

LAKELAND AREA MASS TRANSIT DISTRICT (LAMTD)

AMENDMENT OF SOLICITATION

1. SOLICITATION #10-011/CZ	2. AMENDMENT No. 1	3. ISSUED: 08/09/2010
4. ISSUED BY: Cathy Zickefoose czickefoose@ridecitrus.com		5. NUMBER OF AMENDMENT PAGES: 28
6. <u>AMENDMENT OF SOLICITATION:</u> The solicitation identified in Block 1, is hereby amended as described in Block 9. Except as provided herein, all other provisions of the solicitation, as hereto amended, shall remain unchanged and in full force and effect.		
7. <u>REQUIREMENT TO ACKNOWLEDGE AMENDMENT:</u> Failure of an offeror to acknowledge receipt of this amendment may result in offer rejection. Offeror must acknowledge receipt of this amendment prior to the deadline specified in the solicitation for receipt of offers and by one of the following methods: a. by signing Block 8 and returning this amendment to LAMTD; b. [for invitations for bid only] by acknowledging receipt of this amendment on the bid offer and award form. c. by separate letter or e-mail which includes a reference to this solicitation and amendment numbers.		
8. <u>OFFEROR'S ACKNOWLEDGEMENT OF AMENDMENT:</u> Name & Title: _____ Signature: _____ Offeror: _____ Date: ____/____/____		
9. <u>DESCRIPTION OF THE AMENDMENT:</u> The following modifications are hereby made to the Solicitation document: A. Replace APPENDIX FORMS and Required Forms Table in their entirety (attached) B. 1.04 LIMITATION ON FUTURE CONTRACTING replaced to read The successful proposer shall be precluded from performing any construction, A&E Services, etc., under this contract. <p style="text-align: center;">[END OF AMENDMENT #1]</p>		

APPENDIX FORMS

The forms marked with (X) below are certification forms required by Federal Transit Administration and U.S. Department of Transportation regulations, and must be submitted with your proposal. Failure to include the required forms may cause your proposal to be deemed non-responsive and/or lacking objective criteria by which a responsibility determination can be performed. Please insert into your proposal with a separate tab, as the last section in your binder. USE **BLUE INK** FOR THE ORIGINAL PROPOSAL.

REQUIRED FORMS

	Form A- No proposal form (Submit ONLY if NOT submitting a proposal)
X	Form A-1 – Cover Page for Proposal
X	Form B- Business Information
X	Form C- Disputes Disclosure
X	Form D- Conflict of Interest
X	Form E- Eligible Contractor Certificate
X	Form F- Affidavit of Non-Collusion
X	Form G- Drug Free Workplace Certificate
X	Form H- Lobbying Activities Certificate
X	Form I – Buy America
X	Form K- Statement of Insurance
X	Form L- Equal Employment Opportunity Certification
X	Form M- Proposer’s Questionnaire
X	Form N – Proprietary/Trade Secret Confidential Requests

FORM A – NO PROPOSAL FORM

** Please complete this form if you are **NOT** submitting a proposal.

RFP # _____

Title: _____

Statement of No Proposal Form

If submitting this form, the vendor shall return this form to the Contracts Specialist, P.O. Box 1687, Lakeland FL 33802 or via e-mail: czickefoose@ridecitrus.com.

We have declined to bid/propose on the above mentioned solicitation for the following reasons:

- Specifications too "restrictive"
- No longer offer this product/service.
- Unable to meet specifications.
- Specifications are unclear.
- Insufficient time to respond to this solicitation.
- Our schedule would not permit us to perform.
- Unable to meet bonding/and or insurance requirements.
- Other (please specify).

Explanations regarding above: _____

Firm Name

Telephone and email address

Date

Respondent (point of contact) Name

END OF FORM A

FORM A-1: COVER PAGE FOR PROPOSAL

PROPOSER'S NAME (Name of firm, entity or organization):		
FEDERAL EMPLOYER IDENTIFICATION NUMBER:		
NAME AND TITLE OF PROPOSER'S CONTACT PERSON:		
Name: _____ Title: _____		
MAILING ADDRESS:		
Street Address: _____		
City, State, Zip: _____		
TELEPHONE:	FAX:	E-MAIL ADDRESS:
() _____	() _____	_____
PROPOSER'S ORGANIZATIONAL STRUCTURE:		
___ Corporation ___ Partnership ___ Proprietorship ___ Joint Venture		
___ Other (Explain): _____		
IF CORPORATION,		
Date Incorporated/Organized: _____ State Incorporated/Organized: _____		
States registered in as foreign corporation: _____		
PROPOSER'S SERVICE OR BUSINESS ACTIVITIES OTHER THAN WHAT THIS SOLICITATION REQUESTS FOR:		
LIST NAMES OF PROPOSER'S SUBCONTRACTORS OR SUBCONSULTANTS FOR THIS PROJECT:		
CRIMINAL CONVICTION DISCLOSURE:		
Any individual who has been convicted of a felony during the past ten years and any corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten years shall disclose this information prior to entering into a contract with or receiving funding from the County.		
<input type="checkbox"/> Place a checkmark here only if Proposer has such conviction to disclose to comply with this requirement.		
PROPOSER'S AUTHORIZED SIGNATURE:		
The undersigned hereby certifies that this bid is submitted in response to this solicitation.		
THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BELOW BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE DISTRICT MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS OFFER.		
Signed By: _____ Date: _____		
Print Name: _____ Title: _____		

FORM B – BUSINESS INFORMATION

BUSINESS INFORMATION

B.01 TYPE OF BUSINESS:

The Proposer represents as part of its offer that it operates as
(Mark (1) with an "X"):

- An individual
- A partnership
- A sole proprietorship
- A corporation
- Another entity

If incorporated, incorporated under the laws of the State of: _____.

B.02 DISADVANTAGED BUSINESS ENTERPRISE (DBE)

The Proposer represents as part of its offer that it (Mark (1) one with an "X"):

- Is
- Is not

Disadvantaged Business Enterprise (DBE). A "DBE" is defined as "a small business concern" which is at least 51 percent owned by one or more socially and economically disadvantaged individuals. In the case of any publicly owned business, one or more socially and economically disadvantaged individuals own at least 51 percent of the stock. The noted DBE's management and daily business operations controlled by one or more of the socially and economically disadvantaged individuals who own it. For purposes of this definition, socially and economically disadvantaged individuals include Black Americans, Hispanic Americans, Asian-Pacific Americans, Asian-Indian Americans, Native Americans; and women, regardless of race, ethnicity or origin.

B.03 CONTINGENT FEE

Except for full-time bona fide employees working solely for the Proposer, the offeror represents as part of its offer that it (Mark (1) one with an "X"):

- Has
- Has not

employed or retained any company or persons to solicit or obtain this contract, and (Mark one with an "X"):

- Has
- Has not

paid or agreed to pay any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

The Proposer agrees to provide information relating to above response, as requested by the Contract Administrator.

B.04 INTEREST OF PUBLIC OFFICIALS

The Proposer represents and warrants that no employee, official, or member of the Board (Executive Committee) of the District is or will be interested or benefited directly or indirectly in this Contract.

B.05 COVENANT AGAINST GRATUITIES

The Proposer represents as part of its offer that neither it nor any of its employees, representatives or agents have offered or given gratuities (in the form of entertainment, gifts or otherwise) to any director, officer or employee of the District, with the attempt toward securing favorable treatment in the awarding, amending, or the making of any determination with respect to the performing of the Contract. See the General Provisions Clause entitled "Interest of Public Officials."

B.06 PREVIOUS CONTRACTS AND COMPLIANCE REPORTS

The Proposer represents as part of its offer that it (Mark (1) one with an "X"):

- Has**
- Has not**

Participated in a previous contract or subcontract, subject either to the Equal Opportunity clause of this solicitation. The clause originally contained in "**USA-DOT-FTA-Master Agreement**" authorized by 49 U.S.C. § 5301 *et seq.* Section 12 Civil Rights part C. "Equal Employment Opportunity" representations indicating submission of required compliance reports, signed by proposed subcontractors, submitted before subcontract or awards.

B.07 AFFIRMATIVE ACTION COMPLIANCE

A. The Proposer represents as part of its offer that it has a workforce of _____ (# of employees): It (Mark one with an "X"):

- Has developed and has on file**
- Has not developed and does not have on file**

B. At each establishment, affirmative action programs required by the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), or it (Mark one with an "X"):

- Has**
- Has not**

Previously had contracts subject to the written affirmative action programs requirement of the rules and regulations of the Secretary of Labor.

B.08 PARENT COMPANY AND IDENTIFYING DATA

A. The Proposer represents as part of its offer that it (Mark one with an "X"):

- Is**
- Is not**

Owned or controlled by a parent company. A parent company, for the purpose of this provision, is one that owns or controls the activities and basic business policies of the proposer. To own the proposing company means that the parent company must own more than 50 percent of the voting rights in that company. A company may control a Proposer as a parent although not meeting the requirements for such ownership. When the company is able to formulate,

determine, or veto basic policy decisions of the offeror through the use of dominant minority voting rights, use of proxy voting, or otherwise.

- B. If the Proposer is not owned or controlled by a parent company, it shall insert its own Employer's Identification Number below:
- C. If the Proposer is owned or controlled by a parent company, it shall enter in the blocks below the name and main office address of the parent company, and the parent company's Employer's Identification Number.

NAME OF PARENT COMPANY AND MAIN OFFICE ADDRESS (INCLUDE ZIP AND PHONE):

PARENT COMPANY'S EMPLOYER'S IDENTIFICATION

#: _____.

B.09 CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

- A. By submission of this offer, the Proposer certifies, and in the case of a joint offer, each party thereto certifies as to its own organization, that in connection with this procurement:
 - 1. The prices in this offer have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor.
 - 2. Unless otherwise required by law, the prices quoted in this offer, have not been knowingly disclosed by the Proposer. The Proposer before the opening (in the case of an advertised procurement) or prior to award (in the case of a negotiated procurement) will not knowingly disclose it either directly or indirectly to any other Proposer or to any competitor.
 - 3. No attempt made or will be made by the Proposer to induce any other person or firm to submit or not to submit an offer, or to restrict competition.
- B. Each person signing this offer certifies that:
 - 1. He or she is the person in the Proposer's organization responsible within that organization for the decision as to the prices offered herein and that he/she has not participated, and will not participate, in any action contrary to A.1. through A.3 above or
 - 2. He or she is not the person in the Proposer's organization responsible within that organization for the decision as to the prices offered herein but that they are authorized in writing to act as an agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to A.1. through A.3 above, and as their agent does hereby so certify.

B.10 DISADVANTAGED BUSINESS ENTERPRISE GOALS

If goals are established by submission of this offer, the Proposer certifies that it will comply with the provisions of this solicitation entitled "Disadvantaged Business Enterprise Program" and will meet such goals as are established in any ensuing contract.

B.11 CLEAN AIR AND WATER CERTIFICATION

Applicable if the offer exceeds \$100,000, or the Contract Administrator believes that orders under an indefinite contract in any year will exceed \$100,000, if a facility to be used has been the subject of a conviction under the Air Act [42 U.S.C. 7413 (c) (1)] or the Water Act [33 U.S.C. 1319 (c)], and is listed by the Environmental Protection Agency (EPA) as a violating facility, and the acquisition is not otherwise exempt.

By submission of this offer, the Proposer certifies that:

- A. Any facility to be used in the performance of this proposed contract mark (1) with an "X":
 - Is**
 - Is not listed on the EPA List of Violating Facilities**
- B. It will immediately notify the Contracting Officer, before award, of the receipt of any communication from the administrator, or a designee of the EPA, that any facility which it proposes to use for the performance of the Contract is under consideration to be listed on the EPA List of Violating Facilities. It will include a certification substantially the same as this certification, including this paragraph C., in every nonexempt subcontract.

B.12 CERTIFICATION ON NON-SEGREGATED FACILITIES

- A. By the submission of this offer, the Proposer certifies that it does not and will not maintain or provide for its employees any segregated facilities. Not at any of its establishments and that it does not and will not permit its employees to perform their services at any location under its control, where segregated facilities are maintained.
- B. The Proposer agrees that a breach of this certification is a violation of the Equal Opportunity Clause in the contract. As used in this certification, the term "segregated facilities" means: waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, work and or entertainment facilities that are segregated by explicit directive or are in fact segregated based on race, color, religion or national origin, because of habit, local custom or otherwise.
- C. Proposer further agrees that (except where it has obtained identical certifications from proposed subcontractors for specific times) Proposer will:
 - 1. Obtain identical certifications from proposed subcontractors before the award of subcontract under which the subcontractor will be subject to the Equal Opportunity Clause.
 - 2. Retain such certifications in its files; and forward the following notice to the proposed subcontractors (except if the proposed subcontractors have submitted identical certifications for specific times).

NOTICE TO PROSPECTIVE SUBCONTRACTORS OF REQUIREMENTS FOR CERTIFICATIONS OF NONSEGREGATED FACILITIES

Certification on Non-segregated Facilities must be submitted before the award of a subcontract under which the subcontractor will be subject to the Equal Opportunity clause. The certification may be submitted either for such subcontract or for all subcontracts during a period (i.e. quarterly, semiannually or annually). Note: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

B.13 CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS, PRIME CONTRACT

A. In accordance with provisions of 49 CFR Part 29 and the certification instructions contained therein, the Proposer certifies, to the best of its knowledge and belief, that it and/or any of its Principals (mark one with an "X"):

- Are**
- Are not**

Presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts by any Federal department or agency or by the District (mark one with an "X");

- Have**
- Had not**

Within a three-year period preceding this offer, convicted of or had a civil judgment rendered against them for: commission of fraud rendered against them or a criminal offense concerning obtaining, attempting to obtain, or performing a public (Federal, State or local) contract or subcontract, violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property (mark one with an "X");

- Are**
- 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 subparagraph A.2. of this certification; and (mark one with an "X");

- Have**
- Had not**

Within a three-year period preceding this offer, had one or more public (Federal, State, or local) contracts terminated for cause or default. "Principals," for the purposes of this certification, means officers, directors, owners, partners, key employees, or any other person within the business entity who have primary management or supervisory responsibilities: or a person who has a critical influence on a contract or substantive controls over contracts, whether or not employed by the offeror.

B. The Proposer shall provide immediate written notice to the Contract Administrator, if, at any time before contract award, the Proposer learns that its certification was erroneous when submitted or has become erroneous due to changed circumstances.

C. Where the Proposer is unable to certify that positively to any of the statements in this certification, the Proposer shall attach an explanation to this offer. A certification that any of the items in subparagraph A of this provision exists will not necessarily result in withholding of an award under this solicitation. However, the certification may be considered in determining the Proposer responsibility. Failure of the offeror to furnish a certification or provide such additional information as requested by the Contract Administrator may render the offeror unresponsive.

D. Nothing contained in the foregoing is construed to require establishment of a system of records in order to render, in good faith, the certification required by subparagraph A of this provision. The knowledge and information of a Proposer is not required to exceed that which a prudent person in the ordinary course of business normally possess.

- E. The certification in subparagraph A of this provision is a material representation of fact upon which reliance placed when making award if it is later determined that the Proposer knowingly rendered an erroneous certification. In addition to other remedies available to the District or the Federal Government or any of its departments or agencies, the Contract Administrator may end the contract resulting from this solicitation for default.
- F. The Proposer further agrees by submitting the offer that it will include the following clause, without modification, in all subcontracts and in all solicitations for subcontract:
- G. The following information is required in order for the agency to determine whether your firm is maintaining the appropriate financial controls necessary to safeguard the public's interest.

The name of your financial accounting software is: _____,

provided by [insert vendor name]: _____.

I have / have not [circle one in blue ink] installed the latest version of that software. The software database is backed up via the following method:

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION, SUBCONTRACTS

1. In accordance with the provisions of 49 CFR Part 29 and the certification instructions contained therein, the prospective subcontractor certifies, by submission of this offer that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any Federal department or agency or by the District.
2. Where the prospective subcontractor is unable to certify to any of the statements in this certification, such prospective subcontractor shall attach an explanation to this offer.

Certified:

Name of Proposer Firm/Company: _____

Authorized Signature: _____

Print Name: _____

Date: _____

OFFERORS MUST SET FORTH FULL, ACCURATE AND COMPLETE INFORMATION AS REQUIRED BY THIS SOLICITATION (INCLUDING THIS EXHIBIT). FAILURE TO DO SO MAY RENDER THE OFFER NONRESPONSIVE OR UNACCEPTABLE.

A FALSE STATEMENT IN ANY BID OR PROPOSAL SUBMITTED TO THE DISTRICT MAY BE A CRIMINAL OFFENSE IN VIOLATION OF APPLICABLE FEDERAL AND/OR STATE LAWS.

END OF FORM B

FORM C – DISPUTES DISCLOSURE

Answer the following questions by placing an “X” after “YES” or “NO”.

1. Has your firm or any of its officers, received a reprimand of any nature, a fine, or been suspended by the Securities and Exchange Commission, Florida Department of Professional Regulation or any other regulatory agency or professional association in your state 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 provided in the regular course of business within the last five (5) years? YES [] NO []

3. Has your firm: (a) had filed against it, and/or (b) filed any request for equitable adjustment, contract claims, 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 []

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

_____ (Firm)

_____ (Date)

AUTHORIZED SIGNATURE

OFFICER TITLE

PRINTED OR TYPED NAME

STATE OF:

COUNTY OF:

The foregoing instrument was acknowledged before me this ____ day of _____, 20____.

By _____, of _____ (Corporation), a _____ Corporation, on behalf of the corporation. He/She is personally known to me or has produced _____ as identification.

_____ Notary Public My commission expires: _____

END OF FORM C

FORM D – CONFLICT OF INTEREST AFFIDAVIT

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority duly authorized in the state and county aforesaid to take acknowledgments, personally appeared _____, as (title) _____ of (name of firm) _____ ("Affiant"), who after first being duly sworn, deposed and stated the following:

1. I am the (title) _____ of (name of firm) _____ with a local office in _____ and principal office in _____. The above named entity is submitting a Proposal for the District, d.b.a Citrus Connection, described as: RFP # _____, entitled: _____.
2. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his/her own knowledge.
3. The Affiant states that only one submittal for the above proposal is being submitted on behalf of the above named entity and that the entity has no financial interest in other entities submitting proposals for the same project.
4. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the contract for this project.
5. Neither the entity nor its affiliates, nor anyone associated with them is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
6. Neither the entity, nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
7. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the District.
8. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the District.
9. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the District.

Signature

Date

Typed Name and Title

Sworn to and subscribed before me this _____ day of _____, 20__.

Personally known ____ OR produced identification _____. Identification type: _____

Notary Public: State of _____ County of _____.

Printed, typed, or stamped commissioned name of notary public

My commission expires _____.

END OF FORM D

FORM E - ELIGIBLE CONTRACTOR CERTIFICATE

The _____ (Name of Proposer) hereby certifies that it **IS / IS NOT** (circle one in blue ink) included on the U.S. Comptroller's lists of persons or firms currently debarred for violations of various public contracts incorporating labor standards provisions. The proposer further certifies that:

- A. By entering into this contract, the contractor certifies that neither it (nor he or she) nor any person or firm who has an interest in the contractor's firm is a person or firm ineligible to be awarded government contracts by virtue of Section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

- B. No part of this contract shall be subcontracted to any person or firm ineligible for award of a government contract by virtue of Section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

The penalty for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.

Submitted (DATE): _____

Signature: _____

Title: _____

Date: _____

Address: _____

City, State, & Zip: _____

Telephone: _____

END OF FORM E

FORM F – AFFIDAVIT OF NON COLLUSION

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority duly authorized in the state and county aforesaid to take acknowledgments, personally appeared _____, as _____ of _____ ("Affiant"), who after first being duly sworn, deposed and stated the following:

1. That I am the proposer (if the proposer is an individual) or a partner of the proposer (if the proposer is a partnership) or an officer or employee of the proposing corporation, having authority to assign on its behalf (if the proposer is a corporation);
2. That the proposer has arrived at the attached proposal or proposals independently, and have been submitted without collusion with, and agreement, understanding or planned common course of action with any other vendor of material proposals, designed to limit independent bidding or competition;
3. That the contents of the proposal or proposals have not been communicated by the proposer, employees or agents to any person not an employee or agent of the proposer. Surety on any bond furnished with the proposal or proposals, will not be communicated to any such person prior to the official opening of the proposal or proposals; and
4. That I have fully informed myself regarding the accuracy of the statements made in this affidavit.

Signed

Firm Name

Proposer's F.E.I. Number (used on employers
Quarterly Federal Tax returns.)

Sworn to and subscribed before me this _____ day of _____, 20__.

Personally known ____ OR produced identification _____. Identification type: _____

Notary Public: State of _____ County of _____.

Printed, typed, or stamped commissioned name of notary public

My commission expires _____.

END OF FORM F

FORM G – DRUG FREE WORKPLACE CERTIFICATION

Pursuant to 49 CFR Part 29, any contractor performing work for the District must complete the following certification. The undersigned, being an authorized agent of the Proposer, certifies that the Proposer will provide a drug-free workplace by:

- A. Publishing a statement notifying employees that unlawfully manufacturing, distributing, dispensing, possessing, or using a controlled substance on the District property is prohibited and specifying the actions that will be taken against employees for violations of such prohibition.
- B. Establishing a drug-free awareness program to inform employees about:
 - The dangers of drug abuse in the workplace, the proposer’s policy of maintaining a drug-free workplace; any drug counseling, rehabilitation, and employee assistance programs that are available in the community; the penalties that will be imposed upon employees for drug abuse violations occurring on the proposer’s or the District property.
- C. Making it a requirement that each employee to be engaged in the performance of the contract with the District be given a copy of the statement required by paragraph A.
- D. Notifying the employee in the statement required by paragraph (A) that, as a condition of employment under the contract with the District, the employee will:
 - Abide by the terms of the statement; notify the contractor of any drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- E. Notifying the District within ten (10) days after receiving notice under paragraph D from an employee or otherwise receiving actual notice of such conviction. Taking one of the following actions within 30 days of receiving notice under subparagraph (D) with respect to any employee so convicted:
- F. Taking appropriate personnel action against such an employee, up to and including termination. Requiring such an employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State or local health, law enforcement, or other appropriate agency.

Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs A, B, C, D, E, and F.

The proposer’s headquarters are located at the following address. The addresses of all other workplaces maintained by the proposer provided on an accompanying list.

Name _____
Street Address: _____
City: _____
State: _____
Zip Code: _____
Authorized Official’s Signature: _____
Title: _____
Date: _____

END OF FORM G

FORM H - CERTIFICATION OF RESTRICTIONS ON LOBBYING

No Federal appropriated funds paid or to be paid, by or on behalf of the undersigned, can be used to compensate any person for the purpose of influencing, or attempting, to influence an officer, or employee of an agency, or to a Member of Congress, an officer, employee of Congress, or an employee of a Member of Congress concerning the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid, to any person for making lobbying contacts to an officer or employee of an agency, a Member of Congress, or to an officer, employee of Congress, an employee of a Member of Congress, in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form, Disclosure Form to Report Lobbying, in accordance with its instructions [as amended by government-wide Guidance for New Restrictions on Lobbying, 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 USC 1601, *et seq.*)].

The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements). That all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction as imposed by 31 USC § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 USC § 1352(c)(1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure.

The Proposer, _____, certifies and affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Proposer understands and agrees that the provisions of 31 USC A 3801, *et seq.*, apply to this certification and disclosure, if any.

Signature of Proposer's Authorized Official

Name and Title of Proposer's Authorized Official

Date

**END OF FORM H – THE FORM ON THE NEXT PAGE IS FOR YOUR REFERENCE CONCERNING
POSSIBLE FUTURE FILINGS, IF REQUIRED.**

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, <i>if known</i> : Congressional District, <i>if known</i> : ^{4c}	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: Congressional District, <i>if known</i> :	
6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, <i>if applicable</i> : _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

FORM I – BUY AMERICA CERTIFICATION

This procurement is subject to the Federal Transit Administration (FTA) Buy America requirements in 49 CFR 661. As a condition of responsiveness, the proposer must submit with his/her proposal a completed Certificate of Compliance with 49 USC 5323(j)(2)(C) and the regulations at 49 CFR Part 661, or a Certificate of Non-Compliance with 49 USC 5323(j)(2)(C) and the regulations at 49 CFR Part 661. The required certifications are included below. **Proposer shall complete only one of the certifications - whichever is applicable.**

CERTIFICATE OF COMPLIANCE WITH 49 USC 5323(j)(2)(C)

The proposer or offeror hereby certifies that it will comply with the requirements of 49 USC 5323(j)(2)(C) and the regulations at 49 CFR Part 661.

Date _____

Signature _____

Company Name _____

Title _____

CERTIFICATE OF NON-COMPLIANCE WITH 49 USC 5323(j)(2)(C)

The proposer or offeror hereby certifies that it cannot comply with the requirements of 49 USC 5323(j)(2)(C), but may qualify for an exception pursuant to 49 USC 5323(j)(2)(B) or (j)(2)(D) and the regulations in 49 CFR 661.7. **You must include documentation with your submission concerning what exceptions you qualify for, how you qualify for them according to Federal laws and regulations, and an FTA determination for your company regarding this exception.**

Date _____

Signature _____

Company Name _____

Title _____

END OF FORM I

FORM K – STATEMENT OF INSURANCE COMPLIANCE

The following Insurance Requirements for Automobile Liability are not applicable where delivery will be made by a third party carrier. All vendors that will be making deliveries in their own vehicles are required to provide proof of insurance for Automobile Liability and other pertinent coverages as indicated below prior to award. If deliveries are being made by a third party carrier, other pertinent coverages listed on the certificate are still required. The Contractor should provide proper insurance to the Purchasing Dept. within five (5) business days after request by the District but prior to award by the Director of Purchasing or recommendation of award to the Board of Directors, whichever is applicable.

The Insurance Requirements contained in this solicitation represent the minimal protection necessary for the District as determined by the agency. Further modifications of the requirements may be made at the sole discretion of the Risk Management Director upon a material change in scope at any time during the term of the contract or at time of contract renewal upon mutual agreement of the parties.

Without limiting any of the other obligations or liabilities of Contractor, Contractor shall provide, pay for, and maintain in force until all of its work to be performed under this Contract has been completed and accepted by the District (or for such duration as is otherwise specified hereinafter), the insurance coverages set forth in this Section. Except for workers' compensation coverage and professional liability coverage, the contractor's policies shall be endorsed to name the District as an additional insured to the extent of the District's interests arising from this agreement, contract or lease.

Workers' Compensation Insurance to apply for all employees in compliance with the "Workers Compensation Law" of the State of Florida and all applicable Federal laws. Policies other than State issued Worker's Compensation shall be issued only by companies authorized by maintaining certificates of authority issued to the companies by the Department of Insurance of the State of Florida to conduct business in the State of Florida and which maintain a Rating of A or better and a Financial Size category of VII- X or better according to the A.M. Best Company. Companies authorized as a group self-insurer by F.S. 440.57, Florida Statutes, may issue policies for Worker's Compensation.

In addition, the policy(ies) must include:

1. Employers' Liability with minimum limits of One Hundred Thousand Dollars (\$100,000.00) each accident.
2. Notice of Cancellation and/or Restriction -- The policy(ies) must be endorsed to provide the District with thirty (30) days notice of cancellation and/or restriction.
3. If any operations are to be undertaken on or about navigable waters, coverage must be included for the U.S. Longshoremen and Harbor Workers Act and Jones Act.
4. Comprehensive General Liability with minimum limits of One Million Dollars (\$1,000,000.00) per occurrence and One Million Dollars (\$1,000,000.00) aggregate, combined single limit for Bodily Injury Liability and Property Damage Liability. Coverage must be afforded on a form no more restrictive than the latest edition of the Comprehensive General Liability policy, without restrictive endorsements, and must include:
 - Premises-Operations.
 - Products/Completed Operations Hazard.
 - Broad Form Contractual Coverage applicable to this specific Contract, including any hold harmless and/or indemnification agreement.
 - Broad Form Property Damage.
 - Independent Contractors.

- Personal Injury Coverage with Employee and Contractual Exclusions removed with minimum limits of coverage equal to those/required for Bodily Injury Liability and Property Damage Liability.

5. Errors and Omissions coverage not less than \$1,000,000.

6. Professional Liability not less than \$1,000,000 for professional services rendered in accordance with this Contract. The Contractor shall maintain such insurances for at least two (2) years from the termination of this contract and during this two (2) year period, the Contractor shall use its best efforts to ensure that there is no change of the retroactive date on this insurance coverage.

The District is to be included as an "Additional Insured" in the name of "Lakeland Area Mass Transit District" with respect to liability arising out of operations performed for the District in connection with general supervision of such operation.

Notice of Cancellation and/or Restriction -- The policy(ies) must be endorsed to provide the District with thirty (30) days notice of cancellation and/or restriction.

Business Automobile Liability with minimum limits of One Million Dollars (\$1,000,000.00) per occurrence combined single limit for Bodily Injury Liability and Property policy, without restrictive endorsements, as filed by the Insurance Services Office and must include:

1. Comprehensive Form.
2. Owned Vehicles.
3. Hired Vehicles.
4. Non-Owned Vehicles.
5. Any auto, if applicable.

Notice of Cancellation and/or Restriction -- The policy(ies) must be endorsed to provide the District with thirty (30) days notice of cancellation and/or restrictions.

The Contractor shall be required to provide to the District certificates of insurance evidencing the insurance coverage specified above. The required Certificates of Insurance shall not only name the types of policies provided, but also shall refer specifically to this Contract and section and the above paragraphs in accordance as required by such paragraphs of this Contract. If the initial insurance expires prior to the completion of the work, renewal Certificates of Insurance shall be furnished thirty (30) days prior to the date of their expiration.

Certificates of insurance shall be provided as specified above unless any of these coverages are, for just cause, inapplicable, and upon specific request by the vendor are excepted by written determination of Risk Management and approved by the Director of Purchasing. If an exception is requested, your firm should indicate in the appropriate area on the bid sheet any such request including reason(s) thereto for exemption from insurance requirements as specified in this section of this solicitation.

STATEMENT OF INSURANCE COMPLIANCE

Mark "X" next to the statement that applies to your proposal:

_____The undersigned firm agrees to obtain prior to award, if selected, the above named-insurances in accordance to the requirements as set forth in this RFP.

_____ Request for Alternative Coverage. If your firm wishes to substitute a different form of insurance that offers substantially similar protection against risk and damages to the District, then please attach an explanation for this deviation to this form, along with a description of the insurance coverage your firm wishes to substitute. The District is not obligated to award a firm whose deviation does not meet the substantially similar requirement herein, in its determination of firm responsibility.

PROPOSER

AUTHORIZED SIGNATURE

OFFICER TITLE

DATE

END OF FORM K

FORM L: EQUAL EMPLOYMENT OPPORTUNITY STATEMENT OF CERTIFICATION

As certification and acceptance of all the following terms and conditions, _____ [Name of Firm] hereby certifies that we will comply with all requirements stated herein during the term of our contract. We understand that the District may request specific written documentation to confirm compliance, and by signing this document, we agree to provide the data upon demand. Further, we understand that annual certification and reaffirmation of compliance will be required.

Civil Rights - The following requirements will apply to the underlying contract:

(1) Nondiscrimination - In accordance with Title VI of the Civil Rights Act, as amended, 42 U.S.C. § 2000d, section 303 of the Age Discrimination Act of 1975, as amended, 42 U.S.C. § 6102, section 202 of the Americans with Disabilities Act of 1990, 42 U.S.C. § 12132, and Federal transit law at 49 U.S.C. § 5332, the Contractor agrees that it will not discriminate against any employee or applicant for employment because of race, color, creed, national origin, sex, age, or disability. In addition, the Contractor agrees to comply with applicable Federal implementing regulations and other implementing requirements FTA may issue.

(2) Equal Employment Opportunity - The following equal employment opportunity requirements apply to the underlying contract:

(a) Race, Color, Creed, National Origin, Sex - In accordance with Title VII of the Civil Rights Act, as amended, 42 U.S.C. § 2000e, and Federal transit laws at 49 U.S.C. § 5332, the Contractor agrees to comply with all applicable equal employment opportunity requirements of U.S. Department of Labor (U.S. DOL) regulations, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," 41 C.F.R. Parts 60 et seq., (which implement Executive Order No. 11246, "Equal Employment Opportunity," as amended by Executive Order No. 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," 42 U.S.C. § 2000e note), and with any applicable Federal statutes, executive orders, regulations, and Federal policies that may in the future affect construction activities undertaken in the course of the Project. The Contractor agrees to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, creed, national origin, sex, or age. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

(b) Age - In accordance with Section 4 of the Age Discrimination in Employment Act of 1967, as amended, 29 U.S.C. § 623 and Federal transit law at 49 U.S.C. § 5332, the Contractor agrees to refrain from discrimination against present and prospective employees for reason of age. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

(c) Disabilities - In accordance with Section 102 of the Americans with Disabilities Act, as amended, 42 U.S.C. § 12112, the Contractor agrees that it will comply with the requirements of U.S. Equal Employment Opportunity Commission, "Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act," 29 C.F.R. Part 1630, pertaining to employment of persons with disabilities. In addition, the Contractor agrees to comply with any implementing requirements FTA may issue.

(3) The Contractor also agrees to include these requirements in each subcontract financed in whole or in part with Federal assistance provided by FTA, modified only if necessary to identify the affected parties.

The undersigned hereby certifies acceptance of the above.

Organization

Address

Title

Date

END OF FORM L

FORM M: PROPOSER - QUALIFICATION QUESTIONNAIRE

PART A: CONSTRUCTION MANAGEMENT EXPERIENCE AND PERFORMANCE

1. Please provide the following information, along with your proposal for no more than five (5) project completed within the last ten (10) years:

Please detail in writing any contracts with Public Entities and significant projects performed that best illustrate the relevant experience of the firm and current staff for the District's anticipated projects, for the previous ten years, using the following required information (use separate pages for up to five (5) current or completed projects best illustrating the experience of the firm and current staff on similar projects):

Project Company name: _____

Project Manager: _____

Location (incl. city, state, zip): _____

Telephone: _____

Number of years in business: _____

Project size: \$_____ (gross S.F. of construction or novation/remodel:_____

Was the project completed at/below GMP : yes_____ no_____

Nature of your firm's responsibility on the project: _____

Date project was completed or is anticipated to be completed:_____

Was the project completed on-time: yes_____ no_____

Key professions involved on this project:

Responsibility:

Key Professional Name:

PART B: ABOUT YOUR FIRM

- 1. Address of your firm: _____
- 2. Number of full-time employees your firm employs: _____
- 3. Date your firm was created (if it has changed ownership, please describe the nature of the merger and acquisition and date thereof): _____
- 4. List any professional licenses, permits, commercial certifications, and qualifications your firm possesses.

Type:	State Agency or Organization to contact for verification.	License/Certification Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 5. List sub-contractors that you have worked with or from your typical bid list that you would solicit for bids of subcontracting opportunities on known projects described in Scope of Work (e.g., plumber, electrician, roofing, etc) *use additional pages if necessary:*

Skill:	Company Name:	Address:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- 6. Attach a copy of your Construction Safety Plan to this Form M.
- 7. Name of your principle financial institution (e.g., commercial bank account provider) for financial responsibility check (include name, address, and phone number):

- 8. State your firm's total annual average receipts over the past three years. _____

END OF FORM M

FORM N: Trade Secret/Confidential/Proprietary Information Requests

Instructions: The special and standard terms contained in this RFP explaining this subject matter apply. In addition, you must mark the section you are requesting to be withheld from a public records request within the proposal itself and by filling out this form and attaching it to your other required forms. Blanket statements or page footnotes request non-disclosure will be rejected. Cost/price or fee information you provide to the agency is always subject to full public disclosure.

Check ONE:

_____ My proposal does not contain and trade secret/confidential or proprietary information.

_____ My proposal DOES contain trade secret/confidential or proprietary information, and the appropriate Florida Statute citations pertaining to the request for non-disclosure should a public records request ensue are provided below, along with a written explanation for EACH request for non-disclosure (copy and attach additional sheets shown next page as necessary):

<p>Request No.1 – Proposal Page _____, Section Number _____. Citing Florida Statute Number: _____</p> <p>Explanation:</p> <hr/> <hr/> <hr/>

<p>Request No.2 – Proposal Page _____, Section Number _____. Citing Florida Statute Number: _____</p> <p>Explanation:</p> <hr/> <hr/> <hr/>

Request No.__ – Proposal Page ____, Section Number ____.
Citing Florida Statute Number: _____

Explanation:

Request No.__ – Proposal Page ____, Section Number ____.
Citing Florida Statute Number: _____

Explanation:

Request No.__ – Proposal Page ____, Section Number ____.
Citing Florida Statute Number: _____

Explanation:

Request No.__ – Proposal Page ____, Section Number ____.
Citing Florida Statute Number: _____

Explanation:
