



Urban League of
Broward County

REQUEST FOR PROPOSAL

Urban League of Broward County

RFP# 08212024-1

(PROCUREMENT OF PROFESSIONAL SERVICES)

SERVICES FOR

Flooring

Issue Date: August 21st, 2024

Due Date: September 30th, 2024

REQUEST FOR PROPOSAL
RFP# 08212024-1
Flooring
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INTRODUCTION

The Urban League of Broward County Founded in 1975 as an affiliate of the National Urban League, a 501(c)(3) tax-exempt status, nonprofit organization authorizes in the State of Florida. The Urban League of Broward County is a community-based organization dedicated to empowering communities and changing lives in the areas of education, entrepreneurship, jobs, justice, housing, and health.

1. PURPOSE OF RFP

1.1. STATEMENT OF PURPOSE

The purpose of this RFP is to contract with one (1) Flooring (Contractor) to provide Flooring outlined herein for the Urban League of Broward County (ULBC). For consideration, proposals for this project must contain evidence of the Proposer’s experience and abilities in the specified area and other disciplines directly related to the proposed service.

1.2 CONTRACTING RESULTING FROM RFP

This ‘REQUEST FOR PROPOSAL’ Solicitation Number: 08212024-1 (referred hereinafter as the “RFP”) is designed to secure a contract from a company that will provide the goods and services as described in this RFP. The Urban League Broward County intends to enter a contract for services from a single vendor.

1.3 PERIOD OF PERFORMANCE

The contract term or period of performance shall be for within (3) three months of the executed contract. The option terms may be exercised by ULBC, at its sole discretion, with prior written notice to the Contractor.

The ULBC reserves the right to make any, and all determinations exclusively which it deems necessary to protect the best interests of its organization, programs, and the communities who are served by the ULBC either directly or through any one of its subcontractors. All proposers must be willing to negotiate a contract based on these terms, as applicable. Additional vendor terms and conditions will be incorporated into the final contract based on our legal counsel review.

1.4 CONFLICT OF INTEREST

Conflict of Interest the ULBC and its employees, its representatives or agents are bound by the Conflict-of-Interest attestation policy, state regulations, and/or local ULBC Board regulations. All proposers must disclose in their Letter of Certification the name of any officer, director or agent who is affiliated with the ULBC as an employee, board member, provider, or other stakeholder. All proposers must disclose the name of any stakeholder who owns, directly or indirectly, any interest in the proposer’s business or any of its branches. All proposers must disclose any business relationships or family relations with any officer, director, subcontractor, contracted provider, or employee of the ULBC.

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2. RFP PROCESS & GENERAL INFORMATION

2.1 CALENDAR OF EVENTS

Listed below is the calendar of important actions and dates/times by which the actions must be taken or completed. If the ULBC finds it necessary to change any of these dates/times, it will be accomplished by addendum.

Proposals/bids will be received until September 30th, 2024. for furnishing the services described herein.

	Estimated Calendar of Events	Date
1	RFP Issue Date	August 21st, 2024
2	Job Walk Through*	September 3rd, 2024, 11:00am-1:00pm EST
3	Final Technical Questions (Email Questions Only: Procurement@ulbcfl.org)	September 13th, 2024
4	ULBC Response; Technical Questions https://www.ulbroward.org/	September 20th, 2024
5	Proposal Submission Due Date	September 30th, 2024
6	Evaluation of Proposal	TBD Internally
7	Evaluation Committee Selection	TBD Internally
8	Section Notice Released	TBD
9	Release of Contract Signing	N/A
10	Contract Signature Deadline	N/A
11	Estimated Contract Start Date	TBD

***PROPOSAL CONFERENCE / JOB WALK THROUGH:** A optional pre-proposal job walk through will be held at the ULBC located at 560 NW 27th Avenue Fort Lauderdale, FL 33311 , September 3rd, 2024, 11:00am-1:00pm EST.

2.2 CONE OF SILENCE/ PROHIBITED COMMUNICATIONS

Effective as of the issuance of this RFP and ending at the end of the 24-hour period following the ULBC’s award with proposer, no proposer, or anyone representing a proposer, entity or other organization shall contact and/or discuss this RFP with any official or ULBC Board, ULBC Employee, other than the agency contact named in this RFP. Neither no proposer, or anyone representing a proposer, entity or other organization shall contact and/or discuss this RFP with any Proposer engaged by ULBC for assistance in preparing the RFP documents or any cost estimate associated with this procurement. Violation of this prohibition may result in disqualification of the Proposer even if the contract has already been awarded.

2.3 QUESTIONS

Any questions from Proposers concerning this RFP shall be submitted via email, identifying the submitter, to Procurement@ulbcfl.org by the specified date in the Calendar of Events. All questions and/or changes to the RFP will be posted on the Urban League of Broward County website at <https://www.ulbroward.org/> as they are received. It is the prospective Proposer’s responsibility to check the website for updates.

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2.4 IMPORTANT RESPONSE DATES

Listed below is the calendar of important actions and dates/times by which the actions must be taken or completed. If the ULBC finds it necessary to change any of these dates/times, it will be accomplished by addendum.

- Walk thru Date: September 3rd, 2024, 11:00am-1:00pm EST
- Last Day for Questions Date: September 13th, 2024, by 4:00pm EST
- Proposal Due Date: September 30th, 2024, by 4:00pm EST

2.5 ADDENDA

The Urban League of Broward County has the absolute right to cancel, amend, modify, supplement or clarify this RFP at any time in its sole discretion. If any revisions become necessary or appropriate, as determined in the sole discretion of the ULBC. Any addendum issued by the ULBC will be posted to the ULBC website or sent to proposers email. All Proposers should contact ULBC for this solicitation in addition to reviewing the website before the RFP deadline to ascertain whether any addenda have been issued. Failure to do so could result in a determination that the Proposal is non-responsive.

2.6 COMPLIANCE WITH LAWS/RULES/REGULATIONS

The Successful Proposer shall for itself, and it shall cause each of its employees, agents, representatives, contractors, and subcontractors to continuously comply with any and all federal, state, and local laws, rules, regulations, codes, ordinances, statutes and orders of any public authority bearing on the performance of the awarded Contract by Proposer. The Successful Proposer shall ensure throughout the duration of the Contract that it, and all of its contractors and subcontractors of any tier, shall be properly licensed and certified, as applicable, continuously throughout the duration of all work performed and services provided in accordance with the resulting Contract. All such licensing and certification shall be at the sole cost of each contractor and subcontractor. Upon request, Proposer shall furnish to the ULBC copies of any licenses, permits or certifications required to comply with any law, rule, regulation, code, ordinance, statute, and order referenced herein.

2.7 PUBLIC RECORDS/PROPOSER TRADE SECRETS

Article 1, Section 24 of the Florida Constitution and Chapter 119, Fla. Stat., guarantees every person access to all public records. All information contained within each Proposal submitted to the ULBC pursuant to this RFP is part of the public domain, consistent with Chapter, 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law, in their Proposals by providing the specific statutory authority for the claimed exemption, identifying the data or other materials to be protected, and state the reason, in writing, why the exclusion from public disclosure is necessary. Such claimed exempt information shall be segregated from the remainder of the Proposal. All Proposals will be open for public inspection in accordance with Chapter 119, Florida Statutes, except for any information that qualifies as exempt information under Florida Statutes, and which have been identified by the Proposer. The ULBC will attempt to afford protection from disclosure of any trade secret as defined in Section 812.081, Florida Statutes, where identifies as such in the response to this RFP, to the extent permitted under Section 815.04, Florida Statutes. Any prospective Proposer acknowledges, however, that the protection afforded by Section 815.04, Florida Statutes, is incomplete, and it is hereby agreed by the Proposer and the ULBC that no right or remedy for damages arises from any disclosure. Proposer agrees that no right or remedy shall be had against the ULBC that arises from any disclosure made by ULBC herein, in good faith, pursuant to Chapter 119, Florida Statutes. Further, Proposer agrees that it shall indemnify, defend, and hold the ULBC harmless from and against any losses, expenses, liabilities, costs, (including court costs and reasonable attorney's fees and costs), claims or actions by a third party that relates to Proposer's claimed exemptions herein.

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2.8 ACCEPTANCE/REJECTION OF PROPOSALS AND WAIVER OF IRREGULARITIES

The ULBC reserves the right to reject any and all Proposals, and/or to re-advertise, to waive any defects, irregularities, informalities or technicalities therein, to negotiate Contract terms with the successful Proposer, to disregard all non-conforming or non-responsive parts of a Proposal, or to accept any Proposal which, in the ULBC's sole judgment will best serve its interests. The ULBC may supplement, amend, modify and/or expand the solicitation requirements, accept Proposals from one or more Proposers, in whole or in part, and award only a portion of this solicitation. The ULBC reserves the right to cancel this RFP solicitation at any time without any liability and to cancel the award of any Contract at any time before execution of said Contract by all parties without any liability to the ULBC. In consideration of the ULBC's evaluation of submitted Proposals, the Proposer, by submitting its Proposal, expressly waives any claim to damages, of any kind whatsoever, in the event the ULBC exercises its rights.

2.9 DISQUALIFICATION

The Proposal and the Proposer shall be disqualified if: 1. The Proposer or affiliate has been placed in the discriminatory vendor list pursuant to Section 287.134, Florida Statutes. 2. The Proposer or affiliate has been placed on the federal suspension and debarment list, 3. The Proposer or affiliate has not complied with an official order of any agency of the State of Florida or the United States Department of Labor to repay disallowed costs incurred during its conduct or projects or services. 4. The Proposer or affiliate has failed to perform any contractual obligation with the ULBC in a manner satisfactory to the ULBC; or has failed to correct unsatisfactory performance to the satisfaction of the ULBC. 6 4. The Proposer or affiliate had a contract terminated by the ULBC, by any other ULBC, State agency or Federal agency 5. The Proposer or affiliate or any of its staff make contact in violation of the provisions of the Cone of Silence as set forth in Section 2.2 above. 6. The Propose or affiliate or any of its staff have participated in the development of the RFP documents for this Solicitation.

2.10 NO DISCRIMINATION

The ULBC, in accordance with Title VII of the Civil Rights Act of 1964, ensures that in any Contract entered into pursuant to this RFP, minority business enterprises will be afforded full opportunity to submit Proposals and will not be discriminated against on the grounds of race, color, or national origin in consideration of award.

2.11 SMALL AND/OR MINORITY-OWNED BUSINESS

Efforts will be made by ULBC to utilize small businesses and minority-owned businesses. A proposer qualifies as a small business firm if it meets the definition of a small business as established by the Small Business Administration (13 CFR 121.201) and/or a minority-owned business as defined by F.S. 287.057 (12),

2.12 IDENTICAL OR TIE RESPONSES

When evaluating identical responses from multiple Proposers, if two equal responses to an RFP are received and only one response is from a certified minority business enterprise, the Contract shall be awarded to the certified minority business enterprise pursuant to § 287.057(12), Fla. Stat. Whenever proposals are equal in price, quality, and services a proposal received from a business that certifies that it has implements a drug free workplace program shall be given preference in the award process.

2.13 NOTICE OF CONTRACT AWARD

The ULBC anticipates awarding a single Contract to the responsible and responsive Proposer whose Proposal is determined, in writing, to be the most advantageous to the ULBC, taking into consideration the price and the other criteria set forth in this RFP. ULBC will email Successful Proposer. If the notice of award is delayed, in lieu of posting the notice of intended award, the ULBC will post or email a notice of the delay and a revised date for posting the notice of intended award.

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2.14 PROTESTS AND DISPUTES

The protest procedures set forth in Chapter 120, Florida Statutes, do NOT apply to the ULBC or to this RFP. By submitting a Proposal herein, Proposer shall comply with the following ULBC Protest Policy for this RFP.

2.15 WITHDRAWAL OF PROPOSAL

The Proposer may withdraw its proposal before the opening of the proposals by submitting a written request signed by an authorized representative of the firm and email to Procurement@ulbcfl.org.

2.16 PRE-CONTRACTUAL EXPENSES & COST OF PREPARATION

ULBC shall not be liable for any pre-contractual expenses, which are defined as expenses incurred by a Proposer(s) in preparing its proposal in response to this RFP, negotiating with the ULBC any matter related to the proposal, or any other expenses incurred by Proposer(s) prior to the date of award of the contract(s) resulting from this procurement.

2.17 SALES TAX

ULBC is tax-exempt and shall provide a certificate of tax-exempt status upon written request by the Contractor after contract award.

2.18 INSURANCE REQUIREMENTS

ULBC requires Contractors doing business with them to obtain appropriate insurance coverage within the prescribed minimum limits set forth in the attached. Insurance Requirements (Exhibit D). The required proof of insurance must comply with all requirements of the standards as shown in Exhibit D and must be provided with the proposal.

3. EVALUATION CRITERIA AND RATING

3.1 EVALUATION AND SCORE METHODOLOGY

Evaluation of the Proposer’s qualifications shall include:

Proposal Evaluation Criteria	Maximum Points
Profile and Summary of Qualifications (ability, capacity, skill, financial and other necessary resources to perform the work)	20
Proven understanding of the requested work, description of sufficient and qualified staff for the requested work and percentage of time designated for assigned staff to accomplish the requested work, references & Experience with similar projects	20
General Description of the Scope of Work Proposed Solution Approach to Meeting Scope of Services Requirements Project Management Approach - Project Work plan & Project Deliverables	25
Cost – Budget/fee structure Proposal offered any value-added functionality, products, or services as part of the proposal that demonstrates added value	25
Minority: Minority Owned Business, MBE/ Minority Owned Business, WBE/Women Owned Business, (CDBE) Community Disadvantaged Business Enterprise or Veteran	10
Total	100

Each proposal/bids received will be evaluated based on the above criteria. Proposal/bids received after the deadline will not be opened. Proposal/bids opened and subjected to the criteria shall belong exclusively to ULBC. These proposals and supporting documentation for evaluating such proposals will be maintained by ULBC based on the agency’s record retention policy.

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3.2 QUALIFICATIONS

The Proposer must show to the complete satisfaction of Urban League of Broward County that it has the necessary facilities, capacity, ability, and financial resources to provide the services specified herein in a satisfactory manner.

ULBC reserves the right to reject any offer if the evidence submitted by, or investigation of, the Proposer fails to satisfy ULBC that the Proposer is properly qualified to carry out the obligations of the contract and to complete the work described therein.

4. RFP SUBMISSION PROCESS & INSTRUCTIONS

4.1 PROPOSAL CONTENT

The Proposal Narrative must demonstrate the proposer's capability to implement the proposed project in accordance with the provisions of this solicitation. The narrative must provide a comprehensive framework and description of all aspects of the proposed project. It must be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project.

4.2 PROPOSAL FORMAT

- PDF Document.
 - Page limit: may be up to **3-three** single-sided 8.5 x 11-inch pages. Any materials beyond the specified page limit will not be read or considered. Attachments will be excluded from the page limit.
 - Formatting: Double-spaced; Times New Roman 12 pt. font, and 1-inch margins.
 - Applicants must number the Proposal Narrative beginning with page number 1.
 - In addition to the Proposal Narrative, the proposer may submit attachments (proposal budget, financial statements, references, reports and evidence of past performance, any additional information that supports your proposal not mentioned in above categories).
 - All attachments must be clearly labeled as Attachments. Attachments will be excluded from the page limit.
- Applicants must submit their proposals and documents in one package, because documents received separately will be tracked separately and will not be attached to the application for review.

4.3 PROPOSAL SUBMISSION

Proposal deadline: Proposals must be received no later than the specified date in the Calendar of Events sealed proposals must be received by email at the address referenced below. No proposals received by mail or fax, or transmission will be accepted.

- Email proposal submissions to the ULBC at Procurement@ulbcfl.org
- Email subject line: RFP#08212024-1 Flooring
- Completed Document Submissions
 - **RFP cover sheet**
 - **Proposal Checklist**
 - **Summary of Qualifications**
 - **Cost Analysis Template**

The Proposer must sign and have notarized the Affidavit of Non-collusion, Certification regarding debarment, suspension. Federal money may potentially be used to pay for all or part of the work the Contract, therefore the Proposer certifies that it complies with federal requirements on debarment, suspension, ineligibility, and voluntary exclusion specified in the solicitation document implementing Executive Order 12549. The Proposers certification is a material representation upon which the Contract award will be based.

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4.4 PROPOSAL SPECIFIC REQUIREMENTS

Proposers are required to submit the following items as a complete proposal:

- **A brief narrative statement** as to the proposer's qualifications to perform the work listed in the Statement of Work. This narrative must address the following:

Section 1: Table of Contents

Include a clear identification of the material by section and by page number.

Section 2: Profile and Summary of Qualifications

- **Company Information:** Company name, address, e-mail, telephone and fax numbers, and the name of the primary contact person.
- Give an overview of your organization's qualifications relevant to the purpose. Include information about past projects, years in operation, education, certifications, areas of expertise and any other information you would like to be considered.
- **Staff Profile and Capabilities:** Describe the qualifications of key staff and service delivery team that will be working on this project and how they will coordinate services with designated ULBC staff.
- The Proposal Narrative must contain a statement of qualifications and experience including documentation of performance of services with organizations/companies of similar size and complexity. Describe company experience in similar projects, proof of financial stability.

Section 3: General Description of the Scope of Work

- **Briefly** state the understanding of the proposer regarding the work to be done and make a positive commitment to perform the work.
- **Briefly** discuss how you will meet each of the services desired as described in the Scope of Services. Must provide proof of experience providing similar services as requested through this RFP. Include evidence of the ability to work within tight time constraints.

Section 4: References (See Attachment-3)

- List three (3) client references, during the past five (5) years where the client can document the services provided and your company's experience. References should verify performance, quality of work provided and overall client satisfaction. Complete References Sheet.

Section 5: Cost Analysis /Fee Structure

- A proposed fee structure for the project and for all work to be performed including any costs from any anticipated subcontractors or vendors. If the proposer is to use additional subcontractors or vendors, those sub-contractors must be disclosed and the services to be provided and costs need to be separated and explained.
- **NOTE:** It is not the intent of this Request for Proposal to solicit overly long responses. Nevertheless, it is important that the contractor's experiences and expertise be adequately described.

4.5 FEE PROPOSAL

Give the proposed compensation amount for the deliverables. The proposed fee structure, including billing rates, hourly rates, reimbursable expenses, etc. Preferences may be given to firm fixed pricing.

5. SCOPE OF WORK

5.1 General Statement:

Urban League of Broward County requests proposals for Flooring and for all activities and any other allocations provided to Urban League of Broward County.

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5.2 Work Summary

Work Summary: The complete scope of services is detailed in the attached Statement of Work (see Exhibit A). In summary, ULBC requires the services of one firm to provide Flooring to 560 NW 27 Avenue, Ft. Lauderdale, FL 33311.

Exhibit A outlines the services being requested (Statement of Work)/ outline of equipment specifications or equivalent.

Exhibit B is a detailed description of ULBC building & Floor Plan, (if deemed necessary)

Exhibit C is a list of insurance and workers compensation requirements

6. NOTICE OF PROPOSER

See Terms and Conditions

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EXHIBIT A
SCOPE OF WORK

FLOORING CARPET REPLACEMENT SPECIFICATIONS OR EQUIVALENT

Scope of Work

1. Remove and dispose of existing carpet as indicated on specific sections of the building (drawings attached)
2. Prepare substrate for application of new LVP, LVT, or recommended commercial flooring for commercial high traffic areas in offices and common areas
3. Disassemble and re-install existent cubicles and office furniture as necessary
4. Install new recommended flooring material in areas specified in the attached drawings
5. Sample of material can be obtained from product gallery at www.aladdincommercial.com/hardsurface (Aladdin Commercial Flooring) or other manufacturer that is **equivalent** or better
6. Colors, texture, material to be selected by Owner

Specifications

1.1 SCOPE:

Furnish all labor, materials, tools and equipment necessary to remove existing floor covering and install new recommended hard flooring items indicated on the drawings and/or specified herein

1.2 SUBMITTALS:

- A. Samples: Submit a minimum of one (1) sample of each type and color of pattern of flooring, base material, and specialty material
- B. Manufacturer's Literature: Manufacturer's recommended installation instructions shall be submitted
- C. Maintenance Materials:
 - a. Furnish additional floor covering materials for replacement and maintenance
 - b. Furnish materials of each size, color, pattern and type of material included in the work
 - c. Furnish additional materials at the rate of 2% of each color, minimum one (1) full carton
 - d. Submit latest edition of "Armstrong Commercial Resilient Flooring Maintenance

1.3 QUALITY ASSURANCE:

- A. Use only skilled and experienced resilient flooring installer for installation of flooring
- B. If required, provide types of patching compounds and adhesives

1.4 PRODUCT DELIVERY AND STORAGE:

- A. Deliver materials to project site in manufacturer's original, unopened containers with labels indicating brand names, colors and patterns, and quality designations legible and intact
- B. Do not open containers or remove markings until materials are inspected and accepted
- C. Store and protect accepted materials in accordance with manufacturer's directions and recommendations

PART 2 – PRODUCTS

2.1 MATERIALS:

- A. Hard floor shall be Aladdin Commercial flooring, equivalent, or better recommended product for use in commercial heavy traffic areas. Colors shall be as selected by ULBC representative
 - a. Reducers shall be vinyl strips of such thickness to suit abutting floor covering
 - b. See plans for areas of work
 - c. Adhesive should be used as required by manufacturer
- B. Base shall be 1/8" thick rubber, pre-molded, rounded-top and cove base; 4" high, butt type with both end stops and pre-formed corners

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2.2 APPLICATION MATERIALS:

- A. Provide type and brands of adhesive as recommended by manufacturer of covering material for the conditions of the installation
- B. Primer shall be by type and brand recommended by floor covering manufacturer
- C. Crack filler shall be type and brand recommended by the floor covering manufacturer

PART 3 – EXECUTION

3.1 INSPECTION OF SURFACES:

- A. Examine substrate for excessive moisture content and unevenness which would prevent execution and quality of flooring as specified
- B. Do not proceed with installation of flooring until defects have been corrected

3.2 PREPARATION:

- A. Remove dirt, oil, grease, or other foreign matter from surfaces to receive floor covering materials
- B. Fill cracks 1/16” and smaller, and depressions 1/8” and smaller with crack filler
- C. Prime surfaces if recommended by floor covering manufacturer

3.3 APPLICATION OF ADHESIVES:

- A. Mix and apply adhesives in accordance with manufacturer’s instructions
- B. Provide safety precautions during mixing and applications as recommended by adhesives manufacturer
- C. Apply adhesive uniformly over surfaces:
 - a. Apply adhesive to only that area which can be covered by floor covering material within the recommended working time
 - b. Remove adhesive which dries or films over
 - c. Do not soil walls, bases, and adjacent areas with adhesives
 - d. Promptly remove any spillage
- D. Apply adhesives with notched trowel. (Tooth size as per manufacturer recommendations)
- E. Clean trowel and re-work notches as necessary to ensure proper application of adhesive.

3.4 INSTALLATION OF TILE MATERIALS:

- A. Lay flooring to center of room or space.
- B. Work toward perimeter.
- C. Cut border tile neatly and accurately to fit within 1/64” of abutting surfaces.
- D. Fit flooring material neatly and tightly into breaks, recesses, against bases, around pipes and penetrations, under saddles and thresholds, and around permanent cabinets and equipment.
- E. Lay tile parallel to room axis in straight courses. Lay flooring with grain or pattern running in same direction with joints overlapping.

REQUEST FOR PROPOSAL

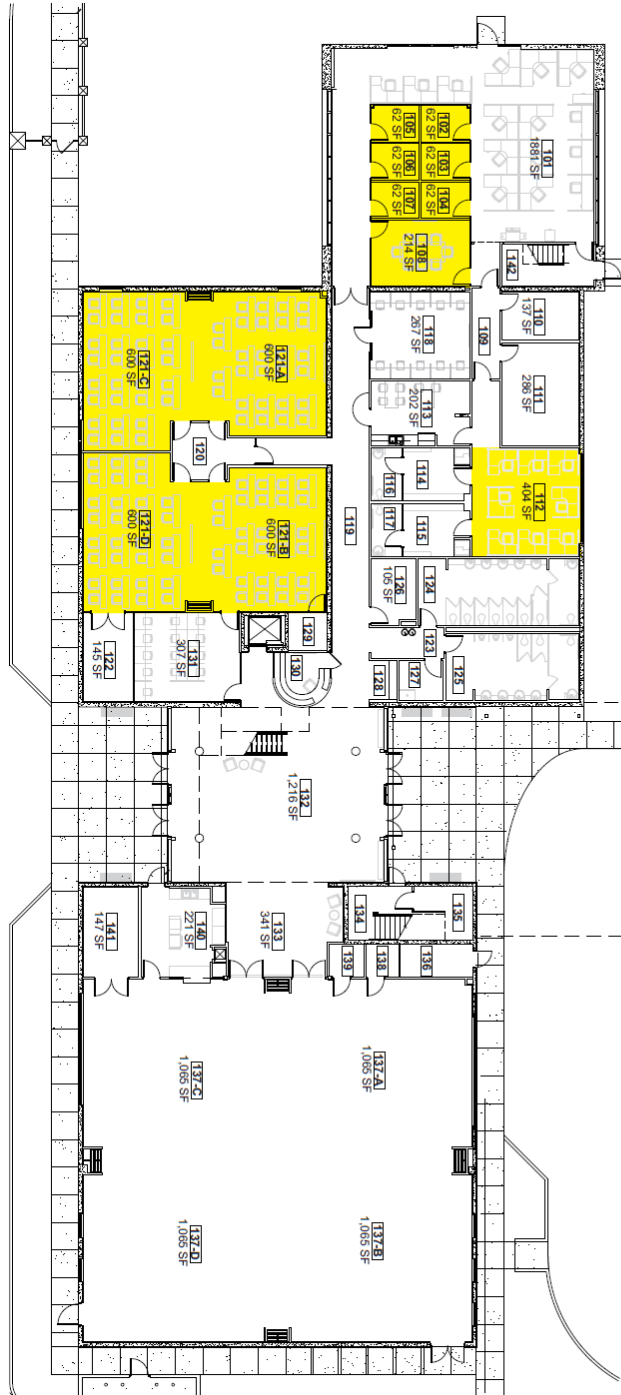
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EXHIBIT B
PROPERTY DESCRIPTION & DRAWING



Urban League of
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CEC BUILDING / FIRST FLOOR

ROOM LEGEND

ROOM #	NAME	SQ. FT.	ROOM #	NAME	SQ. FT.
102	Counseling Room	62	112	New Staff Area	404
103	Counseling Room	62	121-A	Training Room A	600
104	Counseling Room	62	121-B	Training Room B	600
105	Counseling Room	62	121-C	Training Room C	600
106	Counseling Room	62	121-D	Training Room D	600
107	Counseling Room	62			
108	Conference Room	214			

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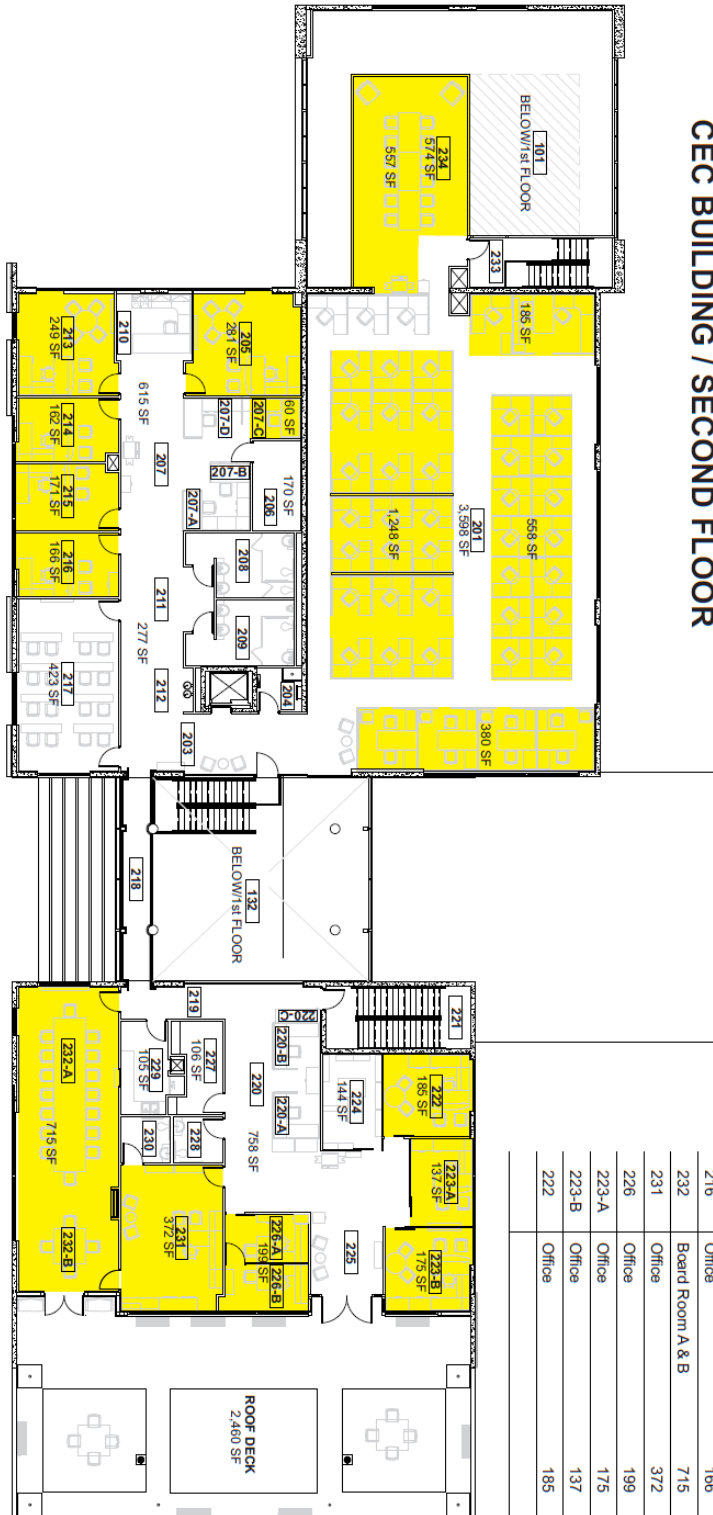
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CEC BUILDING / SECOND FLOOR



ROOM LEGEND

ROOM #	NAME	SQ. FT.
201	Staff Area	2,371
234	Program Staff Breakout Area	557
205	Office	281
207-C	Office (New)	60
213	Office	249
214	Office	162
215	Office	171
216	Office	166
232	Board Room A & B	715
231	Office	372
226	Office	199
223-A	Office	175
223-B	Office	137
222	Office	185

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PROPERTY DESCRIPTION & DRAWING

Community Empowerment Center (CEC)

560 NW 27 Avenue
Ft. Lauderdale, FL 33311

- Two-story building
- Alarm system
- Surveillance cameras
- Approximately 28,000 square feet
- Property located on 2.5 acres of land



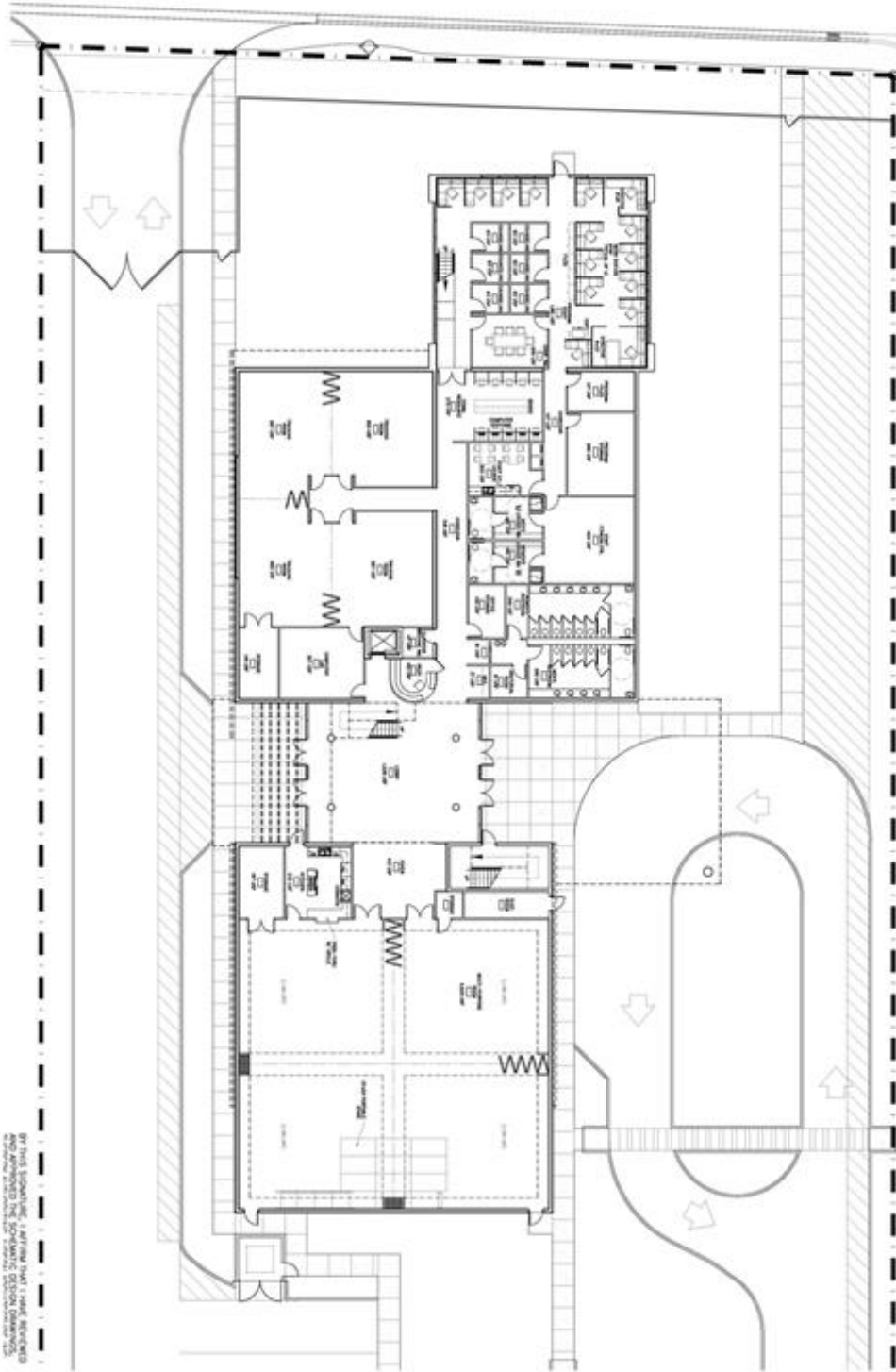
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EXHIBIT C
INSURANCE REQUIREMENTS

Requirements

Proposer is to submit proof of insurance. ULBC's insurance agent will review coverage for all proposers and advise if coverage or limits need to be amended by selected vendor. Selected proposer agrees to modify coverage as outlined by ULBC insurance agent.

1. **General Liability Insurance:**
 - **Minimum Coverage:** The proposer must carry **commercial general liability (CGL)** insurance with a minimum limit of **\$1 million per occurrence** and **\$2 million aggregate**.
 - **Additional Insured:** The organization should be named as an **additional insured** on the policy.
2. **Professional Liability (Errors & Omissions) Insurance:**
 - **Minimum Coverage:** The proposer must maintain **professional liability insurance** (commonly known as **Errors & Omissions** or **E&O** insurance) with a minimum limit of **\$1 million per claim**.
 - **Coverage Scope:** This insurance protects against claims arising from professional services, advice, or errors made during the engagement.
3. **Automobile Liability Insurance:**
 - **Minimum Coverage:** If the proposer uses vehicles for business purposes, they should carry **auto liability insurance** with a minimum limit of **\$1 million per accident**.
4. **Workers' Compensation Insurance:**
 - **Requirement:** The proposer must comply with all applicable workers' compensation laws.
 - **Coverage:** Workers' compensation provides benefits to employees in case of work-related injuries or illnesses.
5. **Umbrella or Excess Liability Insurance:**
 - **Acceptable:** Umbrella or excess liability policies are acceptable if they follow form over the underlying insurance requirements.
 - **Minimum Limits:** The umbrella/excess policy should provide coverage above the primary liability policies (CGL, auto, etc.) and meet the same minimum limits.
6. **Insurance Carrier Requirements:**
 - **Licensing:** The insurance carriers providing the required coverages must be **licensed in the state** where the proposer is headquartered.
 - **Financial Strength:** Carriers must be rated no lower than **"A-"** by the most recent **Best's Key Rating Guide**.
 - **Financial Size Category:** The carriers' **Best's Financial Size Category** should be **VIII or higher**, unless otherwise agreed upon.
7. **Proof of Insurance:**
 - The proposer must provide **proof of insurance** before commencing work.
 - The organization reserves the right to verify insurance coverage during the contract term.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/10/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Brown & Brown of Florida, Inc. 1201 W Cypress Creek Rd Suite 130 Fort Lauderdale FL 33309		CONTACT NAME: ***** PHONE (A/C, No, Ext): (954) ***** E-MAIL ADDRESS: Amanda.Genneken@bbrown.com FAX (A/C, No): (954) *****	
INSURED Prospect Bidder ABC NW I-95 Highway Fort Lauderdale FL 33311		INSURER(S) AFFORDING COVERAGE INSURER A: B Insurance Company NAIC # 18058 INSURER B: A Insurance Company NAIC # 15954 INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 23-24 Master REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR Professional Liability \$1,000,000 <input checked="" type="checkbox"/> Abuse/Molestation \$1,000,000 GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2568132	06/30/2023	06/30/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2568132	06/30/2023	06/30/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB868917	06/30/2023	06/30/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	TWC4212562	01/23/2023	01/23/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Directors & Officers, Employment Practices, Fiduciary			PHSD1796331	06/30/2023	06/30/2024	Directors & Officers 1,000,000 Employment Practices 2,000,000 Fiduciary Liability 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Carrier A: Sexual or physical abuse or molestation vicarious liability Limit each occurrence \$1,000,000/aggregate \$1,000,000

CERTIFICATE HOLDER Urban League of Broward County 560 NW 27th Avenue Fort Lauderdale FL 33311	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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YOUR RIGHTS UNDER THE BROWARD COUNTY LIVING WAGE ORDINANCE LIVING WAGES for 2024

In accordance with the Living Wage Ordinance, Section 26.102, Broward County Code of Ordinances, Broward County service contractors' employees and subcontractors performing covered services pursuant to applicable County contracts must be paid at least the following living wage hourly rates and health benefit amount indexed in accordance with Section 26.102(f) of the Living Wage Ordinance:

Security Services Officers	All Other Covered Employees (Not Security Services Officers)
<p>\$17.69 per hour with qualifying health benefits* (for employer that offers healthcare benefits) amounting to at least \$3.76 per hour, or</p> <p>\$21.45 per hour without health benefits (for employer that does not offer healthcare benefits)</p>	<p>\$15.45 per hour with qualifying health benefits* (for employer that offers healthcare benefits) amounting to at least \$3.76 per hour, or</p> <p>\$19.21 per hour without health benefits (for employer that does not offer healthcare benefits)</p>

All covered employees will receive 40 hours of paid time off on an annual basis.

***Note – If a covered employee declines health care benefits, the covered employer may pay to the employee the living wage rate with health care benefits listed above provided the covered employer provides to the County written proof of the covered employee's declination.**

Applicable covered services provided pursuant to a County service contract (exceeding \$100,000/year) include:

- Food preparation and/or distribution
- Security services
- Routine maintenance services: janitorial, cleaning, refuse removal, and recycling collections, or similar services
- Repair and/or refinishing services: for furniture, fixtures, vehicles, machinery, or equipment, including preventative maintenance and replacement of parts
- Clerical or other non-supervisory office work (temporary or permanent personnel): secretarial, typing, data entry, filing, transcription, specialized billing, sorting/completion of forms, and word, data and informational processing
- Passenger transportation and automobile parking services
- Printing and reproduction services
- Landscaping, lawn, and/or agricultural services

Applicable covered airport services pursuant to a County service contract (any contract value) include:

- Food and beverage concessionaire services and certain retail concessionaire services at Airport Terminals Complex and the Car Rental Center.
- Airline service providers for air carriers: ground handling or ramp services; ground equipment provisioning and maintenance; maintenance; in-to-plane fuel service; passenger service; porter service (including skycaps and employees performing curbside check-in); janitorial service; security service; baggage delivery service; aircraft cleaning; or operation of a private club.

ENFORCEMENT

If a service contractor is not complying with the living wage requirements, a covered employee or subcontractor of a service contractor may seek to recover back wages against the responsible service contractor by filing a written complaint with the County or filing suit against the covered employer.

A covered employee or subcontractor may file written complaints of underpayment or retaliation/discrimination (in connection with the filing of living wage complaint), with the Broward County Professional Standards/Human Rights Section, 115 S. Andrews Avenue, Room 427, Fort Lauderdale, FL 33301, or call (954) 357-6500.

SANCTIONS

Damages payable to Broward County in the sum of up to \$500 per day, but not to exceed \$1,000 per week for each covered employee, may be assessed against the service contractor for failure to pay the required wage rates above in addition to payment of the underpaid wages to the employee.

For other information, contact the applicable Contract Administrator or the Broward County Purchasing Division, 115 S. Andrews Ave., Room 212, Fort Lauderdale, Florida 33301, (954) 357-6066.

The Living Wage Ordinance requires service contractors awarded living wage contracts to display this poster at the job site in a prominent location where it can easily be seen by employees.

Effective January 1, 2024

Broward County Living Wage Ordinance, Sec. 26-102(f)

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ATTACHMENT - 1
PROPOSAL COVER PAGE

Urban League of Broward County (ULBC) reserves the right to accept or reject all submissions and rescind the request for proposal.

ULBC also reserves the right to request additional information, as determined necessary to review any submission.

ULBC has the right to change, cancel or retract this RFP. All information that is submitted through this solicitation becomes the property of ULBC.

In compliance with this Request for Proposal and to all the conditions imposed herein, the undersigned offers and agrees to furnish the goods at the price indicated in the Proposal.

Business Name and Address:

_____ Date: _____

FEI/FIN No. _____

Telephone Number: (_____) _____

FAX Number: (_____) _____

E-mail Address: _____

President/CEO/Authorized Signature in Blue Ink: _____

Printed Name: _____ Printed Title: _____

- * Contractor ___ **DOES** ___ **DOES NOT** consider their organization to be a non-certified minority owned business Enterprise.
- * Contractor ___ **IS** ___ **IS NOT** a certified Minority Owned Business Enterprise (MBE).
- * Contractor ___ **IS** ___ **IS NOT** a certified Women Owned Business Enterprise (WBE).
- * Contractor ___ **IS** ___ **IS NOT** a certified Service-Disabled Veteran Owned Business Enterprise (SDVOSB).
- * Contractor ___ **IS** ___ **IS NOT** a certified Community Disadvantaged Business Enterprise (CDBE).

Please submit supporting documentation and certifications for all applicable classifications.

*Minority contractors are encouraged to submit bids & proposals.

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ATTACHMENT - 2
SUMMARY OF QUALIFICATIONS

Summary of qualifications, and business requirements, must be met and certified to be considered responsible and responsive. The completed Summary of qualifications form MUST be submitted with your response.

Number of years your company has been in business as a licensed contractor?	
References of similar projects, size and complexity, locations, and dates of completion, and contact name/phone number has been provided?	
Has this company ever failed to complete work awarded to it? If yes, where, when and why?	
Will this company be using subcontract labor? If yes, name of primary subcontractor.	
Does this company own the equipment needed to perform this work?	
Will this company need to rent additional equipment?	
Will this company follow federal funding requirements identified in 2 CFR Chapter 2, Part 200?	
Is the company certified to work on the project right of way?	
Attached Narrative & Written Description Qualifications of Company:	
Attached Company Brochure or Fact Sheet (if available).	
Contractor's License # Expiration Date:	
Insurance limits:	
Workmen's Compensation - limit per accident	\$
Comprehensive General Liability - limit per occurrence	\$
Business and Automotive liability limit per occurrence	\$
Other:	\$
Is this company a subsidiary? If yes, name of Parent company.	
Names of principals or officers of Parent Company, if any: Name Title	
Names of principals or officers of Primary Subcontractor, if any:	

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ATTACHMENT - 3
REFERENCES

List three (3) clients during the past five (5) years for which you provided a comparable amount of goods or services substantially similar to those specified in the solicitation in the spaces provided below. The same client entity shall not be used more than once. Attach additional documentation if necessary.

1.	Company Name:	
	Owner's Name:	
	Description of goods provided:	
	Contract Amount:	
	Start and End Date of Contract:	
	Contact Person:	
	Address:	
	Telephone Number:	
2.	Company Name:	
	Owner's Name:	
	Description of goods provided:	
	Contract Amount:	
	Start and End Date of Contract:	
	Contact Person:	
	Address:	
	Telephone Number:	
3.	Company Name:	
	Owner's Name:	
	Description of goods provided:	
	Contract Amount:	
	Start and End Date of Contract:	
	Contact Person:	
	Address:	
	Telephone Number:	
Email Address:		

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ATTACHMENT - 4
COST ANALYSIS

Cost Analysis Template

Flooring

Model:

	Cost	Notes/Comments
Purchased Product		
Installation/ Labor Cost		
Engineering		
Permit		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Other (Specify)		
Total Cost	\$ -	

Additional Comments:

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ATTACHMENT - 5
NON-COLLUSIVE AFFIDAVIT

The undersigned, is duly authorized to represent the persons, business and corporations joining and participating in the submission of the foregoing Request for Proposal (RFP) (such persons, business and corporations hereinafter being referred to as the Proposer), being duly sworn, on his/her oath, states that to the best of his/her belief and knowledge no person, business or corporation, nor any person duly representing the same joining and participating in the submission of the foregoing bid, has directly or indirectly entered into any agreement or arrangement with any other proposers, or with any official of the Urban League of Broward County, or any employee thereof, or any person, business or corporation under contract with Urban League of Broward County whereby the proposer, in order to induce the acceptance of the foregoing RFP by the Urban League of Broward County, has paid, or is to pay to any other proposer, or to any of the aforementioned persons, anything of value whatever, and that the bidder has not, directly nor indirectly entered into any arrangement, or agreement, with any other proposer/s which tends to or does lessen or destroy free competition in the letting of the contract sought for by the foregoing RFP.

1. This is to certify that the proposer, or any person on his/her behalf, has not agreed, connived, or colluded to produce a deceptive show of competition in the manner of the bidding, or award of the referenced contract.
2. This is to certify that neither I, nor to the best of my knowledge, information and belief, the proposer, nor any officer, director, partner, member or associate of the proposer, nor any of its employees directly involved in obtaining contracts with Urban League of Broward County, or any subdivision of the state has been convicted of false pretenses, attempted false pretenses, or conspiracy to commit false pretenses, bribery, attempted bribery or conspiracy to bribe under the laws of any state or federal government for acts or omissions after January 1, 1985.
3. This is to certify that the proposer, or any person on his behalf has examined and understands the terms, conditions, scope of work and specifications, and other documents of this solicitation and that any and all exceptions have been noted in writing and have been included with the RFP submittal.
4. This is to certify that if awarded a contract, the proposer will provide the equipment, commodities, and/or services to members and affiliate members of the Agency in accordance with the terms, conditions, scope of work and specifications and other documents of this solicitation in the following pages of this RFP.
5. This is to certify that the proposer is authorized by the manufacturer(s) to sell all proposed products.
6. This is to certify that we have completed, reviewed, approved, and have included all information that is required of these RFP forms.

PRESIDENT/CEO/AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

TITLE

DATE

BUSINESS/COMPANY NAME

MAILING ADDRESS

CITY, STATE, ZIP

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ATTACHMENT - 6
E VERIFICATION CERTIFICATION

NAME OF VENDOR/CONTRACTOR: _____ (referred to herein as "Contractor")

The undersigned does hereby certify that the above named contractor:

Is, or will be, registered with and using the E-Verify system prior to execution of the contract with Urban League of Broward County; or

2. Is, or will be, registered with the E-Verify system prior to execution of the contract with Urban League of Broward County, but does not have any employees and does not intend to hire any new employees during the period that the contractor will be providing services under the contract; or
3. Is, or will be, registered with the E-Verify system prior to execution of the contract with Urban League of Broward County, but employs individuals who were hired prior to the commencement of providing labor on the contract and does not intend to hire any new employees during the period of time that the contractor will be providing labor under the contract.

The undersigned acknowledges the use of the E-Verify system for newly hired employees is an ongoing obligation for so long as the contractor provides labor under the contract and that the workforce eligibility of all newly hired employees will be properly verified using the E-Verify system.

Pursuant to Section 448.095 F.S., if Proposer is selected to enter into a contract with the Urban League of Broward County (ULBC), Proposer and any subcontractors used to carry out the duties and responsibilities outlined in a contract between ULBC and Proposer will register with and use the E-Verify system (E-Verify.gov) to verify the work authorization for newly hired employees. If applicable, selected Proposer(s) must also obtain and retain an affidavit from a subcontractor stating that the subcontractor does not employ, contract with or subcontract with anyone who is not duly authorized to work in the United States.

PRESIDENT/CEO/AUTHORIZED SIGNATURE

BUSINESS/COMPANY NAME

NAME (PRINT OR TYPE)

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TITLE

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ATTACHMENT - 7
VENDOR CONFLICT OF INTEREST DISCLOSURE FORM

To avoid a conflict of interest, all vendors who have any financial and/or family/relative relationship(s) with any Urban League of Broward County (ULBC) or Urban League (Consortium) staff member or ULBC Board, ULBC Committee or Consortium member must clearly disclose such a relationship by completing and submitting this form when submitting a bid/submittal/quote/proposal (quote) to Urban League of Broward County. For purposes of this procedure, vendor, contractor, bidder, quoter and subrecipient are the same.

Financial or family relationships with vendors will disqualify a ULBC or Consortium staff member or ULBC Board, ULBC Committee or Consortium member from participating in the discussion and voting to fund proposals and will also disqualify any individual from evaluating proposals.

In the space provided below, please identify any such relationships as defined in Section 112.3143, F.S. or state that none exist at this time. Attach additional sheets as needed.

<u>Name of Person</u>	<u>Relationship To You</u>	<u>Relationship To ULBC</u>
_____	_____	_____
_____	_____	_____

CHECK ONE BELOW:

_____ Yes, a relationship exists as defined in Section 112.3143, F.S.;

OR

_____ No, at this time I do not have a relationship as defined in Section 112.3143, F.S.

List any ULBC employee(s), ULBC Committee or Consortium staff member or ULBC Board who own an interest of five percent (5%) or more in the company/ entity name below:

<u>Name of Person</u>	<u>Relationship To ULBC</u>
_____	_____
_____	_____

PRESIDENT/CEO/AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

TITLE

DATE

BUSINESS/COMPANY NAME

MAILING ADDRESS

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Failure to check the appropriate blocks above may result in disqualification of your proposal. Likewise, failure to provide documentation of a possible conflict of interest, may result in disqualification of your proposal.

ATTACHMENT - 8
DRUG-FREE WORKPLACE FORM

The undersigned Quoter, in accordance with Florida Statute 287.087 hereby certifies that

_____ does: Name of
Business

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, 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 quote a copy of the statement specified in Paragraph 1.
4. In the statement specified in Paragraph 1, notify the employees that, as a condition of working on the commodities or contractual services that are under quote, 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 Florida Statute 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 Paragraphs 1 thru 5.

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

PRESIDENT/CEO/AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

TITLE

DATE

BUSINESS/COMPANY NAME

MAILING ADDRESS

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ATTACHMENT - 9

NON-DISCRIMINATION, EQUAL OPPORTUNITY ASSURANCES, CERTIFICATIONS, OTHER PROVISIONS

The prospective Vendor certifies that it and its principals (subcontractors and suppliers):

As a condition of funding from Urban League of Broward County under Title II, Proposer assures that it will comply fully with the following:

1. Title VI of the Civil Rights Act of 1964 as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color or national origin.
2. Section 504 of the Rehabilitation Act of 1973 as amended, 29 U.S.C. 794, which prohibits discrimination based on disability.
3. Title IX of the Education Amendments of 1972 as amended, 20 U.S.C. 1681 et. Seq., which prohibits discrimination based on sex in educational programs.
4. The Age Discrimination Act of 1975 as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination based on age.
5. Section 654 of the Omnibus Budget Reconciliation Act of 1981 as amended, 42 U.S.C. 9849, which prohibits discrimination on the basis of race, creed, color, national origin, sex, handicap, political affiliation, or beliefs.
6. The American with Disabilities Act of 1990, P.L. 101-336, which prohibits discrimination on the basis of disability and requires reasonable accommodation for persons with disabilities.
7. Equal Employment Opportunity (EEO): The Proposer agrees that it shall comply with Executive Order (EO) No. 11246, Equal Employment Opportunity, as amended by EO No. 11375, requires that Federal Contractors and subcontractors not discriminate against any employee or applicant for employment because of race, color, religion, sex, or national origin. It also requires the Proposer and its subcontractors to take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, or national origin and as supplemented in Department of Labor regulation 29 CFR Parts 33 and 37 as well as 41 CFR Part 60 and 45 CFR Part 80 if applicable.
8. Proposer also assures that it will comply with 29 CFR Part 37 and all other regulations implementing the laws listed above. Proposer understands that the United States has the right to seek judicial enforcement of this assurance.

PRESIDENT/CEO/AUTHORIZED SIGNATURE

BUSINESS/COMPANY NAME

NAME (PRINT OR TYPE)

MAILING ADDRESS

TITLE

CITY, STATE, ZIP

DATE

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ATTACHMENT - 10
CERTIFICATION OF DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

RFP NO.

TO BE COMPLETED BY PROSPECTIVE VENDOR

A. The prospective Vendor certifies that it and its principals (subcontractors and suppliers):

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or involuntarily excluded by any Federal, State, County, City or Town or other government agency;
2. Have not within a three (3) year period preceding this bid proposal been convicted of or had a civil judgment entered against it for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, City or Town or other local agency) transaction or contract; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or local) within commission of any of the offenses enumerated in paragraph (A)(2) of this certification; and
4. Have not within a three (3) year period preceding this bid proposal had one or more public contracts (Federal, State, City or Town or other agency) terminated for cause or default.

B. Where the prospective Vendor is unable to certify any of the statements in this certification, an authorized signatory to this proposal shall complete, sign, and attach a detailed explanation.

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants Responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160 – 19211).

PRESIDENT/CEO/AUTHORIZED SIGNATURE

NAME (PRINT OR TYPE)

TITLE

DATE

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ATTACHMENT - 11
(W9) SAMPLE ONLY

Visit: [Form W-9 \(Rev. March 2024\) \(irs.gov\)](https://www.irs.gov/FormW9)

<p>Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p> <p>Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p>Give form to the requester. Do not send to the IRS.</p>													
<p>Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i>, below.</p>															
<p>Print or type. See Specific Instructions on page 3.</p>	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <hr/> <p>2 Business name/disregarded entity name, if different from above.</p> <hr/> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions)</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/></p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p style="text-align: right;"><i>(Applies to accounts maintained outside the United States.)</i></p> <p>5 Address (number, street, and apt. or suite no.). See instructions. Requester's name and address (optional)</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>														
<p>Part I Taxpayer Identification Number (TIN)</p> <p>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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i>, later.</p> <p>Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Social security number</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">or</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table> </td> </tr> </table>			Social security number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>					or	Employer identification number	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>				
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<p>Part II Certification</p> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> 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. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <p>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 for Part II, later.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Sign Here</td> <td style="width: 60%; border-bottom: 1px solid black;">Signature of U.S. person</td> <td style="width: 20%; border-bottom: 1px solid black;">Date</td> </tr> </table>			Sign Here	Signature of U.S. person	Date										
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<p>General Instructions</p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p>Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.</p> <p>What's New</p> <p>Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.</p> <p>New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).</p> <p>Purpose of Form</p> <p>An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they</p>															
Cat. No. 10231X		Form W-9 (Rev. 3-2024)													

REQUEST FOR PROPOSAL
RFP# 08212024-1
Flooring
Issue Date: August 21st, 2024
Due Date: September 30th, 2024

ATTACHMENT - 11
PROPOSAL CHECKLIST

The following items/submittals are required to be qualified as a Proposer to the RFP.

Written submissions shall follow the format listed in the RFP which is 12-point Times New Roman font. Please review the checklist and indicate WITH A (✓) MARK that all the required documents have been included with your submission.

Your proposal should include the following:

- _____ **NARRATIVE:** The Narrative should be a brief outline capability, financial resources, experience in providing the service, related products, and installation services and complete information relative to and addressing the scope and specifications.
- _____ Business/ Professional, License, Tax Receipt, Certifications issued by federal, state, and local agencies
- _____ Liability and Worker's Compensation Certificates
- _____ Bond Guarantee, Performance & Payment Certificates (if applicable)
- _____ Attachment 1- Proposer Cover Page
- _____ Attachment 2- Summary Qualifications
- _____ Attachment 3- Reference Sheet
- _____ Attachment 4- Cost Analysis Sheet
- _____ Attachment 5- Signed Non-Collusion Affidavit
- _____ Attachment 6- E-Verification Certification
- _____ Attachment 7- Conflict of Interest Notification Requirement Questionnaire
- _____ Attachment 8- Drug Free Workplace Form
- _____ Attachment 9- Non-Discrimination, Equal Opportunity Assurances, Certification, Other Provisions
- _____ Attachment 10- Certification of Debarment, Suspension and other Responsibility Matters
- _____ Attachment 11- W9 [Form W-9 \(Rev. March 2024\) \(irs.gov\)](https://www.irs.gov)
- _____ Attachment 12- Proposal Checklist

Please submit supporting documentation and certifications for all applicable classifications.

Failure to check the appropriate blocks above may result in disqualification of your proposal. Likewise, failure to provide supporting documentation and signed disclosures may result in the disqualification of your proposal.