



City of Miami Gardens INVITATION TO BID

The City of Miami Gardens is requesting sealed bids from qualified general building contractors to increase the City's number of qualified general contractors for miscellaneous construction and related services (repairs and renovations) for federal and state funded projects.

The City will continue to add contractors to the list to maintain sufficient names and to ensure competition. Contractors seeking pre-qualification on the List shall be required to meet the minimum requirements.

PROPOSAL SUBMISSION

Proposals will be received in the Procurement Office of the City of Miami Gardens. **Deliver by mail:** 1515 N.W. 167th Street; Bldg. 5, Suite 200, Miami Gardens, Florida 33169. **Deliver by hand:** 1515 N.W. 167th Street; Bldg. 7, Suite 440, Miami Gardens, Florida 33169, at which time they will be opened and reviewed by the Procurement Manager for completeness and eligibility. Contractors are encouraged to submit their proposals in a timely manner. Please clearly mark proposals:

“ITB#09-10-044 PRE-QUALIFICATION OF GENERAL BUILDING CONTRACTORS”

Copies of this Proposal Document may be obtain by contacting DemandStar by Onvia at www.demandstar.com or call toll free 1-800-711-1712 and request Document #0910044; or on the City's web site under Procurement, Bids RFPs at www.miamigardens-fl.gov; or on the City's web site under Community Development Department under Approved Contractors. Vendors who obtain specifications and plans from other sources other than those listed are cautioned that the bid package may be incomplete. All addendums, will be posted and disseminated by DemandStar or the City's web page. A listing of all approved contractors can be found under Community Development Department's web page.

FOR INFORMATION

For information on this Invitation to Bid, contact the Procurement Department, (305) 622-8000.

ACCEPTANCE AND REJECTIONS

The City of Miami Gardens reserves the right to reject any or all bid submittals with or without cause; to waive any or all irregularities with regard to the specifications.

Please be advised that Pursuant to City Ordinance 2008-03-139 “Cone of Silence”, public notice is hereby given that a Cone of Silence is imposed concerning this City's competitive purchasing process, which generally prohibits communications concerning the RFQ until such time as the City Manager makes a written communications concerning the transaction. Please see the detailed specifications for the public solicitation for services for a statement fully disclosing the requirements of the “Cone of Silence”.

PRE-QUALIFICATION OF GENERAL BUILDING CONTRACTORS ITB#09-10-044

PURPOSE:

The purpose of this solicitation is to pre-qualify General Contractors for the purpose of submitting proposals for the Community Development Department's projects as needed when needed. Pre-Qualified Contractors will be notified to submit price proposals for each project.

METHOD OF AWARD:

All Contractors awarded projects will be required to comply with the Housing Program Policies. Policies are available on the Community Development Department's web page under documents. Resolution # 2009-146-1091 Approved on 7/22/09 - Housing Program Policies

WARRANTY:

The successful Contractor for each project will be required to warrant all work performed for a period of one year from date of acceptance .

LAWS, PERMITS AND REGULATIONS:

The vendor shall obtain and pay for all licenses, permits and inspection fees required for this project; and shall comply with all laws, ordinances, regulation building code requirements applicable to the work contemplated herein.

Contractor shall obtain all required permits. The fee for City permits will NOT be waived.

All work not stated herein shall be in compliance with the Florida Building Code 2007 Edition as amended and all other national, state, and local codes and regulations. All permits to be posted on job site.

AGREEMENT:

This agreement shall be construed in accordance with the laws of the State of Florida.

Should any dispute arise from this document and agreement, venue shall be in Miami-Dade County, Florida.

Should any dispute arise from this Agreement and the City is the prevailing party Contractor agrees to pay the City all reasonable attorney fees and court costs.

This Agreement is binding upon the parties hereto, their successors and assigns.

This Agreement may not be assigned by Contractor without the City's prior written consent of the same.

The City's terms and conditions of the Housing Program Policies shall control the terms to the extent of any conflict herein.

COMPLETE PROJECT REQUIRED:

Each project specification(s) describe the various items or classes of work required, enumerating or defining the extent of same necessary, but failure to list any items or classes under these specifications shall not relieve the contractor from furnishing, installing or performing such work where required by any part of these specifications, or necessary to the satisfactory completion of the project.

HOURS:

Hours of work will be performed Monday through Friday from 7:30 a.m. to 4:00 p.m. excluding Holidays.

EMPLOYEES:

The Contractor shall be responsible for all employees assigned to the project.

PROPERTY CONDITIONS:

If property is damaged performing work specified or is removed for the convenience of the work, it shall be repaired or replaced at the expense of the vendor in a manner acceptable to the City of Miami Gardens. Such property shall include but not limited to: walls, flooring, windows, landscaping, utilities, roofs, doors, etc.

Contractor shall be responsible for all work areas being cleaned and free of any and all debris. Contractor must dispose of any and all associated construction material legally. No trash shall be left on Homeowner's property.

2.0 SPECIFICATIONS - PRE-QUALIFICATION REQUIREMENTS ITB#09-10-044

2.1 SCOPE

The bidder at time of bid submission, and at all times during the Contract, must meet the requirements stated below. Bidder(s) shall submit documentation substantiating that they meet these qualifications at the time of bid opening. Failure to submit such additional information, within the time frame established by the City may result in the rejection of a bidder's submission for pre-qualification. Failure to continue to meet the minimum requirements during the Contract term may result in the termination of the Contractor's contract; however, the City may, at its sole discretion permit a contractor to remedy the deficiencies.

2.2 WORK

The work required under this contract is skilled work in the following areas, but not limited to:

- A) Alarm Systems/Entry Systems
- B) Awning/Shutters
- C) Carpentry – Wood Work
- D) Drywall
- E) Fencing
- F) Flooring
- G) General Building
- H) Glass/Glazing
- I) Locksmith
- J) Masonry
- K) Painting/Waterproofing
- L) Plastering
- M) Pump Repairs
- N) Roofing
- O) Roll-Up Door
- P) Store Fixtures; Cabinets
- Q) Tile
- R) Welding (Heli-arc, Mig/Tig, Oxygen/Acetylene, Brazing)

2.3 MINIMUM PRE-QUALIFICATION REQUIREMENTS

Award of this contract will be made to all responsive, responsible bidders who provide evidence, that they meet or exceed the minimum criteria established below: **These items to be submitted with Bid Response**

- A) Copy of current State of Florida General Building/Engineering Contractor license, registered with Miami-Dade County, or a Miami-Dade County General Building/Engineering Contractor license.
- B) Current copy of Business Tax License
- C) Copy of Insurance Certificate which shall include:
 - Worker's Compensation Insurance – as required by law and Employer's Liability Insurance - \$1,000,000The City of Miami Gardens will not accept filed certificates of exemption forms for Worker's Compensation Insurance for any projects in excess of \$25,000.
 - General Liability Insurance - \$500,000 for each occurrence, general aggregate, personal injury and products/completed operations
 - Automobile Liability Insurance for owned vehicles, non-owned vehicles & hired vehicles - \$300,000 combined single limit

- D) Three (3) References of prior experience and similar work, which shall include contact person and telephone number, facsimile number and e-mail address.
- E) E-Mail Address, Phone Number and Fax Number for twenty-four (24) hours, seven (7) days a week, facsimile communication.
- F) An individual to answer telephone communications during normal working hours (Monday thru Friday), and an answering machine for occasions that an individual is not available. Bidder(s) shall be aware of the possible loss of business due to the bidder being unavailable.

2.4 PURCHASING CARD PROGRAM:

The City has implemented a purchasing card program through Sun Trust Bank, using the VISA network. Contractors will receive payment from the purchasing card in the same manner as other Visa purchases. Accordingly, respondents must presently have the ability to accept VISA or take whatever steps necessary to implement the ability before the start of the agreement term. VISA acceptance is mandatory but is not the exclusive method of payment. Please indicate your ability to accept Visa purchasing card on Bid Form

2.5 CONTRACTOR NOTIFICATION:

The City will contact all pre-qualified general contractors and or painters from the list with a scope of work to request quotations. Each work task will be awarded to the lowest, responsive contractor.

The City seeks a source of supply that will provide accurate and timely completion of each task. The awarded contractor must adhere to completion schedules

2.6 FAILURE TO PERFORM:

If, in the opinion of the City's representative, the Contractor refuses to begin work, improperly perform said work, or shall neglect or refuse to take out or rebuild such work, as shall have been rejected or as being defective or unsuitable, then City's representative may notify the Contractor to repair and replace work immediately or discontinue all work under this Contract.

If at any time the City's representative shall be of the opinion that the said work is being unnecessarily delayed and will not be finished within the prescribed time then City's representative may notify the Contractor to discontinue all work under this Contract. The Contractor shall immediately respect said notice and stop said work and cease to have any rights in the possession of the ground and shall forfeit this contract.

The City may thereupon look to the next lowest and responsive and responsible contractor to complete the work or request quotations for the uncompleted contract in the same manner as was followed in the letting of scope of work and charge the cost thereof to the original Contractor upon his contract. **Any excess cost arising therefrom over and above the original contract price shall be charged to the Contractor.**

3.0 BID FORM - ITB#09-10-044 - must be submitted

3.1 TRADE SELECTION

Select each Trade(s) for which you request to be pre-qualified and can perform with company employees.

- | | |
|---|--|
| <input type="checkbox"/> Alarm System/Entry Systems | <input type="checkbox"/> Awning/Shutters |
| <input type="checkbox"/> Carpentry – Wood Work | <input type="checkbox"/> Drywall |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Flooring |
| <input type="checkbox"/> General Building (GC) | <input type="checkbox"/> Glass/Glazing |
| <input type="checkbox"/> Locksmith | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting/Waterproofing | <input type="checkbox"/> Plastering |
| <input type="checkbox"/> Pump Repairs | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Welding | |

3.2 List all general building and/or specialty trade licenses with license numbers that are registered with Miami-Dade County. (Current copy of license(s) to be submitted with bid response).

<u>LICENSE TYPE</u>	<u>LICENSE NO.</u>	<u>LICENSE TYPE</u>	<u>LICENSE NO.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3.3 COMMUNICATION NUMBERS:

- A. Telephone: (____) _____ C. Pager: (____) _____
 B. Cellular:(____) _____ D. Facsimile:(____) _____
 E. E-Mail Address: _____

We (I) certify that any and all information contained in this bid is true; and we (I) further certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, equipment, or service, and is in all respects fair and without collusion or fraud. We (I) agree to abide by all terms and conditions of this ITB and certify that I am authorized to sign this bid for the bidder. Please print the following and sign your name:

NAME OF BIDDER: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____ BEEPER: _____

SIGNED BY: _____

TITLE: _____ DATE: _____

CERTIFICATE OF AUTHORITY

(IF CORPORATION)

I HEREBY CERTIFY that at a meeting of the Board of Directors of _____, a corporation organized and existing under the laws of the State of _____, held on the ____ day of _____, _____, a resolution was duly passed and adopted authorizing (Name) _____ as (Title) _____ of the corporation to execute bids on behalf of the corporation and providing that his/her execution thereof, attested by the secretary of the corporation, shall be the official act and deed of the corporation. I further certify that said resolution remains in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this _____, day of _____, 20____.

Secretary: _____

Print: _____

CERTIFICATE OF AUTHORITY

(IF PARTNERSHIP)

I HEREBY CERTIFY that at a meeting of the Board of Directors of _____, a partnership organized and existing under the laws of the State of _____, held on the ____ day of _____, _____, a resolution was duly passed and adopted authorizing (Name) _____ as (Title) _____ of the to execute bids on behalf of the partnership and provides that his/her execution thereof, attested by a partner, shall be the official act and deed of the partnership.

I further certify that said partnership agreement remains in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this _____, day of _____, 20____.

Partner: _____

Print: _____

**CERTIFICATE OF AUTHORITY
(IF JOINT VENTURE)**

Joint venturers must submit a joint venture agreement indicating that the person signing this bid is authorized to sign bid documents on behalf of the joint venture. If there is no joint

venture agreement each member of the joint venture must sign the bid and submit the appropriate Certificate of Authority (corporate, partnership, or individual).

CERTIFICATE OF AUTHORITY

(IF INDIVIDUAL)

I HEREBY CERTIFY that, I (Name) _____, individually and doing business as (d/b/a) _____ (If Applicable) have executed and am bound by the terms of the bid to which this attestation is attached.

IN WITNESS WHEREOF, I have hereunto set my hand this _____, day of _____, 20____.

Signed: _____

Print: _____

NOTARIZATION

STATE OF _____)

) SS:

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification and who (did / did not) take an oath.

SIGNATURE OF NOTARY PUBLIC
STATE OF FLORIDA

PRINTED, STAMPED OR TYPED
NAME OF NOTARY PUBLIC

4.0 BIDDER QUALIFICATION STATEMENT

INSTRUCTIONS:

This questionnaire is to be included with your bid. **Do not leave any questions unanswered.** When the question does not apply, write the word(s) "None", or "Not Applicable", as appropriate. Please print.

COMPANYNAME: _____

COMPANY OFFICERS:

President _____ Vice President _____

Secretary _____ Treasurer _____

COMPANY OWNERSHIP:

_____ % of ownership

_____ % of ownership

_____ % of ownership

_____ % of ownership

LICENSES/INSURANCES:

1. County or Municipal Occupational License No. _____
(attach copy with bid)

2. Business Tax License Classification _____

3. Business Tax License Expiration Date: _____

4. Metro-Dade County Certificate of Competency No. _____
(attach copy if requested in Bid or RFP)

5. Social Security or Federal I.D. No. _____

6. Insurance Certificate: Attached _____

EXPERIENCE:

7. Number of Years your organization has been in business: _____
8. Number of Years experience BIDDER/PROPOSER (person, principal of firm, owner) has had in operation of the type required by the specifications of the Bid or RFP: _____
9. Number of Years experience BIDDER/PROPOSER (firm, corporation, proprietorship) has had in operation of the type required by the specifications of the Bid or RFP: _____
10. Experience Record: List references who may be contacted to ascertain information on past and/or present contracts, work, jobs, that BIDDER/PROPOSER has performed of a type similar to that required by specifications of the City's Bid or RFP with whom you have done business with in the past three (3) years:

BIDDER QUALIFICATION STATEMENT

1) _____ FIRM NAME/ADDRESS	_____ DATE OF JOB	_____ DESCRIPTION OF JOB
_____ CONTACT PERSON	_____ PHONE NUMBER	_____ E-Mail Address
2) _____ FIRM NAME/ADDRESS	_____ DATE OF JOB	_____ DESCRIPTION OF JOB
_____ CONTACT PERSON	_____ PHONE NUMBER	_____ E-Mail Address
3) _____ FIRM NAME/ADDRESS	_____ DATE OF JOB	_____ DESCRIPTION OF JOB
_____ CONTACT PERSON	_____ PHONE NUMBER	_____ E-Mail Address

BID CHECK LIST

- YES___ NO___ 1. Copy of appropriate License and Permits**
- YES___ NO___ 2. Proof of Insurance**
- YES___ NO___ 3. Bid Submittal Pages**
- YES___ NO___ 4. Bid signed by authorized representative**
- YES___ NO___ 5. Vendor Representative Contact information**
- YES___ NO___ 6. References with Phone & Fax Numbers**
- YES___ NO___ 7. List of Similar Contracts**
- YES___ NO___ 8. Bid prepared in duplicate**
- YES ___ NO___ 9. City Business Tax License (if applicable)**
- YES ___ NO ___10. Will Accept Visa Credit Card for Payment**

The blank spaces in the Bid submittal form must be filled in, and no change shall be made either in the phraseology of or in the items mentioned in the Bid form. A vendor must bid on complete sections of each discipline of this bid. Sections will not be subdivided for award. Any bid containing a “NO BID” in any portion of a section will not be considered for that section award.

DRUG FREE WORKPLACE

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 from businesses that are not located within the City of Miami Gardens are received by the City 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. 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's Signature

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"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ----- <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

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

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

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,