

Format of Bid Proposal & Required Forms
Bid Proposal Check List
Non-Technical Specifications

Section 00300

1. Form of Proposal - Project Title
 - A. Base Bid Amount
 - B. Contract Time
 - C. Bid Security
 - D. Addenda Receipt
 - E. Principal's Declaration
 - F. Sub Bidder Listing
 - G. Bidders' No-Bid
2. Public Entity Crime Statement
3. Conflict of Interest Certificate
4. Prequalification Certification issued by Duval County Public Schools or Qualification Certification, as required.
5. MBE Requirements
 - A. MBE Participation MBE Form 1
 - B. MBE Prime Contractor Affidavit MBE Form 3
 - C. MBE Unavailability Certification MBE Form 4. Must be submitted if goals are not met in form MBE 1.
 - D. MBE Form 1A, MBE Participation Alternate No. _____ must be received within 24 hours of the bid opening.
6. Additional MBE Forms (MBE Forms 2, 2A, 5, 6)

SECTION 00300

FORM OF PROPOSAL

BID NO. _____

DCSB PROJECT NO. _____

PROPOSAL FOR: _____
(Project Title)

SUBMITTED BY: _____
(Firm)

CONTRACTOR'S FEDERAL TAX ID NO. _____

CONTRACTOR'S LICENSE NO: _____

QUALIFIER'S NAME: _____

ADDRESS: _____

TELEPHONE/FAX: _____

DATE SUBMITTED: _____, 200_____

TO: DUVAL COUNTY SCHOOL BOARD OF DUVAL COUNTY, FLORIDA

The undersigned Bidder, as a Principal, named herein, declares that he fully represents his Firm and is authorized to enter into legal agreements; that this Proposal is made freely and without connection with other persons, companies or parties submitting other Proposals; that this Proposal is in all respects fair and in good faith, without collusion or fraud; and that all parties directly interested in this Proposal are listed herein.

The Bidder further declares that he has examined the site(s) of the Work and informed himself fully in regard to all conditions pertaining to the site(s) where the Work is to be performed; that he has read and examined the Drawings, Specifications and other Contract Documents for the Work and has satisfied himself fully in regard to the Work to be performed.

The Bidder proposes and agrees, if this Proposal is accepted, to enter into a Contract with the Duval County School Board of Duval County, Florida, in contract form specified, to furnish all necessary materials, equipment, machinery, tools apparatus, means of transportation and labor necessary to complete the Contract in full and complete accordance with the requirements of the Drawings and

Specifications and other Contract Documents acceptable to the Duval County School Board of Duval County, Florida. The Bidder acknowledges that additional money will not be allowed for extra work except as set forth in the attached General Conditions and Contract Documents. **Pursuant to *Florida Statutes*, Duval County School Board (Owner) is exempt from Florida Sales Tax on the purchase of construction material and equipment and has elected to exercise this right. All bids are to be submitted with all applicable taxes included.**

A. BASE BID PROPOSAL:

The Bidder proposes and agrees to furnish all labor, material and equipment necessary to accomplish the Work in accordance with the Drawings and Specifications for the lump sum price of

_____ Dollars (\$ _____).

B. CONTRACT TIME:

Bidder agrees to commence the work under this Contract on a date to be specified in a written Notice to Proceed and shall Substantially Complete all work thereunder within _____ consecutive calendar days and shall obtain Final Completion of all work thereunder within _____ consecutive calendar days after Substantial Completion. Additional Contract Time shall not be granted except by Change Order. This time includes average rain days and holidays.

C. BID SECURITY:

Bidder agrees that in the case of failure on his part to execute the said Contract and the Performance Bond within ten (10) consecutive calendar days after receiving same, the Bid Security accompanying this Proposal and the monies payable thereon, shall be paid into the funds of the Duval County School Board of Duval County, Florida, as Liquidated Damages for such failure; otherwise the Bid Security accompanying this Proposal shall be returned to the undersigned.

Attached hereto is a certified check on _____

Bank of _____ in the amount of

(\$ _____) or a Bid Bond in an amount not less than five percent (5%) of the bid amount made payable to the Duval County School Board of Duval County, Florida. Submit original and copy of Bid Security.

D. ADDENDA RECEIPT:

Bidders shall acknowledge below the receipt of Addenda, if any, to Plans, Specifications and Contract Documents

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____

LEGAL SIGNATURE: _____

TITLE: _____

E. PRINCIPAL'S DECLARATION:

The Bidder shall provide below the full names, business address and business and emergency telephone numbers of persons and firms directly interested in the foregoing bid. List sole proprietors, partners or corporate officers as appropriate:

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBERS</u>
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LEGAL SIGNATURE: _____

TITLE: _____

F. SUB-BIDDER (SUBCONTRACTOR) LISTING:

- A. The Bidder shall identify on the attached SUB-BIDDERS LIST those Sub-Bidders (Subcontractors, suppliers, manufacturers, etc.) he intends to Subcontract with should he be awarded a Contract resulting from this Proposal.
1. He shall indicate each Subcontractor, supplier, product or material manufacturer, fabricator or equipment manufacturer by trade or specialty listed on the SUB-BIDDERS LIST.
 2. He shall indicate each Subcontractor, supplier, product or material manufacturer, fabricator or equipment manufacturer by trade or specialty if their work exceeds five percent (5%) of the total bid amount and is not listed on the attached SUB-BIDDERS LIST.
 3. The Bidder shall also indicate any major division of work performed by his own forces listed on the attached SUB-BIDDERS LIST or which exceeds five percent (5%) of the total bid amount. Bidder is cautioned not to list his own forces for work he does not intend to perform or for which he is not legally qualified.
- B. Bidders failing to identify on the attached SUB-BIDDERS LIST the Subcontractors, suppliers, product or material manufacturers, equipment manufacturers, fabricators, etc., listed (or others of 5% or more of total bid) may be disqualified and bid may be rejected.

(F-Continued)

SUB-BIDDER (SUBCONTRACTOR) LISTING:

Instructions:

- 1. List all sub-bidders where the amount to be paid each Sub-Bidder exceeds five percent (5%) of bid amount.**
- 2. Company name and telephone MUST be included.**
- 3. Specify if the sub-bidder is a material-supplier only.**
- 4. If additional space is need, complete on separate sheet of 8.5x11 paper and label accordingly.**
- 5. Do not include alternates.**

Division 2 - Sitework: _____

Division 3 - Concrete: _____

Division 4 - Masonry: _____

Division 5 - Metals: _____

Division 6 - Wood and Plastics: _____

Division 7 - Thermal and Moisture Protection: _____

Division 8 - Doors and Windows: _____

Division 9 - Finishes: _____

Division 10 - Specialties: _____

Division 11- Equipment: _____

Division 12 - Furnishings: _____

Division 13 - Special Construction: _____

Division 14 - Conveying Systems: _____

Division 15 - Mechanical: _____

Division 16 - Electrical: _____

Security System: _____ See A/E for Specifications

OTHER: _____

Bid No _____

OTHER: _____

OTHER: _____

OTHER: _____

OTHER: _____

LEGAL SIGNATURE: _____

TITLE: _____

G. BIDDER'S "NO-BID"

UNABLE TO SUBMIT A BID? We sincerely hope this is not the case. If your firm cannot submit a bid at this time, please provide the information requested in the space provided below and return it to:

General Director
Facilities Planning and Construction
Duval County School Board
1701 Prudential Drive
Jacksonville, Florida 32207

We have received an Invitation to Bid No. _____.

Title of Project _____

Opening Date _____ We are unable to submit

a bid at this time due to the following reasons:

Name of Firm _____

Signature and Title _____

Street Address or P.O. Box _____

City, State, Zip Code _____

If submitting a "No Bid," RETURN BID PACKAGE TO DESIGN

PROFESSIONAL at the address indicated herein.

Return this form ONLY.

FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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

1. This sworn statement is submitted to _____
(print name of the public entity)
by: _____
(print individual's name and title)
whose business address is _____

and, if applicable, Federal Employee Identification Number (FEIN) of the individual signing this sworn statement: _____. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement _____.

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt. In any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989 as a result of a jury verdict, nonjury trial or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means: (a) a predecessor or successor of a person convicted of a public entity crime, or, (b) an entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. **(Please indicate which statement applies.)**

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the

entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement or one or more of its officers, directors, executives, partners, shareholders, employees, members or agents who are active in the management of the entity or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list (**ATTACH A COPY OF THE FINAL ORDER**).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

(Signature)

Date: _____

STATE OF _____

COUNTY OF _____

Sworn to and Subscribed Before Me This _____ Day of _____, 200____.

Personally Known _____ (NOTARY PUBLIC)

OR Produced Identification _____ (NOTARY PUBLIC)

Notary Public - State of _____

(Type of Identification)

My Commission Expires: _____

(Printed, typed, or stamped)
FormPUR7068(Rev.6/92)

CONFLICT OF INTEREST CERTIFICATE

Bidder must execute either Section I or Section II hereunder relative to Florida Statute 112.313(12). Failure to execute either section may result in rejection of this bid proposal.

SECTION I

I hereby certify that no official or employee of the City or independent agency requiring the goods or services described in these specifications has a material financial interest in this company.

Signature

Company Name

Name of Official (type or print)

Business Address

City, State, Zip Code

SECTION II

I hereby certify that the following named City official(s) and employee(s) having material financial interest(s) (in excess of 5%) in this company have filed Conflict of Interest Statements with the Supervisor of Elections, 105 East Monroe Street, Jacksonville, Duval County Florida, prior to bid opening.

Name	Title or Position	Date of Filing
_____	_____	_____
_____	_____	_____

Signature

Company Name

Print Name of Certifying Official

Business Address

City, State, Zip Code

PUBLIC OFFICIAL DISCLOSURE

Section 126.111 of the Purchasing Code requires that a public official who has a financial interest in a bid or contract make a disclosure at the time that the bid or contract is submitted or at the time that the public official acquires a financial interest in the bid or contract. Please provide disclosure, if applicable, with bid.

Public Official _____

Position Held _____

Position or Relationship with Bidder _____

Bid No _____

Instructions to Bidders: Copy of Prequalification Certificate issued by Duval County Public Schools is required for all construction projects in excess of \$200,000 and electrical projects in excess of \$50,000. The QUALIFICATION CERTIFICATION FORM below is ONLY for construction bids under \$200,000 and electrical bids under \$50,000. The QUALIFICATION CERTIFICATION FORM below CANNOT be submitted in place of an approved Prequalification Certificate issued by Duval County Public Schools.

QUALIFICATION CERTIFICATION FORM

Project Name _____

Project Number _____

Bidder _____

Bidder certifies that in the past 5 years it has successfully completed at least two projects of similar size and complexity to the one bid herein.

DATE	NAME OF PROJECT	OWNER	OWNER REP#	\$ VALUE	SQ FT

I hereby certify the foregoing to be true and correct.

(Name)

(Date)

PROPOSED SCHEDULE OF MBE PARTICIPATION

Name of Contractor / Architect/Engineer:					
Project Title:			Project No.:		
Date:			Base Bid Amount:		
MBE Code	MBE Firm Name	Phone #	Scope of work to be subcontracted (Indicate if the contract will include labor and material)	Dollar Value	If Certified with a Reciprocal Agency (Name Agency)

MBE CODE	CODE DESCRIPTION	TOTAL DOLLAR VALUE [\$]	PERCENTAGE OF BASE BID %
AA	AFRICAN AMERICAN PARTICIPATION		
HANA	HISPANIC, ASIAN, NATIVE AMERICAN PARTICIPATION		
WBE	WOMEN OWNED PARTICIPATION		
TOTAL	MINORITY PARTICIPATION		

The undersigned will enter into a formal Agreement with the MBE firms (Subcontractors/Proposers) identified herein for work listed in this schedule conditioned upon execution of a contract with the Duval County School Board. Under penalties of perjury, I declare that I have read the foregoing conditions and instructions and the facts as revealed to the DCSB herein, are true to the best of my knowledge and beliefs.

Signature: _____

TITLE: _____

Date: _____

MBE FORM 1

PRIME CONTRACTOR AFFIDAVIT

STATE OF _____

COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, THIS DAY PERSONALLY APPEARED

_____ (NAME OF CONTRACTOR)

HEREBY KNOWN AS THE "AFFIANT," WHO BEING BY ME FIRST DULY SWORN, DEPOSES,

AND SAYS:

THAT THE AFFIANT IS A CONTRACTOR WHO IS SUBMITTING A BID ON A DUVAL COUNTY PUBLIC SCHOOL PROJECT.

THAT IN CONJUNCTION WITH THE SUBMISSION OF THIS BID IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE DUVAL COUNTY PUBLIC SCHOOL'S MINORITY BUSINESS DEVELOPMENT AND ASSISTANCE PROGRAM, THE AFFIANT, PRIOR TO THE DATE OF THIS AFFIDAVIT, HAS CONTACTED THE SUBCONTRACTORS LISTED ON THE MBE FORM 1, SCHEDULE OF MBE PARTICIPATION, WHO HAS AGREED TO ENTER INTO A CONTRACT ON THE PROJECT AS SUBCONTRACTORS/SUPPLIERS FOR THE WORK INDICATED IN THE BID TO DUVAL COUNTY PUBLIC SCHOOLS.

_____ AFFIANT'S NAME

SWORE TO AND SUBSCRIBED BEFORE ME UNDER OATH THIS _____ DAY OF _____ 200 ____.

_____ NOTARY PUBLIC'S SIGNATURE

_____ NOTARY PUBLIC'S NAME (TYPE OR PRINT)

PERSONALLY KNOWN _____ PRODUCED IDENTIFICATION _____

_____ TYPE OF IDENTIFICATION PRODUCED

MBE FORM 3
Revised 8/97

MBE UNAVAILABILITY CERTIFICATION

I, _____, _____
(Representatives Name) **(Representative Titles)**

of _____ certify that on the dates below, I or my
(Firm Address)
firm invited the following MBE Subcontractor(s) to bid/quote work items to be performed on

(DCSB Project Name) **(Project No.)**

Date of Request	Minority-Owned Business	Work Items Sought
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following MBEs did not bid in response to the invitations:

_____	_____	_____
_____	_____	_____

The following MBEs submitted bids that were not accepted:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Under penalties of perjury I declare that I have read the foregoing conditions and instruction and the facts are true to the best of my knowledge and beliefs.

(Date) **(Signature)** **(Title)**

**PROPOSED SCHEDULE OF MBE PARTICIPATION
(ON ALTERNATE NO. _____)**

Name of Contractor/Consultant:					
Project Title:			Project No.:		
Date:			Base Bid Amount:		
MBE Code	MBE Firm Name	Phone #	Scope of Work to be Subcontracted (indicate if Contract includes Labor & Material)	Dollar Value	If Certified with a Reciprocal Agency (Name Agency)

MBE Code	Code Description	Total Dollar Value (\$)	Percentage of Base Bid (%)
AA	African-American Participation	_____	_____
HANA	Hispanic, Asian, Native American Participation	_____	_____
WBE	Women-Owned Participation	_____	_____
TOTAL	Minority Participation	_____	_____

The undersigned will enter into a formal Agreement with the MBE firms (Subcontractors/Proposers) identified herein for work listed in this schedule conditioned upon execution of a contract with the Duval County Public Schools.

Signature: _____

Title: _____

Under penalties of perjury, I declare that I have read for foregoing conditions and instructions and the facts as revealed to the DCPS herein, are true to the best of my knowledge and beliefs.

Signature: _____

Title: _____

Date: _____

MBE Form 1A

Revised 8/97

A MBE IDENTIFICATION AFFIDAVIT

STATE OF _____

COUNTY OF _____

I HEREBY DECLARE AND AFFIRM THAT I AM THE _____

(Give Title: Owner, President and duly authorized representative of Co-Venture, etc.)

_____ whose address is
(Name of Firm)

(Address)

I hereby declare and affirm that I am a Minority-Owned Business Enterprise (MBE) as defined by the contract documents cited below, and that I will provide on request information to document this fact.

This firm is interested in quoting/bidding on the following categories of work being procured by the Duval County School Board under Project No. _____.

(Specify in detail, work items or parts thereof to be performed)

Attachment

Under penalties of perjury I declare that I have read the foregoing conditions and instruction and the facts are true to the best of my knowledge and beliefs.

(Date)

(Signature)

(Title)

MBE Form 2A

Revised 8/97 SECTION 00390

MBE MONTHLY REPORT Please submit a copy to each department:1) Facilities Planning & Construction, 1701 Prudential Dr., 5th Floor, Jacksonville, FL 32207, and 2) Minority Business Affairs Office, 4880 Bulls Bay Highway, Jacksonville, FL 32219

Name of Contractor / Consultant:				
Project Title:			Project No.:	
For the Time Period of:		Total Contract Amt:	Contact Person:	Phone#:
Type of Project: <input type="checkbox"/> Construction <input type="checkbox"/> Design <input type="checkbox"/> Construction Management <input type="checkbox"/> Annual Contract if Annual, please note Activation No.: _____				
MBE Code	MBE Firm Name	Scope of Work	Monthly Payments	Cumulative Payments

PERCENTAGE OF OVERALL CONTRACT COMPLETION: _____ %

The undersigned hereby affirms and declares that the above listed firms were actually employed in the performance of work services under this contract, and further that each such firm earned and has been paid the stated amounts for their respective efforts. Under penalties of perjury, I declare that I have read the foregoing conditions and instructions and the facts are true to the best of my knowledge and beliefs.

Date	Signature	Title
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- NOTES:**
1. CONTRACTOR SHALL ATTACH TO THIS FORM A TYPEWRITTEN EXPLANATION OF ANY DIFFERENCES IN MBE PARTICIPATION BETWEEN THIS FORM AND MBE FORM 1, INCLUDING AN ACCOUNTING FOR ANY CHANGES IN MBE FIRMS EMPLOYED.
 2. **THIS FORM MUST BE COMPLETED AND SUBMITTED WITH CONTRACTOR'S REQUEST FOR MONTHLY AND FINAL PAYMENTS. IN ADDITION, PLEASE SUBMIT A COPY OF THIS FORM DIRECTLY TO THE FACILITIES PLANNING & CONSTRUCTION OFFICE AND THE MINORITY BUSINESS AFFAIRS OFFICE OF DUVAL COUNTY PUBLIC SCHOOLS.**

MBE FORM 5
Revised 8/2000

MBE CHANGE ORDER PARTICIPATION FORM

Name of Contractor/Consultant				Change Order No.:	
Project Title:				Project No.:	
Date:			Project No.:		
In this chart, indicate <u>all</u> subcontractors scheduled to work on this Change Order (Both MBE and Non-MBE). Please indicate if it is an Additive (+) or Deductive (-) Change Order.					
MBE/ Non-MBE	Firm's Name	Phone #	Scope of Work to be subcontracted (indicate if the contract will include labor & material)	Dollar Value of Change Order	If Certified with a reciprocal agency (Name Agency)

MBE Code	Code Description (Participation)	Total Dollar Value [\$]	Percentage of Base Bid [%]
AA	African-American	_____	_____
HANA	Hispanic, Asian, Native American	_____	_____
WBE	Women-Owned	_____	_____
TOTAL	Minority	_____	_____

Please attach the justification letter to this form along with any necessary backup data.

ADDITIONAL INFORMATION:

Signature: _____

Title: _____