Firm Name: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

Email Address: _____ Web Address: _____

Commodity or Service Supply: _____

If vendor is quoting, as a manufacturer's representative and the purchase order should be addressed to the manufacturer in care of the vendor, so indicate.

If remittance address is different from the mailing address so indicate below.

Firm Name: _____

Mailing Address: _____

Submitted by: _____

Name & Title Printed: _____

| | | |
|---|--|---|
| Form W-9 (Rev. November 2005) Department of the Treasury Internal Revenue Service | Request for Taxpayer Identification Number and Certification | Give form to the requester. Do not send to the IRS. |
|---|--|---|

| | |
|--|---|
| Print or type See Specific Instructions on page 2 | Name (as shown on your income tax return) |
| | Business name, if different from above |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding |
| | Address (number, street, and apt. or suite no.) |
| | City, state, and ZIP code Requester's name and address (optional) |
| List account number(s) here (optional) | |

Part 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 backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

| |
|--------------------------------|
| Social security number |
| + + |
| or |
| Employer identification number |
| + |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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 on page 4.)

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

Note. If 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives 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 is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

UTILITIES COMMISSION
City of New Smyrna Beach, Florida
REQUEST FOR STATEMENT OF QUALIFICATIONS
RSQ NO. 02-09

SCOPE OF SERVICES:

The firm would be needed to provide the following services and types of professional engineering assistance:

1. Hydrogeologic consulting services
2. Expert testimony
3. Hydrogeologic research in support of UC projects
4. Preparation and presentations for the UC
5. Attendance at meetings authorized by the UC
6. Review of proposed water supply plans, contracts and to assist in obtaining permits
7. Other related services as approved by the UC

One major aspect of this contract will be assistance in preparing a water supply plan project to be accepted as part of the SJRWMD Master Water Supply Plan. The preliminary concept is:

Design a surface aquifer shallow well network in the wetland areas of the UC property of approximately 600 acres to harvest water (with a monitoring system) primarily intended for reuse and landscape irrigation purposes with a capacity expectation of one (1) mgd average. Deep saline extraction and injection source-discharge loop wells are to provide daily deficiency make-up for an in-place supplemental potable water plant reserve source anticipating drought performance. Design and assist in preparing bid specs for a modular and convertible (anticipating harvest reuse/saline sources) potable water plant, scalable to 10 mgd, using filtration, (low pressure/large membrane) RO, and/or distillate flash processing, mixing, disinfectant, and mineralizer functions. Plant may include a co-production water-electric generation source, preferably a non-water consuming facility using renewable fuel or wastewater bio-solids, to supply electrical power to the UC's electric system. As an emergency alternate source for potable water or partial complement to the existing aquifer supply system, potential raw water source supply for the reserve potable plant is expected to include the water harvesting system, but primarily the deep saline loop (ASR) system. Compatible potable plant output supply is to be SCADA automated and interconnected with a new to-be-installed potable aquifer 5-well system, also on-site, for water processing at the UC's existing Glencoe water treatment plant. Concept includes a self-contained, portable trailer mounted potable water processing unit (s). All capacities are concept estimates and require validation.