

Request for Qualifications



Construction Management (CM) Services for Mental Health Renovations at Wakulla CI Annex and Santa Rosa CI Annex RFQual-20-025

Lacy Perkins
Procurement Officer
Florida Department of Corrections
501 S. Calhoun Street
Tallahassee, FL 32399

TIMELINE

RFQual-20-025: Construction Management (CM) Services for Mental Health Renovations at Wakulla CI Annex and Santa Rosa CI Annex

EVENT	DUE DATE	LOCATION/COMMENT
Release of RFQual	March 23, 2020	Vendor Bid System (VBS): http://vbs.dms.state.fl.us/vbs/main_menu Florida Administrative Register Local Newspaper in Wakulla and Santa Rosa Counties
Informational Meeting	April 15, 2020 at 10:00 a.m., Eastern Time	Conference Call Number: (888) 585-9008 Conference Room Number: 701-874-802
Sealed Qualifications Due and Opened	April 28, 2020 Prior to 2:00 p.m., Eastern Time	Submit to: Florida Department of Corrections Bureau of Procurement, Lacy Perkins Re: RFQual-20-025 501 S Calhoun Street Tallahassee, FL 32399
Selection Team Meeting	May 5, 2020 at 10:00 a.m., Eastern Time	Florida Department of Corrections Bureau of Procurement 501 South Calhoun Street, Room 311C Tallahassee, Florida 32399
Presentations	Thursday-Friday, May 27-28, 2020	Presentations will be held in Tallahassee, FL. The Department will contact the top-ranked Firms to provide the presentation date and time to each Firm no later than May 15, 2020. The Procurement Officer will contact the Firm's representative for the solicitation process identified in Attachment II, Firm's Contact Information.
Advertisement of Agency Selection	June 16, 2020	Vendor Bid System (VBS): http://vbs.dms.state.fl.us/vbs/main_menu

*Timeline subject to change. Changes will be communicated as an addendum to this Selection.

Table of Contents

TIMELINE	2
Section 1 - Project Description.....	2
Section 2 - General Instructions	2
Section 3 - Required Submittals	4
Section 4 - Initial Screening Evaluation (100 points total)	10
Section 5 – Presentations (100 points total)	11
Section 6 – Diversity in Contracting	12
Section 7 - Terms and Conditions	13
Section 8 - Selection Process	13
Attachment I	14
Attachment II	19
Attachment III	20
Attachment IV	30

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Section 1 - Project Description

The Florida Department of Corrections (Department) is seeking qualifications from construction management firms (Firms) to provide services for new construction and renovation at Wakulla CI Annex, located at 110 Melaleuca Drive, Crawfordville, Florida 32327, and at Santa Rosa CI Annex, located at 5850 E. Milton Road, Milton, FL 32583. Attachment I, Project Description contains more detailed information on this Project.

The total project budget is approximately \$12,181,000.00, with a construction budget of approximately \$11,771,000.00. Qualified Firms who respond must be a licensed general contractor in the State of Florida at the time of qualification submission. If a corporation or partnership, the Firm must be registered by the Florida Department of State, Division of Corporations to operate in the State of Florida at the time of application.

The selected Firm will be expected to provide pre-construction services resulting in an initial guaranteed maximum price (GMP) for construction budget request purposes, a final GMP, and construction management services. Funds for pre-construction services and partial construction activities are available in the Department's Fiscal Year (FY) 19/20 budget and the remaining funds are expected in FY 20/21.

All interested Firms should provide their sealed qualifications to the Florida Department of Corrections, Bureau of Procurement by the date and time established in the Timeline.

Section 2 - General Instructions

2.1. The Department will address questions from interested Firms concerning this Request for Qualifications at an informational meeting, as indicated in the Timeline.

2.1.1 Selection Committee members will not be available to discuss any details of the Project and interested Firms should not reach out to any Department staff except as directed in Section 2.1.

2.2. Qualifications should be submitted in a sealed envelope addressed to:

Department of Corrections
Bureau of Procurement, Lacy Perkins
Re: RFQual-20-025
501 South Calhoun Street
Tallahassee, FL 32399-2500

2.2.1. The envelope should be clearly marked with the project information "RFQual-20-025 Wakulla CI Annex and Santa Rosa CI Annex Mental Health Renovations Construction Management (CM) Services"; and

2.2.2. The date and time of the Selection opening, per the Timeline, should be marked on the envelope.

2.3. Mandatory Criteria

2.3.1. Firms responding to this RFQual are required to have a current Florida Professional Registration Certificate for General Contractor's license, in good standing, and be licensed to work in the State of Florida.

2.3.2. Firms responding to this RFQual must be available, if requested, for presentations as required in the Timeline. Confirmation of exact presentation times will be sent to top-ranked Firms as indicated in the Timeline. Presentations will be in-person in Tallahassee, Florida.

2.3.3. The selected Firm must be available to attend a conference call to discuss the initial pre-construction cost estimations on the date established in the Timeline.

2.3.4. To be considered one (1) original, one (1) electronic copy, and five (5) copies of your sealed qualifications must arrive at the address, provided in Section 2.2, **no later than the date and time established in the Timeline and with the information requested in Section 3**. Sealed qualifications received after the time indicated herein will be marked "LATE" and will not be opened. The Department's clock will determine the official time Firms' sealed qualifications are received.

2.3.5. Sealed qualifications must be typed or printed and contain the original signature of an authorized representative of the responding Firm on the Attachment II, Firm's Contact Information.

2.4. Any corrections made by a Firm to their sealed qualification, before the opening, must be initialed and dated. No changes or corrections will be allowed after sealed qualifications are opened.

2.5. Sealed qualifications not meeting the mandatory criteria will be found non-responsive by the Department and shall not be considered. Sealed qualifications may also be found non-responsive if their sealed qualifications contain material deviations or if the sealed qualification is not in conformance with the requirements of this RFQual.

2.6. The Department, at its sole discretion, may waive minor irregularities in sealed qualifications received where the variation from the RFQual does not give the Firm a substantial competitive advantage or benefit not enjoyed by other Firms, and not adversely impact the interests of the Department.

- 2.7. Information provided in Firms' sealed qualifications will be used for evaluation and negotiation purposes. The contents of the sealed qualifications from the selected Firm will become part of the resultant Contract.

Section 3 - Required Submittals

The following information represents the minimum content required for the sealed qualifications and will be used to compare and evaluate Firms. Sealed qualifications must be organized in a tabulated format, numbered, and titled as shown below:

3.1. Table of Contents (Tab 1)

The identification and pagination for all sections referenced below.

3.2. General Information (Tab 2)

Executive Summary of no more than 2 pages describing the Firm's approach and experience and what differentiates their Firm from its competitors.

- 3.2.1. Name, address (of all office's), phone, email, federal tax identification number, and website address, if applicable;
- 3.2.2. Attachment II, Firm's Contact Information;
- 3.2.3. The date the Firm was established under the name given;
- 3.2.4. Type of ownership or legal structure of the Firm (Corporation, joint venture, partnership); and
- 3.2.5. Incorporation by the Florida Secretary of State and current Florida Professional Registration Certificate for General Contractor Certification.

3.3. Company Overview (Tab 3)

- 3.3.1. A brief history of the Firm;
- 3.3.2. An overview of the types of Professional Services they provide; and
- 3.3.3. The number of years the Firm has been providing CM Services.

3.4. Personnel (Tab 4)

- 3.4.1. An organizational chart and resumes for all key personnel who are part of the proposed CM Team (Project/administrative staff), including management, technical, and support staff.
- 3.4.2. Resumes of all personnel to be assigned to the Project, including but not limited to, the following information:
- a. Name
 - b. Job assignment for other projects
 - c. Percentage of time to be assigned full time to this Project
 - d. Number of years employed with the Firm
 - e. Number of years employed with other Firms
 - f. Experience
 1. Types of past projects
 2. Size of past projects [dollar value & square footage of project(s)]
 3. Details of all specific project involvement
 - g. Education
 - h. Active licenses and/or registration(s) (Professional Engineer, General Contractor, etc.)
 - i. Other experience and qualifications relevant to this Project
- Note:** For all projects described, please note if the project was on an accelerated schedule.
- 3.4.3. A description of the capabilities of the Firm's staff to provide the technical services required for the following tasks:
- a. Options analysis;
 - b. Design review;
 - c. Budget estimating;
 - d. Value Engineering;
 - e. Life-cycle cost analysis;
 - f. Construction scheduling;
 - g. Quality control (Design & Construction);
 - h. Constructability analysis;
 - i. Cost control;
 - j. Change Order negotiation;
 - k. Claims management;
 - l. Project closeout;
 - m. Transition planning; and
 - n. Security Systems.
- 3.4.4. A list of the total number of the Firm's personnel by position, indicating the total number of architects/engineers (by specialty), drafting personnel, project

managers, supervisors, and office staff proposed for this Project.

- 3.4.5. A chart of the individual staff members with their assigned responsibilities, and the allotted number of days for each staff member to complete those responsibilities.
- 3.4.6. Describe how the organizational structure will ensure orderly communication, distribution of information, effective coordination of activities, and accountability.

3.5. A list of partners, consultants, and subcontractors, as applicable. (Tab 5)

- 3.5.1. The name(s) of any partners, consultants, or subcontractors included as part of the proposed CM Team.
- 3.5.2. A description of the role of any person (outside the company), and any related experience they bring to this Project.
- 3.5.3. A list of projects on which the person has worked with the Firm in the past and the outcomes.
- 3.5.4. If a joint venture, or prime/subcontractor arrangement between two or more Firms, an indication of how the work will be distributed between the Firms.

3.6. Project History (Tab 6)

Major consideration will be given to the successful completion of previous projects comparable in design, scope, and complexity.

3.6.1. Correctional/Forensic Projects

- 3.6.1.1 Provide a list of past or current projects in a correctional/forensic setting, which best illustrate the experience of the Firm and staff proposed for assignment to this Project. List no more than 10 projects completed since January 2010.

Each project described should include:

- a. Name and location of the project;
- b. The nature of the Firm's responsibility on the project;
- c. Project owner's representative's name, address and phone number;
- d. Date project was completed or is planned to be completed;
- e. Size of project (gross SF of construction);
- f. Cost of project (construction cost);
- g. Work for which the staff was responsible;

- h. Present status of this project; and
- i. Project Manager and other key professionals involved and assigned to this project.

3.6.2. Non-Correctional Projects

- 3.6.2.1. List up to five (5) past or current projects not related to a criminal justice or forensic setting. Include the same information in the same format, as required in Section 3.6.1.

3.7. Scheduling and Cost Control (Tab 7)

- 3.7.1 In this Tab, the Firm should describe their scheduling and cost control system. The Firm should highlight methods for ensuring subcontractors adhere to established schedules. An evaluation of the Firm's project profile should indicate its ability to maintain original schedules and budgets.

3.7.1.1. The following shall be addressed:

- a. Do you use or provide computer-generated schedules for the management of a construction project?
- b. To what level of detail should a construction schedule be defined?
- c. How do you schedule the processing of shop drawings?
- d. How do you coordinate the development of schedule information from subcontractors?
- e. Describe the Firm's experience in handling crew loading and coordinated construction scheduling.
- f. Describe the Firm's experience in cost loading of schedules.
- g. Attach a sample schedule that best illustrates your overall scheduling capabilities.

- 3.7.2 As a part of the Project approach, the Firm should propose a scheduling methodology for effectively managing and executing work for this Project in the optimum amount of time.

3.8. References (Tab 8)

- 3.8.1. In this Tab, provide references for projects which the Firm has provided, or is providing Construction Management Services, which are similar to this Project in size and scope.

3.8.1.1. Supply references from organizations for which you have provided similar services including the:

- a. Name of the owner and architect/engineer;

- b. Project location;
- c. Project size;
- d. The final or projected construction cost of the project;
- e. Duration of pre-construction and construction; and
- f. Name and phone number of Project Administrator.

3.8.2. For each of the projects listed, provide the following information:

- a. Project cost (original contract and final cost);
- b. Current phase of development;
- c. Estimated (or past) completion date; and
- d. The project owner's representative and phone number.

3.8.3. Using Attachment III, Firm's Reference Form and Questionnaire, Firms shall provide at least three (3), but no more than five (5) sealed references from businesses or governmental agencies for whom the Firm has provided services of similar scope and size to the services identified in this RFQual. References must be able to support the experience requirements listed in this RFQual. In order to qualify as current experience, services described by references shall be ongoing or shall have been completed within the three (3) years preceding the issuance date of this RFQual.

The references shall be completed and signed by the individual offering the reference, and certified by a notary public, utilizing Attachment III, Firm's Reference Form and Questionnaire for References. Reference(s) shall identify the type of services provided by the Firm, dates of service provision, the firm/agency name of the entity for which the services were provided, and the reference provider's current telephone number and address. Reference(s) shall include a paragraph describing services similar in magnitude and scope to those requested in the RFQual. Current or former employees of the Department may NOT be used and will NOT be accepted as references. The Department reserves the right to contact reference sources listed and/or not listed in the Firm's sealed qualification and to consider references when determining best value.

3.9. Information System (Tab 9)

The information contained in this Tab should describe the functions and capability of your Firm's computer-based project management and information system.

3.10. Proximity (Tab 10)

Provide the primary location of the Firm's field office that will have direct responsibility for this Project.

3.10.1. Identify the proposed operating home or field office which would handle the Project and the distance (in miles) from the proposed operating home or field office to the Project site. The operating home or field office shall mean the place of business in which the Firm normally conducts the business of construction and houses a corporate officer legally authorized to conduct business in the Firm's name. The proposed home or field office does not have to be located in the State of Florida, as long as the business is a Florida Registered Corporation and a Florida Certified General Contractor.

3.11. Litigation, Disputes, Default & Liens (Tab 11)

A description and explanation of any litigation, major disputes, contract defaults, and liens (assessed against the Firm) in the last 10 years.

3.12. Financial Capability (Tab 12)

This tab must be sealed separately, but may be included in the package with the sealed qualification. This Tab must also be saved as a separate document on the electronic copy of a sealed qualification. The Financial Capability section must include the following information:

3.12.1. Bonding Capacity: Within this Tab, a "Letter of Commitment" shall be furnished by the Firm from a Surety Company, acceptable to the State, signed by an authorized Florida Licensed Resident Agent for a 100% Performance, and 100% Labor and Material Payment Bond in the amount of \$11,771,000.00.

3.12.2. Financial Statements: A complete set of audited financial statements for each of the last two (2) fiscal years must be included.

3.12.3. Financial Performance: In strict accordance with the submitted financial statements, the Firm shall demonstrate its financial wherewithal as follows:

- a. Liquidity: The Firm shall demonstrate its liquidity via the Current Ratio, which shall be computed as $\text{Total Current Assets} \div \text{Total Current Liabilities}$. A higher Current Ratio indicates a more preferable level of liquidity.
- b. Debt: The Firm shall demonstrate a measure of its leverage via the Debt Ratio, which shall be computed as $\text{Total Liabilities} \div \text{Total Assets}$. A lower Debt Ratio indicates a more preferable level of debt.

Section 4 - Initial Screening Evaluation (100 points total)

4.1 Initial Screening Evaluation

From the Firms sealed qualifications, the Selection Committee will objectively evaluate the Firms' abilities to provide services per the criteria listed below. Scoring for each category will utilize Attachment IV, Selection Score Sheet.

4.1.1. **Related Building Experience** (20 points):

Scoring based on information provided in Sections 3.3 and 3.6.

4.1.2. **Office Team Staff** (10 points):

Scoring based on information provided in Sections 3.4.1, 3.4.2, 3.4.3, and 3.4.4.

4.1.3. **On-Site Project Staff** (20 points):

Scoring based on information provided in Sections 3.4.5 and 3.4.6.

The ability and experience of the proposed field staff will be evaluated with specific attention to project-related experience. It shall be a contract requirement that those individuals indicated as being members of the Onsite Project Team in response to this RFQual actually execute the Project.

4.1.4. **Scheduling and Cost Control** (15 points):

Scoring based on information provided in Section 3.7.

4.1.5. **Information System** (10 points):

Scoring based on information provided in Section 3.9.

4.2. Objective Scoring

4.2.1. **Distance to Site** (10 points):

Based on the information provided in Section 3.10, the Procurement Officer will assess points as follows: 5 points for less than 100 miles from Wakulla CI, with one point deducted for every 100 miles, or portion thereof, over 100 miles from Crawfordville, FL and 5 points for less than 100 miles from Santa Rosa CI, with one point deducted for every 100 miles, or portion thereof, over 100 miles from Milton, FL.

4.2.2. **Financial Capability** (15 points):

Based on the information provided in Section 3.12, a certified public accountant (CPA) will review the Firm's financial information and assess points as follows: 0 points if the CPA determines the Firm has not demonstrated that it is financially capable and 15 points if the CPA determines the Firm has demonstrated that it is financially capable.

Section 5 – Presentations (100 points total)

5.1 Presentation Evaluation

After all the Firms' sealed qualifications have been evaluated, based on their submitted sealed qualifications, no less than three (3) Firms with the highest scores will be more closely considered through a presentation of their approach to performing this particular Project. The allotted presentation time will be one (1) hour. A period for Department questions and answers will be allotted for 30 minutes following the presentation.

Firms may use electronic presentations, models, physical displays, etc. during their presentation. A projector and computer are available. The cable has a VGA connector; if using a computer without a VGA port, Firms should bring their own cable or adapter. If a Firm would like to bring its own equipment, please contact the Procurement Officer in advance of the presentation.

The selected Firms will be expected to address the following:

5.1.1. **References** (10 points):

Scoring based on information provided in Section 3.8.

5.1.2. **Knowledge of the Site and Local Conditions** (15 points):

The Firms should demonstrate their knowledge of the site, local codes and ordinances, and local subcontractors and suppliers, as an indication of their ability to deliver quality work effectively and efficiently.

5.1.3. **Insurance** (5 points):

The Firms should present a comprehensive outline of their current insurance, including carriers, validity periods, values, etc.

5.1.4. **Proposed Project Staff and Functions** (20 points):

The Firms should name the actual staff to be assigned to this Project, describe their ability and experience, portray the function of each within their organization, their proposed role on this Project and how their expertise differentiates the Firm from competitors. Key staff should be present at the presentation.

5.1.5. **Overall Approach and Methodology** (20 points):

The Firms should demonstrate and graphically and articulate their plan for completing this Project, documenting the services to be provided, and showing the interrelationship of all parties.

5.1.6. **Cost Control/Value Engineering** (10 points):

As part of its presentation, the Firm should discuss their knowledge and

experience in the evaluation of building systems, construction techniques, and any recommendations of materials to create an optimum value in meeting the design requirements.

5.1.7. **Scheduling** (20 points):

The Firm should provide an overview of their scheduling approach and methodology indicating their procedure for scheduling and compliance controls, and describe any similar current project(s), and the projected versus the actual schedules of each.

Section 6 – Diversity in Contracting

The State of Florida is committed to supporting its diverse business industry and population through ensuring participation by minority-owned, women-owned, and service-disabled veteran-owned business enterprises in the economic life of the State. The State of Florida Mentor Protégé Program connects these business enterprises with private corporations for business development mentoring. We strongly encourage Firms doing business with the State of Florida to consider this initiative. For more information on the Mentor Protégé Program, Bidders may contact the Department of Management Services' Office of Supplier Diversity at (850) 487-0915.

The State is dedicated to fostering the continued development and economic growth of minority-owned, women-owned, and service-disabled veteran-owned business enterprises. Participation by a diverse group of Firms doing business with the State is central to this effort. To this end, minority-owned, women-owned, and service-disabled veteran-owned business enterprises are highly encouraged to participate in the State's procurement process as both Bidders and subcontractors of this Selection.

Information on Certified Minority Business Enterprises (CMBE), and Certified Service-Disabled Veteran Business Enterprises (CSDVBE), is available from the Office of Supplier Diversity at: http://dms.myflorida.com/other_programs/office_of_supplier_diversity_osd/

Documentation regarding Diversity in Contracting must be submitted to the Department's Contract Administrator, designated in the resulting Contract, and should identify participation by diverse Bidders and suppliers as prime Bidders, subcontractors, vendors, resellers, distributors, or such other participation as the parties may agree. This documentation shall include the timely reporting of funds expended to certified, and other, minority-owned/service-disabled veteran-owned business enterprises. Such reports must be submitted at least monthly, if applicable, and must include the period covered, the name, minority code and Federal Employer Identification Number of each minority-owned/service-disabled veteran-owned Bidder utilized during the period, the commodities and services provided by the each, and the amount paid to each under the terms of any contract resulting from this Selection.

Section 7 - Terms and Conditions

- 7.1. The Department reserves the right to reject any sealed qualification that is submitted late, fails to meet the minimum submission requirements, or is not in the best interest of the Department.
- 7.2. If the selected Firm does not begin the contracted services in accordance with the contracted schedule, fails to sign a contract, or if an acceptable CM fee cannot be negotiated, the Department reserves the right to award a Contract to the next most qualified Firm.
- 7.3. The selected Firm shall not discriminate against any person in accordance with federal, State, and local law.

Section 8 - Selection Process

- 8.1. A Selection Committee will be appointed as prescribed in Rule 60D-5.0082 (1), Florida Administrative Code, (F.A.C.).
- 8.2. The Selection process shall be conducted per Section 287.055(4), F.S.
- 8.3. The Selection Committee will review all Firms with responsive sealed qualifications. The Selection Committee shall select, based on the score determined using Attachment IV, Selection Score Sheet, three (3) Firms deemed to be the most highly qualified to perform the work. However, the Department reserves the right to select more or fewer than three (3) Firms. Selected Firms will be notified by the date identified in the Timeline.
- 8.4. The Selection Committee will require presentations from the highest ranking Firms. Presentations will be held on the date(s) established in the Timeline, and will be in-person in Tallahassee, Florida.
- 8.5. Based on the scores in the initial screening and during presentations, the Department will award the Selection to the highest ranking Firm, based on the best value.
- 8.6. Contract negotiations will begin with the Firm deemed most qualified by the Selection Committee based on their Grand Total Score. Contract negotiations shall be conducted in accordance with Section 287.055(5), F.S.

Attachment I
Project Description

Section A – Project Summary

This Project covers three (3) Secure Housing Unit (SHU) conversions, one (1) Infirmary addition to the Front Support Building (FSB) and interior renovations to the Front and Rear Support Building (RSB) at Wakulla CI Annex and one (1) SHU conversion at Santa Rosa CI Annex. The Project includes the conversion of the SHUs designated as Dorms O, P and Q at the Wakulla CI Annex, as well as the SHU Dorm Q at Santa Rosa CI Annex to accommodate mental health programming and therapy in the quadrants. The scope of work is limited to demolition and renovation of existing cells on the first floor only to accommodate group rooms, interview rooms, medical consultations, ADA showers, and nursing stations. The Infirmary addition at Wakulla Annex includes a 4,320 sq. ft. addition to the FSB that will include a security officer's station, nurse's station, an eight (8) bed ward and six (6) secure cells.

Funding for design and pre-construction services is as follows:

Design Funding (current fiscal year)	\$ 410,000.00
Construction Funding (current fiscal year)	\$ 5,810,801.00
Construction Funding (expected in FY 2020/21)	<u>\$ 5,960,690.00</u>
Total Appropriations	\$ 12,181,491.00

The Department is seeking construction funding in the upcoming legislative session (January – March 2020).

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Section B – Professional Services

DESIGN AND PERMITTING

Architectural and Engineering Services

The architectural and engineering design for the conversions began on December 10, 2019. Construction administration services will be provided by the architect, in conjunction with the Department staff. During the bidding and construction phases, the architect will, in conjunction with the Department, perform construction observations, review of shop drawings, and certify completed work.

Building Permitting Services

Building permitting services will be provided by the Department's contracted building permitting service provider. All building plans are required, by law, to be reviewed for compliance with the Florida Building Code and inspected for code compliance. Additionally, the plans are required to be reviewed, approved, and inspected by the State Fire Marshal.

CM CONSTRUCTION

Construction Manager

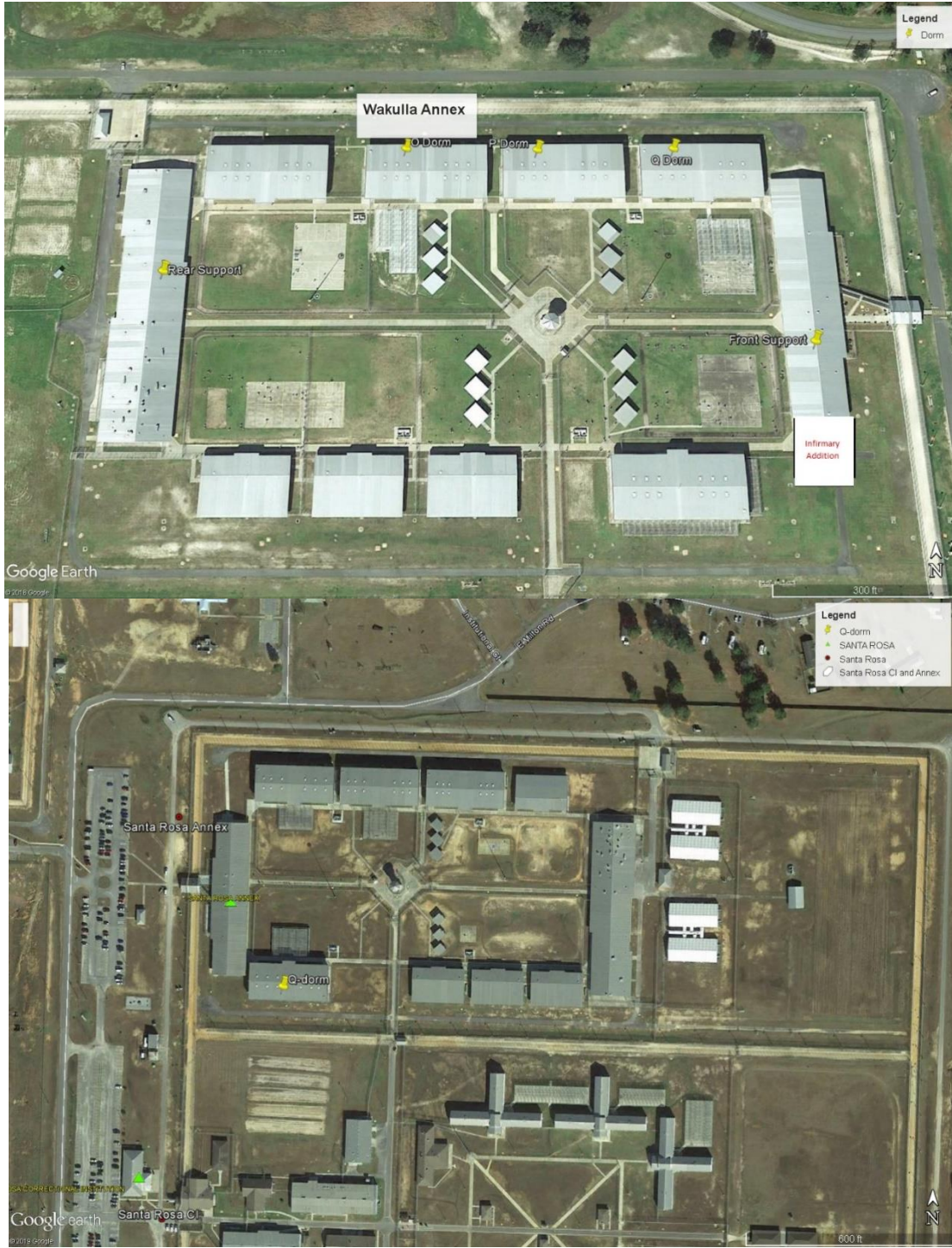
The renovations and additions must be performed over an 18-month period using the services of a construction manager (CM). The CM will be selected based on qualifications and will manage the construction per Chapter 255, F.S., and Rule 60-D, F.A.C. The CM's fee and personnel costs are negotiated and agreed upon, after which the CM shall obtain competitive bids for and oversee all construction work.

The Contract resulting from this Selection is based on an Initial Guaranteed Maximum Price (IGMP). The IGMP is calculated using the Department's budget for construction costs and will include the negotiated amounts for the CM fees and personnel costs. The Contract is executed based on the IGMP. After the CM has received bids for the construction work and developed subcontracts, the final cost of the work is determined, and a Final Guaranteed Maximum Price (FGMP) is provided to the Department for approval. Once the FGMP is approved, the Department will amend the Contract.

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Section C – Site Description

There are three (3) SHU conversions, one Infirmary addition at Wakulla Correctional Institution, located at 110 Melaleuca Drive, Crawfordville, Florida, and one (1) SHU conversion at Santa Rosa Correctional Institution, located at 5850 East Milton Road, Milton, Florida 32583. The Department's conceptual site plan is as noted below:



Section E – Preliminary Schedule

BUILDING DESIGN

A/E Design In Process
Permitting (Demo/Building/Environmental) 2/1/2021 - 8/1/2021

CM CONSTRUCTION SELECTION SCHEDULE

CM Advertisement 3/23/2020
CM Selection 6/16/2020
CM Negotiation 6/22/2020
CM Contract 7/31/2020

CM CONSTRUCTION SCHEDULE

Initial Pre-Construction Estimates 8/1/2020 - 8/31/2020
Bidding/FGMP/Project Start-Up 10/1/2020 - 12/1/2020
Construction of Project 12/2/2020 - 6/3/2022
Final Completion of Project 7/3/2022

OCCUPANCY OF INPATIENT MH UNIT

Staff Training 6/4/2022 - 7/3/2022
Inmate Occupancy 8/1/2022

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Section F – Preliminary Budget

Construction Costs

Construction (including Demo & Furniture, Fixtures, and Equipment)	\$ 9,629,663.00
A/E Fees	\$ 410,000.00
CM Fees	\$ 1,761,523.00
Permit fees	\$ 28,000.00
Construction Contingency	<u>\$ 352,305.00</u>
Total Project Cost	\$ 12,181,491.00

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Attachment II
Firm's Contact Information

The Firm shall identify the contact information for Selection and contractual purposes via the requested fields of the table below.

	For Selection purposes, the Firm's representative shall be:	For contractual purposes, should the Firm be awarded, the Firm's representative shall be:
Name:		
Title:		
Street Address:		
City, State, Zip code		
Telephone: (Office)		
Telephone: (Cell)		
Fax: (If applicable)		
Email:		

Firm Name

Printed Name of Authorized Representative

FEIN

Signature of Authorized Representative

Date

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Attachment III

Firm's Reference Form and Questionnaire

Reference #1

Firm's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person: _____ **Alternate Contact Person:** _____

Primary Telephone Number: _____ **Alternate Telephone Number:** _____

Contract Performance Period: _____

Location of Services: _____

Brief description of the services performed for this reference:

Dated _____ day of _____ 20__.

Name of Organization: _____

Signed by: _____

Print _____

Being duly sworn deposes and says that the information herein is true and sufficiently complete so

Subscribed and sworn _____ day of _____ 20__.

Personally _____ OR Produced _____ Type of Identification _____

Notary Public: _____

My Commission Expires: _____

Reference #1

Firm's Name:	
Reference's Company Name:	
Primary Contact Person:	Alternate Contact Person:
Primary Phone Number:	Alternate Phone Number:
Question	Score
1. How would you rate the contract implementation with this Firm? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
2. Did the Firm consistently meet all its performance/milestone deadlines? Yes = 4, No = 0	
3. Did the Firm submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
4. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the Firm? Yes = 0, No = 4	
5. How would you rate the Firm's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
6. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
7. Did the Firm's project/contract manager effectively manage the contract? Yes = 4, No = 0	
8. How would you rate the Firm's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
9. Was the Firm's staff knowledgeable about the contract requirements and scope of services?	
10. Did the Firm work cooperatively with the organization over the course of the contract? Yes = 4, No = 0	
11. Would you contract with this Firm again? Yes = 8, No = 0	
12. Were there any inmate escapes at the fault of the Firm? If yes, please provide the circumstances of the escape. Yes = 0 No = 4	
Total Score	

Reference completed by:

Name (printed)

Title

Signature

Date

Firm's Reference Form and Questionnaire

Reference #2

Firm's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person:

Alternate Contact Person:

Primary Telephone Number:

Alternate Telephone Number:

Contract Performance Period:

Location of Services:

Brief description of the services performed for this reference:

Dated _____ day of _____ 20__.

Name of Organization: _____

Signed by: _____

Print _____

Being duly sworn deposes and says that the information herein is true and sufficiently complete so

Subscribed and sworn _____ day of _____ 20__.

Personally _____ OR Produced _____ Type of Identification _____

Notary Public: _____

My Commission Expires: _____

Reference #2

Firm's Name:	
Reference's Company Name:	
Primary Contact Person:	Alternate Contact Person:
Primary Phone Number:	Alternate Phone Number:
Question	Score
1. How would you rate the contract implementation with this Firm? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
2. Did the Firm consistently meet all its performance/milestone deadlines? Yes = 4, No = 0	
3. Did the Firm submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
4. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the Firm? Yes = 0, No = 4	
5. How would you rate the Firm's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
6. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
7. Did the Firm's project/contract manager effectively manage the contract? Yes = 4, No = 0	
8. How would you rate the Firm's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
9. Was the Firm's staff knowledgeable about the contract requirements and scope of services?	
10. Did the Firm work cooperatively with the organization over the course of the contract? Yes = 4, No = 0	
11. Would you contract with this Firm again? Yes = 8, No = 0	
12. Were there any inmate escapes at the fault of the Firm? If yes, please provide the circumstances of the escape. Yes = 0 No = 4	
Total Score	

Reference completed by:

Name (printed)

Title

Signature

Date

Firm's Reference Form and Questionnaire

Reference #3

Firm's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person:

Alternate Contact Person:

Primary Telephone Number:

Alternate Telephone Number:

Contract Performance Period:

Location of Services:

Brief description of the services performed for this reference:

[Empty rectangular box for service description]

Dated _____ day of _____ 20__.

Name of Organization: _____

Signed by: _____

Print _____

Being duly sworn deposes and says that the information herein is true and sufficiently complete so

Subscribed and sworn _____ day of _____ 20__.

Personally _____ OR Produced _____ Type of Identification _____

Notary Public: _____

My Commission Expires: _____

Reference #3

Firm's Name:	
Reference's Company Name:	
Primary Contact Person:	Alternate Contact Person:
Primary Phone Number:	Alternate Phone Number:
Question	Score
1. How would you rate the contract implementation with this Firm? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
2. Did the Firm consistently meet all its performance/milestone deadlines? Yes = 4, No = 0	
3. Did the Firm submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
4. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the Firm? Yes = 0, No = 4	
5. How would you rate the Firm's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
6. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
7. Did the Firm's project/contract manager effectively manage the contract? Yes = 4, No = 0	
8. How would you rate the Firm's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
9. Was the Firm's staff knowledgeable about the contract requirements and scope of services?	
10. Did the Firm work cooperatively with the organization over the course of the contract? Yes = 4, No = 0	
11. Would you contract with this Firm again? Yes = 8, No = 0	
12. Were there any inmate escapes at the fault of the Firm? If yes, please provide the circumstances of the escape. Yes = 0 No = 4	
Total Score	

Reference completed by:

Name (printed)

Title

Signature

Date

Firm's Reference Form and Questionnaire

Reference #4

Firm's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person: _____ Alternate Contact Person: _____

Primary Telephone Number: _____ Alternate Telephone Number: _____

Contract Performance Period: _____

Location of Services: _____

Brief description of the services performed for this reference:

[Empty rectangular box for service description]

Dated _____ day of _____ 20__.

Name of Organization: _____

Signed by: _____

Print _____

Being duly sworn deposes and says that the information herein is true and sufficiently complete so

Subscribed and sworn _____ day of _____ 20__.

Personally _____ OR Produced _____ Type of Identification _____

Notary Public: _____

My Commission Expires: _____

Reference #4

Firm's Name:	
Reference's Company Name:	
Primary Contact Person:	Alternate Contact Person:
Primary Phone Number:	Alternate Phone Number:
Question	Score
1. How would you rate the contract implementation with this Firm? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
2. Did the Firm consistently meet all its performance/milestone deadlines? Yes = 4, No = 0	
3. Did the Firm submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
4. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the Firm? Yes = 0, No = 4	
5. How would you rate the Firm's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
6. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
7. Did the Firm's project/contract manager effectively manage the contract? Yes = 4, No = 0	
8. How would you rate the Firm's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
9. Was the Firm's staff knowledgeable about the contract requirements and scope of services?	
10. Did the Firm work cooperatively with the organization over the course of the contract? Yes = 4, No = 0	
11. Would you contract with this Firm again? Yes = 8, No = 0	
12. Were there any inmate escapes at the fault of the Firm? If yes, please provide the circumstances of the escape. Yes = 0 No = 4	
Total Score	

Reference completed by:

Name (printed)

Title

Signature

Date

Firm's Reference Form and Questionnaire

Reference #5

Firm's Name: _____

Reference's Name: _____

Address: _____

Primary Contact Person: _____ Alternate Contact Person: _____

Primary Telephone Number: _____ Alternate Telephone Number: _____

Contract Performance Period: _____

Location of Services: _____

Brief description of the services performed for this reference:

[Empty rectangular box for service description]

Dated _____ day of _____ 20__.

Name of Organization: _____

Signed by: _____

Print _____

Being duly sworn deposes and says that the information herein is true and sufficiently complete so

Subscribed and sworn _____ day of _____ 20__.

Personally _____ OR Produced _____ Type of Identification _____

Notary Public: _____

My Commission Expires: _____

Reference #5

Firm's Name:	
Reference's Company Name:	
Primary Contact Person:	Alternate Contact Person:
Primary Phone Number:	Alternate Phone Number:
Question	Score
1. How would you rate the contract implementation with this Firm? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
2. Did the Firm consistently meet all its performance/milestone deadlines? Yes = 4, No = 0	
3. Did the Firm submit reports and invoices that were timely and accurate? Yes = 4, No = 0	
4. Did you impose sanctions, penalties, liquidated damages, or financial consequences on the Firm? Yes = 0, No = 4	
5. How would you rate the Firm's key staff and their ability to work with your organization? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
6. Did you ever request dismissal of any key staff? Yes = 0, No = 4	
7. Did the Firm's project/contract manager effectively manage the contract? Yes = 4, No = 0	
8. How would you rate the Firm's customer service? Excellent = 8, Good = 6, Acceptable = 4, Fair = 2, Poor = 0	
9. Was the Firm's staff knowledgeable about the contract requirements and scope of services?	
10. Did the Firm work cooperatively with the organization over the course of the contract? Yes = 4, No = 0	
11. Would you contract with this Firm again? Yes = 8, No = 0	
12. Were there any inmate escapes at the fault of the Firm? If yes, please provide the circumstances of the escape. Yes = 0 No = 4	
Total Score	

Reference completed by:

Name (printed)

Title

Signature

Date

Attachment IV
Selection Score Sheet

Selection Committee Member: _____

Initial Screening

Evaluation Category	Maximum Possible Score	Firm Score
Related Building Experience	20	
Office Staff	10	
On-Site Staff	20	
Scheduling/Cost Control	15	
Information Systems	10	
Distance to Site <small>(Scored by the Procurement Officer)</small>	10	
Financial Capability <small>(Scored by a Certified Public Accountant)</small>	15	
Initial Screening Total Score		

Presentations

Evaluation Category	Maximum Possible Score	Firm Score
References	10	
Knowledge of Site and Local Conditions	15	
Insurance	5	
Proposed Project Staff and Functions	20	
Overall Approach and Methodology	20	
Cost Control/Value Engineering	10	
Scheduling	20	
Presentations Total Score		

Grand Total Score (Initial Screening Total Score + Presentations Total Score): _____