

Connect Consulting

Bid Contact **Jim Andersen**
jandersen@cciwater.com
Ph 561-758-2475

Address **JUPITER, FL 33458**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
PSEN-18-02--01-01	Please submit documents here.	Supplier Product Code:	First Offer -	1 / each	Y	Y
Supplier Total					\$0.00	

Connect Consulting

Item: **Please submit documents here.**

Attachments

CCI - Pembroke Pines RFQ for Hydrogeo Services.pdf

RFQ # PSEN-18-02
“Professional Service Providers
(Architectural, Engineering, Surveying & Mapping)”



Submitted by:

Connect Consulting, Inc.
1907 Commerce Lane, Suite 104
Jupiter, Florida 33458
(561) 758-2475
jandersen@cciwater.com

July 23, 2018

Table of Contents

Title Page

Tab 1 – Letter of Interest

Tab 2 – Standard Form 330 (Parts I and II)

1. Attachment A: Standard Form 330
2. 5 References

Tab 3 – Certified Minority Business Enterprise

Tab 4 – Other Completed Documents

1. Attachment B: Vendor Information Form and a W-9
2. Attachment C: Non-Collusive Affidavit
3. Attachment D: Sworn Statement on Public Entity Crimes
4. Attachment E: Contact Information Form
5. Attachment F: Professional Services Form
6. Attachment G: Equal Benefits Certification Form
7. Attachment H: Vendor Drug-Free Workplace Certification Form
8. Attachment I: Proposer's Completed Qualification Statement
9. Attachment L: Scrutinized Company Certification

Tab 5 – Professional Registration Certificates

Tab 1

Letter of Interest



South Florida Office
1907 Commerce Lane
Suite 104
Jupiter, FL 33458
Tel: 561-758-2475
E-Mail: jandersen@cciwater.com

July 23, 2018

The City of Pembroke Pines
Purchasing Division
8300 South Palm Drive
Pembroke Pines, FL 33025

**RE: RFQ # PSEN-18-02, "Professional Service Providers
(Architectural, Engineering, Surveying & Mapping)"**

To whom it may concern:

Connect Consulting, Inc. (CCI) appreciates the opportunity to submit our Professional Service Providers proposal and qualifications to the City of Pembroke Pines (City) for your consideration. This application is being submitted so that CCI may be considered for future hydrogeological services required by the City.

CCI has been in business since 1996 and has worked with many municipalities and utilities throughout Florida, including the City of Pembroke Pines. We are a private and progressive hydrogeologic firm comprised of five professional geologists dedicated to providing innovative and economical solutions for our clients' hydrogeologic and water resource planning issues. CCI's ground water supply projects have ranged from preliminary well siting with aquifer testing and evaluation to detailed wellfield design and construction. Since our beginning, CCI has developed over two billion gallons per day of drinking water wellfield capacity and completed numerous consumptive use permit applications that included the development of supporting ground water models. With a branch office in Jupiter, Florida, in Palm Beach County, our unique expertise is well suited to the needs of the City of Pembroke Pines.

The three primary personnel that will be involved with future City work include Mr. Jim Andersen, Mr. David Robertson, and Ms. Elizabeth Owosina. Mr. Andersen, P.G., is a principal hydrogeologist with CCI responsible for South Florida company operations, project management, technical oversight, well design and is a construction phase services team leader. Mr. Andersen has over 30 years working experience in hydrogeology, groundwater water resource investigations, well field design, construction, development, well problem evaluations and well rehabilitation. He will be the point of contact for City work.

Mr. Robertson has over 30 years of experience as a licensed professional geologist responsible for the technical, financial and administrative management of numerous water resources projects and environmental assessment and remediation projects in Florida, the Bahamas, the Caribbean Basin, and Latin America. Over the past 30 years, Mr. Robertson has been involved with numerous water supply planning and exploration projects and completed numerous Consumptive/Water Use Permit applications including the development of supporting ground water models. Mr. Robertson will be available as needed for City projects.

*Central Florida Office · 261 N. Lakeview Drive · Lake Helen, Florida 32744 · 386-473-7766
North Florida Office · 19505 N.W. 184th Terrace · High Springs, Florida 32643 · 561-479-8031
South Florida Office · 1907 Commerce Ln, Ste 104 · Jupiter, Florida 33458 · 561-758-2475*

Ms. Owosina is a licensed professional geologist experienced in water supply studies, wellfield design and construction, aquifer testing and analysis, water quality monitoring, and regulatory permitting. She has over 10 years of experience in the management and construction oversight of deep injection wells, production wells, and monitor wells, as well as the acquisition and analysis of subsurface lithologic and hydrologic data.

The CCI team has consistently proven that we can successfully and efficiently perform the potential RFQ work scope for the City. Some examples of our current projects are provided below:

- **City of Miramar Well 6 Redevelopment** – CCI has been contracted by CPH and the City to redevelop an existing Biscayne aquifer public water supply well for use at the City's membrane water treatment plant.
- **Coral Springs Improvement District Well 9** - Project goal was to rehabilitate public water supply well 9 and restore lost capacity. Services included developing technical specifications, soliciting water well contractors, oversight of well rehabilitation. Methods included chemical and mechanical techniques to restore lost production. Specific capacity was increased from 12 to 30 gpm/ft allowing the well to safely produce the original design rate of 750 GPM.
- **Town of Highland Beach** - Performance and water quality testing of three (3) Upper Floridan Aquifer wells to evaluate drawdown and interference effects from pumping. Results were compared with original construction testing reported data to evaluate performance losses over time.

Principal Hydrogeologists Dave Robertson, P.G. (Lake Helen office) and Jim Andersen, P.G. (Jupiter office) are currently committed approximately 80 percent on project work. Some of this work commitment was for the City of Pembroke Pines and the principals will remain committed to providing the City with top level management. As a small firm, CCI principals are routinely involved in all client projects from field work to senior level management. Elizabeth Owosina, P.G. of the Jupiter office is approximately 50 percent committed to current projects and will continue to be available in any capacity needed by the City.

CCI is committed to providing the City of Pembroke Pines with professional expertise to meet your hydrogeological consulting needs. Thank you for the opportunity to provide our qualifications to the City. If you have any questions, please don't hesitate to call me at (561) 758-2475.

Sincerely,
Connect Consulting, Inc.



James L. Andersen, P.G.
Principal Hydrogeologist

Central Florida Office · 261 N. Lakeview Drive · Lake Helen, Florida 32744 · 386-473-7766
North Florida Office · 19505 N.W. 184th Terrace · High Springs, Florida 32643 · 561-479-8031
South Florida Office · 1907 Commerce Ln, Ste 104 · Jupiter, Florida 33458 · 561-758-2475

Tab 2

Standard Form 330

Attachment A

Standard Form 330

ARCHITECT - ENGINEER QUALIFICATIONS

PART I - CONTRACT-SPECIFIC QUALIFICATIONS

A. CONTRACT INFORMATION

1. TITLE AND LOCATION *(City and State)*

Professional Service Providers (Architectural, Engineering, Surveying & Mapping)

2. PUBLIC NOTICE DATE

06/26/2018

3. SOLICITATION OR PROJECT NUMBER

RFQ # PSEN-18-02

B. ARCHITECT-ENGINEER POINT OF CONTACT

4. NAME AND TITLE

James L. Andersen, P.G., Principal Hydrogeologist

5. NAME OF FIRM

Connect Consulting, Inc.

6. TELEPHONE NUMBER

561-758-2475

7. FAX NUMBER

8. E-MAIL ADDRESS

jandersen@cciwater.com

C. PROPOSED TEAM

(Complete this section for the prime contractor and all key subcontractors.)

	(Check)			9. FIRM NAME	10. ADDRESS	11. ROLE IN THIS CONTRACT
	PRIME	J-V	SUBCON-TRACTOR			
a.			✓	Connect Consulting, Inc. <input checked="" type="checkbox"/> CHECK IF BRANCH OFFICE	1907 Commerce Lane Suite 104 Jupiter, FL 33458	Water well design and construction services. Hydrogeologic studies and modeling. Water use permitting.
b.				<input type="checkbox"/> CHECK IF BRANCH OFFICE		
c.				<input type="checkbox"/> CHECK IF BRANCH OFFICE		
d.				<input type="checkbox"/> CHECK IF BRANCH OFFICE		
e.				<input type="checkbox"/> CHECK IF BRANCH OFFICE		
f.				<input type="checkbox"/> CHECK IF BRANCH OFFICE		

D. ORGANIZATIONAL CHART OF PROPOSED TEAM

☐ (Attached)

E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT*(Complete one Section E for each key person.)*

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM
James L. Andersen	Hydrogeologist	34	3

15. FIRM NAME AND LOCATION *(City and State)*

Connect Consulting, Inc., Jupiter, FL

16. EDUCATION *(Degree and Specialization)*

Bachelors of Science, Geology, Florida Atlantic University

17. CURRENT PROFESSIONAL REGISTRATION *(State and Discipline)*

Professional Geologist - Florida License No. 1103

18. OTHER PROFESSIONAL QUALIFICATIONS *(Publications, Organizations, Training, Awards, etc.)*

Florida Section American Water Works Association (AWWA), Southeastern Desalting Association (SEDA), American Membrane Treatment Association (AMTA), Geological Society of America (GSA), International Association of Hydrogeologists (IAH)

19. RELEVANT PROJECTS

(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
Coral Springs Improvement District Well 9 Rehabilitation Coral Springs, Florida	2018	2018
(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm a. Project goal was to rehabilitate public water supply well 9 and restore lost capacity. Services included developing technical specifications, soliciting water well contractors, oversight of well rehabilitation. Methods included chemical and mechanical techniques to restore lost production. Specific capacity was increased from 12 to 30 GPM/Ft. allowing the well to safely produce the original design rate of 750 GPM. Fee = \$10,000.00; Role: Project Hydrogeologist		
Coral Springs Improvement District Well 4R Redevelopment Coral Springs, Florida	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
	2017	2017
(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm b. Project goal was to reduce or eliminate sand production from public water supply well 4R. Services included developing technical specifications, soliciting water well contractors, oversight of well rehabilitation. Methods included mechanical techniques to reduce or eliminate sand production. Sand production was reduced and specific capacity was increased allowing the well to safely produce the original design rate of 750 GPM. Fee = \$15,000.00; Role: Project Hydrogeologist		
Ft. Pierce Utility Authority Well W-1 Abandonment & Replacement Ft. Pierce, Florida	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
	2017	2017
(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm c. Project was to replace an existing well that had lost production and could not be rehabilitated. Services included water use permitting, conceptual well design, preparing technical specifications, soliciting water well contractors, service during construction, data collection and final reporting. Completed well was 12-inch diameter stainless steel with wire wrapped screen set between 74 and 114 feet below land surface. Fee = \$17,000.00; Role: Project Hydrogeologist		
Evaluation of Three (3) Brackish Water Reverse Osmosis Public Water Supply Wells - Town of Highland Beach, Highland Beach, Florida	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
	2018	2018
(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm d. Reviewed available construction & operational data, developed & implemented data collection program, evaluated the data to determine water quality trends, well production, and interference between wells. Recommended equipping each of the wells with pressure transducers and data loggers and conduct a series of operational tests to monitor water levels and interference under four different pumping scenarios. Fee = \$12,000.00; Role: Project Hydrogeologist		
Rehabilitation of Water Treatment Plant No. 3 & 9 Surficial Aquifer Production Wells, Palm Beach County Water Utilities, Florida	(2) YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
	2016	2017
(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm e. Provided hydrogeologic consulting services during design, bidding, and construction phases for rehabilitation program of WTP 3 & 9. Early design estimates provided an innovative cost matrix to accurately predict project budgets and stay within budget. OPCs accurately predicted costs and rehabilitation of the well restored lost capacity. Fee = \$ TBD; Role: Project Hydrogeologist.		

E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT*(Complete one Section E for each key person.)*

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM
David S Robertson, P.G.	Principal Hydrogeologist	30	12

15. FIRM NAME AND LOCATION *(City and State)*

Connect Consulting, Inc., Jupiter, FL

16. EDUCATION *(Degree and Specialization)*

Bachelors of Science, Geology, Florida Atlantic University

17. CURRENT PROFESSIONAL REGISTRATION *(State and Discipline)*

Professional Geologist - Florida License No. 1625

18. OTHER PROFESSIONAL QUALIFICATIONS *(Publications, Organizations, Training, Awards, etc.)*

Florida Section American Water Works Association, Southeast Desalting Association, Caribbean Desalination Assoc

19. RELEVANT PROJECTS

	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
a.	Wells 9, 10 and 11 Rehab, City of Pembroke Pines, FL	2016	2016
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE Well rehabilitation of three (3) of the City's wells including video inspections, pump fishing and removal, acid treatments, pump replacements and wellhead improvements.	<input checked="" type="checkbox"/> Check if project performed with current firm	
b.	Injection Wells IW-1 and IW-1 MIT, Pembroke Pines, Florida	2016	2016
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE Injection Wells IW-1 and IW-1 Mechanical Integrity Testing and Reporting	<input checked="" type="checkbox"/> Check if project performed with current firm	
c.	Coral Springs Improvement District	2016	2017
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE Design and Construction of Replacement Wells W-4 and W-7	<input checked="" type="checkbox"/> Check if project performed with current firm	
d.	University of Central Florida Well 4 Rehab	2018	2018
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE Design and installation of a liner casing in an Upper Floridan Aquifer well to correct casing seal failure.	<input checked="" type="checkbox"/> Check if project performed with current firm	
e.	City of Palm Coast Water Use Permitting	2017	2017
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE SJRWMD Water Use Permit modification, design and installation of wells in multiple aquifers to perform aquifer performance testing to support the permit and proposed withdrawals. Aquifers included the Upper Floridan Aquifer and Surficial Aquifer.	<input type="checkbox"/> Check if project performed with current firm	

E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT*(Complete one Section E for each key person.)*

12. NAME	13. ROLE IN THIS CONTRACT	14. YEARS EXPERIENCE	
Elizabeth S. Owosina, P.G.	Sr. Hydrogeologist	a. TOTAL 10	b. WITH CURRENT FIRM 1
15. FIRM NAME AND LOCATION <i>(City and State)</i> Connect Consulting, Inc., Jupiter, FL			
16. EDUCATION <i>(Degree and Specialization)</i> Bachelors of Science, Geology, Franklin and Marshall College 1992 Masters of Science, Geology, University of Idaho 1994		17. CURRENT PROFESSIONAL REGISTRATION <i>(State and Discipline)</i> Professional Geologist - Florida License No. 2144	
18. OTHER PROFESSIONAL QUALIFICATIONS <i>(Publications, Organizations, Training, Awards, etc.)</i>			

19. RELEVANT PROJECTS

	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>
a.	Town of Highland Beach, UFA Well Evaluations	2018	2018
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Performance and water quality testing of three (3) Upper Floridan Aquifer wells to evaluate drawdown and interference effects from pumping. Results were compared with original construction testing reported data to evaluate performance losses over time.		
b.	Village of Palm Springs	2108	2018
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm Wellfield Condition Assessments including performance and water quality testing of two surficial aquifer wellfields in southern Palm Beach County.		
c.	Coral Springs Improvement District	2018	2018
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm Well 9 Rehabilitation including well inspection, pre and post rehab performance testing, multiple acid treatments, gravel supplementation, development and performance testing.		
d.	University of Central Florida Well 4 Rehab	2018	2018
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm Design and installation of a liner casing in an Upper Floridan Aquifer well to correct casing seal failure.		
e.			
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm		

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER
21. TITLE AND LOCATION <i>(City and State)</i>	22. YEAR COMPLETED	
Wells 9, 10 and 11 Rehab, City of Pembroke Pines, FL	PROFESSIONAL SERVICES 2017	CONSTRUCTION <i>(If applicable)</i> 2017

23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT TELEPHONE NUMBER
City of Pembroke Pines	Karl M. Kennedy, P.E.	(954) 518-9040

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Connect Consulting performed evaluation and rehabilitation of three (3) Biscayne Aquifer wells for the City of Pembroke Pines. The project included hydrogeologic evaluation of the wells, pumps and wellheads; fishing and removal of a lost pump from the bottom of a well; acid treatment of the completion interval using sulfamic acid; equip the wells with new pumps and new sanitary sealed wellheads. The total project cost was approximately \$181,000.

25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Connect Consulting, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Jupiter, FL	(3) ROLE Hydrogeologic Consultant
b.	(1) FIRM NAME AMPS, Inc.	(2) FIRM LOCATION <i>(City and State)</i> West Palm Beach, FL	(3) ROLE Well Contractor
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER
21. TITLE AND LOCATION <i>(City and State)</i>	22. YEAR COMPLETED	
Injection Wells IW-1 and IW-1 MIT, Pembroke Pines, Florida	PROFESSIONAL SERVICES 2016	CONSTRUCTION <i>(If applicable)</i> 2016

23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT TELEPHONE NUMBER
City of Pembroke Pines	Karl M. Kennedy, P.E.	(954) 518-9040

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Connect Consulting performed the Florida Department of Environmental Protection (FDEP) Underground Injection Control (UIC) required 5-year permit renewal, Mechanical Integrity Testing and Reporting for the the City of Pembroke Pines. The project included packer and pressure testing of the injection well casings, video inspection, radioactive tracer survey testing, evaluation of the operational data and reporting. Following completion of the work the UIC permit was approved by the FDEP. The consulting cost was approximately \$21,000.

25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Connect Consulting, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Delray Beach, FL	(3) ROLE Hydrogeologic Consultant
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER
21. TITLE AND LOCATION <i>(City and State)</i>	22. YEAR COMPLETED	
CSID Well 9 Rehabilitation, Coral Springs, FL	PROFESSIONAL SERVICES 2018	CONSTRUCTION <i>(If applicable)</i> 2018

23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT TELEPHONE NUMBER
Coral Springs Improvement District	Joe Stephens	(954) 796-6665

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Connect Consulting performed evaluation and rehabilitation of one (1) Biscayne Aquifer wells for the Coral Springs Improvement District. The project included hydrogeologic evaluation of the well, pumps and wellheads; acid treatment with multiple acid types, and extensive well development including airlifting, high pressure jetting, and surge pumping. The total rehab cost including CCI was approximately \$51,000.

The initial sulfamic acid treatment approach only yielded an increased in specific capacity from 12 gpm/ft to 15 gpm/ft (25% improvement). CCI adjusted the rehab approach to include much stronger hydrochloric acid and a more aggressive development method and when completed the well produced over 900 gpm at 30 gpm/ft (more than a 100% increase).

25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Connect Consulting	(2) FIRM LOCATION <i>(City and State)</i> Jupiter, FL	(3) ROLE Hydrogeologic Consultant
b.	(1) FIRM NAME GlobalTech, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Boca Raton, FL	(3) ROLE Design Build Contractor/Engineering Consultant
c.	(1) FIRM NAME Centerline Drilling, Inc.	(2) FIRM LOCATION <i>(City and State)</i> West Palm Beach, FL	(3) ROLE Water Well Contractor
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER
21. TITLE AND LOCATION <i>(City and State)</i>	22. YEAR COMPLETED	
City of Palm Coast Water Use Permit Renewal, Palm Coast, FL	PROFESSIONAL SERVICES 2017-2018	CONSTRUCTION <i>(If applicable)</i> 2017

23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT TELEPHONE NUMBER
City of Palm Coast	Brian Mathews, P.E.	(386) 986-2353

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Connect Consulting is currently assisting the City of Palm Coast with the (Early) renewal of its St Johns River Water Management District (SJRWMD) water use permit. The purpose of the early renewal is to obtain a 20 year permit that includes new an alternative water sources. The City plans to utilize brackish Floridan Aquifer water, wetland and water table recharge using reclaimed wastewater. CCI performed two (2) aquifer performance tests that included monitoring of the lower - Upper Floridan Aquifer, the intermediate confining unit, the Confined Surficial aquifer and the water table aquifer. Based on the APT results, CCI performed groundwater flow monitoring to support the proposed 20 year withdrawals. The consulting cost of the permit renewal is \$89,000.

25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Connect Consulting, Inc.	(2) FIRM LOCATION <i>(City and State)</i> High Springs, FL	(3) ROLE Hydrogeologic Consultant
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <i>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete one Section F for each project.)</i>		20. EXAMPLE PROJECT KEY NUMBER
21. TITLE AND LOCATION <i>(City and State)</i>	22. YEAR COMPLETED	
UCF Wells 1, 2, 3 and 4 Rehabilitation, Orlando, Florida	PROFESSIONAL SERVICES 2017-2018	CONSTRUCTION <i>(If applicable)</i> 2017-2018

23. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT TELEPHONE NUMBER
University of Central Florida	Gary Rudolph	(407) 823-4984

24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Connect Consulting was contracted by the University of Central Florida to evaluate and rehabilitate the potable water supply wellfield for the University. The project included evaluating four (4) problematic Upper Floridan Aquifer wells leading to well modifications and pump upgrades. The scope of work included well evaluation, casing liner installations and well development to reduce sand production and improve water quality, geophysical logging and hydrogeological evaluation, static and dynamic video surveys, pumping tests and wellhead upgrades. The project budget is \$381,000.

25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Connect Consulting, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Lake Mary, FL	(3) ROLE Hydrogeologic Consultant
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

[illegible]

NUMBER	TITLE OF EXAMPLE PROJECT (From Section F)	NUMBER	TITLE OF EXAMPLE PROJECT (From Section F)
1	Wells 9, 10, 11 Rehab, City of Pembroke Pines	6	
2	Injection Well IW-1 and IW-1 MIT, Pembroke Pines	7	
3	CSID Well 9 Rehab, Coral Springs, FL	8	
4	City of Palm Coast WUP Renewal	9	
5	UCF Wells 1, 2, 3 and 4 Rehab - Orlando	10	

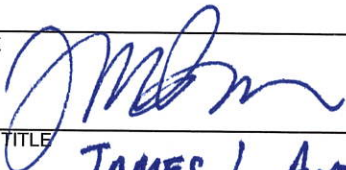
H. ADDITIONAL INFORMATION

30. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE AGENCY. ATTACH ADDITIONAL SHEETS AS NEEDED.

I. AUTHORIZED REPRESENTATIVE

The foregoing is a statement of facts.

31. SIGNATURE



32. DATE

7/23/2016

33. NAME AND TITLE

JAMES L. ANDERSEN, PRINCIPAL HYDROGEOLOGIST

RFQ # PSEN-18-02

(If a firm has branch offices, complete for each specific branch office seeking work.)

11. ANNUAL AVERAGE PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST 3 YEARS (Insert revenue index number shown at right)		PROFESSIONAL SERVICES REVENUE INDEX NUMBER	
a. Federal Work	1	1. Less than \$100,000	6. \$2 million to less than \$5 million
b. Non-Federal Work	5	2. \$100,000 to less than \$250,000	7. \$5 million to less than \$10 million
c. Total Work	7	3. \$250,000 to less than \$500,000	8. \$10 million to less than \$25 million
		4. \$500,000 to less than \$1 million	9. \$25 million to less than \$50 million
		5. \$1 million to less than \$2 million	10. \$50 million or greater

STANDARD FORM 330 (REV. 8/2016) PAGE 6



South Florida Office
1907 Commerce Lane
Suite 104
Jupiter, FL 33458
561-758-2475

CLIENT REFERENCES

1. CLIENT: CITY OF PALM COAST

Services: Continuing services contract to provide professional hydrogeological and wellfield services. Projects include consumptive use permitting; groundwater modeling; wellfield design and development; potable water supply well design and construction; well evaluation, rehabilitation, and modification; compliance/wetland monitoring well design and construction; pump inspection and repair.

Contact: Richard Adams
Utility Director
2 Utility Drive
Palm Coast, FL 32137
(386) 986-2351

2. CLIENT: CITY OF COCOA

Services: Wellfield Rehabilitation and Maintenance. Projects include potable water supply well evaluation, rehabilitation, and modification; aquifer storage and recovery well evaluation, rehabilitation, and modification; compliance/wetland monitoring well design, construction, and repair; pump inspection and repair, wellhead piping modifications, upgrades, and valve replacement.

Contact: David Fisher
Superintendent
Dyal Water Treatment Plant
351 Shearer Blvd., Cocoa, FL 32922
(321) 635-7773

3. CLIENT: CORAL SPRINGS IMPROVEMENT DISTRICT

Services: Professional hydrogeological and wellfield services through Globaltech, Inc. Projects include consumptive use permitting; wellfield design and development; water supply well design and construction; well evaluation, rehabilitation, and modification.

Contact: Joe Stephens
Chief Operator
10300 N.W. 11th manor
Coral Springs, Fl. 33071
Ph. 954-796-6665

4. CLIENT: CITY OF DELTONA

Services: Professional hydrogeological and wellfield services. Projects include consumptive use permitting; wellfield design and development; potable water supply well design and construction; well evaluation, rehabilitation, and modification; compliance monitoring well design and construction; pump inspection and repair.

Contact: Shane Churney
Chief Water Operator
255 Enterprise Rd.
Deltona, FL 32725
(386) 871-7432

5. CLIENT: DUNES COMMUNITY DEVELOPMENT DISTRICT

Services: Professional hydrogeological and wellfield services. Projects include consumptive use permitting; wellfield design and development; brackish potable water supply well design and construction; brackish irrigation well design and construction, well evaluation, rehabilitation, and modification; compliance monitoring well design and construction; pump inspection and repair.

Contact: Timothy B. Sheahan, P.E.
Utility Manager
101 Jungle Hut Road
Palm Coast, FL 32137
(386) 445-9045

Tab 3

Certified Minority Business Enterprise

(Connect Consulting, Inc. is not a Certified Minority
Business Enterprise.)

Tab 4

Other Completed Documents

Attachment B

Vendor Information Form and a W-9

(OFFICE USE ONLY) Vendor number:

Please entirely complete this vendor information form along with the IRS Form W-9, and email to accountspayable@ppines.com

City of Pembroke Pines
Finance Department
601 City Center Way
Pembroke Pines, FL 33025

Vendor Information Form

Operating Name (Payee)	Connect Consulting, Inc.		
Legal Name (as filed with IRS)	Connect Consulting, Inc.		
Remit-to Address (For Payments)	1907 Commerce Lane, Suite 104		
	Jupiter, FL 33458		
Remit-to Contact Name:	James Andersen	Title:	Principal Hydrogeologist
Email Address:	jandersen@cciwater.com		
Phone #:	(561)758-2475	Fax #	(561)746-0119
Order-from Address (For purchase orders)	1907 Commerce Lane, Suite 104		
	Jupiter, FL 33458		
Order-from Contact Name:	James Andersen	Title:	Principal Hydrogeologist
Email Address:	jandersen@cciwater.com		
Phone #:	(561)758-2475	Fax #	(561)746-0119
Return-to Address (For product returns)	1907 Commerce Lane, Suite 104		
	Jupiter, FL 33458		
Return-to Contact Name	James Andersen	Title:	Principal Hydrogeologist
Email Address:	jandersen@cciwater.com		
Phone #:	(561)758-2475	Fax #	(561)746-0119
Payment Terms:	Net 30		

Type of Business (please check one and provide Federal Tax identification or social security Number)

☐ Corporation

Federal ID Number:

65-0641710

☐ Sole Proprietorship/Individual

Social Security No.:

☐ Partnership

☐ Health Care Service Provider

☒ LLC – C (C corporation) – S (S corporation) – P (partnership)

☐ Other (Specify):

Name & Title of Applicant James Andersen

Principal Hydrogeologist

Signature of Applicant

Date

7/23/2018

Form W-9
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give Form to the
requester. Do not
send to the IRS.**

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

CONNECT CONSULTING, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ► _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

1907 COMMERCE LANE, SUITE 104

6 City, state, and ZIP code

JUPITER, FL 33458

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

6 5 - 0 6 4 1 7 1 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of
U.S. person ►

Julia Parlock, CPA

Date ►

7/23/2018

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Attachment C

Non-Collusive Affidavit



City of Pembroke Pines

Attachment C

NON-COLLUSIVE AFFIDAVIT

BIDDER is the ,
(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature 

Title

Name of Company

Attachment D

Sworn Statement on Public Entity Crimes



City of Pembroke Pines

Attachment D

**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted James Andersen (name of entity submitting sworn statement) whose business address is 1907 Commerce Lane, Suite 104, Jupiter, FL and (if applicable) its Federal Employer Identification Number (FEIN) is 65-0641710. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: .)
2. My name is James Andersen and my
(Please print name of individual signing)
relationship to the entity named above is same.
3. 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, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "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, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. 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 Cityship 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.

6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with 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.

7. 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.)**

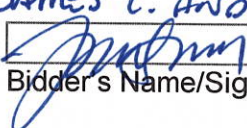
☒ A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent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

☐ B) 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.)**

☐ B1) 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.)**

☐ B2) 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.)**

☐ B3) 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.)**

JAMES L. ANDERSON

 Bidder's Name/Signature

Connect Consulting, Inc.
 Company

July 23, 2018
 Date

Attachment E

Contact Information Form

CONTACT INFORMATION FORM

IN ACCORDANCE WITH "RFQ # PSEN-18-02" titled "Professional Service Providers (Architectural, Engineering, Surveying & Mapping)" attached hereto as a part hereof, the undersigned submits the following:

A) Contact Information

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through www.bidsync.com as part of the bidder's submittal.

COMPANY INFORMATION:

COMPANY:

STREET ADDRESS:

CITY, STATE & ZIP CODE:

PRIMARY CONTACT FOR THE PROJECT:

NAME: TITLE:

E-MAIL:

TELEPHONE: FAX:

CORPORATE OFFICER AUTHORIZED APPROVER:

NAME: TITLE:

E-MAIL:

TELEPHONE: FAX:

SIGNATURE:

Attachment F

Professional Services Form

PROFESSIONAL SERVICES FORM

Please check the boxes shown below that your company wants to be considered for:

<input type="checkbox"/>	General Civil and Environmental Engineering Services
<input type="checkbox"/>	Treatment Plant Process Engineering Services
<input type="checkbox"/>	Electrical Engineering Services
<input type="checkbox"/>	Geotechnical Services
<input type="checkbox"/>	Structural Engineering Services
<input type="checkbox"/>	Land Surveying Services
<input type="checkbox"/>	General Architectural Services
<input type="checkbox"/>	Landscape Architecture Services
<input checked="" type="checkbox"/>	Hydro-Geological Services
<input type="checkbox"/>	FDOT Roadway Engineering Services

Attachment G

Equal Benefits Certification Form



City of Pembroke Pines

Attachment G

EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

"During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples".

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

- 1. Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- 2. Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- 3. Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are

located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

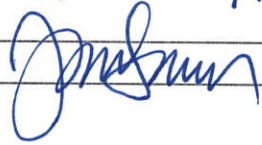
- ☒ **A.** Contractor currently complies with the requirements of this section; or
- ☐ **B.** Contractor will comply with the conditions of this section at the time of contract award; or
- ☐ **C.** Contractor will not comply with the conditions of this section at the time of contract award; or
- ☐ **D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
 - ☐ **1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
 - ☐ **2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;
 - ☐ **3.** The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
 - ☐ **4.** The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: Connect Consulting, Inc.

JAMES L. ANDERSEN

AUTHORIZED OFFICER NAME / SIGNATURE:

A rectangular box containing a handwritten signature in blue ink, which appears to be "James L. Andersen".

Attachment H

Vendor Drug-Free Workplace Certification Form



VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

Preference may be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is as follows:

IDENTICAL TIE BIDS - Preference may be given to businesses with drug-free workplace programs. Whenever two or more bids that are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drugfree workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program. In order to have a drug-free workplace program, a business shall:

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 each 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.

SECTION 2 AFFIRMATION

☒ Place a check mark here only if affirming bidder **complies fully** with the above requirements for a Drug-Free Workplace.

☐ Place a check mark here only if affirming bidder **does not** meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.


Authorized Signature


Authorized Signer Name


Company Name

Attachment I

Proposer's Completed Qualification Statement



City of Pembroke Pines

Attachment I

PROPOSER'S QUALIFICATIONS STATEMENT

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address:

MR. JAMES ANDERSEN, P.G.
CONNECT CONSULTING, INC.
1907 COMMERCE LANE, SUITE 104
JUPITER, FL 33458

Contact Person's Name and Title: MR. JIM ANDERSEN, PRINCIPAL HYDROGEOLOGIST

Contact Person's E-mail Address: JANDERSEN@CCIWATER.COM

PROPOSER'S Telephone and Fax Number: PHONE: (561) 758-2475 FAX (561) 746-0119

PROPOSER'S License Number: PG1103

(Please attach certificate of status, competency, and/or state registration.)

PROPOSER'S Federal Identification Number: 65-0641710

Number of years your organization has been in business 22

State the number of years your firm has been in business under your present business name 22

State the number of years your firm has been in business in the work specific to this solicitation:
22

Names and titles of all officers, partners or individuals doing business under trade name:

DAVID S. ROBERTSON, P.G. - PRESIDENT

JAMES L. ANDERSEN, P.G. - SECRETARY/TREASURER

The business is a: Sole Proprietorship ☐ Partnership ☐ Corporation ☒

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE. (ATTACH IN PROPOSER EXHIBIT SECTION)



City of Pembroke Pines

Attachment I

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer RFP submittals non-responsive.

NONE

At what address was that business located?

N/A

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

N/A

Have you ever failed to complete work awarded to you. If so, when, where and why?

NO

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

N/A



City of Pembroke Pines

Attachment I

Will you subcontract any part of this WORK? If so, give details including a list of each subcontractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s).

NO

The foregoing list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.

List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.

NONE

List and describe all successful Bond claims made to your surety (ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).

N/A

List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.

NONE



City of Pembroke Pines

Attachment I

List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.

NONE

Has the Proposer, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details.

NO

Are you an ☒ Original provider ☐ sales representative ☐ distributor, ☐ broker, ☐ manufacturer ☐ other, of the commodities/services proposed upon? If other than the original provider, explain below.

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

NO



City of Pembroke Pines

Attachment I

Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years:

PEMBROKE PINES - HYDROGEOLOGIC CONSULTING AND WELL REHAB (2016)

CORAL SPRINGS IMPROVEMENT DISTRICT - WELL REHAB (2017, 2018)

UNIVERSITY OF CENTRAL FLORIDA - WELL 4 REHAB (2018)

CITY OF PALM COAST - WATER USE PERMITTING (2017)

The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER'S qualifications to perform under the contract shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

CONNECT CONSULTING, INC.

(Company Name)

JAMES L. ANDERSEN

(Printed Name/Signature)



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROFESSIONAL GEOLOGISTS

THE PROFESSIONAL GEOLOGIST HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 492, FLORIDA STATUTES

ANDERSEN, JAMES LASSEN

1907 COMMERCE LANE
SUITE 104
JUPITER FL 33458

LICENSE NUMBER: PG1103

EXPIRATION DATE: JULY 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Attachment L

Scrutinized Company Certification



p. 52

Tab 5

Professional Registration Certificates



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BOARD OF PROFESSIONAL GEOLOGISTS

THE GEOLOGY BUSINESS HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 492, FLORIDA STATUTES

CONNECT CONSULTING, INC.

261 N. LAKEVIEW DRIVE
LAKE HELEN FL 32744

LICENSE NUMBER: GB390

EXPIRATION DATE: JULY 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
BOARD OF PROFESSIONAL GEOLOGISTS

THE PROFESSIONAL GEOLOGIST HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 492, FLORIDA STATUTES

ROBERTSON, DAVID S

261 N. LAKEVIEW DRIVE
LAKE HELEN FL 32744

LICENSE NUMBER: PG1625

EXPIRATION DATE: JULY 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

BOARD OF PROFESSIONAL GEOLOGISTS

THE PROFESSIONAL GEOLOGIST HEREIN IS LICENSED UNDER THE
PROVISIONS OF CHAPTER 492, FLORIDA STATUTES

OWOSINA, ELIZABETH SHAWKEY

12895 174TH CT NORTH
JUPITER FL 33478

LICENSE NUMBER: PG2144

EXPIRATION DATE: JULY 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

Supplier: **Connect Consulting**



City of Pembroke Pines

Attachment C

NON-COLLUSIVE AFFIDAVIT

BIDDER is the **Officer**,

(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;

The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature **James Andersen**

Title **Secretary**

Name of Company **Connect Consulting**

Supplier: **Connect Consulting**



City of Pembroke Pines

Attachment D

**SWORN STATEMENT
ON PUBLIC ENTITY CRIMES
UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).**

1. This sworn statement is submitted **James Andersen** (name of entity submitting sworn statement) whose business address is **1907 Commerce Lane, Suite 104, Jupiter, FL 33458** and (if applicable) its Federal Employer Identification Number (FEIN) is **65-0641710**. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: .)
2. My name is **James Andersen** and my
(Please print name of individual signing)

relationship to the entity named above is **same**.
3. 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, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4. I understand that a "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, nonjury trial, or entry of a plea of guilty or nolo contendere.
5. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:
 1. A predecessor or successor of a person convicted of a public entity crime: or
 2. 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 Cityship 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.
6. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any

natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with 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.

7. 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.)**

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

☐ B) 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.)**

☐ B1) 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.)**

☐ B2) 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.)**

☐ B3) 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.)**

James L Andersen
Bidder's Name/Signature

Connect Consulting, Inc
Company

July 23, 2018
Date

Supplier: **Connect Consulting**

CONTACT INFORMATION FORM

IN ACCORDANCE WITH “RFQ # PSEN-18-02” titled “**Professional Service Providers (Architectural, Engineering, Surveying & Mapping)**” attached hereto as a part hereof, the undersigned submits the following:

A) Contact Information

The Contact information form shall be electronically signed by one duly authorized to do so, and in case signed by a deputy or subordinate, the principal's properly written authority to such deputy or subordinate must accompany the proposal. This form must be completed and submitted through www.bidsync.com as part of the bidder's submittal.

COMPANY INFORMATION:

COMPANY: **Connect Consulting, Inc.**

STREET ADDRESS: **1907 Commerce Lane, Suite 104**

CITY, STATE & ZIP CODE: **Jupiter, FL 33458**

PRIMARY CONTACT FOR THE PROJECT:

NAME: **James Andersen** TITLE: **Principal Hydrogeologist**

E-MAIL: **jandersent@cciwater.com**

TELEPHONE: **(561) 758-2475** FAX: **(561) 746-0119**

CORPORATE OFFICER AUTHORIZED APPROVER:

NAME: **James Andersen** TITLE: **Principal Hydrogeologist**

E-MAIL: **jandersen@cciwater.com**

TELEPHONE: **(561) 758-2475** FAX: **(561) 746-0119**

SIGNATURE: **James L Andersen**

Supplier: Connect Consulting**PROFESSIONAL SERVICES FORM**

Please check the boxes shown below that your company wants to be considered for:

<input type="checkbox"/>	General Civil and Environmental Engineering Services
<input type="checkbox"/>	Treatment Plant Process Engineering Services
<input type="checkbox"/>	Electrical Engineering Services
<input type="checkbox"/>	Geotechnical Services
<input type="checkbox"/>	Structural Engineering Services
<input type="checkbox"/>	Land Surveying Services
<input type="checkbox"/>	General Architectural Services
<input type="checkbox"/>	Landscape Architecture Services
<input checked="" type="checkbox"/>	Hydro-Geological Services
<input type="checkbox"/>	FDOT Roadway Engineering Services

Supplier: **Connect Consulting**



City of Pembroke Pines

Attachment G

EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement:

“During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples”.

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

1. **Benefits** means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
2. **Cash Equivalent** mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
3. **Covered Contract** means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
4. **Domestic Partner** shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are

located in a jurisdiction where no such governmental domestic partnership registry exists. A contractor that institutes such registry shall not impose criteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

5. **Equal benefits** means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
6. **Spouse** means one member of a married pair legally married under the laws of any state within the United States of America or any other jurisdiction under which such marriage is legally recognized, irrespective of gender.
7. **Traditional marriage** means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (**Check only one box below**):

- ☒ **A.** Contractor currently complies with the requirements of this section; or
- ☐ **B.** Contractor will comply with the conditions of this section at the time of contract award; or
- ☐ **C.** Contractor will not comply with the conditions of this section at the time of contract award:
or
- ☐ **D.** Contractor does not comply with the conditions of this section because of the following allowable exemption (**Check only one box below**):
- ☐ **1.** The Contractor does not provide benefits to employees' spouses in traditional marriages;
- ☐ **2.** The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;
- ☐ **3.** The Contractor is a religious organization, association, society, or any non-profit charitable or educational institution or organization operated supervised or controlled by or in conjunction with a religious organization, association, or society;
- ☐ **4.** The Contractor is a governmental agency;

The certification shall be signed by an authorized officer of the Contractor. Failure to provide such certification (by checking the appropriate boxes above along with completing the information below) shall result in a Contractor being deemed non-responsive.

COMPANY NAME: **Connect Consulting, Inc.**

AUTHORIZED OFFICER NAME / SIGNATURE: **James L Andersen**



Attachment L

I, **James L Andersen, Secretary,** on behalf of **Connect Consulting, Inc.,**
 Print Name and Title Company Name

1. Does not participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel list; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.

Secretary
Title

3		4
---	--	---