



## **REQUEST FOR QUALIFICATION CONTINUING SERVICES FOR: Planning & Economic Analysis Landscape Architecture/Urban Design Engineering**

### **1. CONTINUING SERVICES REQUESTED**

Pursuant to the policies and procedures of the Orange Blossom Trail Development Board (the Board), notice is hereby given that a sealed qualification statement for providing continuing professional services to the Board is requested. The Board wishes to enter into continuing services agreements with firms who specialize in the following three disciplines:(1) Planning & Economic Analysis, (2) Landscape Architecture/Urban Design and (3) Engineering.

### **2. DUE DATE AND TIME**

Qualification statements must be received by 2:00 pm, local time, Friday, January 11, 2019, at the OBT Development Board Offices located at 2719 S. Orange Blossom Trail, Orlando, Florida 32805. Any Statement of Qualifications received after the above stated date will not be considered. It shall be the sole responsibility of the submitter to have their qualifications delivered to the OBT Development Board offices for receipt on or before the above stated date and time. No matter the method of delivery chosen by the submitter, the submitter shall be responsible for its timely delivery.

Qualification statements can be submitted the following ways:

**ELECTRONICALLY:** Vanessa.pinkney@obtdb.com

**MAIL/DELIVERY:**

RFQ: Continuing Services OBT Development Board  
2719 S. Orange Blossom Trail Orlando, FL 32805  
(Comer of 28TH Street and S. Orange Blossom Trail)

### **3. SELECTION PROCESS/MEETINGS**

Please be advised that to ensure a fair and equal opportunity for all interested participants, individual meetings with interested firms will not be entertained at this time. The Board will appoint a committee to review the RFQ's and select firms for continuing services based on a number of established criteria such as success of past projects, reference recommendation and others. Although unlikely, the committee may wish to personally interview firms. If this arises, firms will be contacted in advance and given ample time to prepare. The Board may wish to contract with more than one professional service provider in any given discipline. The OBT Development Board reserves the right to waive any irregularities in the selection process and to reject any or all qualification statements.

### **4. MWBE PARTICIPATION**

The OBT Development Board has adopted Minority and Women-Owned Business Enterprise goals. Consultants are encouraged to utilize M/WBE firms as sub-consultants or in joint-venture arrangements in responding to this request for qualification statements. Such utilization will be given favorable selection consideration. Consultants must certify that employees and applicants for employment are not discriminated against because of race, color, religion, sex, national origin, age, disability or marital status.

### **5. PUBLIC ENTITY CRIMES**

No award will be executed with any person or affiliate identified on the Department of Management Services "convicted vendor" list. This list is defined as consisting of persons and affiliates who are disqualified from public contracting and purchasing process because they have been found guilty of a public entity crime. No public entity shall award any contract to, or transact any business in excess of the threshold amount provided in Section 287.017, Florida Statutes for Category Two (currently \$10,000.00) with any person or affiliated on the "convicted vendor" list for a period of thirty-six (36) months from the date that person or affiliate was placed on the "convicted vendor" list unless that person or affiliate has been removed from the list pursuant to Section 287.133(3)(f) Florida Statutes.

REQUEST FOR QUALIFICATIONS  
OBT DEVELOPMENT BOARD, INC.  
Due Date: Friday, January 11, 2019

Name of Firm:

Discipline(s):

Address:

Phone Number:

Fax Number:

Contact Person:

Title:

Email Address:

Firm's Website:

**LOCATION**

1. State address of Prime Consultant's office where the majority of work on this project will be performed:
2. State percentage (%) of total over-all fees projected to be performed on this project by the office specified above: \_\_\_\_\_%
3. State address of prime consultant's other offices where any part of the work on this project will be performed:
4. State percentage (%) of total over-all fees projected to be performed on this project by firms specified above in question 3 \_\_\_\_\_.
5. State percentage (%) of total over-all fees projected to be performed on this project by firms located within Orange County, including the prime consultant and sub-consultants: \_\_\_\_\_%
6. State percentage (%) of total over-all fees projected to be performed on this project by firms located within Orange County and adjoining counties (Seminole, Volusia, Brevard, Osceola, Polk and Lake) including the prime consultant and sub-consultants: \_\_\_\_\_%

## **Project Manager: Similar Projects**

List up to two similar projects completed within the past five (5) years by the project manager which would be assigned to this project. List projects you feel best exemplifies their capabilities for working with the Board.

Proposed Project Manager:

Project 1: Project Manager

Project Name:

Owner:

Reference Name & Address:

Reference Phone Number:

Project Completion Date:

Summary of Work:

Proposed Project Manager:

Project 2: Project Manager

Project Name:

Owner:

Reference Name & Address:

Reference Phone Number:

Project Completion Date:

Summary of Work:

## The Firm: Similar Projects

List up to two similar projects within the past five (5) years that the designated office of your firm has completed which you feel most exemplifies your capabilities and probability of success.

### Project 1: The Firm

Project Name:

Owner:

Reference Name & Address:

Reference Phone Number:

Project Completion Date:

Summary of Work:

### Project 1: The Firm

Project Name:

Owner:

Reference Name & Address:

Reference Phone Number:

Project Completion Date:

Summary of Work:

## CONFLICT/NON-CONFLICT OF INTEREST STATEMENT

CHECK ONE

To the best of our knowledge, the undersigned firm has no potential conflicts of interest due to any other clients, contracts, or property interest for this project.

OR

The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

## LITIGATION STATEMENT

CHECK ONE

The undersigned firm has had no litigation on any projects in the last five (5) years.

OR

The undersigned firm, by attachment to this form, submits a summary and disposition of individual cases of litigation during the past five (5) years.

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Company Name

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Authorized Signature

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Name (Print)

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Title

**AMERICANS WITH DISABILITIES ACT**

**AFFIDAVIT**

The undersigned Contractor swears that the information herein contained is true and correct and that none of the information supplied was for the purpose of defrauding the Board or any other agency.

The Contractor will not discriminate against any employee or applicant for employment because of physical or mental handicap in regard to any position for which the employee or applicant for employment is qualified. The Contractor agrees to comply with the rules, regulations and relevant orders issued pursuant to the Americans with Disabilities Act (ADA), 42 USC s. 12101 et seg. It is understood that in no event shall Board be held liable for the actions or omissions of Contractor or another party or parties to the contract for failure to comply with the ADA. Contractor agrees to hold harmless and indemnify Board, its agents or employees and officers from any and all claims, demands, debts, liabilities or causes of action of every kind of character, whether in law or equity, resulting from Contractor's acts or omissions in connection with the ADA.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 2019, before me appeared (name). \_\_\_\_\_

to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) \_\_\_\_\_

to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(Seal)

## DRUG-FREE WORKPLACE FORM

The undersigned vendor, in accordance with Florida Statute 287.087 hereby certifies that (name of business) \_\_\_\_\_ does:

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.

Inform employees about the dangers of drug abuse in the workplace, the businesses policy of maintaining a drug-free workplace, and any available drug counseling, rehabilitation employee assistance programs and the penalties that may be imposed upon employees for drug abuse violations.

Give each employee engaged in providing the commodities or contractual services that re under bid a copy of the statement specified in Paragraph 1.

In the statement specified in Paragraph 1, notify the employee that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any convictions of, or plea of guilty or nolo contendere to, any violation of Chapter 1893 or of any controlled substance law of the United States or any state, for any violation occurring in the workplace, no later than five (5) days after such conviction.

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.

Make a good faith effort to continue to maintain a drug-free workplace through implementation of Paragraphs 1 through 5.

**CHECK ONE:**

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

As the person authorized to sign this statement, this firm **DOES NOT** comply fully with the above requirements.

Name of Bidding Firm \_\_\_\_\_

Individual's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## INFORMATION FOR DETERMING JOINT VENTURE ELIGIBILITY

(This form (2 pages) must be completed ONLY if the firm submitting is a joint venture.)

1. Name of joint venture:
2. Address of joint venture:
3. Phone number of joint venture:
4. Identify the firms which comprise the joint venture:
  - 1.
  - 2.
5. Describe the role of the MBE firm (if applicable) in the joint venture.
6. Provide a copy of the joint venture's written contractual agreement.
7. What is the claimed percentage of MBE ownership (if applicable)?
8. Ownership of joint venture: *(This need not be filled in if described in the joint venture agreement provided by question 6.)*
  - (a) Profit and loss sharing?
  - (b) Capital contributions, including equipment?
  - (c) Other applicable ownership interests?
9. Control of and participation in this contract. Identify by name, race, sex, and "firm" those individuals (and their titles) who are responsible for day-to-day management and policy decision making, including, but not limited to, those with prime responsibility for:
  - (a) Financial decisions:
  - (b) Management decisions, such as:
    1. Estimating
    2. Marketing and sales
    3. Hiring and firing of management personnel
    4. Purchasing of major items or supplies
  - (c) Supervision of field operations

Note: If, after filing this form and before the completion of the joint ventures' work on the contract covered by this regulation, there is any significant change in the information submitted, the joint venture must inform the grantee, either directly or through the prime contractor in the joint venture is a subcontractor.

\*Joint venture must be registered with the state as a fictitious name before the contract award.

## AFFIDAVIT

"The undersigned swear that the foregoing statements are correct and include all material information necessary to identify and explain the terms and operation of our joint venture and the intended participation by each member in the joint venture. Further, the undersigned covenant an agree to provide to the grantee current, complete and accurate information regarding actual joint venture work and the payment therefore and any proposed changes in any member of the joint venture relevant to the joint venture, by authorized representatives of the grantee or the Federal funding agency. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under Federal or State laws concerning false statements."



Name of Firm \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Date** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

### AFFIDAVIT

On this \_\_\_\_\_ day of \_\_\_\_\_ 2019, before me appeared (name) \_\_\_\_\_

to me personally known, who being duly sworn, did execute the foregoing affidavit and did state that he or she was properly authorized by (name of firm) \_\_\_\_\_

to execute the affidavit and did so as his or her free act and deed.

Notary Public. \_\_\_\_\_

Commission expires \_\_\_\_\_

(Seal)

**Date** \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 2019, before me appeared (name). \_\_\_\_\_

to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by (name of firm) \_\_\_\_\_

to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

Commission expires. \_\_\_\_\_

(Seal)

# Orange Blossom Trail Development Board, Inc.

## Overview

### Creation of the Board:

In the late 1970's and early 1980's, the Orange Blossom Trail corridor in Orlando, Florida was a haven for prostitution, dilapidated businesses, a failing overcrowded roadway, and seemed forgotten by local municipalities. Still, the area was of tremendous economic impact, and the area served as a gateway both to the City and to the tourist core as well.

Therefore, in 1985, the City of Orlando and Orange County created the Orange Blossom Trail Development Board, Inc. (now referred to as the OBT Development Board) through an inter-local agreement. The original agreement called for a 1/3 City, 2/3 County funding split, however administrative funding is now primarily provided through CRA revenues.

### Board of Directors:

The OBT Development Board has a nine member, volunteer Board of Directors. Board members are appointed by Orange County (6) and the City of Orlando (3). Board members may be appointed to two full terms of four years each.

### Staff:

Staff of the OBT Development Board serve at the pleasure of the Board of Directors, and are ultimately governed by the Orange County Mayor and Board of County Commissioners and the Orlando Mayor and City Council. Coordination and contact with these municipalities and subsequent approval of various program initiatives, funding, plan approval, and project scopes is continual.

### Statement of Purpose:

The Orange Blossom Trail Development Board, Inc. was created by Orange County and the City of Orlando to plan and implement projects intended to revitalize the Orange Blossom Trail area.

The Board works as a conduit between local government and property owners, developers and technical groups involved in the physical and social improvements to the Orange Blossom Trail. The Board conducts extensive research studies, surveys, interviews and public meetings, and develops plans for adoption by city and/or county government.

The Development Board is currently focused on the implementation of the OBTNext Master Plan. It is the first-ever comprehensive master plan prepared for an 8.3-mile corridor of Orange Blossom Trail (OBT), from State Road 50 to State Road 528 (also known as the Beachline Expressway) in Orange County, Florida. Funded by a grant from the Florida Department of Economic Opportunity (DEO), the Orange Blossom Trail Development Board (OBTDB) initiated the planning effort to specifically identify and address issues impacting the corridor's viability. This master plan is one of the three plans created as part of the DEO grant, the other two are: 1) a Community Redevelopment Area (CRA) Plan Update and 2) a Safe Neighborhood Plan Update. All the plans complement each other, but only the master plan illustrates the overall vision and framework for the entire 8.3-mile corridor. The OBT master plan lays out a roadmap for OBT as an area that can be economically competitive and socially relevant in today's world. **This plan has not been formally adopted by Orange County Government.**

The firm(s) selected will primarily serve in assisting the board and staff to implement the OBTNext Master Plan. For more information on the plan you may download or view it at [OBTNext.com](http://OBTNext.com).

# TEAM COMPOSITION:

# Planning & Economic Analysis

<b>Prime Consulting Team Name &amp; Address:</b>			<b>Federal ID NO:</b>	<b>Is the Prime Consultant a Certified M/WBE Firm by Orange County?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ROLE</b>	<b>Name and City of Residence of Individual Assigned to the Project</b>	<b>No. Years of Experience:</b>	<b>Education, Degree (s)</b>	<b>Florida Active Registrations Number</b>
Principal-in-Charge				
Project Manager				
Other Key Member:				
Other Key Member:				
Other Key Member:				
<b>Sub-Consultants:</b>				
<b>ROLE (List Roles)</b>	<b>Company Name &amp; Address of Office Handling this Project</b>	<b>If M/WBE, Specify Which</b>	<b>Projected % of Overall Work</b>	<b>Name of Individual Assigned to This Project</b>

# TEAM COMPOSITION:

# Landscape Architecture/Urban Design

<b>Prime Consulting Team Name &amp; Address:</b>			<b>Federal ID NO:</b>	<b>Is the Prime Consultant a Certified M/WBE Firm by Orange County ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ROLE</b>	<b>Name and City of Residence of Individual Assigned to the Project</b>	<b>No. Years of Experience:</b>	<b>Education, Degree (s)</b>	<b>Florida Active Registrations Number</b>
Principal-in-Charge				
Project Manager				
Other Key Member:				
Other Key Member:				
Other Key Member:				
<b>Sub-Consultants:</b>				
<b>ROLE (List Roles)</b>	<b>Company Name &amp; Address of Office Handling this Project</b>	<b>If M/WBE, Specify Which</b>	<b>Projected % of Overall Work</b>	<b>Name of Individual Assigned to This Project</b>

# TEAM COMPOSITION:

# Engineering

<b>Prime Consulting Team Name &amp; Address:</b>			<b>Federal ID NO:</b>	<b>Is the Prime Consultant a Certified M/WBE Firm by Orange County ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ROLE</b>	<b>Name and City of Residence of Individual Assigned to the Project</b>	<b>No. Years of Experience:</b>	<b>Education, Degree (s)</b>	<b>Florida Active Registrations Number</b>
Principal-in-Charge				
Project Manager				
Other Key Member:				
Other Key Member:				
Other Key Member:				
<b>Sub-Consultants:</b>				
<b>ROLE (List Roles)</b>	<b>Company Name &amp; Address of Office Handling this Project</b>	<b>If M/WBE, Specify Which</b>	<b>Projected % of Overall Work</b>	<b>Name of Individual Assigned to This Project</b>

## EMPLOYMENT DATA, SCHEDULE OF MINORITIES AND WOMEN

The following information shall be furnished at time of statement of qualifications submittal:

The Proponent shall provide the following data pertaining to its workforce. **If the Proponent has an Orange County workforce, it should be shown: if the Proponent does not have an Orange County workforce, total permanent workforce should be shown.** If the proponent is a joint venture, employment data shall be furnished for each firm composing the joint venture.

Job Categories	ALL EMPLOYEES			MINORITY MALES				MINORITY FEMALES			
	Total Male & Female	Male	Female	Black Males	Asian American Males	American Indian Males	Hispanic Males	Black Females	Asian American Females	American Indian Females	Hispanic Females
Officials, Managers, & Supervisors											
Professionals											
Technicians											
Sales Workers											
Office and Clerical											
Craftsmen (Skilled)											
Operatives (Semi-skilled)											
Laborers (Unskilled)											
Service Workers											
Apprentices											
Interns/Co-ops											
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

The above reflects (check one):  
 Orange County Workforce  
 Total Permanent Workforce (Outside Orange County, FL)

Firm or Corporation Name:

Address:

Name :(Printed)

Signature:

Date