

Submittal Guidelines  
RFQ #23-021 Daytona State College  
Deltona Campus Bldg. 1 Welding Lab

**Instructions:**

Please provide six (6) hard copies and one electronic version.

Number each page consecutively, including the letter of interest, attached Architectural/Professional Services (APS) forms, questions & answers, and all attachments, licenses, resumes, supplemental information, etc. The entire proposal shall be limited to twenty-five (25) double-sided 8 ½ x 11 legible pages. Covers, table of contents, and divider tabs will not count as pages, provided no additional information is included on those pages. Any pages over the stated limit will not be considered as part of the application.

Download and use the specific project forms where called out. **DO NOT FILL IN FORMS BY HAND EXCEPT WHERE SIGNATURE IS REQUIRED.**

Enclose copies of current Florida licenses for the applicant and all consultants.

Each section should be tabbed using the following:

**Tab 1. Required Documents**

- A. Sign and notarize the provided **form APS-0**
- B. Letter of Interest (*limited to one two-sided page*)
- C. Attach an audited or reviewed financial statement prepared and signed by a public accountant certified in the State of Florida, including latest balance sheet and income statement showing current assets, net fixed assets, other assets, current liabilities, and other liabilities. *NOTE: This will not count toward the page limit.*
- D. Proof of Insurance for the architect indicating coverage as outlined in the following requirements:

*All professional firms selected by the Board pursuant to the Consultants' Competitive Negotiations Act, F.S. 287.055, will carry and maintain during the period they are performing such services, and thereafter as referenced below, as a minimum, the following insurance coverage and limits:*

- 1. Professional Liability Insurance in limits not less than One Million Dollars (\$1,000,000) per occurrence, covering errors, omissions or negligent acts, with a per occurrence deductible not to exceed Five Thousand Dollars (\$5,000). Such coverage will be maintained for a period of three (3) years after the date of final payment to the architect or engineer.
- 2. Commercial Comprehensive Liability Insurance (including Blanket Contractual Liability and Completed Operations, Explosion, Collapse and Underground Hazards) in limits of not less than One Million Dollars (\$1,000,000) per occurrence, with no deductible, covering personal injury, bodily injury, and property damage. The Board will be named as additional insured on the policy.
- 3. Comprehensive Automobile Liability Insurance (including owned and non-owned vehicles, if any) in limits of not less than Five Hundred Thousand Dollars

**Architectural/Professional Services**

(\$500,000) per occurrence, covering personal injury, bodily injury, and property damage.

4. Workers' Compensation Insurance in compliance with F.S. 440, Florida Statutes with employer's liability limits at minimum of \$500,000 each accident/\$500,000 disease each employee/\$500,000 disease policy limit.
5. Valuable papers and records insurance in an amount of not less than Twenty-Five Thousand Dollars (\$25,000) per occurrence, with no deductible, to assure the substantial restoration of any plans, drawings, or other similar data related to the architect's or engineer's services which are in the care, custody, or control of the architect or engineer.
6. Certificates evidencing that all of the above insurance coverages and limits are in force will be furnished to the Board before any services are performed, at all renewal times, and will require written notification to the Board at least thirty (30) days prior to any cancellation, termination, non-renewal, or modification.
7. All insurance will be with insurers authorized to do business in Florida and all non-self-insured companies will be rated at least a Class VI by Best's Key Rating Guide.
8. If the architect or engineer should fail to provide or otherwise maintain the required insurance coverages and limits, the Board may purchase the insurance and hold the architect or engineer responsible for the cost thereof.

**Tab 2. Applicant Information (use provided forms APS-1 & APS-2)**

- A. *Services to be provided:* using the provided **form APS-1**, provide a list of all disciplines to be part of Basic Services, along with the firm providing each service and the firm's professional license number from the appropriate Florida Licensing Board. Use names and license numbers of the firms as a whole, rather than of individuals in the firm. Enter the number of previous projects on which the architectural design Applicant/consultant has worked with each sub-consultant. If the Applicant feels that its team will require the services of other specialty consultants or in-house specialty expertise, it should so indicate.
- B. Include an organizational chart indicating where each team member's position falls within each firm's organization showing the lines of authority, duties & responsibilities, continuity through design, construction, and post-occupancy, etc.
- C. *Personnel:* using the provided **form APS-2**, provide the specific individuals that will comprise the team assigned to the project. Also indicate the current and upcoming projects that each team member is involved with and the status or percent (%) complete. Add, delete, or edit role/titles as needed and note non-applicable categories as needed. For all individuals listed, note whether or not they are registered, the disciplines of registration/training. Enclose resumes for all key staff and discipline heads tailored to demonstrate their experience as it relates to this project.
- D. Any applicable licenses, affiliations, education and design awards

***The team proposed in this submittal must be available to provide the services for the project, throughout the project. If the Applicant discovers prior to the interview that any part of the listed team (either individual key staff or consultants) will not be available, it shall notify the selection committee immediately. The selection committee will determine whether the change in the team would have affected the Applicant's shortlist score. If the change would lower the score, the***

***Applicant may be removed from the shortlist. Once awarded the contract, the Applicant will not be permitted to alter its team without the Owner's written approval.***

### **Tab 3. Design Team Experience**

Submit up to Ten (10) most relevant projects, within the past seven (7) years, for which the Applicant – or its composing firms – provided (or is providing) programming, design and construction administration services. In determining which projects are “most relevant” to the project, consider the unique aspects of this project, including architectural features and program characteristics, the delivery method, the demands of constructing on a bustling campus, and other project-specific issues as conveyed in the selection criteria outlined in the *Project Description* below. Also consider the Owner and location, relative size and cost, building/space types, complexity, staffing (how many members of the proposed team worked on the listed project?), currency (how recently was the listed project completed?), and performance metrics (schedule, budget, quality).

Use the provided **form APS-3** (one two-page form for each of the ten projects) and provide all requested information as follows:

- Total project square footage and budgeted construction costs
- Indicate which firm(s) or staff the project is meant to illustrate the experience of, and state the firm's or person's role in that project as follows:
  - **"Principal"** or **"Prime"** if the project was accomplished by the Applicant or design consultant firm
  - **"Consultant"** or **"Sub-Contractor"** if the project was accomplished as a consultant to another firm
  - **"I.E."** (Individual Experience) if the project represents experience of an individual on the Project Team while working for another firm
- Note the title and location of the project; indicate the services provided; and complete the other general project information (status, size, value, delivery method, etc.).
- Provide the names of all key staff – whether construction, design, or both – and check YES or NO to indicate whether each person is also on the proposed team for this submittal project.
- Provide brief narratives on the facility and its relevance to the submittal project.
- Provide contact information for the Owner, builder, and primary design partners (consultants).
- Verify that the contact information is still valid (names, email and numbers). Add, where applicable, contact information for the current Owner's representative, if different from the Owner's representative at the time the applicant's services were provided. This will be used for the Reference Check. Incorrect information may impact the applicants score.

List the projects in priority order, with the most relevant project listed first and the least relevant project listed last. The (10) projects may include those accomplished by one or more of the proposed consultants, but **INCLUDE NO MORE THAN 10 TOTAL PROJECTS. Applicants should note that the College is more interested in the staff proposed for this project than the corporate resumes of their respective firms.**

**Tab 4. Litigation**

- Provide information concerning litigation or disputes; circumstances and the outcome for all firms listed on form APS-1 for the last ten (10) years.

**For Tabs 5 & 6, please provide an answer with a restatement of the given questions based on the following Project Description:**

This project consists of remodeling an existing space from a Nursing lab into a fully functional Welding lab containing all the SREF (State Requirements for Educational Facilities) required elements needed to instruct students how to learn the method of welding on our Deltona Campus. Services required would be Architectural, Plumbing, Electrical, Mechanical and minimal structural involvement. The estimated total project budget is \$1.7M inclusive of all fees and furnishings.

**Tab 5. Project Specific Question #1**

Describe your experience with designing a Welding Lab project.

**Tab 6. Project Specific Question #2**

Explain what methods you will use to ensure this project stays in budget and on schedule.

**Tab 7. BIM Experience**

- List specific Autodesk Revit software used and years of experience.
- How was BIM software used on previous projects completed by the design team and include the sub-consultants' experience using BIM software on projects listed in Tab 3.
- How does BIM impact the overall design schedule and how do you plan to utilize it for this project?

**Tab 8. Joint Venture Applicants Only**

Duplicate the Certification **form APS-0** signature block and have a principal or officer sign on behalf of each party to the joint venture. Enclose a copy of the joint venture agreement, which specifically states the percentage of fee to be earned by each party and each party's role in the project. Provide answers to the following questions:

- (a) Describe the division of responsibilities between the participating firms, the offices (location) that will be the primary participants, and the percent interest of each firm.
- (b) Why does the Applicant feel that a joint venture will best serve the needs of this project?
- (c) How many projects has the joint venture performed together?
- (c) Which of the key personnel have worked together before?

**Review of Proposals**

- 1. The Director of Facilities Planning, or designee, will serve as Chair and arrange for a review team to study the proposal data for each firm seeking qualification. The review team will include one Vice President or designee, one Academic representative, one College Administrator, one Facilities Services representative, one representative from Facilities Planning.
- 2. The review team will study the qualifications submitted by applicants in response to the proposal advertisement.
- 3. After a complete study of all proposals and information, the review team will certify at least three (3) firms as most qualified. The "Short Listing" Form will be completed for each proposal submitted.

**Reference Check**

- 1. In the event one of the first three (3) firms does not pass the background check, the firm with the fourth highest score will have a background check conducted and will be added to the final short list to be interviewed.

**Interview and Selection of Qualified Firms**

- 1. The review team will interview each of the three (3) firms successfully passing the background check. Information about the interview will be sent to the firms prior to the interview. The review team will arrive at a final score for each firm and will then rank the firms and present the ranking to the President.

## Ranking Form

 Project: Deltona Campus Bldg. 1 Welding Lab

Applicant: \_\_\_\_\_

A rating will be made for each factor using a range of 5 for the highest to 0 for the lowest. Ratings will be multiplied by the weight to compute the factor score. The total of factor scores will be the overall numerical rating of the applicant. The three (3) applicants with the highest scores will qualify for the background check and interview. (Use the guidelines on the following page for rating purposes.)

Factor	Weight	Rating	Score	Comments
Tab 1. Required Documents	X	X	NA	Complete <input checked="" type="checkbox"/> Incomplete <input type="checkbox"/> Reason:
Tab 2. Applicant Information	2			
Tab 3. Design Team Experience	2			
Tab 4. Litigation or Disputes	1			
Tab 5. Project Specific Question #1	2			
Tab 6. Project Specific Question #2	1			
Tab 7. BIM Experience	1			

TOTAL

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Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



APS-0

PROJECT NUMBER: RFQ 23-021
PROJECT NAME: Deltona Campus Bldg. 1 Welding Lab
APPLICANT NAME:

ADDRESS OF PROPOSED OFFICE IN CHARGE:
Is this a Branch Office \_\_\_ Yes \_\_\_ No
Telephone & Fax Numbers:
E-Mail Address (used for RFQ correspondence)
Website Address:
Federal ID Number:
Is the Applicant a Joint-Venture? \_\_\_ Yes \_\_\_ No

How many years has the applicant been providing architectural/engineering design services?

Total billings, past three calendar years (arch. design entity)?

Notarized signature below certifies the following:

- I. Regarding information furnished by the applicant herewith, and as may be provided subsequently (including information presented at interview, if a finalist):
a) All information of a factual nature is certified to be true and accurate (subject to perjury laws, Chapter 837, Florida Statutes).
b) All statements of intent or proposed future action (including the assignment of personnel and the provision of services) are commitments that will be honored by the applicant if awarded the contract.
c) The provision of false information could be cause for my firm's disqualification from applying for other Daytona State College work for a period of up to three years.
II. Applicant acknowledges that:
a) If any information provided by the applicant is found to be, in the opinion of the Selection Committee or the College, substantially unreliable, this application may be rejected.
b) The Selection Committee may reject all applicants and may stop the selection process at any time.
c) The selection of finalists for interview will be made on the basis of information provided herein. Finalists will be ranked based on additional criteria, the interview, and the results of reference checks.
d) It is understood that this submittal must be received at Daytona State College Facilities Planning office, Building 540 Daytona Beach Campus, no later than the time & date stipulated in the advertisement.
e) Failure to file a protest within the time prescribed in s. 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under chapter 120, Florida Statutes.
f) Incomplete proposals will be disqualified.
III. The undersigned certifies that he/she is a principal or officer of the firm applying for consideration and is authorized to make the above acknowledgments and certifications for and on behalf of the applicant.
IV. The undersigned certifies that the Applicant has not been convicted of a public entity crime within the past 36 months, as set forth in Section 287.133, Florida Statutes.

SWORN TO AND SUBSCRIBED TO ME, A NOTARY PUBLIC, THIS \_\_\_ DAY OF \_\_\_, \_\_\_ FOR AND ON BEHALF OF THE APPLICANT:

(SEAL)

BY: (full name), (title)

**APS-1**

<b>SERVICES to be provided:</b>	<b>FIRM Name</b>	<b>Size of Firm</b>	<b>Date of Incorporation</b>	<b>M/WBE Status</b>	<b># of Projects with Arch. Design Applicant</b>
Architecture					N/A
Mechanical Engineering					
Electrical Engineering					
Plumbing & Fire Protection					
Structural Engineering					
Telecommunications					
Cost Estimating					
Security & Access Control					
Civil Engineering					





**APS-2**

<b>PERSONNEL</b> by role and discipline:	<b>Name</b>	<b>Registered?</b> (Yes or No)	<b>Disc. Of</b> <b>Reg./Training</b>	<b>Years</b> <b>with the</b> <b>Firm</b>	<b>Current</b> <b>Projects w/ (%</b> <b>Complete)</b>	<b>City of</b> <b>Residence</b>
Principal-In-Charge						
Design Lead/Principal						
Project Manager						
Project Architect						
BIM Coordinator						
(other)						
Architecture						
Mechanical Engineering						
Electrical Engineering						
Plumbing & Fire Protection						
Structural Engineering						
Telecommunications						
Cost Estimating						
Security & Access Control						
Civil Engineering						

**APS-3**

**NOTE: Complete one 2-page form for each of the 10 "most relevant" projects – see instructions.**

**Experience Of (firm and/or person):** \_\_\_\_\_

**Project Information**

Project # and Title: \_\_\_\_\_ Project Location: \_\_\_\_\_

Total Project square Footage: \_\_\_\_\_ Budgeted construction cost: \_\_\_\_\_

Role(s) in project (*principal/prime, consultant/sub-consultant, or individual experience*) and services provided:

Current Status: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Green-Certified (list which)? \_\_\_\_\_ Delivery Method (CM, DB, etc.): \_\_\_\_\_

Design Duration (months): \_\_\_\_\_ Construction Start (NTP) Date: \_\_\_\_\_ Substantial Completion Date: \_\_\_\_\_

**Staffing Information (for this project)**

Principal:	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Design Lead:	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Project Manager.:	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Designer:	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Designer:	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(Other):	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
(Other).:	_____	On proposed submittal design team?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Narrative description of facility, including space type(s), major building components, and construction type(s):

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Explanation of relevance/similarity to the submittal project (see instructions):

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**APS-3 (Experience & References) continued**

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**Owner Contact Information**

Owner/Client: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Builder Contact Information**

Contractor: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Design Partner Information (engineer if this project illustrates experience of architect)**

Firm: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_  
Design Discipline: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Design Partner Information (engineer if this project illustrates experience of architect)**

Firm: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_  
Design Discipline: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Design Partner Information (architect if this project illustrates experience of engineer)**

Firm: \_\_\_\_\_ Contact Person or PM: \_\_\_\_\_  
Design Discipline: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone and Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_