



**JACKSON COUNTY BOARD OF COUNTY COMMISSIONERS**

**PURCHASING DEPARTMENT  
2864 MADISON STREET  
MARIANNA, FL 32448**

**REQUEST FOR PROPOSALS**

**2021-26**

**ARPA LEGAL AND COMPLIANCE SERVICES**

**Jackson County Board of County Commissioners**  
**Request for Proposals**  
**2021-26 ARPA Legal and Compliance Services**

Dear Vendor;

Thank you for your interest in doing business with the Jackson County Board of County Commissioners. Jackson County is requesting sealed proposals to competitively procure the services of a law firm to perform various tasks as outlined for Legal and Compliance Services pertaining to the County's expenditure of funds received from the U.S. Department of the Treasury in conjunction with the American Rescue Plan Act of 2021 (ARPA). It is the intent of the County to select and negotiate one contract with a firm that meets the requirements outlined in this RFP.

**RFP Number: 2021-26**

**RFP Name: ARPA Legal and Compliance Services**

**Due Date: Monday, August 16, 2021 @ 2:00 PM CST**  
**Jackson County Purchasing Department**  
**2864 Madison Street, Marianna, FL 32448**

Questions regarding these documents must be directed to **Nicole Bradley**, Jackson County Procurement Officer. Questions must be submitted in writing and may be emailed to [bradley@jacksoncountyfl.gov](mailto:bradley@jacksoncountyfl.gov). It is the responsibility of the participating parties to monitor the Solicitation Center listing for all bid documents and any addenda that may be posted at <https://jacksoncountyfl.gov/services/purchasing/>. We appreciate your interest in this request and look forward to working with you.

Clayton O. Rooks, III  
CLERK OF CIRCUIT COURT

Board of County Commissioners  
By: James Peacock  
BOARD CHAIRMAN

**PLEASE FILL IN THE FOLLOWING INFORMATION AND RETURN (E-MAIL OR MAIL) THIS FORM IMMEDIATELY**

<b>WE DO INTEND TO PARTICIPATE IN THIS BID REQUEST</b>		
<b>We DO NOT intend to participate in this Bid request;</b> <b>However, we would like to remain on the Jackson County Vendor listing.</b>		
<b>THIS PROJECT DOES NOT REQUIRE A CONTRACTOR PRE-BID MEETING</b>		<b>X</b>
<b>WE WILL ATTEND</b>		<b>WE WILL NOT BE ATTENDING</b>

Please indicate with a "\*" if there are any changes to the following information Company

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person: \_\_\_\_\_

PRINTED NAME

SIGNATURE

Please return this Invitation to Participate immediately upon receipt.  
This form can be sent via email to [bradley@jacksoncountyfl.gov](mailto:bradley@jacksoncountyfl.gov).

**Jackson County Board of County Commissioners**  
**ARPA Legal and Compliance Services**  
**RFP 2021-26**

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## PART 1. INTENT AND GENERAL INFORMATION

- 1.1 Jackson County is soliciting proposals from registered, qualified law firms to provide services as outlined for Legal and Compliance Services pertaining to the County's expenditure of funds received from the U.S. Department of the Treasury in conjunction with the American Rescue Plan Act of 2021 (ARPA). The selected firm for this project will be required to provide legal and grants compliance services to various County departments regarding ARPA.
- 1.2 **PRE-BID MEETING:** N/A
- 1.3 Jackson County expects that interested individuals and firms will make every effort to assemble a team with the requisite expertise and qualifications to perform the required services. Submit **one (1)** original and **five (5)** copies for a total of **six (6)** paper copies, along with one **(1)** electronic copy (on CD or USB drive). Each submission must be received in a sealed envelope (or other sealed packaging) prominently labeled and addressed to the attention of:
- 1.4 **DEADLINE** for receipt of submittals in response to this RFP is **Monday, August 16, 2021 at 2:00 PM CST**. Submissions by fax or other electronic media will not be accepted under any circumstances. Late submissions will also not be accepted. **Submittals should be mailed or hand-delivered to Jackson County Purchasing at 2864 Madison Street, Marianna, FL 32448.**
- 1.5 **PROPOSED SCHEDULE:**
- Invitation to Participate: Thursday, 7/22/2021**  
**RFI Deadline: Tuesday, 8/10/2021**  
**Submission Deadline/Bid Opening: Monday, 8/16/2021 @ 2PM**  
**Projected Award Date: Tuesday, 9/14/2021**
- 1.6 All individuals and firms who are furnished a copy of this Solicitation but who decide not to offer a submittal to the County for consideration are requested to submit a negative reply clearly indicating such in their cover letter.
- 1.7 The County will not respond to oral inquiries. Proposers may submit written inquiries regarding this RFP/Q by email to: [bradley@jacksoncountyfl.gov](mailto:bradley@jacksoncountyfl.gov) OR send by mail to: 2864 Madison Street, Marianna, FL 32448. The County will respond to written, emailed or faxed inquiries received at least five (5) calendar days prior to the RFP due date.
- 1.8 The Jackson County Board of County Commissioners reserves the right to accept or reject any and/or all submissions, to approve or reject any subcontractors or consultants, and to waive any technicalities or informalities, as determined to be in the best interest of the County.
- 1.9 The proposer understands that this RFP/Q does not constitute an agreement or a contract with the proposer. A proposal is not binding until all eligible submittals are reviewed and accepted by the Board of County Commissioners, a Notice of Award is issued, and a legally binding contract is executed by both parties.
- 1.10 The County shall not be liable for any expense incurred in connection with preparation of a response to this RFP/Q. Proposers should prepare a straightforward and concise description of the firm's ability to meet all requirements as expressed in the RFP/Q.

## 1.11 GENERAL

- A. These documents constitute the complete set of specification requirements and forms. The Proposal including all sheets and attachments must be completed, executed and submitted in a sealed envelope bearing the RFP number on the outside and mailed or presented to the Purchasing Office on or before the specified time and date. The outer packaging shall contain the return address, the date of bid opening, the RFP number, and RFP title.
- B. It is the sole responsibility of the respondent to ensure that his or her response reaches the Purchasing Office on or before the closing date and time. The County of Jackson shall in no way be responsible for delays, caused by any other occurrence. Offers by telephone, telegram or facsimile shall not be accepted unless otherwise specified.
- C. Central Standard Time is hereby established as the Official Time of Jackson County Board of County Commissioners, in accordance with the Jackson County Procurement Code.
- D. All responses must be typewritten or written in ink and must be signed in ink by an officer or employee having authority to bind the company or firm.
- E. **Provide one original signed copy and five additional copies** of any Response pages which have to be prepared by your firm as directed in response to this request. The original copy of the RFP must contain an original, manual signature of an authorized representative of the company.
- F. Respondents shall not be allowed to modify their packets after the opening time and date. RFP files may be examined during normal working hours, after the opening, by appointment only.
- G. The submitted bid packages will be publicly opened by the Purchasing Department of the Board of County Commissioners of Jackson County. This will take place at 2864 Madison Street, Marianna, Florida 32448 on the date and time indicated in the RFP packet.

**ALL RESPONDENTS OR THEIR REPRESENTATIVES ARE INVITED TO BE PRESENT**

## 1.12 LEGAL REQUIREMENTS

Respondents are required to comply with all provisions of Federal, State and County laws and Ordinances, rules and regulations that are applicable to the items being requested. Lack of knowledge by the respondent shall in no way be a cause for relief from responsibility, or constitute a cognizable defense against the legal effect thereof.

- **PUBLIC ENTITY CRIMES**

Any person submitting a proposal in response to this invitation must execute the enclosed SWORN STATEMENT UNDER SECTION 287.133 (A), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES, including proper check(s) in the space(s) provided, and enclose it with the proposal. No award will be executed with any person affiliate identified on the Department of General 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 (2) (currently \$10,000.00) with any person or affiliate 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.

- **PROCUREMENT REGULATIONS**

This request is governed by the Jackson County procurement Regulations. A copy of the Procurement Regulations is available for your review at the County Purchasing Office.

- **DRUG FREE WORKPLACE PROGRAMS**

Preference shall be given to business with Drug-Free Work Place programs, whenever two or more packets which are equal with respect to quality, and service are received by the County of Jackson for the procurement of commodities or contractual services.

- **PROTESTS OR DISPUTES**

Any protests or disputes pursuant to this request and/or contract award shall be governed by the procedures noted in the County Purchasing Policy.

- **FEDERAL AND STATE TAX**

The County of Jackson is exempt from Federal and State Taxes for tangible personal property. The Purchasing Department will supply the successful respondent with an exemption certificate if required. Vendors or contractors doing business with Jackson County shall not be exempted from paying sales tax to their suppliers for materials to fulfill contractual obligations with the County, nor shall any Vendor/Contractor be authorized to use the County Tax Exemption Number in securing such materials.

- **ACCEPTANCE/REJECTION**

The County reserves the right to reject the response of any vendor who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who is not in a position to perform properly under this award. The County reserves the right to inspect all facilities of firms in order to make a determination as to the forgoing. Jackson County reserves the right to waive any irregularities and technicalities and may, at its discretion, request re-advertise this RFP.

- **ALTERNATIVES/APPROVED EQUAL DEVIATIONS**

Unless otherwise specified, the mention of the particular manufacture's brand name or number in the specifications does not imply that this particular product is the only one that will be considered for purchase. This reference is intended solely to designate the type or quality of merchandise that will be acceptable. Alternate offers will be considered and must include descriptive literature and/or specifications. Failure to provide descriptive literature and/or specifications with alternate offers may be cause for disqualification of the response. The determination as to whether any alternate product or service is or is not equal shall be made by Jackson County and such determination shall be final and binding upon all responses.

The respondent shall be responsible for reading very carefully, and understanding completely, the requirements and the specifications of the items requested. Any deviation from specifications listed herein must be clearly indicated, otherwise it will be considered that items offered are in strict compliance with these specifications, and the successful respondent will be held responsible therefore; deviations must be explained in detail on an attached sheet(s) and itemized by number. Any item or items that do not meet County specifications upon delivery will not be accepted and if the item cannot be brought up to specifications in a reasonable time, the firm will be required to compensate the County for difference in price entailed in going to the next low firm.

- **QUESTIONS PERTAINING TO THE PROJECT**

No questions regarding this project will be answered unless said question is in written form. Questions pertaining to the specifications of this project will be delivered to the Procurement Officer via Fax, Mail, E-mail, or hand delivered. The original question along with the answer will be sent E-mail to every firm who has returned the Invitation to Participate and/or posted in an addendum on the Jackson County Solicitation Center web page.

- **NO RESPONSE**

Where more than one item is listed, any items not included in the response shall be indicated by a written “NO RESPONSE” beside the item. Failure to comply may result in disqualification of the submitted proposal for consideration. If no proposal is submitted, a “Statement of NO RESPONSE” should be returned, with the envelope plainly marked “NO RESPONSE” and with the RFP/Q number. Failure to do so is an indication that the firm no longer wishes to receive an Invitation to Participate for future RFP/Q disbursements.

- **NON-COLLUSION**

Firm certifies that this response is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same materials, services, supplies, or equipment and is in all respects fair and without collusion or fraud.

No premiums, rebates or gratuities permitted; either with, prior to or after any delivery of material or provision of service. Any such violation may result in contract cancellation, return of materials or discontinuation of services and possible removal from the vendor list(s).

- **CONFLICT OF INTEREST**

The award is subject to provisions of State Statutes and County Ordinances, if any. All respondents must disclose with their response the name of any office, director, or agent who is an employee of Jackson County. Further, all firms must disclose the name of any County employee who owns, directly or indirectly, an interest of ten percent (10%) or more in the firm or any of its branches.

- **UNIFORM COMMERCIAL CODE**

The Uniform Commercial Code (Florida Statutes, Chapter 672) shall prevail as the basis for contractual obligations between the awarded contractor/vendor and the County for any terms and conditions not specifically stated in this RFP/Q.

- **AVAILABILITY OF FUNDS**

The obligations of Jackson County under this award are subject to the availability of funds lawfully appropriated for its purpose by the State of Florida and Jackson County.

- **EEO STATEMENT**

Jackson County is committed to assuring equal opportunity in the award of contracts and, therefore, complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin, age and sex.

- **SUBCONTRACTING**

If a vendor subcontracts any portion of a contract for any reason, he must submit the name and address of the subcontractor and the name of the person to be contracted. Jackson County reserves the right to accept or reject any or all responses wherein a subcontractor is named and to make the award to the firm, who, in the opinion of the County, will be in the best interest of and/or most advantageous to the County. Jackson County also reserves the right to reject a response of any firm if the response names a subcontractor who has previously failed in the proper performance of an award or failed to deliver on time contracts of a similar nature, or who is not in a position to perform properly under this award. Jackson County reserves the right to make the determination as to the foregoing.

- **NEGOTIATIONS**

Negotiations will be conducted in accordance with Florida State Statute 11.45.

## **PART 2. SCOPE OF WORK/SERVICES**

### **2.1 Proposing Firms must demonstrate expertise in the following areas:**

- Assistance with creating, analyzing and updating the County's ARPA spending plan
- Drafting of sub-recipient agreements
- Auditing of sub-recipient submissions
- Providing legal guidance as it relates to U.S. Treasury requirements involving ARPA procurements
- Communicating with U.S. Treasury as needed
- Attending meetings as needed (remote attendance is allowable)
- Coordinating with the County Attorney's Office
- Other possible tasks as required

2.2 The County anticipates entering into a contract with one (1) firm who submits the proposal judged to be most advantageous to the County. The term of the contract will be effective from date of award and renewed annually as necessary, up to and including December 31, 2024. The contract may be renewed for additional one (1) year terms by mutual consent. The selected firm shall be required to sign a formal agreement in the standard form currently used by Jackson County for professional services.

2.3 The managing authority for this project shall be the Jackson County Administrative Services Director, or an authorized designee. One firm/team will be selected from this RFP to perform the Scope of Work/Services. A Selection Committee will be appointed and approved by the County Administrator to review all submittals and rank firms based on the specified criteria. **(See Section 3.)**

2.4 The Jackson County Board of County Commissioners reserves the right to accept or reject any and/or all submissions, to approve or reject any sub-consultants, and to waive any technicalities or informalities, as determined to be in the best interest of the County in accordance with the CCNA.

2.5 Contractor shall furnish all necessary staff, materials, and equipment necessary to perform the services required by this RFP.

### **2.6 SPECIAL CONDITIONS**

\*Company/Firm shall be licensed by the State of Florida to perform the services required under this contract and shall meet all requirements to provide legal services in accordance with State of Florida and any related requirements per the Code of Federal Regulations. All work shall also comply with applicable Florida Statutes and Jackson County Policies/Codes.

\*County reserves the right to award the contract to other than the lowest-priced offeror.

\*Company/Firm shall be certified as applicable to perform the services required under this contract and shall meet all requirements of the County.

\*Consultant shall include minority owned subs whenever possible. Consultant, in its response, shall certify to the County whether it is a minority owned firm.

PART 3. EVALUATION CRITERIA

3.1 EVALUATION METHOD AND CRITERIA

In determining submission acceptance, any data submitted or related to the offeror’s proposal, required or voluntary, shall be subject to evaluation as deemed appropriate and in the best interest of the County, including the conduct of the offeror or any representative of the offeror with regard to any county official or employee.

Submittals will be awarded based on the following criteria. **Firms shall submit their proposals in the format as listed below.** With 100 being a perfect score, the following values will be used in scoring the submittals:

	<u>Criteria</u>	<u>Scoring Value</u>
A.	Qualifications and Experiences of Law Firm Demonstrating Ability to Meet Scope of Services	1 - 20
B.	Years of Experience with Florida Governmental Entities Legal Compliance Services	1 - 15
C.	Years of Experience with Florida Counties Legal Compliance Services	1 - 15
D.	Current Experience of the Individual Attorneys that will be providing these services demonstrating ability to meet the Scope of Services	1 - 30
E.	Cost	1 - 20
<b>Total Possible Points</b>		<b><u>100</u></b>

- 3.2 **Statement of Qualifications / Response to the RFP** shall be prepared utilizing the following organizational format. Each of the required sections must begin on a new page and be separately tabbed for identification of the section. The statement shall include the following sections:

**Submittals must include the following:**

1. Submittal Cover Sheet (attached on the following page)
2. Firm qualifications and capabilities
3. Qualifications, resumes, certifications, and licenses of proposed professional personnel
4. Client references for similar projects
5. Experience on similar projects
6. Evidence of registration and statement of professional liability insurance and license(s)
7. Affidavits and Acknowledgements:
  - a) Drug Free Workplace Certification
  - b) Public-Entity Crimes
  - c) Non-Collusion Affidavit
  - d) Certification for Disclosure of Lobbying Activities on Federal-Aid Contracts
  - e) Disclosure of Lobbying Activities (as applicable)
  - f) Sample Reference Sheet
  - g) Sub-contractor form
  - h) New Vendor form

**SAMPLE SCORE SHEET TO BE USED BY RANKING COMMITTEE**

	Name of Firm	Name of Firm	Name of Firm	Name of Firm
<b>Qualifications and Capabilities (20 points)</b>				
<b>Experience with FL Governmental Entities Legal Compliance Services (15 points)</b>				
<b>Experience with FL Counties Legal Compliance Services (15 points)</b>				
<b>Current Experience and Ability of Individual Attorneys (30 points)</b>				
<b>Cost for Services (20 points)</b>				
<b>Total Points (possible 100 points)</b>				

Person Ranking \_\_\_\_\_  
Print Name

Signature \_\_\_\_\_

Date \_\_\_\_\_

## PART 4. TERMS AND CONDITIONS

- 4.1 Conformity and adherence to the terms and conditions described in this solicitation shall be a factor considered by the Selection Committee as part of its review process.
- 4.2 Individuals or firms submitting Letter of Interest and Statements of Qualifications for this RFP/Q shall not contact individual members of the Board of County Commissioners, nor the members of the Professional Services Selection Committee during the evaluation and interview process (excepting only if required regarding other work with the County, but shall not discuss this RFQ except to submit questions in writing)). **The Selection Committee may include one or all of the five County Commissioners (Alex McKinnie, Paul Donofro Jr., Jim Peacock, Eric Hill, and Clint Pate), and may also include the County Administrator (Wilanne Daniels).** Individual committee members will be removed from the committee if unable to participate in all reviews, and scoring will be based on scores by the remaining committee members. Any and all questions must be directed, in writing, to the Jackson County Purchasing Department as indicated above.
- 4.3 In determining submission acceptance, any data submitted or related to the offeror's proposal, required or voluntary, shall be subject to evaluation as deemed appropriate and in the best interest of the County, including the conduct of the offeror or any representative of the offeror with regard to any county official or employee.
- 4.4 Submittals in response to this Solicitation will be reviewed against the criteria listed herein above, and award of contract(s) shall be made in accordance to standard procurement procedures, the Jackson County Purchasing Policy, and any applicable regulations of the State of Florida.
- 4.5 Submittals will be evaluated on the basis of submitted materials, references, and interviews as applicable.
- 4.6 A Selection Committee appointed and approved in accordance with the Jackson County Purchasing Policy and CCNA will review all Requests for Qualifications and make a recommendation to the Board of County Commissioners based on the established proposal evaluation criteria. A selected group of Consultants may be required to make an oral presentation to the Selection Committee. If needed, such a presentation will provide an opportunity for the Consultants to clarify the information provided in their proposal. If an oral presentation is required, the final decision of the Selection Committee will be based on the overall tabulation from the oral presentation. The Professional Services Selection Committee will present its recommendations to the Board of County Commissioners, which has the authority to make the final determination and award contracts.
- 4.7 Solicitation by Jackson County to consultants, firms and individuals is based on this advertisement. The advertisement may also be found on the Jackson County Purchasing web site [www.jacksoncountyfl.gov/purchasing](http://www.jacksoncountyfl.gov/purchasing). Firms or individuals submit responses on a voluntary basis, and therefore are not entitled to compensation of any kind. The County, its officers and agents, assume no liability or indebtedness for any cost or inconvenience incurred by any individuals or firms in the preparation, submission, presentation or documentation of any response or proposal.

- 4.8 The deadline for receipt of submittals or alternate submittals in response to this request is as indicated above. Submission by FAX or other electronic media will not be accepted under any circumstances. Late submissions will not be accepted. Final determination of closing time and acceptance or rejection of submittals will be determined by the County Purchasing Department.
- 4.9 A notarized Drug Free Work Place Certification must accompany each submission, in accordance with the Florida Administrative Code, Department of Management Services, and Division of Purchasing. Those responding to this Solicitation may submit certification by statement of their letterhead or elect to submit the State of Florida Certificate, showing compliance with the minimum State of Florida requirements.
- 4.10 By submitting a response to this solicitation, the responder acknowledges that any person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in section 287.017, for CATEGORY TWO for a period of thirty-six (36) months from the date of being placed on the convicted vendor list.
- 4.11 The consultant selected may be required to demonstrate that the consultant has no vested, fiscal or financial interest in a business, firm or corporation which would directly or indirectly gain, profit or benefit from the activities, tasks, design work, reports, records or recommendations of such consultant.
- 4.12 Central Standard Time (CST) is hereby established as the official time zone of the Jackson County Board of County Commissioners, in accordance with the County Purchasing Policy.
- 4.13 Unlike the private sector, the public sector is funded by public money and therefore requires complex procedures and systems by law. In order to ensure that the public funds are well spent, as well as to maintain credibility of the public entity, those systems and procedures are sealed and confidential until opened and evaluated, following which they are documented and audited periodically, being subject to public scrutiny and accountability.

By its very nature, a comprehensive evaluation process of many submissions by an approved Professional Services Selection Committee, including verification of performance records, references, and related issues, is a complex and lengthy process. As a result, telephone or fax request for "status reports" and ranking results cannot be honored during the evaluation process.

Upon request, ranking results will be faxed or emailed to all individuals and firms submitting a response to this Solicitation following conclusion and tabulation of the evaluation scores. Each Board-approved, short-listed firm will be notified by fax or email following the preliminary and final scoring and tabulation process.

#### 4.14 REQUESTS FOR INFORMATION

No oral interpretations will be made to any Proposer as to the meaning of the Proposal/ Contract Documents. Where no deadline is established, any inquiry or request for interpretation received by the Jackson County Procurement Officer at least 72 hours prior to the submission deadline previously indicated will be given consideration. Any such interpretations or changes will be made in writing in the form of an addendum and, if issued, will be distributed by email or made accessible by other available electronic means to all prospective proposers prior to the established due date.

#### 4.15 Evidence of registration and statement of professional liability insurance:

**A Certificate of Insurability** acceptable to the County shall accompany each proposal or alternate proposal in the amounts as prescribed by State and County.

**Professional Liability Insurance:** The Vendor shall purchase and maintain such insurance as will protect him from claims which may arise out of or result from the Vendor's operations under the terms and conditions of the RFP/Q. Liability insurance shall be obtained at the Vendor's expense and in his/her name as the insured, which Certificate shall show Jackson County as an additional named insured. Liability insurance on a form approved by the County (M&D, CGL, etc.) and including endorsements for contractual liability and such other endorsements appropriate for the Work required by this Bid as may be required by the County. The limit of liability for this coverage shall not be less than \$250,000.00 CSL per occurrence.

**General Liability,** with combined single limits of not less than \$1,000,000 per occurrence. The only aggregate limit acceptable is a "project aggregate" and the Certificate must show an appropriate endorsement (ISO CG2501) or equal.

**Business Auto Liability Insurance,** with combined single limits of not less than \$200,000 per occurrence and is to include bodily injury and property damage liability arising out of operation, maintenance or use of any auto, including owned, not-owned and hired automobiles and employee non-ownership use.

**Workers' Compensation Insurance,** as required by the State of Florida.  
\$100,000 each accident and \$100,000 each employee  
\$500,000 policy limit for disease

**Engineer Professional Liability** with an occurrence limit of not less than \$250,000.

**\*Note that these insurance requirements will change from time to time. Amounts of insurance must meet the minimum amounts and limits required by the State of Florida and Jackson County.**

#### 4.16 LICENSING AND SUBCONTRACTORS

The Proposer and all subcontractors must be licensed and registered as applicable in Jackson County and the State of Florida to perform the work required by this Project. The Proposer shall furnish the County with a list of all sub-contractors performing work on this project. The successful vendor is required to have proper license as required by the State of Florida and Jackson County and present a copy of such license to the County Purchasing Department. It will be the vendor's responsibility to determine through these organizations which type of license is required.

SUBMITTAL COVER SHEET

<b>Name of Firm, Entity or Organization:</b> _____		
<b>Federal Employer Identification Number:</b> _____		
<b>State of Florida Professional Engineer License Number -</b> _____		
<b>State of Florida General Contractors License Number -</b> _____		
<b>Name and Title of Contact Person</b>		
<b>Name:</b> _____		<b>Title:</b> _____
<b>Mailing Address:</b> _____ _____		
<b>Street Address:</b> _____		
<b>City, State, Zip:</b> _____		
<b>Telephone:</b> _____		
<b>E-mail:</b> _____		
<b>Organization Structure</b>		
<b>Circle one:</b>	<b>Corporation</b>	<b>Partnership</b>
	<b>Joint Venture</b>	<b>Proprietorship</b>
		<b>Other (explain)</b> _____
<b>If Corporation</b>		
<b>Date of Incorporation:</b> _____		
<b>State of Incorporation:</b> _____		
<b>States registered in as foreign Corporation:</b>		
<b>Authorized Signature</b>		
<b>Print Name:</b> _____		
<b>Signature:</b> _____		
<b>Title:</b> _____		
<b>Phone:</b> _____		

**DRUG FREE WORK PLACE CERTIFICATE**

"I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that  
\_\_\_\_\_  
NAME OF FIRM

- Publishes a written statement notifying that the unlawful manufacturer, distribution, dispensing possession, or use of a controlled substance is prohibited in the workplace given above, and specifying actions that will be taken against violations of such prohibition;
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- Gives each employee, engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the workplace, no later than five (5) days after such conviction, and requires employees to sign copies of such written [\*] statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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.
- Makes a good faith effort to continue to maintain a drug free workplace through the implementation of the drug free workplace program.

"As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein."

Authorized Signature

\_\_\_\_\_  
Date Signed

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Personally known \_\_\_\_\_ or produced Identification: \_\_\_\_\_  
[Type of Identification]

Signature of Notary Public \_\_\_\_\_

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

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

**SWORN STATEMENT UNDER SECTION 287.133 (3)(a),  
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

This SWORN statement is submitted with bid number:

1.

By:

\_\_\_\_\_  
(PRINT INDIVIDUALS NAME AND TITLE)

For:

\_\_\_\_\_  
(PRINT NAME OF ENTITY SUBMITTING SWORN STATEMENT)

whose business address  
is \_\_\_\_\_

CITY

STATE

ZIP

VOICE PHONE \_\_\_\_\_

and (if applicable) its Federal Employee Identification Number (FEIN) is:

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 of 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 “convicted” or “conviction” as defined in Paragraph 287.133 (a)(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 or 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 a 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 had 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 no one person controls another person. A person who knowingly enters a joint venture with a person who has been convicted of a public entity crime in Florida during the proceeding 36 months shall be considered an affiliate.

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 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.

1. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this SWORN statement.

**[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 the 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 as a 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**).

**STATEMENT OF UNDERSTANDING**

I understand that the submission of this form to the contracting officer for the Public Entity Identification in Paragraph one (1) 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 (2) of any change in the information contained in this form.

\_\_\_\_\_  
AUTHORIZED SIGNATURE

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Personally known \_\_\_\_\_ OR Produced identification

\_\_\_\_\_  
SHOW TYPE OF IDENTIFICATION

PROVIDED

Notary Public-State of \_\_\_\_\_ My commission expires \_\_\_\_\_

\_\_\_\_\_  
(PRINTED / TYPED/ OR STAMPED COMMISSIONED NAME OF NOTARY PUBLIC

**NON-COLLUSIVE AFFIDAVIT**

STATE OF \_\_\_\_\_}

COUNTY OF \_\_\_\_\_}

\_\_\_\_\_ being first duly sworn, deposes and says that:

1. He/she is the \_\_\_\_\_, (Owner, Partner, Officer, Representative or Agent) of \_\_\_\_\_ the firm that has submitted the attached submittal.
2. He/she is fully informed respecting the preparation and contents of the attached submittal and of all pertinent circumstances respecting such solicitation:
3. Such submittal is genuine and is not collusive or a sham.
4. Neither the said firm nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other firm or person to submit a collusive or sham submittal in connection with the Work for which the attached submittal has been submitted; or to refrain from submitting in connection with such work; or have in any manner, directly or indirectly, sought by person to fix the price or prices, or to fix any overhead, profit, or cost elements of the fees negotiated or of any other firm, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed work;

Signed, sealed and delivered.  
In the presence of:

\_\_\_\_\_  
Witness

By: \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**TRUTH-IN-NEGOTIATION CERTIFICATION**

1. Pursuant to Section 287.055(5)(a), Florida Statutes, for any lump-sum or cost-plus-a-fixed fee professional services contract over the threshold amount provided in Section 287.017, Florida Statutes for CATEGORY FOUR, the Consultant must execute this Certificate and include it with the submittal of its proposal or as prescribed in the solicitation.

2. The Consultant hereby certifies, covenants, and warrants that wage rates and other factual unit costs supporting the compensation for this project are accurate, complete, and current at the time of contracting.

3. The Consultant further agrees that the original agreement price and any additions thereto will be adjusted to exclude any significant sums by which Lake County determines the agreement price was increased due to inaccurate, incomplete, or noncurrent wage rates and other factual unit costs. All such agreement adjustments must be made within (1) year following the end of the agreement.

**CONSULTANT**

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

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

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

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

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents of all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
CERTIFIED BY (type or print)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

Approved by OMB

0348-0046

**Disclosure of Lobbying Activities**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

<b>1. Type of Federal Action:</b> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	<b>2. Status of Federal Action:</b> a. bid/offer/application b. initial award c. post-award	<b>3. Report Type:</b> a. initial filing b. material change  <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> ____ Prime      ____ Subawardee Tier _____, if Known:  <b>Congressional District, if known:</b>		<b>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</b>  <b>Congressional District, if known:</b>
<b>6. Federal Department/Agency:</b>		<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____
<b>8. Federal Action Number, if known:</b>		<b>9. Award Amount, if known:</b> \$
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):		<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):
<b>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>		<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____
<b>Federal Use Only</b>		<b>Authorized for Local Reproduction</b> <b>Standard Form - LLL (Rev. 7-97)</b>

**SAMPLE EXPERIENCE STATEMENT**  
**TO BE SUBMITTED WITH RESPONSE PACKET**  
(This sample form can be used but is not required  
if vendor chooses to submit their own)

List at least three references for work of a similar nature performed within the last three years.

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

  

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

  

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

  

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

  

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

  

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

  

Description of work	Year of project	Dollar amount of project	Company name:
			Contact person:
			Phone number:

**SUBCONTRACTOR LIST**  
**TO BE SUBMITTED IF SUBCONTRACTORS WILL BE USED**

<b>COMPANY NAME:</b>	<b>DESCRIPTION OF WORK TO BE DONE:</b>
<b>ADDRESS:</b>	
<b>REPRESENTATIVE:</b>	<b>CURRENT CERTIFICATE OF LIABILITY INSURANCE</b>
<b>PHONE NUMBER:</b>	<b>CURRENT FLORIDA LICENSE #:</b>
<b>FAX NUMBER:</b>	<b>CLASSIFICATION:</b>

<b>COMPANY NAME:</b>	<b>DESCRIPTION OF WORK TO BE DONE:</b>
<b>ADDRESS:</b>	
<b>REPRESENTATIVE:</b>	<b>CURRENT CERTIFICATE OF LIABILITY INSURANCE</b>
<b>PHONE NUMBER:</b>	<b>CURRENT FLORIDA LICENSE #:</b>
<b>FAX NUMBER:</b>	<b>CLASSIFICATION:</b>

<b>COMPANY NAME:</b>	<b>DESCRIPTION OF WORK TO BE DONE:</b>
<b>ADDRESS:</b>	
<b>REPRESENTATIVE:</b>	<b>CURRENT CERTIFICATE OF LIABILITY INSURANCE</b>
<b>PHONE NUMBER:</b>	<b>CURRENT FLORIDA LICENSE #:</b>
<b>FAX NUMBER:</b>	<b>CLASSIFICATION:</b>

<b>COMPANY NAME:</b>	<b>DESCRIPTION OF WORK TO BE DONE:</b>
<b>ADDRESS:</b>	
<b>REPRESENTATIVE:</b>	<b>CURRENT CERTIFICATE OF LIABILITY INSURANCE</b>
<b>PHONE NUMBER:</b>	<b>CURRENT FLORIDA LICENSE #:</b>
<b>FAX NUMBER:</b>	<b>CLASSIFICATION:</b>



# NEW VENDOR INFORMATION

IF YOU ARE A NEW VENDOR WITH JACKSON COUNTY  
MUST BE COMPLETED AND RETURNED WITH (OR PRIOR TO) THE PROPOSAL PLEASE TYPE OR  
PRINT NEATLY

FIRM NAME:		PRINCIPAL CONTACT NAME:		E-MAIL ADDRESS	
STREET ADDRESS (INCLUDING SUITE/BUILDING ETC.):		PHONE #:	EXT.	CELL PHONE:	
MAILING ADDRESS:		CITY:		STATE:	ZIP:
MAIN PHONE:		FAX:	WEB ADDRESS:		
Is the principal contact listed above authorized to sign bids, contracts and checks? (Circle One) Yes No					
If no, list the name of the individual who has such authority: _____			Phone number: _____ Ext. _____		
Federal I.D. :		Occupational License No.:		State Contractor's License No.:	
Primary Business:	Contractor		Distributor	Manufacturer	Other (Please specify): _____
Service/Product to be provided/sold:					
Firm/Company type:	Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Corp. <input type="checkbox"/> Other: _____				
Is your company a Certified:	Woman-Owned <input type="checkbox"/>	African American <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Asian American <input type="checkbox"/>	Native American <input type="checkbox"/> Native Alaskan <input type="checkbox"/>
Terms of payment:					
Bonding Capability:	Don't know <input type="checkbox"/> Under \$100,000 <input type="checkbox"/> Over \$100,000 <input type="checkbox"/> Other: _____				
Does your firm currently cover all employees with Workman's Compensation insurance: Yes No			If yes, in what amount: _____		
Are any officers, owners, partners, or employees (or employee family) an employee of the Jackson County Board of Commissioners: Yes No					
If above answer is Yes, please identify that person and their position with the County. Name: _____ Department/Title: _____					
<b>Certification</b>					
I certify that the information supplied herein, including all pages attached, is correct and that neither the applicant nor any person (or concern) in any connection with the applicant is a principal officer so far as known, is now debarred or otherwise ineligible from bidding for any reason or project with the Jackson County Board of Commissioners.					
Signature:		Title:		Date:	