



NOTICE OF INVITATION TO NEGOTIATE

Project Name: Site Plan Design

ITN Number: 2022-ITN-01

CONTACT INFORMATION

Project Manager: Olga Golik
Submission E-mail Address: olgag@citrushealth.com

Citrus Health Network
4175 W 20 Ave
Hialeah, FL 33012

***Florida-Based Businesses, Minority Business Enterprises (MBE), Small Businesses Enterprises (SBE)
and Women's Business Enterprises (WBE) are encouraged to participate.***

1. STATEMENT OF NEED

Citrus Health Network (CHN) is in the process of procuring architectural services to design a site plan for a property that CHN has a long-term lease on from the State of Florida. The proposal is for a master plan including the drawings, elevations and technical information needed to submit to funders and for planning purposes. This does not cover construction documents needed for construction, although the architect would be considered also for selection to complete final construction drawings if negotiations are successful.

The land is approximately 34 acres located at 20600 NW 47th Ave, Miami Gardens, Florida. The property is vacant land with the exception of a small facility on one end that is already under contract with an architect to develop renovation plans. The site plan is needed to plan for the use of the rest of the land. CHN is interested in doing supportive housing for persons with special needs as well as other social services such as a small health clinic. The use of the property must be consistent with allowable uses in the long-term lease between the State of Florida and CHN.

The work to be completed includes:

1. Meeting with CHN staff/Board members to determine development interests and goals.
2. Determining what is allowable under current zoning and potential allowable activities;
3. Completion of preliminary/schematic design package. This design package shall be comprised of the following drawings indicating all zoning calculations, setbacks, dimensions, etc.
 - a. Zoning Chart.
 - b. Aerial Views.
 - c. Context Photos.
 - d. Site Plan.
 - e. Ground Floor Plan.
 - f. Parking Levels.
 - g. Typical Floor Plan.
 - h. All Exterior Elevations.
 - i. 3D Views.
 - j. Street Views.
 - k. Landscape Plan.
 - l. Renderings.

The site plan is expected to be funded by a State of Florida grant to CHN. The construction project is expected to be funded by Federal and State resources, including Florida General revenue, Florida Housing Finance Corporation sources such as LIHTC, SHIP or SAIL and U.S. Dept. of HUD and/or U.S. Dept. of HHS. There is no guarantee that any of these funding sources will be obtained or used but should be considered in the planning process. Experience with these funding sources may be helpful.

Any proposed solution must be reviewed by the CHN leadership team to confirm that requirements are met prior to being awarded. The resulting contract will be for a single term and will not be subject to renewal once the project has been completed.

The property surveys are included in Exhibit F

2. COMPANY BACKGROUND

About Us

Citrus Health Network, Inc. (CHN) is a non-profit organization that provides primary care, behavioral health, foster care and housing services in Miami-Dade County. CHN is a Federally Qualified Health Center. CHN d/b/a as Citrus Family Care Network is also the Lead Agency for Community Based Care in Miami-Dade and Monroe counties.

3. PRIMARY REQUIREMENTS

Price	Competitively priced service.
Company's Network & Reputation	Company must have applicable experience and familiarity with public funds preferred.
Services	Provide top quality services, knowledge and expertise to achieve or surpass our goal.
Completion of the ITN Response Document	Thoroughness and meticulousness of presented proposal

Instructions for Responding to ITN:

In narrative format please describe the following:

1. Scope of Work (Details on offered services reflective of statement of need)
2. Total Price (Proposed proposal costs and hourly rates for additional services)
3. Strength of Company's Staff, Experience (including experience with public funds)
4. Quality and Comprehensiveness of Response
5. (Thoroughness and meticulousness of presented proposal and completion of forms)

4. GENERAL CONDITIONS

A. Independent Contractor

The vendor shall act in the capacity of an independent contractor and not as a director, trustee, officer, member, or employee of CHN. The vendor, its agents, employees, subcontractors and/or assignees shall not represent to others that it has the authority to bind CHN unless specifically authorized in writing to do so.

B. CHN's Obligation

CHN is not obligated to accept the lowest priced proposal or any other particular proposal. CHN, at its discretion, may refuse to accept any non-conforming proposal and may ask any vendor to supply further information after the closing date. CHN may cancel this ITN, at any time, at its discretion. Any decision regarding the awarding of this ITN shall be final.

C. Cone of Silence

During the competitive process, no vendor contact is allowed with any CHN personnel except the designated contact listed in Section 5-A.

5. ITN PROCESS

A. Contact Persons

Technical, administrative, and legal questions including clarification regarding administrative aspects of the bid process arising from this Invitation to Bid, must be forwarded in writing via email, and submitted to:

olgag@citrushealth.com

Responses to written inquiries submitted timely by bidders will be posted in the CHN website's Competitive Solicitations page at www.citrushealth.org. It is the responsibility of all potential bidders to monitor this site for any changing information prior to submitting your proposal.

B. Limitations On Contacting CHN Personnel

Vendors are required to email any questions to the email address listed above in Section 5-A. Vendors are not permitted to contact CHN personnel directly regarding this ITN. All questions or comments must be directed to the email address provided. Violation of these limitations may result in the disqualification of the proposer.

C. Posting

This ITN solicitation will be posted to the CHN website on November 11, 2022 and will remain on the website for a minimum of ten (10) business days. All subsequent announcements and/or notices will be promptly posted on the website.

D. Oral Instructions/Changes To The ITN (Addenda)

No negotiations, decisions, or actions will be initiated or executed by a respondent as a result of any oral discussions with a CHN employee or representative prior to the due date. Only those communications, which are in writing from CHN, will be considered as a duly authorized expression on behalf of CHN.

Notices of changes (addenda) will be posted on the CHN website at www.citrushealth.org. It is the responsibility of all potential respondents to monitor this site for any changing information prior to submitting your proposal.

Any ITN revisions will be issued in the form of an addenda and will be posted on the CHN website prior to the due date. If it is judged that several vendors submit similar issues or questions, or many questions remain unanswered, a proposer's conference may be arranged at the offices of CHN or via conference call. ITN responders will not be required to attend. However, attendance is encouraged as the responder will find it highly beneficial.

E. Procurement Schedule

The ITN process is divided into two (2) phases, the Evaluation Phase and the Negotiation Phase. The Evaluation Phase involves CHN's initial evaluation of replies. During the Evaluation Phase, all responsive replies will be evaluated against the evaluation criteria set forth in this ITN. CHN will then select one (1) or more vendors (Shortlist) within the competitive range to participate in negotiations. A vendor will be deemed responsive unless determined to be nonresponsive as defined in this solicitation document.

The Negotiation Phase involves negotiations with the vendor(s). During the Negotiation Phase, CHN may request revised replies and best and final offers based on the negotiations.

Following negotiations, the Department will post a notice of intended contract award, identifying the vendor(s) that provides the best value.

The following is a list of critical dates and actions. These dates are subject to change. Notices of changes (addenda) will be posted on the CHN website at www.citrushealth.org. It is the responsibility of all potential bidders to monitor this site for any changing information prior to submitting your proposal.

	Milestone	Event Date & Time
1	Release of ITN. Posted on CHN Website.	Friday, November 11, 2022
2	ITN Responses are due. Submit to olgag@citrushealth.com	Monday, November 21, 2022 at 4:59PM EST
3	Anticipated date of posting of Notice of Intent to Negotiate.	On or before Wednesday Nov. 23, 2022 by 4:59PM EST
4	Evaluation and Negotiation Phase	November 28-30, 2022
5	Anticipated Contract Start Date	On or before December 1, 2022

CHN reserves the right to modify the schedule as circumstances warrant.

F. Proposal Deadline

Proposals must be received via e-mail at olgag@citrushealth.com no later than November 21, 2022 at 4:59PM EST Eastern Standard Time. Vendors are solely responsible for ensuring that proposals are delivered on time. Delays caused by delivery service will not necessarily be grounds for a waiver of the deadline requirement. Proposals submitted after the deadline may be rejected.

G. General Instructions for Preparation of the Proposal

The instructions for this ITN have been designed to help ensure that all proposals are reviewed and evaluated in a consistent manner, as well as to minimize costs and response time. All mandatory requirements in **Section 5-H** must be submitted with the proposal.

INFORMATION SUBMITTED IN VARIANCE WITH THESE INSTRUCTIONS MAY NOT BE REVIEWED OR EVALUATED.

H. Mandatory Requirements

The following requirements must be met by the prospective vendor to be considered responsive to this ITN. Failure to meet these requirements will result in a proposal not being evaluated and rejected as non-responsive.

- ❖ It is **MANDATORY** that the prospective vendor submit its proposal within the time frame specified in the Procurement Schedule.
- ❖ It is **MANDATORY** that the prospective vendor includes the following information and documentation in the proposal response submitted to CHN:

Affidavit of Service Vendor Standards	(Exhibit A)
Certification Regarding Lobbying	(Exhibit B)
W-9 Form	(Exhibit C)
Certification Regarding Debarment	(Exhibit D)
Conflict of Interest Questionnaire	(Exhibit E)
Property Surveys (two)	(Exhibit F)

I. Right To Reject Or To Waive Minor Irregularities Statement

CHN offers this ITN as a competitive bid. CHN, at its sole discretion, may select or reject any or all proposals for any reason, may waive any informality in the proposals received, and may waive minor deviations from the specifications and shall be the sole judge thereof. Selection of a vendor shall not be construed as a contract award. CHN may award a contract on the basis of information received in addition to that contained in a proposal. Therefore, it is emphasized that all proposals should be completed and submitted with the most favorable financial terms.

J. Notice of Intent to Award

The Notice of Intent to Award will be posted in the CHN website's Competitive Solicitations page at www.citrushealth.org for 72 hours (Saturday, Sunday and State holidays excluded). If no written notice of protest is submitted to the CHN Contract Manager, the Intent to Award becomes final.

Please Note: The Notice of Intent to Award is not a contract and shall not be construed as a contract with CHN.

K. Protests And Disputes

Any person who is adversely affected by the terms, conditions and specifications contained in this solicitation, including any provisions governing the methods for ranking bids, quotes, or replies, awarding contracts, reserving rights of further negotiation, or modifying or amending any contract, shall submit a written notice of protest, by email to the CHN Contract Manager, within 72 hours (Saturdays, Sundays and State holidays excluded) of the posting of the Notice of Intent to Award.

FAILURE TO FILE A PROTEST WITHIN 72 HOURS OF THE POSTING SHALL CONSTITUTE A WAIVER OF VENDOR'S RIGHT TO PROTEST.

L. Reference Checks

CHN may conduct reference checks on prospective vendors throughout the procurement process. CHN may also contact any person(s) or organization(s) for information regarding a vendor, regardless of the references provided by the vendor.

The vendor may include any references or letters of support in its response to this ITN.

M. Proposal Disposition

All materials submitted in response to this ITN shall become the property of CHN.

N. Vendor Clarifications, Questions, And Contact Information

CHN reserves the right to obtain clarification of any point in the proposal submitted by the vendor or to obtain additional information necessary to properly evaluate a proposal. If required, qualifying vendors will be asked to further demonstrate their qualifications or the qualifications of the organization to provide the products and/or services requested in this ITN. Failure of a vendor to respond to a request for additional information or clarification may result in rejection of the proposal.

CHN's retention of this right shall in no way reduce the responsibility of vendors to submit complete, accurate, and clear proposals. The proposal **must** include the name of the specific individual who will act as the primary vendor contact during proposal evaluation. The proposals **must** identify the contact's company, position in the company, address, telephone number, fax number, and e-mail address.

O. Vendor Costs

CHN shall not be liable for any costs incurred by a prospective vendor for preparing or submitting a proposal to CHN or for any subsequent demonstrations required by CHN. Proposals should be

prepared simply and economically, providing a straightforward, concise description of vendor's capabilities to satisfy the requirements.

P. Period Of Validity Of Proposals

The vendor must certify that its proposal will remain in effect for thirty (30) days after vendor's submission.

Q. Authorized to Do Business in the State Of Florida

In accordance with sections 607.1501, 608.501, and 620.169, Florida Statutes, foreign corporations, foreign limited liability companies, and foreign limited partnerships must be authorized to do business in the State of Florida. Such authorization should be obtained by the bid due date and time, but in any case, must be obtained prior to posting of the intended award of the contract. For authorization, contact:

**Florida Department of State
Tallahassee, Florida 32399
(850) 245-6051**

R. Other Conditions

Other conditions which may cause rejection of bids include, evidence of collusion among bidders, obvious lack of experience or expertise to perform the required work, failure to perform or meet financial obligations on previous contracts, or in the event an individual, firm, partnership, or corporation is on the United States Comptroller General's List of Ineligible Contractors for Federally Financed or Assisted Projects.

S. Contractual Obligations

The vendor will be required to ensure that each individual, partnership, firm, corporation or subcontractor that performs on this contract, will be subject to, and comply with the contractual requirements.

T. Unauthorized Aliens

The employment of unauthorized aliens by any vendor is considered a violation of Section 274A(a) of the Immigration and Nationality Act. If the vendor knowingly employs unauthorized aliens, such violation shall be cause for unilateral cancellation of the contract. Vendor is required to enroll in the E-Verify program within 30 calendar days of being awarded a contract.

U. Minority Business Enterprise (MBE) Utilization

CHN encourages responses from small, minority, women and Florida-based businesses; CHN therefore encourages MBE firms, Certified Minority and Women's Business Enterprises to compete for contracts, and also encourages non-MBE and other minority vendors to use MBE firms as subcontractors. CHN, its vendors, suppliers, and consultants should take all necessary and reasonable steps to ensure that minority businesses have the opportunity to compete for and perform contract work for CHN in a nondiscriminatory environment.

V. Final Vendor Selection

This procurement will be awarded to the responsible and responsive vendor who is determined to have the best knowledge, skill, ability and price; however, CHN reserves the right to reject any or all proposals received or to withdraw this ITN, even after award, if it is determined to be in the best interest of CHN to do so. Unsuccessful vendors will not be notified; however, CHN reserves the right to reselect.

6. DESCRIPTION OF EVALUATION CRITERIA

Vendor proposals will be evaluated based on the merits described in this section. The vendor response will be rated on a 100 (hundred) point scale on following criteria:

	Category	Max Score (100 Points)
Consideration 1	Total Price <i>(Proposed proposal costs and hourly rates for additional services)</i>	40 Points
Consideration 2	Strength of Company's Staff, Experience	35 Points
Consideration 4	Scope of Work <i>(Details on offered services)</i>	15 Points
Consideration 5	Quality and Comprehensiveness of Response <i>(Thoroughness and meticulousness of presented proposal)</i>	10 Points

7. EXHIBITS & ATTACHMENTS

W. Exhibits

- a. Affidavit of Service Vendor Standards
- b. Certification Regarding Lobbying
- c. W-9
- d. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion of Contracts/Subcontracts
- e. Conflict of Interest Questionnaire
- f. Property Surveys (two)



Exhibit A

Affidavit of Service Vendor Standards

Agency Name	Phone
Address	
City, State, Zip Code	

Before me this day personally appeared _____, who, being duly sworn deposes and says: **Name**

I, _____, as an authorized agent for _____, swear that the following is true: _____: **Name Agency Name**

Is Is not barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last 5 years;

Is Is not under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;

Is Is not currently involved, or has been involved within the last 5 years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the department, the state or its subdivisions, or a federal entity providing funds to the department;

Has Has not had a contract terminated by the department for a failure to satisfactorily perform or for cause;

or

Has Has not failed to implement a corrective action plan approved by the department or any other governmental entity, after having received due notice.

Signature Title

Sworn to and subscribed before me this _____ day of _____, 20_____ |

My Commission Expires NOTARY PUBLIC, State of Florida

My signature, as a Notary Public, verifies the affiant's identification has been validated by

_____.



Exhibit B

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification for any federal contract, gran, loan or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with this federal contract, grant loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.
4. This certification is material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Name of Authorized Individual

Name and Address of Organization



Exhibit C

Provide a W9



Exhibit D

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION CONTRACTS/SUBCONTRACTS

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, signed February 18, 1986. The guidelines were published in the May 29, 1987 Federal Register (52 Fed. Reg., pages 20360-20369)

Terms of Agreement

1. Each vendor whose contract/subcontract equals or exceeds \$25,000 in federal and/or State of Florida moneys must sign this certification prior to execution of each contract/subcontract. Additionally, vendors who audit federal programs must also sign, regardless of the contract amount. Citrus Health Network, Inc cannot contract with these types of vendors if they're debarred or suspended by the federal government or by the State of Florida.
2. This certification is a material representation of fact upon which reliance is placed when this contract/subcontract is entered into. If it is later determined that the signer knowingly rendered an erroneous certification, CHN may pursue any or all available remedies.
3. The vendor shall provide immediate written notice to the contract manager at any time the vendor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "debarred", "suspended", "ineligible", "person", "principal", and "voluntarily excluded", as used in this certification, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact CHN contract manager for assistance in obtaining a copy of those regulations.
5. The vendor agrees by submitting this certification that, it shall not knowingly enter into any subcontract with a person or business who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this contract/subcontract unless authorized by the Federal Government and/or State of Florida.
6. The vendor further agrees by submitting this certification that it will require each Vendor/Subcontractor of this contract/subcontract, whose payment will equal or exceed \$25,000 in federal and/or State of Florida moneys, to submit a signed copy of this certification.
7. CHN may rely upon a certification of a vendor that is not debarred, suspended, ineligible, or voluntarily excluded from contracting/subcontracting unless it knows that the certification is erroneous.
8. This signed certification must be kept in the CHN contract manager's file. Vendor/Subcontractor's certification must be kept at the vendor's business location.



**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION
CONTRACTS/SUBCONTRACTS**

Certification

1. The prospective vendor certifies, by signing this certification, that neither the business nor principals of business is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/subcontract by any federal department or agency or State of Florida department or agency.
2. Where the prospective vendor is unable to certify to any of the statements in this certification, such prospective vendor shall attach an explanation to this certification.

Signature

Date

Name

Title



Exhibit E

Conflict of Interest Questionnaire

Name of Provider/Vendor: _____

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Do you, your immediate family, business partner or organization have financial or other interests in any Citrus Health Network and Citrus Family Care Network Board Members or Employees? (See attached list) | <input type="radio"/> | <input type="radio"/> |
| 2. Have gratuities, favors, or anything of monetary value been offered to you or accepted by you from any of Citrus Health Network or Citrus Family Care Network Board Members or Employees? (See attached list) | <input type="radio"/> | <input type="radio"/> |
| 3. Have you been employed by any of Citrus Health Network or Citrus Family Care Network Board Members or Employees within the last 6 months? (See attached list) | <input type="radio"/> | <input type="radio"/> |
| 4. Are there any other conditions which may cause a conflict of interest? | <input type="radio"/> | <input type="radio"/> |

If you answered "yes" to any of the above questions, please explain. _____

All disclosures shall include a description of the relationship or interest causing the conflict, the role in the arrangement or transaction played by the person having the conflict of interest, and the benefits and detriments accruing to the Organization and to the person having the conflict of interest.

I DECLARE ALL OF THE ABOVE QUESTIONS ARE ANSWERED TRUTHFULLY AND TO THE BEST OF MY KNOWLEDGE.

Name (print)

Signature

Date

Exhibit F

DRAWINGS