**RFP 2026-006-NP**

**ATTACHMENT C**

**RFP FORMS & CERTIFICATES**

**Instructions: Proposer to fill out the checklist below and submit each of the requested forms/documents in the order listed below.**

**A. Proposer Acknowledgement Form:**

Proposer to notarize, complete and submit City Provided Proposer Acknowledgement Form.

City provided Proposer Acknowledgement Form notarized and submitted

**B.** **Drug Free Form:**

City provided Drug Free Form submitted Yes  No

**C.** **Proposer Certification Regarding Scrutinized Companies**

City provided form signed and submitted Yes  No

**D. Proposer Certification regarding Entities of Foreign Countries of Concern**

City provided form signed and submitted Yes  No

1. **Affidavit Attesting to Noncoercive Conduct for Labor or Services**

City provided form signed and submitted Yes  No

**F. Corporate Status:**

If Proposer is a corporation, provide certification from the applicable State verifying Proposer's corporate status and good standing.

Submitted as Attachment

**G. Business Tax Receipt:**

Proposer is to submit a copy or proof of Business Tax Receipt (Formerly Known as Occupational License) from Entity where business is located, if applicable in City, State, County.

Submitted as Attachment  or Type/Provide Response here:

**H. Sole Proprietor or Partner:**

In the case of sole proprietorship or partnership, detail all owners or partners. If not applicable, state as such.

Submitted as Attachment  or Type/Provide Response here:

**I. Sample Insurance Certificates**

Provide proof of ability to obtain the levels of insurance in areas of Commercial General Liability, Workers’ Compensation, and Business Auto, Professional Liability/Errors & Omissions as identified in the RFP.

Submitted as Attachment

**J. State of Florida Professional Licenses for the Proposer**

Submitted as Attachment

K**. State of Florida Professional Licenses for the Outside Firms / Subconsultants**

Submitted as Attachment

**L.** **Electronic Submittal – Validation of Company Name in Electronic Bidding System**

Any Proposer submitting an electronic RFP response: Proposer confirms that their Company Profile matches the Federal ID Number and name of Proposer as submitted in your uploaded RFP response and Proposer Acknowledgement Form. By clicking on the RESPONSE SUBMISSION tab in the electronic bidding system, Proposer can review their profile name. To check your supplier name in the electronic bidding system:

1. Click on the RESPONSE tab in the electronic bidding system

2. Review your Profile

3. Any necessary Company Name changes require an email request from the user with administrative rights within the electronic bidding system to the Buyer with the Name to be updated, supported by verifying documentation (Sunbiz, Articles of Incorporation, W-9, etc.)

Confirmed, validation of Company Name in Electronic Bidding System matches Proposer Acknowledgement Form

M. **Certificate of Compliance with the Florida Trench Safety Act:**

City provided Form submitted Yes  No

**The remainder of page intentionally left blank.**

**PROPOSER ACKNOWLEDGMENT**

**RFP 2026-006-NP**

**This form must be signed in the presence of a Notary Public or other officer authorized to administer oaths and submitted with the RFP package on the specified RFP opening date. The undersigned Proposer certifies that this Proposal package is submitted in accordance with the specifications in its entirety and with full understanding of the conditions governing this Proposal. Proposer must submit proof that their firm name as “Individual”, “Partner” or “Corporation” is registered with their State of origin.**

ACKNOWLEDGEMENT IF REDACTED VERSION OF RFP WAS ELECTED TO BE SUBMITTED: YES  NO   
(No, Not submitted)

**Name of Proposer**: Click or tap here to enter text.

(Firm Name as Registered with their State of origin)

Federal I.D. No.: Click or tap here to enter text.

Above Proposer is: () Corporation () Limited Liability Corporation

() Sole Proprietorship () Partnership/Joint Venture

Business Address:

Street Address : Click or tap here to enter text.

(P.O. Box Address is not permitted)

City, State, Zip: Click or tap here to enter text.

**Mailing Address**: () check if same as Business Address above

Street Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Business Phone No: Click or tap here to enter text.

Business Fax No.: Click or tap here to enter text.

**Authorized Signer:**

Name of Authorized Signer: Click or tap here to enter text.

Title of Authorized Signer: Click or tap here to enter text.

President or other Authorized Officer/Member/Manager

Email for Authorized Signer: Click or tap here to enter text.

***Authorized Written Signature:*** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Notary:

STATE OF: Click or tap here to enter text.  COUNTY OF Click or tap here to enter text.

*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 who has produced \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification).*

NOTARY PUBLIC SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY NAME: Click or tap here to enter text.

Commission Number: Click or tap here to enter text. My Commission Expires: Click or tap here to enter text.

|  |  |  |
| --- | --- | --- |
|  | **DRUG-FREE WORKPLACE FORM**  **RFP 2026-006-NP** |  |

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies

that        does:

(Name of Business)

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 under bid 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.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposer's Signature

     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**RFP NO. 2026-006-NP**

**Old Floresta Infrastructure Upgrade**

**Proposer Certification Regarding**

**Scrutinized Companies**

Proposer Name: Click or tap here to enter text.

Proposer FEIN: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. State: Click or tap here to enter text. Zip: Click or tap here to enter text.

Proposer acknowledges that Section 287.135, Florida Statutes, prohibits the City from contracting for goods or services of any amount with companies that are on the Scrutinized Companies that Boycott Israel List (contained in Section 215.4725, Florida Statutes) or are engaged in a boycott of Israel, and from contracting for goods or services of $1 Million or more with companies that are on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List (contained in Section 215.473, Florida Statutes), or is engaged in business operations in Cuba or Syria.

As the person authorized to sign on behalf of the Proposer, I hereby certify that the Proposer is not on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel, that the Proposer is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and that the Proposer is not engaged in business operations in Cuba or Syria. On behalf of Proposer, I acknowledge and understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the Proposer to civil penalties, attorney’s fees, and/or costs, and other damages or relief, as allowed by law. I further understand that the City may terminate an agreement if the City determines that the Proposer submitted a false certification.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of Authorized Representative

Click or tap here to enter text.

\*Name and Title of Authorized Representative

Telephone Number of Authorized Representative: Click or tap here to enter text.

Email Address of Authorized Representative : Click or tap here to enter text.

\*This individual must have the authority to bind the Proposer.

**FOREIGN COUNTRY OF CONCERN ATTESTATION**

This form must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a Governmental Entity which would grant the entity access to an individual’s Personal Identifying Information. Capitalized terms used herein have the definitions ascribed in [Rule 60A-1.020, F.A.C.](https://www.flrules.org/gateway/RuleNo.asp?title=GENERAL%20REGULATIONS&ID=60A-1.020)

Click or tap here to enter text.(Name of Entity) is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

Printed Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

\*President or other Authorized Officer/Member/Manager

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person acknowledging) as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of party on behalf of whom instrument was executed).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

State of Florida at Large

My Commission Expires:

My Commission Number:

**Affidavit Attesting to Noncoercive Conduct for Labor or Services**

Nongovernment Entity name (“**Vendor**”): Click or tap here to enter text.

Vendor FEIN: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State ZIP: Click or tap here to enter text.

Phone number:Click or tap here to enter text.

Email Address: Click or tap here to enter text.

As a nongovernmental entity executing, renewing, or extending a contract with a government entity, **Vendor** is required to provide an affidavit under penalty of perjury attesting that **Vendor** does not use coercion for labor or services in accordance with Section 787.06, Florida Statutes.

As defined in Section 787.06(2)(a), coercion means:

1. Using or threatening to use physical force against any person;
2. Restraining, isolating, or confining or threatening to restrain, isolate, or confine any person without lawful authority and against her or his will;
3. Using lending or other credit methods to establish a debt by any person when labor or services are pledged as a security for the debt, if the value of the labor or services as reasonably assessed is not applied toward the liquidation of the debt, the length and nature of the labor or service are not respectively limited and defined;
4. Destroying, concealing, removing, confiscating, withholding, or possessing any actual or purported passport, visa, or other immigration document, or any other actual or purported government identification document, of any person;
5. Causing or threatening to cause financial harm to any person;
6. Enticing or luring any person by fraud or deceit; or
7. Providing a controlled substance as outlined in Schedule I or Schedule II of Section

893.03 to any person for the purpose of exploitation of that person.

As a person authorized to sign on behalf of **Vendor**, I certify that **Vendor** does not use coercion for labor or services in accordance with Section 787.06.

**Written Declaration**

**Under penalties of perjury, I declare that I have read the foregoing Affidavit and that the facts stated in it are true.**

**Name of Vendor**: Click or tap here to enter text.

(Firm Name as Registered with their State of origin)

**Authorized Signer:**

Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

\*President or other Authorized Officer/Member/Manager

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

***Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** ***Date: \_\_\_\_\_\_\_\_\_\_***

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was acknowledged before me by means of

physical presence or  online notarization

this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_,

by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person acknowledging) as

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (type of authority, e.g. officer, trustee, attorney in fact)

for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of party on behalf of whom instrument was executed).

(Signature of Notary Public - State of Florida)

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

Personally Known  OR Produced

(Type of Identification Produced) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE WITH**

**THE FLORIDA TRENCH SAFETY ACT**

**RFP NO. 2026-006-NP**

**Sewer Pump Station 078 Relocation**

Bidder acknowledges that he is solely responsible for complying with the Florida Trench Safety Act (Act) and Occupational Safety and Health Administration's excavation safety standard 29 CFR 1926.650 (Subpart P as amended). Bidder further acknowledges that included in the various items of the proposal and in the Grand Total Base Bid Price are costs for complying with the Florida Trench Safety Act (90-96, Laws of Florida) effective October 1, 1990. The Bidder further identifies the costs to be summarized below:

Trench Safety Units of

Method Measure Unit Unit Extended

(Description) (LF,SY) (Quantity) Cost Cost

A. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

B. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

C. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

D. \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Failure to complete the above may result in the Bid being declared non-responsive. The costs indicated above are provided to comply with the Act and shall not constitute grounds for any additional compensation to that listed for the separate line item of the Bid Form.

By:

Bidder Date

Authorized Signature