

City of Winter Springs, Florida
REQUEST FOR QUALIFICATIONS

RFQ # 003/08/KL

for

Utility Rate Study

City of Winter Springs, Florida
1126 East SR 434
Winter Springs, FL 32708
407-327-1800

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The City of Winter Springs, Florida, invites the submittal of qualifications from professional consultants for the preparation of a Utility Rate Study. The purpose of the Utility Rate Study is to review the existing utility fees and charges and make recommendations for changes that may be needed to support the operational and capital needs over the next five years.

Qualified consultants who are interested in providing this service may obtain an information packet from the City or may download it from: <http://www.winterspringsfl.org/EN/main/main/bid.htm>. Any questions concerning this RFQ should be directed to Kipton Lockcuff, P.E., Utility/Public Works Director, at klockcuff@winterspringsfl.org or 407-327-5989.

Submittal responses shall include four (4) originals in a sealed package marked "**RFQ #003/08/KL – UTILITY RATE STUDY**", and must be received by the Purchasing Coordinator, 1126 East State Road 434, Winter Springs, Florida 32708, no later than **3:00 P.M. WED., JANUARY 23, 2008**. Failure to deliver submittals to the designated office before the indicated deadline will result in said submittal not being opened or considered.

Consultants who are preparing a submittal response to this request are expected to examine this request including all relevant forms, terms, conditions, and instructions. All costs associated with preparation and submittal of qualifications shall be borne entirely by the consultant. Submittals will become the property of the City and will become part of the public record, subsequent to award of the contract or rejection of all submittals.

Submittals will be evaluated by a selection committee composed of City staff. Interviews may be requested at the discretion of the selection committee. A final determination on award of the contract will be made by the City Commission at a date and time to be determined. The City reserves the right to reject any or all submittals in whole or in part; to re-advertise for any or all of the services; to negotiate for additional services or materials; and/or to accept the proposals, which, in its judgment best serves the interest of the City.

I. INTRODUCTION

The City of Winter Springs is seeking proposals from qualified individuals or firms to prepare a Utility Rate Study for the water, wastewater, and reuse services.

II. BACKGROUND:

The City of Winter Springs is a predominantly high-growth suburban residential community (pop. 38,000) located on the north side of Orlando in Seminole County, Florida with approximately 13,000 water and sewer customers. The City owns three water treatment plants, two wastewater treatment plants, and the associated collection and distribution system for water, wastewater and reclaimed water which are all operated under a utility enterprise fund.

Sufficient water and sewer capacity is available to meet the City's needs through build out. However, it is the City's goal to reduce the withdrawals from the Floridan aquifer by expanding the reclaimed water distribution system using surface water withdrawals from Lake Jesup. The City received the Consumptive Use Permit withdrawals from Lake Jesup in 2007.

III. RATE STUDY REQUIREMENTS:

The City of Winter Springs invites proposals from qualified firms or individuals to prepare a Rate Study with the following requirements:

- A. Review the potable water, wastewater, and reuse water rates and provide justifiable, equitable and legally defensible methodologies for collection of appropriate user and service fees that are adequate to fully fund the expenditures associated with system operations, maintenance, replacement, improvements, and debt service costs through Fiscal Year 2013/2014.
- B. Review the expenditures recovered from the rate structure components with full consideration of equivalent industry standards (i.e., EDU's, ERU's, meter sizes, impervious areas, rate indexing and volumetric billing).
- C. Determine the adequacy of the proposed rates in relation to financing anticipated Capital Improvements including but not limited to; upgrades to the water treatment plants for water quality improvements, construction of a surface water augmentation facility on Lake Jesup, expansion of the reclaimed water distribution system, and other related capital improvements. A five year Capital Improvements Program including costs will be provided by the City's engineering consultant and/or staff.
- D. Prepare a water audit consistent with the requirements of the water management district including determining unaccounted for water losses.
- E. Review water and sewer capacity charges and reservation fees to determine the

adequacy of these rates.

- F. Review the current master metering arrangement with a manufactured home park and make recommendations regarding the feasibility of individually metering.
- G. Review customer service related charges and practices to make recommendations for any needed improvements or additional cost recovery fees including the adequacy of the current residential and commercial deposits.
- H. Review the Proposed Reclaimed Water Augmentation Plan and develop a reuse rate structure to implement the plan including recommended debt issues or alternative financing plans.
- I. Develop a retail rate for the area of the City which is served through a wholesale agreement with Seminole County.

IV. EVALUATION CRITERIA

Selection will be made from the consultant who is deemed by the selection committee to be the most qualified among those submitting proposals on the basis of the following:

- Experience of the firm and proposed project team (25 points)
- Understanding of the scope and purpose of the Utility Rate Study (15 points)
- Familiarity with the City of Winter Springs Utility Enterprise Fund (25 points)
- Project approach and the ability to apply creative financial solutions to the capital needs (25 points)
- Availability of the project team throughout the project period (10 points)

The City may, at its discretion, seek clarification of any aspect of a consultant's submittal and may require an interview prior to awarding the project and initiating a contract.

III. SUBMITTAL REQUIREMENTS

Submittal responses shall include four (4) originals in a sealed package marked “**RFQ #003/08/KL – UTILITY RATE STUDY**”, and must be received by the Purchasing Coordinator, 1126 East State Road 434, Winter Springs, Florida 32708, no later than **3:00 P.M. WED., JANUARY 23, 2008**. Submittals received after this time will not be considered. There will be no formal public opening.

Submittals should provide a straightforward, concise description of consultant’s capabilities to satisfy the requirements of this RFQ. Emphasis should be on completeness and clarity of content. The consultant is advised to carefully review the evaluation content. Repetition of the terms and conditions of the RFQ, without additional explanation, will not be considered sufficiently responsive.

The submittal should be ordered as follows and shall be no more than 10 pages (not including the cover sheet, all forms, and project team resumes):

Submittal Cover Sheet (provided herein)

- I. Letter of Interest
- II. Experience of the firm and proposed project team, including a project team organizational chart
- III. Understanding of the scope and purpose of the Utility Rate Study
- IV. Familiarity with the City Winter Springs Utility Enterprise Fund
- V. Project approach and the ability to apply creative financing solutions
- VI. Availability of the project team throughout the project period
- VII. Resumes of key project team members
- VIII. References
- IX. Firm’s standard hourly rate sheet

Forms (8 pages total):

- Disputes Disclosure Form (provided herein)
- Drug-Free Work Place Form (provided herein)
- Florida Statutes on Public Entity Crimes Form (provided herein)
- Certification of Non-Segregated Facilities Form (provided herein)
- Insurance Requirements Form (provided herein)
- Conflict of Interest Statement (provided herein)

The City reserves the right to amend the RFQ prior to the due date of responses. If it becomes necessary to revise any part of the RFQ, an addendum shall be provided to consultants who have received a copy of this RFQ. In the event of addenda, consultants shall include acknowledgment of all addenda as part of their submittal. Failure to acknowledge addenda may be grounds for disqualification of the submittal.

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SUBMITTAL COVER SHEET

Primary Consultant: _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Person: _____ Title: _____

Phone: (____) _____ Email: (____) _____

Secondary Consultant (if applicable): _____

Address: _____ City: _____ State: ____ Zip: _____

Contact Person: _____ Title: _____

Phone: (____) _____ Email: (____) _____

I hereby certify that the qualifications contained herein are true. I agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for disqualification of the submittal, immediate cancellation of any contract with the City that might arise from the representations contained herein, and forfeiture of rights for further consideration for work in the City of Winter Springs.

Name / Title: _____

Authorized Signature / Date: _____

This Form Must Be Completed and Returned with your Submittal

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DISPUTES DISCLOSURE FORM

Answer the following questions by answering "YES" or "NO". If you answer "YES", please explain in the space provided, please add a page(s) if additional space is needed.

1. Has your firm, or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulation or any other regulatory agency or professional association within the last five (5) years? _____

2. Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years? _____

3. Has your firm had filed against it or filed any requests for equitable adjustment, contract claims or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business? _____ If yes, the explanation must state the nature of the request for equitable adjustment, contract claim or litigation, a brief description of the case, the outcome or status of suit and the monetary amounts or extended contract time involved.

I hereby certify that the statements contained herein are true. I agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for disqualification of the submittal, immediate cancellation of any contract with the City that might arise from the representations contained herein, and forfeiture of rights for further consideration for work in the City of Winter Springs.

Firm: _____

Name / Title: _____

Authorized Signature / Date: _____

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DRUG-FREE WORK PLACE FORM

The undersigned, in accordance with Florida Statute 287.087 hereby certifies that the company named below does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

Firm: _____

Name / Title: _____

Authorized Signature / Date: _____

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FLORIDA STATUTES ON PUBLIC ENTITY CRIMES FORM

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

1. This sworn statement is submitted to the City of Winter Springs by:

on behalf of: _____

whose business address is: _____

Federal Employer Identification Number (FEIN) _____

or Social Security # of the person signing this statement: _____

2. I understand that a “public entity crime” as defined in Paragraph 287.133(1)(g), F.S., 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 with the United States, including, but not limited to, any bid or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand the “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), F.S., means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilt or nolo contendere.

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

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

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

_____ Neither the entity submitting this sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity were charged with and convicted of a public entity crime after July 1, 1989.

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

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

I understand that the submission of this form to the City of Winter Springs is for the City of Winter Springs only, and that this form is valid through December 31, 2007. I also understand that I am required to inform the City of Winter Springs prior to entering into a contract in excess of \$25,000 of any change in the information contained in this form.

Signature Date

State of Florida, County of _____; On this ____ day of _____, 20____,
before me, the undersigned Notary Public of the State of Florida, personally appeared:

(Name(s) of individuals who appeared before notary)

whose name(s) is/are Subscribed to the within instrument, and he/she/they acknowledge that he/she/they executed it.

Sworn to and subscribed before me this
_____ day of _____ 20_____.

Notary Public
My Commission expires:

_____ Personally Known
_____ Produced Identification:
(Type) _____
_____ Did take an Oath
_____ Did Not take and Oath

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CERTIFICATION OF NON-SEGREGATED FACILITIES FORM

By affixing his signature to this form, the consultant certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location, under his control, where segregated facilities are maintained. The consultant certifies further that he will not maintain or provide for his employees any segregated facilities at any location under his control where segregated facilities are maintained. The consultant agrees that a breach of this certification will be a violation of the Equal Opportunity clause in any contract resulting from acceptance of this Bid. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, restrooms and washrooms, restaurants and other eating areas, time clocks, locker rooms and other storage and dressing areas, parking lots, drinking fountains, recreation or entertainment area, transportation and housing facilities provided for employees which are segregated by explicit directive, or are in fact segregated on the basis of race, color, religious disability or national origin, because of habit, local custom, or otherwise. The consultant agrees that (except where he has obtained identical certifications from proposed subcontractors for specific time periods) he will obtain identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity clause, and that he will retain such certifications in his files.

The nondiscriminatory guidelines as promulgated in Section 202, Executive Order 11246, and as amended by Executive Order 11375 and as amended, relative to Equal Opportunity for all persons and implementations of rules and regulations prescribed by the United States Secretary of Labor are incorporated herein.

NOTE: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

By: _____ Date: _____

Print Name

Title

Official Address: _____

This Form Must Be Completed and Returned with your Submittal

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INSURANCE REQUIREMENTS FORM

1. The consultant shall be **required** to provide to the Purchasing Coordinator, **prior** to signing a contract for or **commencing** any work, a Certificate of Insurance which verifies coverage in compliance with the requirements outlined below. Compliance of said certificate must be acknowledged by the Purchasing Coordinator prior to start of work. Any work initiated without completion of this requirement shall be unauthorized and the City of Winter Springs will not be responsible.
2. The City of Winter Springs reserves the right to require coverage and limits as considered to be in its best interests. Insurance requirements shall be on a case by case basis determined by the project, conditions and exposure.
3. Except for Professional Liability and Workers Compensation Policies, when required, **all policies are to be endorsed to include the City of Winter Springs as Additional Insured. In the cancellation clause the number "30" shall be inserted** into the blank space provided prior to the words "days prior notice...". All consultant policies are to be considered primary to City coverage and shall not contain co-insurance provisions.
4. In the event that the insurance coverage expires prior to the completion of services, a renewal certificate shall be issued 30 days prior to said expiration date.
5. **Subconsultants** retained by the primary consultant **are the responsibility of said primary consultant** in all respects.
6. Insurance requirements:

COVERAGE REQUIRED	MINIMUM POLICY LIMITS
Workers' Compensation	Statutory
Commercial General Liability including Contractual Liability, Products and Completed Operations, XCU and Owners and Contractors Protective	\$ 1,000,000 Occurrence
Comprehensive Auto Liability, CSL, shall include "any auto"	\$ 1,000,000 CSL
Professional	\$1,000,000 Occurrence

(NOTE: All limits are per occurrence and must include Bodily Injury and Property Damage. Deductibles and self insured retentions must be approved by the City of Winter Springs, and all insurers must have an A.M. Best rating of at least A: VII.)

7. Bonding Required: None This Submittal
8. Consultant will be required to provide a certificate of insurance in compliance with the above, within four (4) days of notification of award with continuing coverage, without a break.
9. I hereby certify that the insurance and bonding requirements outlined above shall be met as required, if I am awarded a contact for the services specified herein.

Firm: _____

Name / Title: _____

Authorized Signature / Date: _____

This Form Must Be Completed and Returned with your Submittal

Signature of Affiant Date

Typed or Printed Name of Affiant Title

State of Florida, County of _____

On this _____ day of _____, 20____, before me, the undersigned
Notary Public of the State of Florida, personally appeared

_____ and

(Name(s) of individuals who appeared before notary)

whose name(s) is/are subscribed to the within instrument, and he/she/they
acknowledge that he/she/they executed it.

WITNESS my hand
and official seal.

NOTARY PUBLIC, STATE OF FLORIDA NOTARY PUBLIC

SEAL OF OFFICE:

(Name of Notary Public: Print, Stamp, or Type as Commissioned.)

This Form Must Be Completed and Returned with your Submittal