

Bid Form

Hillsborough County Aviation Authority

ITB No. 15-534-004

On-Airport Vehicle Rental Concession

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I. Respondent's Information

Provide information on Respondent as follows:

A. Legal name including any dba.

<Name>

B. State of organization or incorporation (if not applicable, enter "Not Applicable").

<State>

C. Ownership: **SELECT (identify, if applicable)**

D. Federal Employer Identification Number. -

OR

Social Security Number. - -

E. Corporate headquarters.

Address:

City:

State:

Zip Code: -

Phone: - -

F. Primary representative during this Solicitation process.

Name:

Phone: - - Ext.

E-mail: @ .

Mailing Address:

City: State: Zip Code: -

G. Secondary representative during this Solicitation process.

Name:

Phone: - - Ext.

E-mail: @ .

Mailing Address:

City: State: Zip Code: -

H. Provide the location and phone number of the primary servicing office(s) designated for the Authority's account.

Location	Phone
1.	
2.	

I. Attest if the Respondent provides services to anyone related to or employed by the Hillsborough County Aviation Authority ("Authority"), including the Authority's Board members.

☐ No, the Respondent does not provide services to anyone related to or employed by the Authority, including Authority Board members.

☐ Yes, the Respondent provides services to someone related to or employed by the Authority, including Authority Board members.

If yes, identify each individual and explain the relationship.

J. Attest if the Respondent employs anyone related to an employee of the Authority, including Authority Board members.

☐ No, the Respondent does not employ anyone related to an employee of the Authority, including Authority Board members.

☐ Yes, the Respondent does employ a relative of an employee of the Authority, including Authority Board members.

If yes, identify each individual and explain the relationship.

K. Provide Respondent's current W-9. NOTE: W-9 must be dated and signed.

☐ **W-9 is included with this Bid Form.**

L. Estimated number of Full Time Employees to support this Contract:

M. Estimated number of Part Time Employees to support this Contract:

II. Minimum Qualifications Documentation

Information must be provided to confirm the Respondent meets the minimum qualifications for this Solicitation as stated in Section 4.0 of the Solicitation. Provide the required information or documentation. Failure to provide the required information or documentation will result in rejection of the Respondent's response.

The Respondent:

- A. Is currently registered with the Florida Department of State, Division of Corporations to do business in the State of Florida. (www.sunbiz.org)

No documentation from Respondent is required. The Authority will verify the status.

- B. Is registered as a supplier with the Authority prior to the Bid Due Date. The registration application is located on the Authority's website at www.TampaAirport.com > Airport Business > Supplier Registration.

No documentation from Respondent is required. The Authority will confirm registration.

- C. Is NOT listed on the Florida Department of Management Services, Convicted Vendor List as defined in Florida Statute Section 287.133(3)(d).

(www.dms.myflorida.com/business_operations/state_purchasing/vendor_information/convicted_suspended_discriminatory_complaints_vendor_lists/convicted_vendor_list)

No documentation from Respondent is required. The Authority will verify the status.

- D. Has the ability to obtain the insurance coverage and limits as required in the Solicitation, Appendix C, Sample Contract.

☐ **Respondent has included SELECT documentation to confirm it has the ability to obtain the required insurance coverage and limits.**

- E. Submitted a Bid Guaranty as detailed in Section III below.

☐ **Respondent has included a Bid Guaranty as detailed in Section III below.**

- F. Is NOT listed on the Federal Convicted Vendor list. (www.sam.gov)

No documentation from Respondent is required. The Authority will verify the status.

- G. Is NOT listed on the Florida Department of Transportation Contractor Suspension List. (<http://www.dot.state.fl.us/construction/legal/newsuspension.shtm>)

No documentation from Respondent is required. The Authority will verify the status.

- H. Is NOT listed on the Florida State Board of Administration, Scrutinized List of Prohibited Companies.

(<http://www.sbafla.com/fsb/FundsWeManage/FRSPensionPlan/PFIA/tabid/1478/ItemId/3354/Default.aspx> > Links – Scrutinized List of Prohibited Companies)

☐ **Respondent has completed the certification form in Section VIII below.**

- I. Has at least three (3) years of experience operating an airport vehicle rental concession at an airport of any size.
- ☐ **Respondent has provided documentation in this Section II evidencing that it has at least three (3) years of experience operating an airport vehicle rental concession at an airport of any size.**
- J. Has achieved at least \$1.5 million in annual gross revenue from the operation of a vehicle rental concession at an airport of any size during calendar year 2013.
- ☐ **Respondent has provided documentation in this Section II evidencing that it has achieved at least \$1.5 million in annual gross revenue from the operation of a vehicle rental concession at an airport of any size during calendar year 2013.**

III. Bid Guaranty

☐ **Required** – provide the required Bid Guaranty as detailed below.

The Bid must be accompanied by a Cashier's or Official Bank Check on any national or state bank or Bid Bond on the forms provided below in the amount of five percent (5%) of the total amount of the Bid shown in Section VII. If a Bid Bond is provided in lieu of a Cashier's or Official Bank Check, it must be accompanied by a valid Surety Bond Affidavit indicating that the person signing the Bond on behalf of the Surety has full legal authority to do so.

After the award, the Authority will return the Cashier's Check or Official Bank Check or other collateral accompanying those Bids which in its judgment would not be considered in making the award. When the award is made, the successful Respondents' collateral will be retained until a Contract has been fully executed, after which the collateral will be returned to the successful Respondents. Should the award be delayed more than ninety (90) days, all Respondents' collateral will be returned, unless such delay is from causes beyond the control of the Authority.

Bid Bond (Bond No. ____)

(DO NOT FILL OUT IF A CASHIER'S CHECK IS SUBMITTED)

KNOW ALL MEN BY THESE PRESENTS: That the undersigned _____, as Principal, and _____, as **Surety**, are held and firmly bound unto the **Hillsborough County Aviation Authority** in the sum of 5% of the total amount of the Bid shown in Section VII for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns.

THE CONDITION OF THIS OBLIGATION is such that if Principal:

1. Does not withdraw the attached Bid Amount shown in Section VII for Authority ITB No. 15-534-004 entitled On-Airport Vehicle Rental Concession **at Tampa International Airport** for a period of ninety (90) days after the date on which the Bids are opened; and

2. Enters into a Contract and furnishes the required Certificates of Insurance, and Payment and Performance Bonds with surety or sureties acceptable to the **Hillsborough County Aviation Authority** within seven days after the date of award of the Contract, then this obligation will be void; otherwise the same will be in full force and the full amount of this Bid Bond will be paid to the **Hillsborough County Aviation Authority** as stipulated herein as liquidated damages.

Signed this _____ day of _____, 20____.

(PRINCIPAL MUST INDICATE WHETHER CORPORATION, PARTNERSHIP, COMPANY OR INDIVIDUAL)

THIS PERSON SIGNING WILL IN THEIR OWN HANDWRITING SIGN THE PRINCIPAL'S NAME AND THEIR TITLE. WHERE THE PERSON SIGNING FOR A CORPORATION IS OTHER THAN THE PRESIDENT OR VICE PRESIDENT, THEY MUST FURNISH A CORPORATE RESOLUTION SHOWING THEIR AUTHORITY TO BIND THE CORPORATION.

By: _____
Florida Licensed Insurance Agent (Signature)

Type Name and License No. below:

Address: _____
Telephone No.: _____
Fax No.: _____
Florida License No.: _____

Principal (Name of Respondent) (Seal)

By: _____
(Signature)

Type Name and Title below:

Address: _____

Telephone No.: _____

Fax No.: _____

Surety

Attorney in Fact: (Seal)

By: _____
(Signature)

Type Name and Title below:

Address: _____

Telephone No.: _____

Fax No.: _____

SURETY BOND AFFIDAVIT

STATE OF _____
COUNTY OF _____

BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED _____, WHO, BEING DULY SWORN, DEPOSES AND SAYS THAT THEY ARE A DULY AUTHORIZED FLORIDA LICENSED INSURANCE AGENT, PROPERLY LICENSED UNDER THE LAWS OF THE STATE OF _____, TO REPRESENT _____ OF _____, A COMPANY AUTHORIZED TO MAKE CORPORATE SURETY BONDS UNDER THE LAWS OF THE STATE OF _____ (THE "SURETY").

SAID _____ FURTHER CERTIFIES THAT AS AGENT FOR THE SAID _____, THEY HAVE SIGNED THE ATTACHED BOND AS A LICENSED AGENT, IN THE SUM OF 5% OF THE TOTAL AMOUNT OF THE BID SHOWN IN SECTION VII FOR ITB No. 15-534-004, ON BEHALF OF _____, TO THE **HILLSBOROUGH COUNTY AVIATION AUTHORITY** COVERING On-Airport Vehicle Rental Concession **AT Tampa International Airport, TAMPA, FLORIDA.**

SIGNED:

By: _____
Florida Licensed Insurance Agent (Signature)

Address Of Agent

Phone Number

Fax Number

Address Of Bond Company

Phone Number

Fax Number

SURETY:

By: _____
Attorney-In-Fact (Signature)

Acknowledgment For
Attorney-In-Fact

Sworn To And Subscribed Before Me
This _____ Day Of _____, 20 _____.

By: _____
(Signature of Notary Public)

NOTARY PUBLIC
STATE OF _____

MY COMMISSION EXPIRES: _____

IV. AIRPORT CONCESSION DISADVANTAGED BUSINESS ENTERPRISE ASSURANCE AND PARTICIPATION

☐ **Yes - Respondent Assures Prescribed ACDBE Contract Goal**

The Respondent assures that it will meet the ACDBE requirements stated in this Solicitation, 49 CFR Part 23 and the Hillsborough County Aviation Authority's ACDBE Policy and Program, and will contract with ACDBE firms in an amount equal to at least the ACDBE Contract Goal as established by the Authority in 2017. Within 60 days of the date of the letter from the Authority's Director of Concessions of the ACDBE Contract Goal to be incorporated into the awarded Contract, the selected Respondent will be required to submit a plan to the Authority for achievement of the ACDBE Contract Goal and Letter(s) of Intent for each ACDBE proposed to meet the ACDBE Contract Goal, or documentation that it made sufficient good faith efforts to do so in accordance with 49 CFR Part 23.25(e) (1) (iii) and (iv). No plan for achievement or Letter(s) of Intent is required to be submitted on the Bid Due Date identified in Section 3.0.

By: Name of Respondent:

Date:

Respondent's Representative:

Name:

Title:

(Respondent's Representative Signature)

V. Equal Opportunity Report Statement

Each Respondent must complete, sign and include in Respondent's Bid the Equal Opportunity Report Statement. A Bid will be considered non-responsive and shall be rejected if it fails to furnish the required data. When a determination has been made to award the Contract to the successful Respondent(s), such Respondent(s) will, prior to award, furnish such other pertinent information regarding compliance with Federal regulations and successful Respondent(s)' own employment policies and practices as the Federal Aviation Administration, the Authority or the Secretary of Labor may require. The successful Respondent(s) will require similar compliance by its subcontractors. Where the awarded price is \$10,000.00 or greater, the successful Respondent(s) shall comply with Part 152 of the Federal Aviation Regulations (FAR), as amended, and specifically FAR parts 152.411 (c) and (d).

The Respondent will complete the following statement by checking the appropriate boxes:

The Respondent has ☐ has not ☐ participated in a previous contract subject to the non-discrimination clause prescribed by Executive Order 11246, as amended.

The Respondent has ☐ has not ☐ submitted compliance reports in connection with any such contract as required by applicable instructions.

If the Respondent has participated in a previous contract subject to the non-discrimination clause and has not submitted compliance reports as required by applicable instructions, the Respondent shall submit written evidence of required compliance within ten (10) days after the Bid Opening date.

Respondent _____

By: _____

Title _____

Date: _____

VI. Drug Free Workplace Certification

DRUG-FREE WORKPLACE FORM

The undersigned, in accordance with Section 287.087, Florida Statutes, hereby certifies that
(name of business) does:

1. Publish a statement ("Published 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 prohibited acts.
2. Inform employees about the dangers of drug abuse in the workplace, the business' 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 Published Statement specified in section 1 above.
4. In the Published Statement, notify 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 Published Statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Florida Statute 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 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 certification.

As the person authorized to sign the statement, I certify that this firm complies fully with the requirements of Section 287.087, Florida Statutes, including the above requirements.

Respondent's Signature

Date

VII. Bid

Respondents will Bid the MAPF for the first full year of the Contract. The minimum acceptable Bid to be eligible to select an Operating Space Component in Areas 1, 2, or 3, as depicted on Appendix E, is \$6,100,000. The minimum acceptable Bid to be eligible to select or be assigned an Operating Space Component in Area 4, as depicted on Appendix E, is \$150,000.

Bid Amount \$_____ (Year 1 Contract MAPF)

Bid Amount typed in words _____

Respondent will operate its concession business during the Term of the Contract under the following brand or trade name(s) **ONLY**:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

VIII. Scrutinized Company Certification

As of July 1, 2011, a company that, at the time of bidding or submitting a proposal for a new contract or renewal of an existing contract, is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List is ineligible for, and may not bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more.

Complete and submit a fully executed copy of the Scrutinized Company Certification form provided below. If subcontractors are proposed, a certification will be required from each subcontractor prior to that subcontractor starting work.

- ☐ Yes, a fully executed copy of the Scrutinized Company Certification is attached to this Section.



Hillsborough County Aviation Authority
PO Box 22287
Tampa, FL 33622
Telephone. 813-870-8700

Scrutinized Company Certification

Solicitation No. 15-534-004
On-Airport Vehicle Rental Concession
Invitation to Bid

This certification is required pursuant to Florida State Statute Section 287.135.

As of July 1, 2011, a company that, at the time of bidding or submitting a proposal for a new contract or renewal of an existing contract, is on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List is ineligible for, and may not bid on, submit a proposal for, or enter into or renew a contract with an agency or local governmental entity for goods or services of \$1 million or more.

Companies must complete and return this form with its response.

Company.

FID or EIN No..

Address.

City.

State.

Zip.

I, _____, as a representative of _____ certify and affirm that this company is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Signature

Title

Printed Name

Date

IX. Acknowledgement of Addenda

Complete the Acknowledgement of Addenda form below and include with Respondent's Bid. It is the responsibility of the Respondent to ensure that all addenda have been downloaded from the Authority's website at www.TampaAirport.com > Airport Business > Procurement Department > Current Opportunities and receipt of each has been acknowledged. Failure to submit acknowledgement of each addendum issued may result in the Respondent being deemed non-responsive. Use of any other form may render the Respondent's Bid void.

Hillsborough County Aviation Authority Acknowledgement of Addenda

Addenda Number	Addenda Date
<input type="checkbox"/> No addenda were posted.	

The submittal of this acknowledgement is a duly authorized, official act of the Respondent and the undersigned officer of the Respondent is duly authorized and designated by resolution of the Respondent to execute this acknowledgement on behalf of and as the official act of the Respondent, this ____ day of _____, 20__.

I, <signee name>, as a representative of <company name> certify and affirm that by submitting this acknowledgement and signing below, I confirm and acknowledge receipt of the addenda as shown above and that the addenda have been reviewed and considered prior to submitting a Bid:

Signature	_____	Title	_____
Printed	_____	Date	_____
Name	_____		

Company:	_____	FID or EIN	_____
Address:	_____	No.:	_____
		City/State/Zip:	_____

X. Acknowledgement of Bid

Complete the Acknowledgement of Bid form below and include with the Bid. Use of any other form may render the Respondent's Bid void.

Hillsborough County Aviation Authority
ITB No. 15-534-004
On-Airport Vehicle Rental Concession

The undersigned declares that Respondent or Respondent's representative has examined the site of work and is informed fully in regard to all conditions pertaining thereto; that Respondent has examined the ITB No. 15-534-004 documents pertaining thereto; that Respondent has read all addenda furnished prior to the opening of Bids; and that Respondent understands the scope of the work to be performed or goods to be provided.

The undersigned Respondent also agrees that if a Contract is awarded to Respondent, the Respondent will furnish the prescribed Insurance Certificates and any other required documents; and accept as full compensation the fees submitted with Respondent's Bid.

The submittal of this Bid is a duly authorized, official act of the Respondent and the undersigned officer of the Respondent is duly authorized and designated by resolution of the Respondent to execute this Bid on behalf of and as the official act of the Respondent, this ____ day of _____, 20____. By submitting this Response and signing below, the Respondent agrees to all terms and conditions in Bid No. 15-534-004, which incorporates all addenda, appendices, exhibits, and attachments, in its entirety, and is prepared to sign the Contract as written. The Respondent understands that if it submits exceptions to the Contract in its Bid, the Respondent's Bid may be determined non-responsive.

< RESPONDENT>:

ATTESTED BY:

BY:

Signature of Authorized Official

Signature

Printed Name

Printed Name

Title

Title

Date

XI. Signature Authority

Indicate below the Respondent's type of organization and provide the required documentation as applicable to demonstrate that the officer of the Respondent is duly authorized to execute this Bid Form on behalf of and as the official act of the Respondent.

Select	Type of Organization	Officer	Required Authorizing Documentation
<input type="checkbox"/>	Corporation	President or Chief Executive Officer	None
		Vice President, Director, Manager, or other title	Corporate resolution
<input type="checkbox"/>	Limited Liability Company (LLC) – Member-Managed	Member	Corporate resolution, Articles of Organization or Operating Agreement
<input type="checkbox"/>	Limited Liability Company (LLC) – Manager-Managed	Manager	Corporate resolution, Articles of Organization or Operating Agreement
<input type="checkbox"/>	Limited Partnership	General Partner	Document demonstrating the legal authority to bind the Limited Partnership
<input type="checkbox"/>	Partnership	Partner	None
		CEO, Director, Manager or other title	Authorizing documentation
<input type="checkbox"/>	Individual	Individual	None

☐ Documentation is not required.

☐ The required authorizing documentation is included with this Bid Form.

END OF BID FORM