



## REQUEST FOR PROPOSALS

### AIRPORT PROPERTY APPRAISAL SERVICES

#### RFP-001-2017

The City of Lake City, Florida, ( C i t y ) will receive sealed proposals **until 2:00 p.m., local time, on Tuesday, April 11, 2017** in the Procurement Department located on the 2nd floor in City Hall, 205 N. Marion Avenue, Lake City, FL 32055. Proposals delivered to any other location will not be considered received by the Procurement Department. Any proposals received after the above time will not be accepted under any circumstances. Any uncertainty regarding the time will be resolved against the Proposer. Proposals will not be accepted via fax.

At 2:01 p.m. or shortly thereafter, only the names of the respondents will be read aloud.

A clearly marked original, three (3) exact copies and one (1) complete digital copy must be provided. Your proposal must be sealed and clearly marked **“RFP-001-2017 Airport Property Appraisal Services”** on the exterior of the package submitted.

Request for additional information or clarifications must be made in writing to the Procurement Department. Facsimile or e-mail requests are acceptable. The Procurement Department will issue replies to inquiries and additional information or amendments deemed necessary in written addenda, which will be issued prior to the deadline for responding to this Request for Proposal. Questions must be received no later than **4:00 p.m., Monday, April 3, 2017**.

City of Lake City  
Attn: Procurement Department – 2<sup>nd</sup> Floor  
205 N. Marion Avenue  
Lake City, Florida 32055  
[procurement@lcfla.com](mailto:procurement@lcfla.com)  
(386) 719-5816 or (386) 719-5818

It will be the sole responsibility of the Proposer to contact the Procurement Department prior to submitting a response to determine if any addenda have been issued, to obtain such addenda, and to acknowledge addenda with their proposal.

Respondents to this solicitation or persons acting on their behalf may not contact, between the release of the solicitation and the end of the 72-hour period following the agency posting the notice of intended award, excluding Saturdays, Sundays, and city holidays, any employee or officer of the executive or legislative branch concerning any aspect of this solicitation, except in writing to the Procurement Department or as provided in the solicitation documents. Violation of this provision may be grounds for rejecting a response.

The City of Lake City reserves the right to reject any or all proposals, to waive any informalities or irregularities in any proposals received, to re-advertise for proposals, or take any similar actions that may be deemed to be in the best interest of the City.

CITY OF LAKE CITY, FLORIDA

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Wendell Johnson  
City Manager

## **1.0 PURPOSE & OVERVIEW**

The purpose of this Request for Proposal (RFP) is to select the most qualified firm to provide Aviation appraisal services to Lake City Gateway Airport (LCQ). This property consists of approximately 1,240 acres of aviation and non-aviation property. Submittals will be reviewed and evaluated to perform the required services for the City of Lake City Gateway Airport.

## **2.0 BACKGROUND**

The Lake City Gateway Airport is a General Aviation (GA) Airport located in Columbia County, Florida. The Airport is owned and operated by the City of Lake City. It functions as a self-sustaining enterprise fund without or with very little local tax support from the City of Lake City. Airport operating revenues are generated by both aviation and non-aviation tenants including fixed base operator (FBO), flight schools, hangar tenants, commercial properties, HAECO Americas Maintenance, Repair and Overhaul (MRO) Facility, office tenants, and numerous short term lease use agreements. Under both State and Federal grant assurances the Airport is required to lease all Airport land and facilities for fair market rental value (FMRV) in order to keep the Airport as self-sustaining as possible. The Airport's Federal Aviation Administration (FAA) Compliance Manual provides detailed and specific policy guidance from the FAA concerning these requirements and may be reviewed by visiting [www.faa.gov](http://www.faa.gov) and searching for U.S. Department of Transportation Federal Aviation Administration National Policy Order 5190.B dated September 30,2009. In 1947 the Airport property was deeded to the City of Lake City by the Federal War Assets Administration following World War II, when the Airport was operated as a Naval Air Station (NAS) training facility under Federal ownership.

This deed contains numerous on-going deed restrictions which grant the Federal government considerable latitude and authority concerning Airport real estate issues.

Under current Federal policy guidelines, applicable laws and regulations, City of Lake City is required to operate the Airport on a self-sustaining basis by leasing property, facilities or commercial activities in such a manner as to obtain FMRV payments for use of Airport land and facilities. All long term aeronautical and non-aeronautical lease agreements are required to be reviewed and approved by the FAA to ensure FMRV payment is obtained. Therefore obtaining professional and qualified appraisal service is an important component for the Lake City Gateway Airport and the City to remain in compliance with FAA and State grant assurances.

### **3.0 INQUIRIES**

Direct questions related to this RFP in writing to Laurette Burks, Director of Procurement, at [procurement@lcfla.com](mailto:procurement@lcfla.com). Please include the page and paragraph number for each question in order to ensure that questions asked are responded to correctly.

Proposers must clearly understand that the only official answer or position of the City will be the one stated in writing. All questions asked, along with the answers rendered that affect the scope of work will be issued in the form of an addendum.

### **4.0 SCOPE OF SERVICE**

A general description of the scope of professional services required is, but not limited to the following:

Determine the FMRV of all Aviation rental property by comparing our airport to similar aviation properties serving the same functions throughout the state. These are some of the key factors that should be used but are not limited to identify comparable properties/airports for use in this comparison:

- a. Size of the metropolitan area and population.
- b. Location of airport.
- c. Airport classification, size and function. (It should be general aviation only)
- d. Number of operations and other activity statistics.
- e. Number of based aircraft.
- f. Other factors necessary to provide an accurate appraisal.

### **5.0 MINIMUM STANDARDS FOR AIRPORT APPRAISALS**

Respondents must have a minimum of three (3) years of professional experience with valuing airport property. Appraisal standards for Airport property shall be based on best practice of determining the fair market rent of land, hangars, office or warehouse rentals for both aviation and non-aviation property.

To be considered qualified to complete Airport appraisal work, appraiser must be certified as a Member of the Appraisal Institute (MAI) and licensed by the State of Florida with all appraisal reports submitted as a final work product certified by an MAI appraiser. The respondents shall have an active license and Certification from the State of Florida to perform real estate appraisals with a copy of the State Certificate to be submitted with the response to this RFP. Appraisals prepared by real estate sales associates or real estate brokers certified by the Florida Department of Business and Professional Regulation without MAI certification and current State Certification for real estate appraising will be not be considered under this RFP. Qualified respondents under this RFP, shall also agree to be guided by recognized

appraisal standards supported by the American Institute of Real Estate Appraisers and have a background of experience in Airport property appraising. The Appraisal Report requested for the Airport appraisals shall be in a Summary Appraisal Report format. The Appraisal Report should provide the City of Lake City with the Fair Market Rental Value for all Aviation and Non-Aviation property at the Lake City Gateway Airport.

## **6.0 STRUCTURE OF RESPONSE**

The proposals must include the following:

Cover Letter (2 pages maximum).

The name, address and telephone number, and e-mail of firm and of one (1) individual who will serve as the Project / Program Manager to whom all future correspondence and/or communications will be directed.

Firm background, including past experience with appraising similar airport properties for FMRV.

Statement of relevant qualification and experience of the firm and staff, including resumes of the Project / Program Manager and key personnel; current workload and record of similar professional accomplishments. References from at least five (5) government aviation agencies.

A copy of your Florida State Certification and MAI Certificate.

Evidence of the interest firm's or individuals ability to provide the following insurance coverage, either under existing policies or by virtue of a project specific policy: (A) Professional Liability - \$1,000,000; (B) Automobile Liability - \$500,000 CSL; (C) Worker's Compensation – Statutory/\$100,000; and (D) Comprehensive General Liability - \$1,000,000 CSL.

The official title of the owner is "City of Lake City". This official title will be used in all insurance documentation.

## **7.0 EVALUATION AND SELECTION PROCESS**

### **Selection Criteria**

After the evaluation process the award will be made to the most responsive and responsible respondent that offers the Lake City Gateway Airport the greatest value based on an analysis involving criteria which includes, but is not limited to:

- a. Understanding and approach to the project
- b. Experience of firm with similar airport properties

- c. Client references
- d. Location of Primary Office
- e. Cost and projected hours to complete scope of work

**Contractor Selection**

Proposals will be evaluated for their overall responsiveness to the requirements set forth in this RFP. Top candidates may be invited to present and discuss their proposal with the Evaluation Committee. Following the evaluation and oral interviews (if deemed necessary), a recommendation will be made to the City of Lake City, City Council. The selected contractor will be required to honor the terms, conditions, and scope contained in this RFP. The City of Lake City, City Council will make the final approval of the contract.

**Ranking Criteria:**

<b>EVALUATION CRITERIA</b>	<b>MAX POINTS</b>
Understanding and Approach to the Project	25
Experience of Firm with Similar Airport Properties in Florida	25
Client references	25
Location of Primary Office	10
Cost and Projected Hours to Complete Scope of Work	15
<b>TOTAL POSSIBLE POINTS</b>	<b>100</b>

**7.0 PROJECTED TIMETABLE**

The following projected timetable should be used as a working guide for planning purposes only. The City reserves the right to adjust this timetable as required during the course of the RFP process.

<b>Event</b>	<b>Date</b>
Issue RFP Notice	March 12, 2017
Last Date for Receipt of Written Questions	April 3, 2017 @ 4:00 pm
Addendum Issued (If Applicable)	April 4, 2017
Proposal Due Date	April 11, 2017 @ 2:00 pm
Evaluation Committee Meeting	TBD - Week of April 17, 2017
Recommendation Presented for Approval	NLT – May 1, 2017

Note: Dates are subject to change. NLT = no later than. TBD = To Be Determined.

## **TERMS & CONDITIONS**

### **1. Addendum**

It will be the sole responsibility of the proposer to contact the Procurement Department prior to submitting your proposal to determine if any addenda have been issued, to obtain such addenda, and to acknowledge addenda with their proposal. Failure to submit acknowledgement of any addendum is considered a major irregularity and will be cause for rejection of the proposal.

### **2. Incurred Expenses**

The City is not responsible for any expenses which Proposers may incur in preparing or submitting proposals, including presentations and any other expenses called for in this Request for Proposal.

### **3. Required Documents**

The enclosed documents must be executed and returned with bid proposal or the proposal may be considered non-responsive. (Conflict of Interest Statement, Disputes Disclosure Form, Drug Free Workplace Certificate, Non-Collusion Affidavit of Proposer, Reference, Public Entity Crime Statement and E-verify Affirmation Statement.)

### **4. Indemnity**

Successful contractor will indemnify and hold Owner and Owner's agents (engineer, surveyors, etc.) harmless from any loss, cost, damage or injury sustained by any persons (s) as a result of the actions of employees or officers of the Contractor, subcontractors or suppliers.

### **5. Public Records**

The Owner is a public agency subject to Chapter 119, Florida Statutes. The Contractor shall comply with Florida's public records law. Specifically, the Contractor shall:

- a. Keep and maintain public records required by the public agency to perform the service.
- b. Upon request from the public agency's custodian of public records, provide the public agency with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in this chapter or as otherwise provided by law.

- c. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the contract term and following completion of the contract if the contractor does not transfer the records to the public agency.
- d. Upon completion of the contract, transfer, at no cost, to the public agency all public records in possession of the contractor or keep and maintain public records required by the public agency to perform the service. If the contractor transfers all public records to the public agency upon completion of the contract, the contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the contractor keeps and maintains public records upon completion of the contract, the contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the public agency, upon request from the public agency's custodian of public records, in a format that is compatible with the information technology systems of the public agency.

**IF THE CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS CONTRACT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT (386) 719-5826 OR (386) 719-5756, [CITYCLERK@LCFLA.COM](mailto:CITYCLERK@LCFLA.COM), CITY CLERKS OFFICE, 205 N MARION AVE., LAKE CITY, FL, 32055.**

#### **6. Employment Eligibility Verification (E-Verify)**

In accordance with State of Florida, Office of the Governor, Executive Order 11-116 (superseding Executive Order 11-02; Verification of Employment Status), in the event performance of this Agreement is or will be funded using state or federal funds, the CONTRACTOR must comply with the Employment Eligibility Verification Program ("E-Verify Program") developed by the federal government to verify the eligibility of individuals to work in the United States and 48 CFR 52.222-54 (as amended) is incorporated herein by reference. If applicable, in accordance with Subpart 22.18 of the Federal Acquisition Register, the CONTRACTOR must (1) enroll in the E-Verify Program, (2) use E-Verify to verify the employment eligibility of all new hires working in the United States, except if the CONTRACTOR is a state or local government, the CONTRACTOR may choose to verify only new hires assigned to the Agreement; (3) use E-Verify to verify the employment eligibility of all employees assigned to the Agreement; and (4) include these requirement in certain subcontracts, such as construction. Information on registration for and use of the E-Verify Program can be



obtained via the internet at the Department of Homeland Security Web site:  
<http://www.dhs.gov/E-Verify>.

**7. Additional Information**

The City of Lake City Procurement Department reserves the right to request any additional information needed for clarification from any Bidder for evaluation purposes.

*[The remainder of this page was left blank intentionally]*

**SWORN STATEMENT UNDER SECTION  
287.133(3)(n), FLORIDA STATUTES ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with RFP-001-2017 Airport Property Appraisal Services.
2. This sworn statement is submitted by \_\_\_\_\_  
whose business address is \_\_\_\_\_ and  
(if applicable) its Federal Identification No. (FEIN) is \_\_\_\_\_.  
If entity has no FEIN, include the Social Security Number of the individual signing this sworn statement \_\_\_\_\_.
3. My name is \_\_\_\_\_ and  
my relationship to the entity named above is \_\_\_\_\_.
4. 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 with the United States, including, but not limited to, any bid or contract 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.
5. 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.
6. 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 into 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.
7. I understand that a “person” as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts 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.
8. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies)

\_\_\_\_\_Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members or agents who are active in neither management of the entity, nor any affiliate of the entity have been charged with or convicted of a public entity crime subsequent to July 1, 1989.

\_\_\_\_\_The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members or agents who are active in 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, and (Please indicate which additional statement applies)

\_\_\_\_\_There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order)

\_\_\_\_\_The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order)

\_\_\_\_\_The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by, or pending with, the Department of General Services)

Signature:\_\_\_\_\_Date\_\_\_\_\_

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

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

Personally appeared before me, the undersigned authority,

\_\_\_\_\_who after first being sworn by me, affixed his/her signature in the space provided above on this \_\_\_\_\_day of \_\_\_\_\_20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State at large

My Commission Expires:

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

**CONFLICT OF INTEREST STATEMENT**

STATE OF FLORIDA, CITY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn deposes and states:

1. I am the \_\_\_\_\_ of \_\_\_\_\_ with a local office in \_\_\_\_\_ and principal office in \_\_\_\_\_ and principal office in \_\_\_\_\_.  

\_\_\_\_\_ City & State
\_\_\_\_\_ City & State
2. The above named entity is submitting a Proposal for the City of Lake City **RFP-001-2017** described as **Airport Property Appraisal Services**.
3. The Affiant has made diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.
4. The Affiant states that only one submittal for the above proposal is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity's submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.
6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.
7. Neither the entity nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with the City of Lake City.
9. I certify that no member of the entity's ownership or management, or staff has a vested interest in any aspect of the City of lake City.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify the City of Lake City.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
Typed Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Personally Known \_\_\_\_\_ Or produced identification \_\_\_\_\_.

Identification type: \_\_\_\_\_

Notary Public-State of \_\_\_\_\_

Printed, typed, or stamped commissioned name of notary public.

My commission expires \_\_\_\_\_.

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

**DISPUTES DISCLOSURE FORM**

**Answer the following questions by placing an “X” after “YES” or “NO”. If you answer “YES”, please explain in the space provided, or via attachment.**

Has your firm or any of its officers, received a reprimand of any nature or been suspended by the Department of Professional Regulations or any other regulatory agency or professional association within the last five (5) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your firm, or any member of your firm, been declared in default, terminated or removed from a contract or job related to the services your firm provides in the regular course of business within the last five (5) years?

YES \_\_\_\_\_ NO \_\_\_\_\_

Has your firm had against it or filed any request for equitable adjustment, contract claims, bid protest, or litigation in the past five (5) years that is related to the services your firm provides in the regular course of business?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, state the nature of the request for equitable adjustment, contract claim, litigation, or protest, and state a brief description of the case, the outcome or status of the suit and the monetary amounts or extended contract time involved.

I hereby certify that all statements made are true and agree and understand that any misstatement or misrepresentation or falsification of facts shall be cause for forfeiture of rights for further consideration of this proposal for the City of Lake City.

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Firm \_\_\_\_\_ Date \_\_\_\_\_

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Authorized Signature \_\_\_\_\_ Printed or Typed Name and Title \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

**DRUG FREE WORKPLACE CERTIFICATE**

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, \_\_\_\_\_(print or type name of firm) publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.

- Informs employees about the dangers of drug abuse in the work place, the firm’s policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, plea of guilty or nolo contendere to, any violation of Chapter 1893, of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (\*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

“As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein”

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed

State of Florida  
County of \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_day of \_\_\_\_\_20\_\_\_\_.  
Personally known \_\_\_\_\_or Produced Identification \_\_\_\_\_  
(Specify type of identification)

\_\_\_\_\_  
Signature of Notary  
My Commission Expires:\_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**





**E-VERIFY AFFIRMATION STATEMENT**

RFP/Contract No:

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Project Description:

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Contractor/Proposer/Bidder acknowledges and agrees to utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of,

- (a) all persons employed by Contractor/Proposer/Bidder to perform employment duties within Florida during the term of the Contract, and,
- (b) all persons (including subcontractors/vendors) assigned by Contractor/Proposer/Bidder to perform work pursuant to the Contract.

The Contractor/Proposer/Bidder acknowledges and agrees that use of the U.S. Department of Homeland Security’s E-Verify System during the term of the Contract is a condition of the Contract.

Contractor/Proposer/ Bidder Company Name:

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Authorized Company Person’s Signature:

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Authorized Company Person’s Title:

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Date: \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**

## PROPOSER CHECK LIST

**IMPORTANT:** Please read carefully, sign in the spaces indicated and return with your Proposal.

Proposer should check off each of the following items as the necessary action is completed:

- The Proposal has been signed.
- All applicable forms have been signed and included.
- Any addenda have been signed and included.
- The mailing envelope has been addressed to:

City of Lake City  
Procurement Department - 2<sup>nd</sup> Floor  
205 N Marion Avenue Lake City,  
Florida 32055

**The mailing envelope must be sealed and marked with RFP Number, RFP Title “NAME” and Due Date. It must also include the name, address and phone number of the proposer.**

The RFP will be mailed or delivered in time to be received no later than the specified due date and time. (Otherwise Proposal cannot be considered.)

**ALL COURIER-DELIVERED PROPOSALS MUST HAVE THE RFP NUMBER, RFP TITLE “NAME” AND DUE DATE ON THE OUTSIDE OF THE COURIER PACKET**

\_\_\_\_\_  
Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax No.

**THIS FORM MUST BE INCLUDED WITH PROPOSAL**