



PUBLIC NOTICE CITY OF OKEECHOBEE

REQUEST FOR QUALIFICATIONS (RFQ) NO. 2026-001 PROFESSIONAL ENGINEERING SERVICES

SUBMISSION DEADLINE: NOVEMBER 30, 2026, 3:00 PM EST

The City of Okeechobee, Florida (the City) in compliance with Florida Statute 287.055, Consultants' Competitive Negotiation Act (CCNA), is seeking qualified, experienced, State of Florida licensed Civil Engineers to provide Professional Engineering Services to the City.

Description: The intent of this RFQ solicitation is to select the most highly qualified individuals or firms to provide Professional Engineering Services to the City on an "as needed" basis, for a total agreement period not to exceed three (3) years with opportunities for two (2) additional 3-year renewals. The City reserves the right to reject any and all submittals, to waive minor informalities, technicalities and irregularities, and to cancel, postpone or reissue this RFQ, as provided in Section IX of the RFQ.

Submittal information and response format shall be posted and accessible via the City's website: <https://www.cityofokeechobee.com/contracting-opportunities.html>

Individuals or firms desiring to provide the Professional Engineering Services described above shall submit one (1) original, marked "ORIGINAL", six (6) copies, each marked "COPY", and one (1) electronic copy on a Flash Drive, PDF format preferred, of their submittal, containing all of the requested qualification information on or before **3:00 PM EST, Monday, November 30, 2026**. Submittals will be accepted by mail, overnight, or hand delivery to: **City of Okeechobee, City Hall, ATTN: General Services Director, 55 SE 3rd Avenue, Room 101, Okeechobee, FL 34974**. Mark the outside of the sealed envelope: **"RFQ NO. 2026-001 Professional Engineering Services"** along with the **submitter's name and address**.

Facsimile or emailed submittals will not be accepted. Submittals received after that date and time will not be accepted or considered and will be returned to the individual or firm unopened. Submittals will be opened soon thereafter in the Council Chambers, Room 200, City Hall, and 55 SE 3rd Avenue, Okeechobee, FL 34974.

Any questions or clarifications concerning the RFQ specifications must be submitted in writing to the General Services Director via email at gsdirector@cityofokeechobee.com **no later than 4:00 PM EST, Friday, November 6, 2026**. Any questions received by the General Services Director after the stated deadline will be disregarded. All questions received by the General Services Director prior to the stated deadline shall be answered via an Addendum to this RFQ and posted on the City's website.

A **non-mandatory Pre-Submittal Meeting** will be held at **10:00 AM EST, Wednesday, November 4, 2026**, in the Council Chambers, at the address listed above in Room 200. In compliance with the Americans with Disabilities Act (ADA), anyone desiring to attend this submittal opening who needs a special accommodation should contact General Services Department at 863.763.9824 at least 48 hours in advance of the meeting, excluding Saturday and Sunday.

Responses will be reviewed and evaluated at **10:00 AM EST, on Friday, December 4, 2026**, at the address above, **Room 201**, by City staff based upon the evaluation criteria contained in the RFQ. A proposed ranking will be submitted for consideration by the City Council, tentatively scheduled for **Tuesday, December 15, 2026, at 6:00 PM EST**, in the Council Chambers, at the address above, **Room 200**.

Date Issued: October 21, 2026.



CITY OF OKEECHOBEE
REQUEST FOR QUALIFICATIONS
(RFQ) NO. 2026-001
PROFESSIONAL ENGINEERING SERVICES

I. General

The City of Okeechobee is seeking qualified, experienced, licensed Civil Engineers to provide Professional Engineering Services to the City on an "as needed basis". **The City intends to perform its evaluation and selection in an expedited manner to meet the needs of the City. Submittals should be addressed to the General Services Director.** It is anticipated that multiple individuals or firms will be awarded a basic agreement to provide the necessary services for an initial period of three (3) years. At the option of the parties, the agreement may be renewed for two (2) additional three (3) year terms, upon the mutual agreement of the parties. At the option of the City, and upon the agreement of the Professional, the agreement may be converted to or replaced at any time with a "Continuing Contract" as that term is used in Section 287.055, Florida Statutes (CCNA).

This is a Request for Qualifications, not a bid. The City reserves the right to reject any and all submittals, waive minor informalities, technicalities and irregularities, cancel or reissue this RFQ as provided in Section IX, and enter into an agreement with an individual or firm whose qualifications best serve the interest of the City, not just based on the highest score/rank. The City reserves the right to make such investigation as deemed necessary to determine the ability of any Professional to perform the services requested.

II. Scope of Services

The individual or firm retained to provide Professional Engineering Services shall work with the City Public Works Director or other City staff in advising the City and the City Council regarding Civil Engineering Services. A general description of the scope of professional services required is, but not limited to, the following:

- A. Preparation of roadway location or alignment studies
- B. Preparation of roadway design
- C. Preparation of land acquisition documents
- D. Preparation of hydrologic & hydraulic studies
- E. Preparation of storm drainage system design
- F. Preparation of new or retrofit storm water management design
- G. Preparation of floodplain studies
- H. Preparation and procurement of requisite environmental permits
- I. Performance of traffic counts
- J. Preparation of traffic studies and analysis
- K. Preparation of maintenance of traffic design
- L. Preparation of structural studies and design for bridges, culverts and retaining walls

- M. Preparation of construction documents
- N. Preparation of cost estimates
- O. Preparation of record drawings / as-built plans
- P. Review of plans, specifications and estimates developed by others, attend Technical Review Committee or other required meetings as requested
- Q. Financial Analysis
- R. Construction Inspection Services
- S. GIS Mapping and Data Collection
- T. Presentation to the City Council, staff, and the public of reports, plans, and exhibits
- U. Other customary Professional Civil Engineering Services

Contact Person: Questions or requests for additional information shall be made in writing, directed to **General Services Director, gsdirector@cityofokeechobee.com**. Please include the page and paragraph number for each question to ensure that questions asked are responded to correctly. The Professional must clearly understand that the only official answer or position of the City will be the one stated in writing from gsdirector@cityofokeechobee.com.

III. Schedule of Events

The following is an anticipated schedule of events. The City reserves the right to change the scheduled dates and times at its sole discretion.

No.	Event	Date	Time
1	Advertisement/ Public Notice of RFQ	10/21/2026	
2	Pre-Submittal Meeting	11/4/2026	10:00 AM EST
3	Closing Date for Company Questions	11/6/2026	4:00 PM EST
4	Proposals Due/Submission Deadline	11/30/2026	3:00 PM EST
5	Evaluation Committee Meeting(s)	12/4/2026	10:00 AM EST
6	Submitted to City Council to Approve AND Authorize City Administrator to Negotiate Contract	12/15/2026	6:00 PM EST
7	Negotiations	TBD	
8	Contract Awarded by City Council	TBD	

IV. Method of Ranking

Each submittal will be reviewed to determine if the submittal is responsive to the RFQ. Qualifications deemed to be non-responsive may be rejected without being evaluated by the Evaluation Committee appointed by the City Administrator, which shall be comprised of a minimum of three (3) City employees. The committee will make a recommendation to the City Council who will make the final selection(s).

During the review of written responses, each criterion below will be ranked on a scale of zero (0) through ten (10). In addition, each criterion has been assigned a percentage value that weighs the criterion's significance to the City as noted below.

Written qualifications package requirement:

Respondents are to adhere to the requirements shown below. Failure to do so may result in rejection of submittal as non-responsive.

- A. Be concise and to the point.
- B. Provide adequate information on each criterion below.
- C. Provide the ranking criteria information below in the order shown.

In addition to above requirements, the following forms will need to be provided in qualification package:

- Attachment A: Anti-Collusion Statement and No Gift Statement
- Attachment B: Conflict of Interest Disclosure Form
- Attachment C: Professional Engineering Services Reference Form
- Attachment D: Public Entity Crimes Statement
- Attachment E: Drug Free Workplace Certification
- Attachment F: Immigration Law Certification
- Attachment G: Affidavit of Non-Coercion for Labor and Services
- Attachment H: W-9
- Attachment I: Acknowledgment of Addenda

RANKING CRITERIA:

Individual's or Firms Professional Qualifications [25%]:

Individual's or Firm's specific relevant experience and expertise of at least five (5) years demonstrating an understanding of the concepts, principles, and procedures of Professional Engineering and its applicability to the City. List members and sub-contractor firms, if any, including resumes and professional licenses/certificates. Give brief bullets on education, training and experience for personnel including expertise in public or local government planning, siting, design, cost estimating, and review. Any experience the Respondent or any of the key individuals have working on local government or public works projects should also be noted.

Past Record of Professional Accomplishments [20%]:

Familiarity with other Florida Cities and/or Counties and other Florida municipalities and public entities. Include contact information and references. List and give a brief description of completed projects, including but not limited to roadway design, land acquisition, hydraulic and hydraulic studies, storm drainage system design, floodplain studies, preparation of procurement documents, state and federal permitting, traffic studies and analysis, construction documents and cost estimates, review of plans, specifications and estimates developed by third-party consultants.

Task Approach [20%]:

Describe the individual's or firm's approach to providing professional services for engineering services and projects. Outline the proposed manner in which scope of work will be addressed. Approach shall demonstrate individual's or firm's capability to work within the City's budget and time constraints. Describe all quality control implementation procedures, sub-consultant supervision, agreement compliance and enforcement of industry standards. Comment on individual's or firm's project schedules, budgets and adherence to those items. Discuss ways to maintain schedules and ways to recover. Discuss cost control and value engineering. Describe any project management systems used to track and control project issues. Describe the communication procedures to be employed throughout the Agreement term and the

plan to establish and maintain clear lines of communication with the City's Project Manager and City staff.

Staff Availability and Capability to Meet Deadlines [15%]:

Current and projected workload which indicates the availability of the actual staff to complete assigned tasks in a timely manner will be considered.

Familiarity with Local Conditions [20%]:

Individual or Firm's staff familiarity with the City and community needs. Also familiarity with local conditions or an explanation of the individual or Firm's approach to become familiar quickly with local needs and conditions.

V. Submittal Requirements

Individuals or Firms interested in providing the required professional services shall submit one (1) original, marked "**ORIGINAL**", six (6) copies, each marked "**COPY**", and **one (1) electronic copy (PDF format preferred) on a Flash Drive** of the requested qualification data for evaluation. Submittals shall be clear, concise, indexed by subject, typed on letter size paper, font size shall be not less than 11-point (no limit on font size for footers and headers) and individually bound. Submittals shall be mailed or delivered in a sealed package clearly marked on the outside with the project name, RFQ number, and due date. Packages must be received in the City of Okeechobee General Services Department by due date.

Each respondent shall ensure that they have received any/all addenda and amendments to this RFQ **before** delivering their submittal. Respondents may check for any addenda by calling (863) 763-9824 or via the City's website: www.cityofokeechobee.com. All addenda issued pursuant to this solicitation must be acknowledged and submitted as part of the submittal package. Failure to acknowledge addenda may result in the submittal being determined to be non-responsive. Delivery of a package to any City location other than the General Services Department does not constitute official receipt by the City. Any package delivered after the submission deadline will not be considered.

VI. Submittal Format & Table of Contents

Submittals shall be presented in the following format.

Table Contents

<u>Title/ Description</u>	<u>Maximum No. of Pages</u>	Remark/ Clarification / Special Instructions
Cover Sheet	1	
A. Transmittal Letter	2	
B. Qualification Information to include Standard Form 330 or 254/255	4	
C. Task Approach	3	
D. Past Performance in Similar Activities in Florida	2	
E. Organizational Chart	1	Letter Size (8-1/2" x 11")
F. Familiarity	3	
G. Location Map of Prime Professional Office(s)	1	
H. Location Map of Sub-Consultant(s) Office(s), if any	1	
I. Resumes of Key Personnel of Prime Professional	6	(3 team members, 2 pages per person)
J. Resumes of Key Personnel of Sub-Consultants	2	(1 team member per sub-consultant, 2 pages per person)
K. Certificate of Insurance	1	
L. Prohibition Against Contingent Fees/Non-Collusion/Conflict of Interest Disclosure Statement	1	
M. Reference Forms	3	
N. MBE Statement	1	
ATTACHMENTS A. Anti-Collusion and No Gift Statement B. Conflict of Interest Disclosure Form C. Reference Form D. Public Entity Crimes Statement E. Drug-Free Workplace Certification F. Immigration Law Certification G. Affidavit of Non-Coercion for Labor and Services H. W-9 I. Acknowledgement of Addenda		

Tab A: Transmittal Letter

The transmittal or cover letter shall summarize in a brief and concise manner the professional's understanding of the scope of services and commitment to timely performing the work within budgetary requirements. An agent authorized to contractually bind the individual, or firm must sign the Letter of Transmittal indicating the agent's title or authority. This signature shall certify the veracity of the contents of the submittal and bind the individual or firm to the offer to provide services addresses in this response to the City of Okeechobee's Request for Qualifications. The transmittal letter shall not exceed two (2) pages in length.

Tab B: Qualification Information

Individual or Firm shall provide a brief profile of their company, which should include their history, locations of their corporate and satellite offices, location(s) of their project team, corporate structure, ownership interest, and the length of company's existence. The individual or firm shall also submit an organizational chart, staff qualifications, and experience of the individual or firm. Resumes of proposed key personnel (name, company address, phone number, e-mail address) that will be assigned to this project shall include job skills, education, training, experience and professional affiliations/membership. All proposed sub-consultants shall be identified, and the working relationship between the respondent and the sub-consultant shall be explained. Sub-consultants shall also provide key personnel resumes. Standard Forms 254 & 255 or Standard Form 330 must be submitted. Provide a list of disciplines offered by individual or firm, i.e. mechanical, electrical, hydrogeologic, traffic, land surveying, etc.

The individual or firm shall provide sufficient competent and qualified personnel to effectively carry out its responsibilities under the Basic Agreement. The individual or firm shall utilize only competent personnel who are qualified by experience and education. The individual or firm may not make changes in the personnel working on activities pursuant to the Basic Agreement without written concurrence of the City.

Tab C: Task Approach

Provide an outline of proposed manner in which scope of work will be addressed and the manner in which the approach shall demonstrate individual or firm's capability to work within the City's budget and time constraints. Describe all quality control implementation procedures sub-consultant supervision, agreement compliance and enforcement of industry standards. Comment on individual or firm's project schedules, budgets and adherence to those items. Discuss ways to maintain schedules and ways to recover. Discuss cost control and value engineering. Describe any project management systems used to track and control project issues. Describe the communication procedures to be employed throughout the Agreement term and the plan to establish and maintain clear lines of communication with the City Project Manager and City staff.

Tab D: Past Performance in Similar Activities in Florida

Provide a list of projects of similar nature within the past five years. Title and brief description of each project shall include: Client (contact person, address, telephone number), year completed, the nature of work involved in each project and the total value of the project.

Tab E: Organizational Chart

Provide an organization chart of the project team, including the person's title, years of experience and role within the team. The name(s) of the key personnel assigned to the City should be included on the Chart and a brief resume included in Tab I and Tab J.

Tab F: Familiarity

Provide a description of the individual or firm's familiarity with local conditions, community goals, etc., or provide a plan that outlines an explanation of the individual or firm's approach to become familiar quickly with local conditions, community goals, etc.

Tab G: Location Map of Prime Professional Office(s)

Provide a map showing the location(s) of the professional offices(s) that will serve the City. If multiple offices are listed provide the type of resources each office will be provided. This information should be noted on the map. Indicate the travel distance from each office.

Tab H: Location Map of Sub-Consultant Office(s)

Provide a map showing the location of the sub-consultant(s) offices(s) that will serve the City through the Prime Professional. If multiple offices are listed provide the type of resources each office will be provided. This information should be noted on the map. Indicate the travel distance from each office.

Tab I: Resume of Key Personnel from the Prime Professional

Provide a two-page resume of each key personnel to serve the City. Minimize the resume to a maximum of the three top employees that are expected to work directly with the City Administration and/or City staff.

Tab J: Resume of Key Personnel from the Sub-consultants

Provide a two-page resume of each key personnel to serve the City. Minimize the resume to a maximum of the one top employee from each Sub-consultant that is anticipated to work directly through the Prime Professional. If more than one resume is presented for each Sub-consultant, explain that person(s) role within the team.

Tab K: Insurance Requirements

The individual or firm retained shall procure and maintain during the term of the Agreement, insurance of the types and in the minimum amounts stated below

Coverage's Schedule Minimums

- A. Workers' Compensation Florida
Statutory Coverage and Employer's
\$100,000.00- each accident
Liability (including appropriate Federal Acts)
\$100,000.00- each employee
\$500,000.00- policy limit for disease
- B. Comprehensive General Liability
\$1,000,000.00- bodily injury each occurrence
\$2,000,000.00- bodily injury aggregate
\$1,000,000.00- property damage each occurrence
\$2,000,000.00- property damage aggregate
- C. Products- Completed Operations
\$1,000,000.00- aggregate

- D. Business Auto Liability
Same as Comprehensive General Liability
(All autos- owned, hired or used)
\$250,000.00 each occurrence
- E. Professional Liability or Errors and Omissions Insurance
\$1,000,000.00 aggregate
- F. Excess or Umbrella Liability
Optional

Insurance shall be written by an insurer holding a current certificate of authority pursuant to Chapter 624, Florida Statutes. Prior to commencing any work on the continuing agreement, certificates of insurance approved by the City, evidencing the maintenance of said insurance shall be furnished to the City. The certificates should provide that no material alteration or cancellation, including expiration and non-renewal, shall be effective until fifteen (15) days after receipt of written notice by the City. All coverage shall name the City of Okeechobee as "additional insured."

Receipt of certificates or other documents of insurance or policies or copies of policies by the City, or by any of its representatives, which indicate less coverage than required will not constitute a waiver of the successful proposer(s)' obligation to fulfill the insurance requirements herein at the respondent's cost.

Tab L: Prohibition Against Contingent Fees/Non-Collusion/Conflict of Interest Disclosure Statements

In accordance with Florida Statute 287.055(6)(a), the following statement must be included in each submittal:

"The respondent warrants that he or she has not employed or retained any company or person, other than a bona fide employee working solely for the respondent to solicit or secure this agreement and that he or she has not paid or agreed to pay any person, company, corporation, individual, or firm, other than a bona fide employee working solely for the respondent any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this agreement."

Include the following Statement of Non-Collusion:

"The respondent certifies, and in the case of a joint submittal, each party thereto certifies as to its own organization, that in connection with this solicitation the information provided has been arrived at independently, without consultation, communication, or agreement with any other respondent or with any competitor for the purpose of restricting competition, or in any other way influencing the competitive arena."

Include a disclosure statement advising the City of any potential conflict of interest, real or apparent, that the respondent, employee, officer, or agent of the individual or firm may have due to ownership, other clients, agreements or interests associated with this project. Signature on the transmittal letter shall certify the veracity of these statements.

Tab M: Reference Forms

Include three (3) references on the provided reference form (Attachment C).

Tab N: Minority Business Enterprise (MBE) Statement

Statement as to the individual or firm's status as a certified minority business enterprise as defined in Section 288.703, Florida Statutes.

VII. Confidential Materials:

The City of Okeechobee, Florida, is governed by the Public Record Law, Chapter 119, Florida Statutes (F.S.). Only trade secrets as defined in Section 812.081(1)(c), F.S. or financial statements required by the City for road or public works projects as defined in 119.07(6)(t), F.S. (hereinafter "Confidential Materials"), may be exempt from disclosure. If a respondent submits confidential materials, the information must be segregated, and each pertinent page must be clearly labeled "confidential" or "trade secret."

The City of Okeechobee gives no assurance as to the confidentiality of any portion of the response once submitted. It is the responsibility of the respondent to seek counsel and determine applicability of the statute to their circumstances prior to submitting their package.

VIII. Evaluation of Submittals

Submittals will be reviewed and evaluated as to qualifications to perform the services required by a Selection Committee, which shall consist of a minimum of three (3) City employees. The Selection Committee will make a recommendation for award to the City Council. The City of Okeechobee reserves the right to select the most qualified individual or firm; who will serve the best interest of the City, from review of the packages submitted and request authorization to negotiate an agreement with the highest ranked individual or firm; or to interview the most qualified professional prior to requesting authorization to negotiate an agreement with the highest ranked respondent(s). Before requesting authorization to negotiate, the City will conduct discussions with no fewer than three respondents regarding their qualifications, may require public presentations, and will select, in order of preference, no fewer than three respondents deemed most highly qualified. Individuals or firms will be notified in writing if they are selected for interview. Notices for interviews will contain explicit instructions concerning location, date, time and length of interviews.

The City of Okeechobee reserves the right to request clarification on information submitted and to request additional information from one or more individuals or firms.

IX. Terms and Conditions

All prospective professionals are hereby cautioned not to contact any member of the Okeechobee City Council, the City Administrator, the City Attorney (except to discuss grievance matters) or any member of the selection committee. All questions and contacts must be made through the General Services Office. Attempts to lobby or persuade through other channels may result in disqualification. Any actual or prospective professional who disputes the reasonableness, necessity or competitiveness of the terms and conditions of this request for qualification; selection or award recommendation shall file such dispute in writing with the General Services Director, prior to the submittal closing date and time, as to the terms and conditions, and within ten (10) days of City Council action as to the selection or award recommendation.

The City reserves the right, in its sole discretion and without liability to any respondent, to: (a) reject any or all submittals, in whole or in part, at any time before or after ranking or selection; (b) waive any minor informality, technicality or irregularity in any submittal, or permit a respondent to correct a minor deficiency of form, where the City determines

that the waiver does not give the respondent a competitive advantage, does not prejudice other respondents, and is in the best interest of the City; (c) cancel, postpone or withdraw this RFQ, or reissue it in original or modified form, at any time; (d) decline to enter into an agreement with any respondent; and (e) accept the submittal(s) which in its sole judgment best serve the interest of the City, consistent with Section 287.055, Florida Statutes. A waiver as to one respondent or submittal does not obligate the City to waive the same or any other requirement as to any other respondent, and no waiver is effective unless made in writing by the City or reflected in an action of the City Council. No respondent shall have any claim against the City by reason of the City's exercise of any right reserved in this paragraph.

As required by FS Section 287.133; "A person or affiliate who has been placed on the convicted vendor list following conviction for a public entity crime may not submit a submittal on an agreement to provide any goods or services to a public entity, may not submit a submittal on an agreement with a public entity for the construction or repair of a public building or public work, may not submit submittals on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, sub-contractor, or a professional under an agreement with any public entity, and may not transact business with any public entity in excess of the threshold amount as stated in FS 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." Questions regarding this statement should be directed to the State of Florida, Bureau of State Procurement (904) 488-8131.

This invitation does not commit the City to award an agreement. Nor shall the City be responsible for any cost or expense incurred by any respondent in preparing and submitting a reply, nor for any cost or expense incurred by any respondent prior to the execution of a binding agreement. The City reserves the right to require any or all respondents to appear for interviews and/or oral presentations at no cost to the City.

X. Proposed Agreement

Upon selection from the ranking committee and approval of the City Council the selected individual or firm will enter into negotiations with the City and execute an agreement.

ATTACHMENT A

ANTI-COLLUSION STATEMENT AND NO GIFT STATEMENT

Date: _____

Anti-collusion statement: The below-signed PROFESSIONAL has not divulged to, discussed, or compared his/her submittal with other Professionals and has not colluded with any other Professional or parties to a submittal whatsoever.

No gifts statement: No premiums, rebates, gifts or gratuities are permitted with, prior to or after submission of the submittal. Any such violation will result in rejection of the submittal and removal from the submittal list(s).

Company Name: _____

By (Printed): _____

By (Signature): _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Telephone No.: _____

ATTACHMENT B

CONFLICT OF INTEREST DISCLOSURE FORM

For purposes of determining any possible conflict of interest, all Professionals must disclose if any City of Okeechobee employee(s), elected official(s), or any of its agents is also an owner, corporate officer, director, agent, employee, etc., of their business.

Indicate either "yes" (a City employee, elected official or agent is associated with your business), or "no". If yes, give person(s) name(s) and position(s) with your business.

YES _____ NO _____

Name(s)	Position(s)
_____	_____
_____	_____
_____	_____
_____	_____

Company Name:	_____
By (Printed):	_____
By (Signature):	_____
Title:	_____
Mailing Address:	_____
City, State, Zip:	_____
Telephone No.:	_____

REFERENCE FORM

Estimated Annual Agreement Amount: _____

[illegible]

ATTACHMENT D

SWORN STATEMENT PURSUANT TO SECTION 287.133 (3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

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 CITY OF OKEECHOBEE, FLORIDA by: _____
_____ (print Individual's name and title) for: _____
_____ (print name of entity submitting sworn statement) whose
business address is _____ and _____ (if
applicable) its Federal Employer Identification Number (FEIN) is: _____
(If the entity has no FEIN, include the Social Security Number of the Individual
signing this sworn statement: _____ - _____ - _____.)
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 agreement for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(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 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 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 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 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 for 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 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), Florida Statutes, 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 Agreement and which submittal or applies to a submittal on agreements 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.
6. 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 an 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).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 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 AN AGREEMENT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

Signature _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____, by _____, who is personally known to me or produced _____ as identification.

Notary Public Signature

Commission No. _____

ATTACHMENT E

DRUG-FREE WORKPLACE CERTIFICATION

THE BELOW SIGNED Professional/Individual CERTIFIES that it has implemented a drug-free workplace program. To have a drug-free workplace program, a business shall:

1. Publish a statement notifying employees that 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 violation 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 under quote 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 quote, the employee will abide by the terms of the statement and will notify the employer of any conviction or plea of guilty or nolo contendere to any 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, drug abuse assistance or rehabilitation program if such is available in the employee's community, by an employee who is convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign this statement, I certify that this individual or firm complies fully with the above requirements.

Company Name: _____

By (Printed): _____

By (Signature): _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Telephone No.: _____

ATTACHMENT F

IMMIGRATION LAW CERTIFICATION

City of Okeechobee will not intentionally award City Agreements to any Professional who knowingly employs unauthorized alien workers, constituting a violation of the employment provisions contained in 8 U.S.C. Section 1324 a(e) (Section 274a(e) of the immigration and nationality act ("INA")).

City of Okeechobee may consider the employment by any Professional of unauthorized aliens a violation of Section 274A(e) of the INA. Such violation by the recipient of the employment provisions contained in Section 274A(e) of the INA shall be grounds for unilateral cancellation of the Agreement by City of Okeechobee.

Respondent attests that it is fully compliant with all applicable immigration laws, specifically relating to the 1986 immigration act and subsequent amendments.

Company Name

Signature

Title

Date

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____, by _____, who is personally known to me or produced _____ as identification.

Notary Public Signature

Commission No. _____

AFFIDAVIT OF NON-COERCION FOR LABOR AND SERVICES
(FLORIDA STATUTES SECTION 787.06(13))

Personally appeared before me, the undersigned authority _____ ("Affiant"), who being first duly sworn, deposes and says on oath and under penalty of perjury as follows:

- FURTHER AFFIANT SAYETH NOT.

The foregoing instrument was sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20__, by _____, as _____ of _____, on its behalf, who ☐ is personally known to me or ☐ has produced a driver's license as identification.

My Commission Expires:

ATTACHMENT H

W-9 Request for Taxpayer Identification Number and Certification

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.		Give form to the requester. Do not send to the IRS.																																													
Before you begin. For guidance related to the purpose of Form W-9, see <i>Purpose of Form</i> , below.																																																	
Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)																																																
	2 Business name/disregarded entity name, if different from above.																																																
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate ☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. ☐ Other (see instructions)			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)																																													
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐																																																
	5 Address (number, street, and apt. or suite no.). See instructions.		Requestor's name and address (optional)																																														
6 City, state, and ZIP code																																																	
7 List account number(s) here (optional)																																																	
Part I Taxpayer Identification Number (TIN)																																																	
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.				<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="9" style="text-align: center;">Social security number</td></tr><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr><tr><td colspan="9" style="text-align: center;">or</td></tr><tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td><td style="width: 25px; height: 20px;"></td></tr></table>	Social security number																		or									Employer identification number																	
Social security number																																																	
or																																																	
Employer identification number																																																	
Note: If the account is in more than one name, see the instructions for line 1. See also <i>What Name and Number To Give the Requestor</i> for guidelines on whose number to enter.																																																	
Part II Certification																																																	
Under penalties of perjury, I certify that:																																																	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and																																																	
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and																																																	
3. I am a U.S. citizen or other U.S. person (defined below); and																																																	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																																																	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.																																																	
Sign Here		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 5px;">Signature of U.S. person</td><td style="width: 40%; padding: 5px;">Date</td></tr></table>			Signature of U.S. person	Date																																											
Signature of U.S. person	Date																																																
General Instructions																																																	
Section references are to the Internal Revenue Code unless otherwise noted.																																																	
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9 .																																																	
What's New																																																	
Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.																																																	
New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3 (Form 1065).																																																	
Purpose of Form																																																	
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they																																																	

Cat. No. 10231X

Form **W-9** (Rev. 3-2024)

ATTACHMENT I

ACKNOWLEDGEMENT OF ADDENDA

I have carefully examined this Request for Bids (BID)/Request for Proposals (RFP)/ Request for Qualifications (**RFQ**), which includes scope, requirements for submission, general information and the evaluation and award process.

I acknowledge receipt of the following addenda.

Addendum # _____	Date: _____	Addendum # _____	Date: _____
Addendum # _____	Date: _____	Addendum # _____	Date: _____
Addendum # _____	Date: _____	Addendum # _____	Date: _____

I hereby propose providing the services requested in the City's BID/RFP/**RFQ** and, if awarded, to enter into the attached draft contract. I agree that the terms and conditions of the City's BID/RFP/**RFQ** shall take precedence over any conflicting terms and conditions submitted with my proposal and agree to abide by all conditions of the BID/RFP/**RFQ**, unless a properly completed Exceptions to BID/RFP/**RFQ** form is submitted. I acknowledge that the City may not accept the proposal due to any exceptions.

I certify that all information contained in my proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the Company as its agent and that the Company is ready, willing and able to perform if awarded a contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion or collusion with any other person, Company or Corporation submitting a proposal for the same product or service; no gratuities, gifts or kick-backs were offered or given by the Bidder or anyone on its behalf to gain favorable treatment concerning this procurement; no City Council member, employee or agent of City of Okeechobee or of any other Company is interested in said Proposal; and that the undersigned executed this Acknowledgement of Addenda with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

Name of Business

Mailing Address

City, State & Zip Code

Authorized Signature

Telephone Number/Fax Number

Name & Title, Typed

Email Address

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ____ day of _____, 20____, by _____, who is personally known to me or produced _____ as identification.

Notary Public Signature
Commission No. _____