

## RFP FORM A

Proposer: \_\_\_\_\_

### QUALIFICATIONS STATEMENT

***THIS FORM MUST BE SUBMITTED WITH PROPOSAL  
TO BE DEEMED RESPONSIVE.***

1. State the full and correct name of the partnership, corporation or trade name under which you do business and the address of the place of business. (If a corporation, state the name of the president and secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do business under the trade name.)
  - 1.1. The correct and full legal name of the Proposer is:
  - 1.2. The business is a (Sole Proprietorship) (Partnership) (Corporation).
  - 1.3. The names of the corporate officers, or partners, or individuals doing business under a trade name, are as follows:
2. Please describe your company in detail.
3. The address of the principal place of business is:
4. Company telephone number, fax number and e-mail addresses:
5. Number of employees:
  1. Name of employees to be assigned to this Project:
  2. Company identification numbers for the Internal Revenue Service:
  3. Provide Broward County business tax receipt number, if applicable, and expiration date:
  4. How many years has your organization been in business? Does your organization have a specialty?
5. List the last three projects of this nature that the firm has completed? Please provide project description, reference and contact information and cost of work completed.
6. Have you ever failed to complete any work awarded to you? If so, where and why?
7. Provide the following information concerning all contracts that are similar in nature or use the same project team proposed for this project that are **in progress** as of the date of submission of this Proposal for your company, division or unit as appropriate.

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| Name of Service                  | Contract with:           | Contract Amount   | Contract Term        |
|----------------------------------|--------------------------|-------------------|----------------------|
| Collection and meter maintenance | City of Success, Florida | \$99,999 per year | 1-1-2012 to 12-31-16 |
|                                  |                          |                   |                      |
|                                  |                          |                   |                      |
|                                  |                          |                   |                      |
|                                  |                          |                   |                      |

*(Continue list as necessary)*

8. Provide the following information for any subconsultants or subcontractors you will engage if awarded the contract.

| Subcontractor Name | Address | Work to be Performed |
|--------------------|---------|----------------------|
|                    |         |                      |
|                    |         |                      |
|                    |         |                      |

*The foregoing list of subconsultants or subcontractors may not be amended after award of the contract without the prior written approval of the Town Manager, whose approval shall not be unreasonably withheld.*



## RFP Form C

Proposer: \_\_\_\_\_

### PRICE PROPOSAL FORM

***THIS FORM MUST BE SIGNED AND SUBMITTED WITH PROPOSAL TO BE DEEMED RESPONSIVE.***

Name of Proposer: \_\_\_\_\_

Name of authorized representative of Proposer: \_\_\_\_\_

### Project Cost – Two Year Budget

| <b>Expenses</b> |  | <b>1<sup>st</sup> Year</b> | <b>2<sup>nd</sup> Year</b> |
|-----------------|--|----------------------------|----------------------------|
| 1.              | Management Fee   | \$                         | \$                         |
| 2.              | Supervisor (note number of hours and rate)             |                            |                            |
| 3.              | Enforcement Officers (note number of hours and rate)   | \$                         | \$                         |
| 4.              | Overtime for on-site personnel                         |                            |                            |
| 5.              | Operating Expenses to be Reimbursed (provide detail)   | \$                         | \$                         |
| 6.              | Expenses billed directly to Town (provide detail)      | \$                         | \$                         |
| 7.              |  | \$                         | \$                         |
| 8.              | Insert rows as necessary.                              | \$                         | \$                         |
| 9.              | Reimbursements not related to a specific expense above | \$                         | \$                         |
|                 | <b>Total</b>   | <b>\$</b>                  | <b>\$</b>                  |

## Lauderdale-By-The-Sea RFP No. 15-01-01

Instructions: Show the project expenses for providing the services in the requested scope of work. PROPOSER is encouraged to submit their own spreadsheet if it shows greater detail.

Fees should be detailed to the extent possible per expense category. If a future adjustment is proposed for fee such as the management fee, please footnote it.

The Total Project Cost for Year 1 and 2 SHALL include all expenses to the TOWN from all sources. The Town will not reimburse for any costs not actually incurred and paid for by the Proposer and included in its proposal. Reasonable proof thereof will be required.

Financial reports for past years are available on request.

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