



CITY OF NORTH PORT

REQUEST FOR PROFESSIONAL SERVICES QUOTE NO. 2017-36 EXECUTIVE SEARCH FOR CITY MANAGER

CITY OF NORTH PORT
Finance/Purchasing Division
4970 City Hall Blvd
North Port, Florida 34286

Contact Person: Alla V. Skipper, Sr. Contract Specialist
Contact Phone: 941.429.7172
Contact Fax: 941.429.7173
Contact Email: purchasing@cityofnorthport.com

MARCH 8, 2017

REPLY NO LATER THAN: 4:00 p.m., March 29, 2017
(April 11, 2017 Commission Meeting)

ELECTRONIC RESPONSES ONLY and QUESTIONS shall be made to the above-listed contact person/e-mail.

Information regarding this solicitation may be viewed and downloaded from DemandStar's website at www.demandstar.com. Links to DemandStar are also available from the City purchasing website at www.cityofnorthport.com. The initial document (posted on the City FTP site at <http://apps.cityofnorthport.com/ftpinfo/> (go to the dropdown box and scroll down to purchasing); however, all addendums are posted on www.demandstar.com. If you have any questions, concerns, or problems accessing the bid package using the link, please contact Alla V. Skipper, CPPB, Senior Contract Specialist, at 941.429.7172. Request for additional information or clarification regarding the specifications must be sent via facsimile to 941.429.7173 or via email to purchasing@cityofnorthport.com. No verbal requests will be honored. All questions and clarifications must be submitted via e-mail.

PURPOSE AND BACKGROUND:

The City of North Port, Florida is requesting quote proposals to conduct an executive search to fill the vacant position of City Manager.

North Port is in southeastern Sarasota County on Florida's Gulf Coast between Tampa and Fort Myers. With a population of approximately 64,472 people, North Port is the largest City in the county and the eighth largest City in Florida at 104 square miles – which is only 27% developed or 31% developed less the State Forest area. The City is home to more than 9 miles of the Myakkahatchee Creek and has an abundance of both natural walking trails and more than 800 miles of waterways, which contain Blueway Trails. The City is the only municipality in the State of Florida with an entire state forest within its boundaries – the 8,000 acre Myakka State Forest. North Port is also surrounded by natural lands, including the T. Mabry Carlton Reserve, the Walton Ranch, the Deer Prairie Creek Reserve, and more.

This is a young City, incorporated in 1959, with a residential median age of 40 and more than 10,000 school children. As of 2016, The City North Port has been designated a playful City for seven (7) consecutive years. It is governed by an elected five-member City Commission which appoints the City Manager to administer day-to-day operations of the City.

The City Manager is the Chief Administrative Officer of the City, appointed by the Commission. City Manager directs and coordinates administration of the City in accordance with policies determined by the City Commission, appoints

department heads with the exception of the City Clerk, and oversees the operational activities of all departments. The City Manager prepares and submits a recommended annual budget to elected officials for review and approval.

For fiscal year 2016-17, the City of North Port has 593 authorized positions and a budget of approximately \$127 million (operating and capital). This is a full-service City with operating departments which include Police, Fire, Public Works, Utilities, Human Resources, Neighborhood Development Services (Planning and Zoning, Building, Property Standards, Property Maintenance and Code Enforcement) Finance (Accounting, Finance, Budgeting, Purchasing, Accounts Payable, Payroll, Investment & Debt Management, District and Capital Assessment Management), and General Services (Parks &

Recreation, Information and Technology and Social Services), as well as the City Clerk's Office. The City Manager's Office includes the Assistant City Manager, City Communications and Economic Development. In addition to the City Manager position, the City has three (3) other charter officers who report directly to the City Commission; City Clerk, Deputy City Clerk, and the City Attorney (by contract). The City of North Port offers a salary and benefits package which is commensurate with market conditions.

Further information about the City of North Port can be found on the City's website at www.cityofnorthport.com.

INSURANCE REQUIREMENTS:

The successful firm shall be required to supply, at their cost, the following minimum insurance coverage: City of North Port to be named as Certificate Holder.

- **Workers Compensation:** Proof of current Worker's Compensation coverage or Worker's Compensation Exemption (notarized affidavit)
- **Professional Liability Insurance:** a minimum \$1,000,000 per occurrence for this project with a \$1,000,000 policy term general aggregate.

REQUIREMENT FOR SUBMITTAL:

QUALIFICATIONS:

- A proposed scope of services, including a detailed and comprehensive approach to recruitment outreach and the screening process
- A detailed project timeline
- List of at least three (3) client references for which you have conducted similar services within the past five (5) years. Submit a resume(s) for the designated Project Manager. This will be the person that will interact with the City of North Port. Include a listing of all placements by this person for the last three (3) years.
- Any other relevant information in support of your submission

QUESTIONS AND CLARIFICATIONS: Request for additional information or clarification regarding the specifications must be sent via email to purchasing@cityofnorthport.com. No verbal requests will be honored.

PROPOSAL RESTRICTIONS: Submittals will be restricted to fifteen (15) one-sided pages (Resumes excluded from the page requirement)

SUBMITTAL PAGES: All pages provided in this RFP quote package designated "**SUBMITTAL**" are to be completed, signed, and provided with Quote Proposal. These documents do not count towards the page limit requirements set forth in paragraph above, Proposal Restrictions requirements.

EVALUATION CRITERIA FOR AWARD: Award of this Request for Professional Services quote shall be to one (1) firm, to the overall most qualified, responsive, and responsible firm meeting or exceeding the requirements of the submittal above set forth herein and determined to be in the best interest of the City. The ideal firm will have proven experience working with local governments, specifically municipalities in Florida and more specifically, the position of City Manager.

The City reserves the right to negotiate any and all terms, prices and conditions of the quote proposal. The quote proposals will be reviewed, evaluated and determined based on the format and content outlined in this solicitation.

The City reserves the right to reject the quote submittal of any quoter who has previously failed to perform properly, or on time, contracts of similar nature; or who is not in a position to satisfactorily perform the contract.

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COST PROPOSAL

SAMPLE COST PROPOSAL:

THE FOLLOWING "SAMPLE COST PROPOSAL" IS OFFERED AS A GUIDE ONLY AND NOT A COMPETITIVE LIMITING DEVICE:
A complete price proposal to include a not-to-exceed amount inclusive of all fees and expenses (labor, equipment, materials travel, printing, etc).

COST PHASE	
Phase I: Needs Assessment and Information Gathering (Include: Commission meeting and individual meetings with each of the commissioners)	\$
Phase II: Recruiting	\$
Phase III: Candidate Screening and Semi-Finalist	\$
Phase IV: Review, Selection & Interviews (include Commission meeting)	\$
Phase V: Contract Negotiations (If requested) (Include Commission meeting)	\$
NOT-TO EXCEED AMOUNT	\$

OPTIONAL COSTS: If there are additional services that you can provide that you feel the City may benefit from, please provide a description and cost for those services.

The City will issue a Purchase Order under the terms and conditions of this solicitation and the awarded proposal to complete the work. Should the Consultant require the City to sign an agreement, the Consultant shall submit a sample agreement in this section of the response.

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SUBMITTAL SIGNATURE FORM

The signature below is a guarantee that the proposer shall not withdraw his/her quote for a period of **ninety (90) days after the scheduled quote proposal due date. If notified of the acceptance of the submittal, the undersigned agrees to accept the form of contract designated in this RFP Quote by the City** for the stated compensation in the form as prescribed by the City.

The undersigned further certifies that he/she has read the Request for Proposal Quote, Terms and Conditions, Insurance Requirements and any other documentation relating to this request and this quotation is submitted with full knowledge and understanding of the requirements and time constraints noted herein.

As addenda are considered binding as if contained in the original specifications, it is critical that the contractor acknowledge receipt of same. The submittal may be considered void if receipt of an addendum is not acknowledged.

Addendum No. _____ Dated _____ Addendum No. _____ Dated _____
Addendum No. _____ Dated _____ Addendum No. _____ Dated _____

Company Information

Type of Organization (Please Check One):

Individual Ownership _____ Joint Venture _____ LLC/LLP _____
Partnership _____ Corporation _____ OTHER _____

Federal Identification Number: _____

Is this a Florida Corporation: ☐ Yes or ☐ No

If not a Florida Corporation,

In what state was it created: _____
Name as spelled in that State: _____

What kind of corporation is it: ☐ "For Profit" or ☐ "Not for Profit"

Is it in good standing: ☐ Yes or ☐ No

Authorized to transact business in Florida: ☐ Yes or ☐ No

State of Florida Department of State Certificate of Authority Document No.: _____

Respondent shall submit proof that it is authorized to do business in the State of Florida unless registration is not required by law.

Does it use a registered fictitious name: ☐ Yes or ☐ No

DBA (if any): _____

THIS PAGE MUST BE RETURNED

**REQUEST FOR PROFESSIONAL SERVICES QUOTE NO. 2017-36
SUBMITTAL SIGNATURE FORM**

Company Name _____

Telephone # **E-Mail** **Fax #**

Mailing Address

Location Address

City **State** **Zip Code**

Telephone # **E-mail** **Fax #**

Print Name & Title of Firm Representative (Contact Person)

Print Name Of Person Authorized To Bind The Company **Date**

Signature Of Person Authorized To Bind The Company

Do you accept Visa as payment for goods/services? ☐ **YES** ☐ **NO**

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REFERENCES - CLIENT LIST – SUBMITTAL FORM

SUMMARY EXPERIENCE/QUALIFICATIONS/CLIENT LIST (List similar projects, with completion dates showing experience) (At least three (3) in the past five (5) years).

1. Project Location: _____

Name of Contact Person: _____ Telephone # _____

Project Description: _____

Total Project Amount: \$ _____ Start Date: _____ Completion Date: _____

2. Project Location: _____

Name of Contact Person: _____ Telephone # _____

Project Description: _____

Total Project Amount: \$ _____ Start Date: _____ Completion Date: _____

3. Project Location: _____

Name of Contact Person: _____ Telephone # _____

Project Description: _____

Total Project Amount: \$ _____ Start Date: _____ Completion Date: _____

4. Project Location: _____

Name of Contact Person: _____ Telephone # _____

Project Description: _____

Total Project Amount: \$ _____ Start Date: _____ Completion Date: _____

FIRM NAME _____

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**REQUEST FOR PROFESSIONAL SERVICES QUOTE NO. 2017-36
CONFLICT OF INTEREST SUBMITTAL FORM**

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

PART I:

☐ I am an employee, public officer or advisory board member of the City
_____ (List Position or Board)

☐ I am the spouse or child of an employee, public officer or advisory board member of the City
Name: _____

☐ An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.
Name: _____

☐ Respondent employs or contracts with an employee, public officer or advisory board member of the City
Name: _____

☐ None of The Above

PART II:

Are you going to request an advisory board member waiver?

☐ I will request an advisory board member waiver under §112.313(12)

☐ I will NOT request an advisory board member waiver under §112.313(12)

☐ N/A

The City shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any vendors whose conflicts are not waived or exempt.

BUSINESS NAME: _____

NAME (PER AUTHORIZED TO BIND THE COMPANY): _____

SIGNATURE: _____ **DATE:** _____

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