

TO: CITY OF SARASOTA

RE: RFP NO. 15-33BK

FOR: SCHOOL CROSSING GUARD SERVICES

DATE DUE: May 26th, 2015 prior to 2:30pm

**FROM:
STAFFING CONNECTION/ACTION LABOR**

**SHARRON COOK
6555 N. POWERLINE RD. #306
FORT LAUDERDALE, FL 33309
954-776-3444 – OFFICE**

TAB I

Executive Summary

Staffing Connection is proposing a School Crossing Guard Program. Through this RFP we will detail our proven experience of more than 13 years. We are the only company within the State of Florida that has current contracts on the west coast including: Lee County Sheriff's Office, City of Fort Myers and Sarasota County. We currently employ two certified trainers and forty five crossing guards that live in Sarasota County. Staffing Connection is the largest private supplier of crossing guard services in the State of Florida. Staffing Connection seamlessly transitions cities and counties entire school crossing guard programs. We assume complete responsibility for managing all aspects of the Crossing Guard Program.

Staffing Connection has proven abilities in recruiting, training, assigning crossing guards to identified post locations. Our field supervisors monitor all post locations daily to ensure no gaps in coverage. We maintain a structured program and hold our crossing guards accountable to company policies. Field Supervisors have forms designed to record infractions and disciplinary action is handled as needed. All Field supervisors are required to meet with our Administrator in person weekly to go over their weekly report.

We train and certify according to the "Florida School Crossing Guard Training Guidelines" before post assignment. A nationwide criminal background, sex offender, drug screening and reference check are conducted on all newly registered school crossing guards hired through Staffing Connection/Action Labor.

Ensure that all School Crossing Guards have been properly trained to the "Florida School Crossing Guard Training Guidelines" before post assignment.

School Crossing Guard Training classes are held weekly. Each School Crossing Guard candidate is required to successfully complete a 4 hour classroom training course conducted by a Staffing Connection trainer, who is a FDOT state certified trainer. They will also be required to complete a 2-hour in-the-field training session without and with children at a post.

Staffing Connection will be responsible for completing all training documentation and obtaining the guards' certifications from the state. Guards are re-certified every 12 months.

Maintain School Crossing Guard Training as required for all new personnel hired, scheduled on an "as need basis".

TAB II

Staffing Connection's Qualifications/Scope of Services

Staffing Connection is uniquely qualified by way of years of experience. We are the only Florida firm that specializes in School Crossing Guard services with over 12 years of experience. We only staff School Crossing Guard programs. All our energy, staff and resources goes into making our program the best there is.

Staffing Connection is the largest private supplier of crossing guard services in the State of Florida. Our proven ability to seamlessly transition cities entire school crossing guard programs has made us the number one choice. Staffing Connection assumes complete responsibility for managing all aspect of the Crossing Guard Programs we take on.

The very unique recruitment skills of the staff coupled with our vigorous training program has made it possible for us to hire and maintain crossing guards that are professional and have the skills and know how to make the right calls.

Staffing Connection/Action Labor is a proud member of the National Safety Council and the South Florida Construction Safety and Health Partnership (C.A.R.E.P.). We take full responsibility and a leadership role in providing a sound safety and health program, and for ensuring its effectiveness in maintaining safe working conditions.

We train and certify according to the "Florida School Crossing Guard Training Guidelines" before post assignment. A criminal background, sex offender, drug screening and reference check are conducted on all newly registered school crossing guards hired through Staffing Connection/Action Labor.

We provide required equipment according to Florida Department of Transportation Safety Office/ Florida School Crossing Guard Training Guidelines. Equipment costs can be quite high and burdensome to the city, we eliminate all costs for required equipment i.e.: (vest, gloves, whistle and stop paddle).

All crossing guards are covered by Staffing Connection Liability and Workers Compensation Insurance.

State Certified supervisors are in the field working and supervising the guard's daily.

OUR STAFF

Sharron Cook – Branch Manager

Staffing Connection 6/2009 – Present

FDOT Certified Trainer

22 years of experience in staffing management, recruiting and training. State certified crossing guard trainer with proven experience managing, staffing and providing crossing guard services to over 25 cities in four Florida counties. 100% safety record in all four counties.

Joanne Duty – Resource Placement Administrator/Trainer

Staffing Connection 8/1998 – Present

15 years of experience as a Certified FDOT Crossing Guard Trainer

10 years experience staffing Crossing Guard Programs in Broward County

7 years managing and training field supervisors

7 years experience as a Crossing Guard Field Supervisor and School Crossing Guards.

Nancy Jimenez – Personnel Administrator/Trainer

Staffing Connection 2/2005 – Present

8 years of experience as a Certified FDOT Crossing Guard Trainer

7 years teaching a training class and state certifying crossing guards

10 years experience in Human Resources

Therese Murray – Supervisor/Trainer

Staffing Connection 6/2005 – Present

8 years of experience as a Certified FDOT Crossing Guard Trainer

7 years teaching a training class and state certifying crossing guards

7 years managing and training field supervisors

4 years working as a crossing guard

Vicki Miller – Supervisor/Trainer

Staffing Connection 11/2003 – Present

10 years as a Certified FDOT Crossing Guard Trainer

8 years training crossing guards and field supervisors

Valerie Oravec – Field Supervisor

Staffing Connection 8/2014 – Present

Two years as a crossing guard for Sarasota County. Certified FDOT Crossing Guard Trainer and Field Supervisor. Resident of Sarasota County.

Bernadette Phanner – Field Supervisor

Staffing Connection 8/2014 – Present

Six years as a crossing guard for Sarasota County. Certified FDOT Crossing Guard Trainer and Field Supervisor. Resident of Sarasota County

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000
VALID OCTOBER 1, 2014 THROUGH SEPTEMBER 30, 2015

DBA: STAFFING CONNECTION ACTION LABOR
Business Name: Receipt #: 329-34749 (STAFFING AGENCY)
Business Type: ALL OTHERS

Owner Name: KAREN HOOVER
Business Location: 6555 N POWERLINE RD 306
Business Phone: FT LAUDERDALE
Business Opened: 08/05/2007
State/County/Cert/Reg: Exemption Code:

Rooms Seats Employees Machines Professionals
5

Number of Machines:			For Vending Business Only				Vending Type:	
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid		
33.00	0.00	0.00	0.00	0.00	0.00	33.00		

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:
KAREN HOOVER
6555 N POWERLINE RD #306
FORT LAUDERDALE, FL 33309

Receipt #1CP-13-00020942
Paid 09/23/2014 33.00

2014 - 2015



Venice of America

**CITY OF
FORT LAUDERDALE BUSINESS TAX YEAR 2014-2015**

**BUSINESS TAX DIVISION
700 NW 19 AVENUE, FORT LAUDERDALE, FLORIDA 33311
(954)828-5195**

Business ID: 9701242 Business Name: STAFFING CONNECTION
Business Address: 6555 NW 9 AVE # 306
Tax Category: OFFICE USE ONLY Tax#: 725901 Fee:

STAFFING CONNECTION

6555 NW 9 AVE #306
FORT LAUDERDALE, FL 33309

DETACH AND POST THIS RECEIPT IN A CONSPICUOUS PLACE

Business ID: 9701242
Tax Number: 725901
Business Name: STAFFING CONNECTION
Business Address: 6555 NW 9 AVE # 306
Business Owner: STAFFING CONNECTION

- This Receipt is issued for the period commencing October 1st and ending September 30th of the years shown above.
- If you have moved out of the city, please provide a written statement.
- A transfer of business location within the city limits is subject to zoning approval. Please complete a Business Tax Transfer Application and bring it to our office to obtain the necessary approval.
- A Transfer fee applies of 10% of the annual business tax fee. The fee shall not be less than \$3.00, nor greater than \$25.00.
- If you have sold your business, please provide us with a copy of the Bill of Sale.

Please be advised that this issuance of a Business Tax Receipt establishes that the business you intend to conduct is a use permitted by the City Zoning Code for the location at which you intend to operate. The issuance of a Business Tax Receipt in no way certifies that the property located at this address is in compliance with other provisions of the City Code of Ordinances.

**BUSINESS TAX DIVISION
700 NW 19 AVENUE, FORT LAUDERDALE, FLORIDA 33311
TEL (954)828-5195 FAX (954)828-6929
WWW.FORTLAUDERDALE.GOV**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SUNZ Insurance Solutions, LLC c/o Action Labor Management LLC 624 Nottingham Blvd West Palm Beach, FL 33405	ID: (Action)	CONTACT NAME: Lisa Bealy PHONE (A/C, No, Ext): 352-867-2866 E-MAIL ADDRESS: lisa.bealy@loausa.com FAX (A/C, No):
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: SUNZ Insurance Company		34762
INSURER B: Aspen Re - London - Best Rating "A"		
INSURER C: Catlin Syndicate - Lloyds - Best Rating "A"		
INSURER D: Brit Syndicate - Lloyds - Best Rating "A"		
INSURER E:		
INSURER F:		

COVERAGES**CERTIFICATE NUMBER:** 24747273**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPI/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCSTF0000324 01	1/10/2015	1/10/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Workers Compensation					This is for informational purposes and nothing shall create any right under such reinsurance.
C	Excess Coverage					
D						

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Workers' Compensation coverage applies only to those temporary employees assigned by Action Labor of Florida, LLC, but does not extend any other rights or endorsements, unless explicitly requested.

CERTIFICATE HOLDER**CANCELLATION**

City of Sarasota
City Hall
1565 1st Street
Sarasota FL 34236

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Glen J Distefano

ACORD 25 (2014/01)

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TAB V

Proposer References

Name of Company Submitting bid: Action Labor of FL / Staffing Connection

References

Contact Person & Title:	<u>Lieutenant Tim Enos</u>		
Email Address	<u>tenos@scgov.net</u>	Phone No.	<u>941-927-4190</u>
Company Name:	<u>Sarasota County Sheriff's Office</u>		
Mailing Address:	<u>2071 Ringling Blvd.</u>		
City:	<u>Sarasota</u>	State:	<u>FL</u> Zip: <u>34237</u>
Type of commercial work contracted:	<u>School Crossing Guards - currently contracted</u>		

Contact Person & Title:	<u>Lieutenant Dennis Petracca</u>		
Email Address	<u>dPetracca@sherifflee.fl.org</u>	Phone No.	<u>239-477-1378</u>
Company Name:	<u>Lee County Sheriff's Office</u>		
Mailing Address:	<u>14750 Six Mile Cypress Parkway</u>		
City:	<u>Fort Myers</u>	State:	<u>FL</u> Zip: <u>33912</u>
Type of commercial work contracted:	<u>School crossing guards - current - since 2001</u>		

Contact Person & Title:	<u>Officer Steve Gruber</u>		
Email Address	<u>SGruber@fmpolice.com</u>	Phone No.	<u>239-321-7687</u>
Company Name:	<u>Fort Myers Police Dept.</u>		
Mailing Address:	<u>2200 Second Street</u>		
City:	<u>Fort Myers</u>	State:	<u>FL</u> Zip: <u>33901</u>
Type of commercial work contracted:	<u>School crossing guards - current - since 2005</u>		

Contact Person & Title:	<u>Officer Jeff Young</u>		
Email Address	<u>JYOUNG@psd.plantation.org</u>	Phone No.	<u>954-797-2155</u>
Company Name:	<u>Plantation Police Dept.</u>		
Mailing Address:	<u>400 NW 73rd Avenue</u>		
City:	<u>Plantation</u>	State:	<u>FL</u> Zip: <u>33317</u>
Type of commercial work contracted:			

Proposer must provide Form# 9, Reference Survey, to a minimum of three of the references listed above. Three of the surveys must be returned to the Purchasing Division to be reviewed with your proposal. References should return the surveys direct to the Purchasing Division. Failure to obtain reference surveys 7 days after the opening date may make your company non-responsive.

TAB VI

ACTION PLAN FOR THE CITY OF SARASOTA

UPON NOTIFICATION OF CONTRACT:

Obtain from the City of Sarasota names, addresses and phone numbers of all School Crossing Guards.

Staffing Connection in conjunction with the City of Sarasota will schedule a meeting with all the current guards. The transition will be explained and all questions answered. Guards that have been employed with the City of Sarasota will be given the opportunity to apply for a post assignment with Staffing Connection and considered first to fill all post locations. The hourly pay rate being offered to guards will be within the \$11.00 - \$12.00 per hour range. This will be discussed with the City and their input will be used for final hourly pay rate amount. If any current employees are interested and qualified they would be considered for the field supervisory position. Field Supervisors are required to attend and pass the Trainers training class conducted by FDOT, which Staffing Connection will compensate for.

Recruiting and training will begin immediately within the City of Sarasota for qualified School Crossing Guards.

POST EVALUATIONS AND STATE MEETINGS:

Staffing Connection will visit each post location and map out all current post locations. Staffing Connection will tabulate the number of children crossing at each post on an on-going basis. The data received will be shared with our designated city contact and used to determine if post locations can be eliminated, or the need for additional post assignments. Our goal is to maximize safety and make sure the City's cost is being minimized where possible.

Staffing Connection attends all required state meetings and has relationships with all the necessary state departments that are involved with the School Crossing Guard Program.

SCHOOL CROSSING GUARD TRAINING:

Ensure that all School Crossing Guards have been properly trained to the "Florida School Crossing Guard Training Guidelines" before post assignment.

Facilitate School Crossing Guard Training, sessions are held weekly. Each School Crossing Guard candidate is required to successfully complete a 4 hour classroom training session conducted by a Staffing Connection trainer, who is a FDOT state certified trainer. They will also be required to complete a 2 hour in-the-field training session without and with children at a post.

Staffing Connection will be responsible for completing all training documentation and obtaining the guards' certifications from the state. Guards are re-certified every 12 months.

Maintain School Crossing Guard Training as required for all new personnel hired, scheduled on an "as need basis".

NOTIFICATION TO SCHOOLS:

A letter of introduction/notification will be sent to each school principal, advising who the contact person is at Staffing Connection. This will serve as a reference for the School Resource Office or any parent wishing to contact our office.

SCHOOL CROSSING GUARD MAINTENANCE:

One Field Supervisor will be responsible to verify the coverage of all posts each day and that the Guards are on their posts for the required post time. This allows Staffing Connection the ability to control the attendance/punctuality of all guards on a day-to-day basis. We will have substitutes available at all times and the supervisors will also be available to fill in where needed. Each guard will have the supervisor's phone number and a 24-hour contact at our office, in the event the guard has a problem during non-working hours.

Our staff administrator speaks with the Field Supervisors on a weekly basis, to verify time is being reported correctly and to get a weekly report of events. Forms are turned into our office and kept in an employee file.

Forms include: Weekly supervisor report. Absence Report. Complaint Resolution. Employee Discipline Warning Notice and a Weekly Time Sheet.

A Staffing Connection school crossing guard liaison will travel with the supervisor on a periodic basis to ensure that policies and procedures for School Crossing Guards are being met. Additionally, our management team does unscheduled observations.

EQUIPMENT AND DRESS CODE:

Staffing Connection will provide the state required equipment including:
Ansi II Retro-Reflective Vest, Whistle, Reflective Stop Paddle.

All guards are required to wear a white polo type shirt and navy or black pants/shorts. Tennis shoes are mandatory as proper foot attire. Guards are required to be neat and clean at all times.

BADGES:

Each City of Sarasota School Crossing Guard will be issued a Staffing Connection photo I.D. Badge that must be worn at all times while on their post. This will identify who they are to the children, parents and teachers while on their respective posts.

PAY SCHEDULE:

Employees are paid on a weekly basis upon submission of a group time sheet by the field supervisor

BILLING TERMS:

Invoices are sent weekly and payment is expected at least twice a month. The weekly time sheet is attached to the invoice to support the hours that are being billed.

CONTRACT TERMS:

This would be up to the City of Sarasota. Contracts range from two-three years with three-five years renewal options. This can be discussed and customized for the City.

CONTACT PERSON:

The City of Sarasota will provide a contact person to call if situations arise and for informational purposes.

CALL OUT POLICY:

All crossing guards are required to call their field supervisor 24 hours ahead for any absence request. Failure to do so, may result in termination. Upon receiving an absence request the field supervisor will call a substitute guard to fill the post. In an emergency the field supervisor will stand the post until a substitute can be assigned.

TAB VII

**City of Sarasota
RFP Response Form**

Company Name: Action Labor of FL / Staffing Connection

Date Submitted: May 20th, 2015 RFP Deadline Date: May 26, 2015

PROJECT IDENTIFICATION: RFP # 15-33BK

RFP NAME: School Crossing Guard Services

COMPANY NAME: Action Labor / Staffing Connection

NAME & TITLE: Karen Hoover - President
(TYPED OR PRINTED)

BUSINESS ADDRESS: (PHYSICAL) 624 Nottingham Blvd.
West Palm Beach, FL 33405

CORPORATE OR MAILING ADDRESS: ☐ SAME AS PHYSICAL 6555 N. Powerline Rd. #306
Address must match Sunbiz Fort Lauderdale, FL 33309

E-MAIL ADDRESS: JCOOK@STAFFINGCONNECTION.COM

PHONE NUMBER: 954-776-3444 FAX NUMBER: 954-776-8476

In submitting this proposal, Proposer makes all representations required by the Instructions to Proposer and further warrants and represents that: Proposer has examined copies of all the RFP Documents and of the following addenda:

No. <u>RFP# 15-33</u> Dated: <u>April 23rd, 2015</u>	No. _____ Dated: _____
No. <u>#1</u> Dated: <u>May 5th, 2015</u>	No. _____ Dated: _____
No. <u>#2</u> Dated: <u>May 20th, 2015</u>	No. _____ Dated: _____
<u>ADDENDUM</u>	
<u>ADDENDUM</u>	

City of Sarasota, Sarasota, Florida

The undersigned, as Proposer, hereby declares that no person or other persons other than the undersigned are interested in this Request for Proposal (RFP) as Principal, and that this RFP is submitted without collusion with others; and that we have carefully read and examined the specifications or scope of work, and with full knowledge of all conditions under which the services herein is contemplated must be furnished, hereby propose and agree to furnish this service according to the requirements set out in the specifications or scope of work for said service for the prices as listed on the city provided price sheet or (CCNA) agree to negotiate prices in good faith if a contract is awarded.

Tax Payer Identification Number: 65-1038622

(1) Employer Identification Number -OR- (2) Social Security Number:

**** The City of Sarasota collects your social security number for tax reporting purposes only**

ALL BIDS MUST BE SIGNED, SEALED AND EXECUTED BY A CORPORATE AUTHORITY.

Where Proposer is a Corporation, add:

Action Labor of FL / Staffing Connection Authorized Proposer: Karen Hoover

Company Name: (Name printed or typed) Proposer: (Name printed or typed)

(Seal) _____

Authorized Signature and Proposer Title

Attest:

Secretary

Please submit a copy of your registration certificate establishing your firm as authorized to conduct business in the State of Florida, as provided by the Florida Department of State, Division of Corporations. Please refer to website: www.sunbiz.org



Notice to Proposers

May 5, 2015

ADDENDUM # 1

**Request for Proposal
15-33
School Crossing Guard Services**


The City has received the following questions or changes relative to the solicitation listed above and as is required are providing the response(s) to all those prospective vendors/contractors who have expressed an interest in this solicitation. This information is to be considered a part of the solicitation documents. Proposers are further instructed to note receipt of the addendum in the solicitation submission on Form #1. Questions or changes are as follows:

CLARIFICATION:

In regards to the "Current Schedule and Locations" matrix shown on page 82 of the RFP, all Proposers shall consider and take into account the following information when submitting their proposal:

"School Crossing Guards are required to be present a minimum of thirty (30) minutes each morning and afternoon, as directed by the City and mutually agreed upon, during the time range(s) indicated (in the schedule matrix)".

Addendum dated May 5, 2015



Mary G. Tudker, CPPO, FCPM
Purchasing Manager

City of Sarasota
Financial Administration
Purchasing Department
1565 1st Street, Room 205
Sarasota, Florida 34236
Telephone: 941-954-4151
Fax: 941-954-4157

*File
Action Lab
5-15-15*



Notice to Proposers

May 20, 2015

ADDENDUM # 2

**Request for Proposal
15-33
School Crossing Guard Services**

The City has received the following questions or changes relative to the solicitation listed above and as is required are providing the response(s) to all those prospective vendors/contractors who have expressed an interest in this solicitation. This information is to be considered a part of the solicitation documents. Proposers are further instructed to note receipt of the addendum in the solicitation submission on Form #1. Questions or changes are as follows:

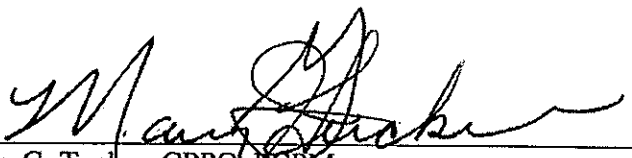
PLEASE NOTE:

A **Revised Pricing Form** has been prepared and is included as part of this Addendum. There is a change in the estimated total hours to be worked by the Supervisor of the School Crossing Guards, as their administrative duties will likely extend beyond the normal hours worked by the Crossing Guard. All proposers are required to complete the Revised Pricing Form when submitting their proposal.

1.	Can you tell me the current provider and their contract rates?
Answer	There is currently no contractor. The current provider is the City of Sarasota Police Department. The School Crossing Guards are classified as "Temporary Part-Time employees".
2.	Also, can you tell me the current pay rate the guards and supervisor are making since they have first preference?
Answer	The average pay rate for a guard is \$12.57/hour and the supervisor's current pay is \$17.57/hour.
3.	On page 79 of the solicitation under the Special Conditions section, item 2a. says the successful vendor must offer positions to existing employees. Can you provide details on how the current employees are being compensated, including their hourly rate?
Answer	Please see the answers given above to question #2. The contractor shall be provided a listing of all current School Crossing Guards, providing their names and associated hourly rates.

Action Labor
5-20-15

Addendum dated May 20, 2015



Mary G. Tucker, CPPC, FCPM
Purchasing Manager

*City of Sarasota
Financial Administration
Purchasing Department
1565 1st Street, Room 205
Sarasota, Florida 34236
Telephone: 941-954-4151
Fax: 941-954-4157*

FORM 3A INTEREST IN COMPETITIVE BID FOR PUBLIC BUSINESS

LAST NAME, FIRST NAME, MIDDLE NAME	N/A	OFFICE POSITION HELD
MAILING ADDRESS	AGENCY	
CITY ZIP COUNTY	ADDRESS OF AGENCY	

WHO MUST FILE THIS STATEMENT

Sections 112.313(3) and 112.313(7), Florida Statutes, prohibit certain business relationships on the part of public officers and employees, their spouses, and their children. See Part III, Chapter 112, Florida Statutes and/or the brochure entitled "A Guide to the Sunshine Amendment and Code of Ethics for Public Officers, Candidates and Employees" for more details on these prohibitions. However, Section 112.313(12), Florida Statutes (1983), provides certain limited exemptions to the above-referenced prohibitions, including one where the business is awarded under a system of sealed, competitive bidding; the public official has exerted no influence on bid negotiations or specifications; and where disclosure is made, prior to or at the time of the submission of the bid, of the official's or his spouse's or child's interest and the nature of the intended business. The Commission on Ethics has promulgated this form for such disclosure, if and when applicable to a public officer or employee.

INTEREST IN COMPETITIVE BID FOR PUBLIC BUSINESS (Required by 112.313(12)(b), Florida Statute (1983))

1. The competitive bid to which this statement applies has been/will be (strike one) submitted to the following government agency:		
2. The person submitting the bid is:	Name	Position
3. The business entity with which the person submitting the bid is associated is:		
4. My relationship to the person or business entity submitting the bid is as follows:		
5. The nature of the business intended to be transacted in the event that this bid is awarded is as follows:		
a. The realty, goods and/or services to be supplied specifically include:		
b. The realty, goods and/or services will be supplied for the following period of time:		
c. Will the contract be subject to renewal without further competitive bidding? <input type="checkbox"/> Yes <input type="checkbox"/> No if so, how often?		
6. Additional comments:		
7. Signature	Date Signed	Date Filed
<u>FILING INSTRUCTIONS</u> If you are a state officer or employee required disclosing the information above, please filing this form with the Secretary of State at the Capitol, Tallahassee, Florida 32301. If you are an officer or employee of a political subdivision of this state and are subject to this disclosure, please file the statement with the Supervisor of Elections of the county in which the agency in which you are serving has its principal office.		
NOTICE: UNDER THE PROVISIONS OF FLORIDA STATUTES #112.317 (1983), A FAILURE TO MAKE ANY REQUIRED DISCLOSURE CONSTITUTES GROUNDS FOR AND MAY BE PUNISHED BY ONE OR MORE OF THE FOLLOWING: IMPEACHMENT, REMOVAL OR SUSPENSION FROM OFFICE OR EMPLOYMENT, DEMOTION, REDUCTION IN SALARY, REPRIMAND, OR A CIVIL PENALTY NOT TO EXCEED \$5,000.00.		

NON-COLLUSIVE AFFIDAVIT
(Prime Contractor/Vendor)

State of FloridaCounty of Palm BeachKaren Hoover, being first duly sworn, deposes and says that they arePresident, the party making the fore-going solicitation
(Partner or officer of the firm, etc.)

is genuine and not collusive or sham; that said contractor/vendor has not colluded, conspired, connived or agreed, directly or indirectly, with any contractor/vendor or person, to put in a sham solicitation or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the solicitation price of affiant or of any other contractor/vendor, or to fix overhead, profit or cost element of said solicitation price, or of that of any other contractor/vendor, or to secure any advantage against the City of Sarasota of any person interested in the proposed contract; and that all statements in said solicitation are true.

(Contractor/Vendor, if the Contractor/vendor is an individual;
Partner, if the Contractor/vendor is a partnership;
Officer, if the Contractor/vendor is a corporation)

Action Labor of Florida / Staffing Connection.
(Company Name)

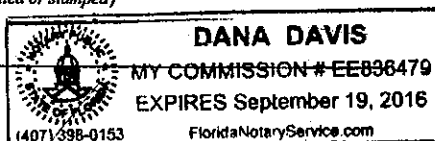
STATE OF FloridaCOUNTY OF Palm BeachThe foregoing instrument was acknowledged before me this 20th day of May byKaren Hoover (name and title of corporate officer) of Action Labor of FL(name of corporation), a Florida (state or place of incorporation) corporation, on behalf of the

corporation. He/she is personally known to me or has produced _____ (type of identification) as identification.

(Signature line for notary public)

Dana Davis
(Name of notary typed, printed or stamped)

(Title or rank)



My commission expires:

09.19.16
(Serial number, if any)

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

This form must be signed and sworn to in the presence of a notary public or other officer authorized to administer oaths.

1. This sworn statement is submitted to City of Sarasota
(Print name of the public entity)
 by Karen Hoover - President
(Print individual's name and title)
 for Action Labor of Florida
(Print name of entity submitting sworn statement)
 whose business address is 624 Nottingham Blvd. West Palm Beach, FL
 (If applicable) its Federal Employer Identification Number (FEIN) is 65-1038622

(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: On the attached sheet.) Required as per IRS Form W-9.

2. 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, and bid or contract for goods or services to be provided to any public entity or agency or political subdivision or any other state or of the United States, and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
4. I understand that "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 offices, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not fair market value under an arm's length agreement, shall be a 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 proceeding 36 months shall be considered an affiliate.
5. I understand that a "person" as defined in Paragraph 287.133(1)(c), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of the entity.

6. Based on information and belief, the statement, which I have marked below, is true in relation to the entity submitting those sworn statements. (Please indicate which statement applies.)

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

_____ The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, member, or agents who are active in management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, member, 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. However, there has been subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearing and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (Attach a copy of the final order)

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OR ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[Signature]
(Signature)

5-15-2015
(Date)

STATE OF Florida
COUNTY OF Palm Beach

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Karen Hoover
(Name of individual signing)
who, after first being sworn by me, affixed his/her signature in the space provided above on this 15th day
of may, 2015.

[Signature]
(NOTARY PUBLIC)

My Commission Expires: 9.19.16



ALLEGED NEGLIGENCE OR BREACH OF CONTRACT DISCLOSURE FORM

Please fill in the form below. Provide a sheet for each incident that has occurred over the past 10 years. Please complete in chronological order with the most recent incident on starting on page 1. Please do not modify this form or submit your own variation.

1.	Your Company Name	Action Labor / Staffing Connection		
2.	Type of Incident	Place an X in the appropriate block.	Alleged Negligence	Breach of Contract
3.	Date of Incident	N/A		
4.	Who Took Action Against Your Company? (Include name, state, and City.)	N/A		
5.	What was the initial circumstance for this action?			
6.	What was the final outcome of this action?			

Make as many copies of this sheet as necessary in order to provide a 10 year history of the requested information. Provide this sheet to your primary partners that are listed in your proposal. If there is no action pending or action taken in the last 10 years, write "NONE" on the page and return it with the company name completed.

Page Number: of

Update the page number to reflect the current page and the total number of pages. If you must use a separate sheet to continue an explanation please reference the page and item number on the separate sheet. Example: Page 3, Item 5.

Alternate Reporting: If you have too many lawsuits report the most recent 10 lawsuits. This may be done on a spreadsheet. Please include the name of the plaintiff (Do not include litigation with your company as the plaintiff), Date of filing, initial reason for circumstances, final outcome. Final outcome should include whether a monetary settlement was made. The amount may remain anonymous. In the blocks above enter, "See Enclosed Spreadsheet" if you use this alternate method

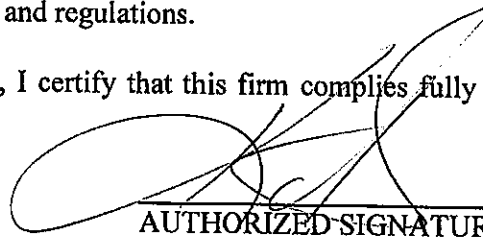
DRUG-FREE WORKPLACE CERTIFICATION

Preference shall be given to businesses with drug-free workplace programs. Pursuant to Section 287.087, Florida Statutes, whenever two or more competitive solicitations 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 response received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie responses will be followed if none of the tied providers has 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 proposal 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 proposal, 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 894, Florida Statutes, 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 such conviction.
5. Impose a sanction on any employee who is so convicted or require the satisfactory participation in a drug abuse assistance or rehabilitation program as such is available in the employee's community.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of applicable laws, rules and regulations.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Karen Hoover
CONTRACTOR VENDOR NAME


AUTHORIZED SIGNATURE

LOCAL VENDOR CERTIFICATION

To qualify as a local vendor you must meet the criteria in Section 43 of the Terms and Conditions. For details you may refer to City of Sarasota Ordinance 12-5009.

Check the appropriate box: City Vendor ☐ County ☐

Business Name:	
*Physical Address:	
Previous Address: (if less than 1 year)	
Length of time at address:	
Number of full-time employees:	
*Occupational License (attach)	
Email	

Signature of Authorized Representative _____

Date _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____ by _____ (name and title of corporate officer) of _____ (name of corporation), a _____ (state or place of incorporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ (type of identification) as identification.

Seal:

(Signature line for notary public)

- *Post office boxes are not verifiable and shall not be used for the purpose of establishing said physical address.*
- *In order to be eligible for local preference, the vendor must provide a copy of the occupational license/Business Tax Receipt.*

Please return this page, due no later than the deadline for the Bid opening, to

**Purchasing Manager
City of Sarasota
1565 1st Stree, Room 205
Sarasota, FL 34236.**

Employees:

City Residents: the employee's residence is located within the City of Sarasota City limits

County Residents: the employee's residence is located within Sarasota County, but outside the City of Sarasota City limits.

Non-Local Residents: the employee's residence is located outside Sarasota County

Full-time Employees: The employee works greater than 30 hours per week or greater than 1560 hours per year.

Part-time Employees: The employee works less than 30 hours per week or less than 1560 hours per year.

Expected New Hire Employees: Employees expected to be hired to complete the work specified in this proposal.

Employee Residence Statistics:	List number of employees in each category			
	City Residents	County Residents	Non-Local Residents	TOTAL
Current Full-time Employees				
Current Part-time Employees				
Expected New Hire Full-time Employees				
Expected New Hire Part-time Employees				
Sub-Contractor's Full-time Employees				
Sub-Contractor's Part-time Employees				

CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Name: Action Labor of FL / Staffing Connection
Respondent's Authorized Representative Name and Title: Karen Hoover -
President
Address: 624 Nottingham Blvd.
City: West Palm Beach State: FL Zip: 33405
Phone Number: 954-776-3444 Respondent FEIN: 65-1038622
Email Address: KHoover@ActionLabor.com

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies, for goods or services over \$1,000,000, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

Certification:

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____
who is authorized to sign on behalf of the above referenced company.
Authorized Signature: _____
Print Name and Title: Karen Hoover - President

MINORITY BUSINESS ENTERPRISE UTILIZATION PLAN**NOTE: THIS FORM MUST BE SUBMITTED WITH THE BID FORM OR RFP SUBMISSION**

Provide a copy of the State of Florida certification for each subcontractor listed certified in accordance with Section 287.0943 or 287.0943(1), Florida Statutes.

Minority Subcontractor
Full name and address

Description of
Work/Services/Goods

Allocation of Cost/
Percent of Value

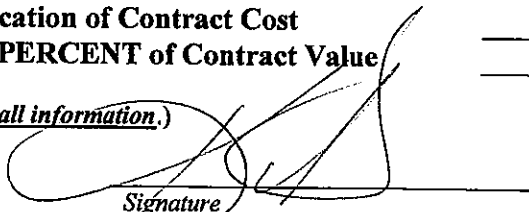
N/A Not using subcontractors.

For this submission please provide:

☐

TOTAL Allocation of Contract Cost
OR TOTAL PERCENT of Contract Value

(Please print or type all information.)



Signature

Action Labcoct Florida

Company Name



CERTIFICATION FOR PAYMENT TO MINORITY BUSINESS ENTERPRISE

This is to certify that _____
(M.B.E. Contractor/Vendor) received (monthly) or (final) partial payment of \$ _____
on _____ 2 _____ from _____ Prime Contractor/Vendor for

15-33BK

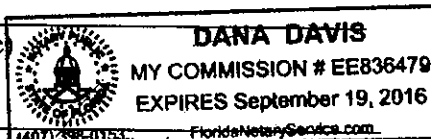
School Crossing Guard Services

Signed by Official of Prime Contractor/Vendor: _____

STATE OF Florida
COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this 15 day of may
by Karen Hoover (name and title of corporate officer) of
Action Labor, a Florida Corporation (state or place of incorporation)
corporation, on behalf of the corporation. He/she is personally known to me or has produced
_____ (type of identification) as identification.

(signature line for notary public)



(name of notary typed, printed, or stamped)

(title or rank)

(serial number, if any)

.....
Total Paid this Month \$ _____

Total Previously Paid \$ _____

Total Paid to Date \$ _____

Signed by Official of M.B.E. Contractor/Vendor: _____

STATE OF Florida

(Title)

COUNTY OF Palm Beach

The foregoing instrument was acknowledged before me this _____ day of _____

by _____ (name and title of corporate officer) of _____

_____ (name of corporation), a _____ (state or place of corporation) corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ (type of identification) as identification.

Signature line for notary public _____

Name of notary typed, printed, or stamped _____

Title or rank _____

Serial number if any _____

Due: By the 10th of each month after M.B.E. starts work whether payment is made or not.

Distribution: Original and 1 copy

Note: M.B.E.'s failure to provide this form to the Prime Contractor/Vendor upon receipt of payment is grounds to suspend the M.B.E.'s certification. Non-compliance by the Prime Contractor/Vendor to provide the City with this information will be considered as sufficient grounds for the City Manager to terminate the contract.

Total of all Progress Payments \$ _____

Retainage Withheld - \$ _____

Bond Withheld - \$ _____

Amount of Utilization Schedule - \$ _____

Overrun (+) - \$ _____

(*) Under-run (-) - \$ _____

(*) Includes comments explaining all under-runs.

WBENC | Women's Business Enterprise National Council

hereby grants

National Women's Business Enterprise Certification to Action Labor Management, LLC

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled; and is valid through the date herein.

WBENC National WBE Certification was processed and validated by Women's
Business Development Council of Florida, a WBENC Regional Partner Organization.

Expiration Date: 04/21/2016
WBENC National Certificate Number: 2005112714

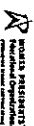
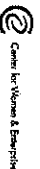
Nancy Allen

Authorized by Nancy Allen, President & CEO,
Women's Business Development Council of Florida



NAICS Codes: 561320

UNSPSC Codes: 80111600



TAB VIII

Scope of Services

1. Description of requested services:

- a. Contractor to provide 18 City intersections with trained qualified, supervised, School Crossing Guards for the entire school year, each year of contract.

2. Term of Contract

- a. Three years initial contract with two (1) year renewal options by City.

3. Requirements

- a. Contractor preferred to have Minimum Five Years' Experience;
- b. At least five other Government Client Contracts providing School Crossing Guard Services, similar in scope and size;
- c. Must offer position to existing employees. Prefer that company hire current School Crossing Guards, please include statement confirming as much;
- d. Guards must be trained and certified according to the "Florida School Crossing Guard Training Guidelines";
- e. Must be willing to begin Fall 2015;
- f. Contractor must provide a criminal background, sex offender, drug screening and reference check are required on all newly registered school crossing guards hired while under contract;
- g. Must provide required equipment according to Florida Department of Transportation Safety Office/Florida School Crossing Guard Training Guidelines;
- h. Must provide uniform (vest, gloves, whistle and stop paddle, photo ID badges);
- i. Contractor must provide documentation that all guards and supervisors (employed by vendor) are properly insured with Liability and Workers Comp Insurance;
- j. Contractor to provide a supervisor in the field working with guards daily; also providing administrative support in scheduling and personnel replacement, training, etc.;
- k. Number of current positions: 18 post locations, 1 crossing guard per location, 1 supervisor;
- l. Hire as many of the existing guards initially as are willing to work for you
- m. Contractor responsible for program's payroll
- n. Contractor shall be responsible for all staffing absences and replacement of normally scheduled personnel with qualified and trained replacements, when needed and subject to all requirements stated herein;
- o. Contractor shall ensure daily school crossing guard coverage in accordance with the Sarasota County School Board calendar.

4. Current Schedule and Locations:

	Morning	Afternoon	# Guards
<u>Alta Vista School</u>			
Browning & Tuttle	0730-0830	1445-1545	1
Bahia Vista & Euclid	0730-0830	1445-1545	1
Bahia Vista & Tuttle	0730-0830	1445-1545	1
Bahia Vista & Shade	0730-0830	1445-1545	1
Hatton & Euclid	0730-0830	1445-1545	1
Hatton & Shade	0730-0830	1445-1545	1
<u>Tuttle School</u>			
8 th & Tuttle	0715-0815	1445-1545	1
8 th Street & Lime	0715-0815	1445-1545	1
8 th St. & Brink	0715-0815	1445-1545	1
Lockwood Ridge & 8 th	0715-0815	1445-1545	1
Lockwood Ridge & 12 th St.	0715-0815	1445-1545	1
Fruitville Rd. & Lockwood Rdg S. Side	0715-0815	1445-1545	1
Fruitville Rd. & Lockwood Rdg N. Side	0715-0815	1445-1545	1
<u>South Side School</u>			
Osprey Ave. & McClellan Pkwy	0730-0830	1445-1545	1
Osprey Ave. & Webber	0730-0830	1445-1545	1
Osprey Ave. & Siesta	0730-0830	1445-1545	1
Webber & U.S. 41 W. side	0730-0830	1445-1545	1
Webber & U.S. 41 E. side	0730-0830	1445-1545	1

5. Pricing:

- a. Vendor will quote an hourly rate base on an *estimated total* of 180 days of service each school year. Total number of days worked shall be in accordance with the Sarasota County School Board annual school schedule. Hourly rate should include but not be limited to:

i. Equipment including:

1. Reflective Vest
2. Whistle
3. Stop Paddle
4. Uniform (white uniform shirt) and black pants/shorts
5. Company ID Badges
6. Traffic Cones
7. Recruiting
8. Training

City of Sarasota
Revised Pricing Form

RFP # 15-33BK: School Crossing Guard Services

Proposer/ Company Name: Action Labor of Florida / Staffing Connection

Item	Description	Unit	Total Estimated Hours/ Year	Number Employees/ Year	Hourly Rate	Total Cost
1	<u>Crossing Guard</u> – Yr 1	Hourly	360 hours	18	\$ 17.25	\$ 111,780. ⁰⁰
	“ “ – Yr 2	Hourly	360 hours	18	\$ 17.60	\$ 114,048. ⁰⁰
	“ “ – Yr 3	Hourly	360 hours	18	\$ 17.60	\$ 114,048. ⁰⁰
2	<u>Supervisor</u> – Yr 1	Hourly	900 hours	1	\$ 18.85	\$ 16,965. ⁰⁰
	“ - Yr 2	Hourly	900 hours	1	\$ 19.20	\$ 17,280. ⁰⁰
	“ - Yr 3	Hourly	900 hours	1	\$ 19.20	\$ 17,280. ⁰⁰
Total Cost for Initial Contract Period (Yr-1 + Yr- 2 + Yr-3)					\$ 391,401. ⁰⁰	

All Proposers shall enter an hourly rate, above, for each of the three years that comprise the Initial Contract Period for these services. For each year of the Initial Contract Period; it is estimated that the contractor shall perform these services for a total of One Hundred Eighty (180) days, for Two (2) hours each day. The total of Three Hundred Sixty (360) Hours for the CROSSING GUARD(S) or the total of Nine Hundred (900) Hours for the SUPERVISOR are estimates and are used only for bidding purposes; it is not a guarantee of the actual number of hours that will be worked each year.

The Total Cost for the Initial Contract Period shall be used when calculating the total number of points to be assigned to each proposer for the Evaluation Criteria titled “Pricing”. Please refer to page 40 of the RFP package for how this calculation is determined.

The contractor shall be paid at the approved hourly rate(s) indicated above. Hourly rate should include cost for any overhead. This may include but is not limited to uniforms and safety equipment.

- Continued on next page -

City of Sarasota, Sarasota, Florida

The undersigned, as Proposer, hereby declares that no person or other persons other than the undersigned are interested in this proposal as Principal, and that this bid is made without collusion with others; and that we have carefully read and examined the specifications, and with full knowledge of all conditions under which the services herein is contemplated must be furnished, hereby propose and agree to furnish this service according to the requirements set out in the specifications for said service for the prices as listed on the previous pages.

Federal Employer Identification

Number: 65-1038622

All prices are to be F.O.B. Destination Sarasota, Florida.

Where Proposer is a Corporation, add:

Authorized Proposer:

Action Labor Mgmt of FL / Staffing
Company Name: (Name printed or typed)
with Title) Connection

Karen Hoover
Proposer: (Name printed or typed)

(Seal-if applicable)

[Signature]
Authorized Signature of Proposer

624 Nottingham Blvd. West Palm Beach FL
Mailing Address **City** **State**
Zip Code 33405

954-776-3444
Phone Number

954-776-8476
Fax Number

[Signature]
Attest:

[Signature]
Secretary

Contractor/vendor Checklist.

Below is a checklist to help you remember everything your company needs to complete this solicitation. This checklist is only a guide. The proposer is still responsible for meeting any requirements that may be omitted on this list, whether by accident or design. All items on this list **may not** be applicable.

QUESTIONS	CHECK MARK- CONFIRMATION
Has the RFP been completely filled out <i>on</i> the RFP form?	<input checked="" type="checkbox"/>
Has the unit price been filled in? (If pricing sheet is included)	<input checked="" type="checkbox"/>
Has the extension been calculated? (If pricing sheet is included)	<input checked="" type="checkbox"/>
Has the delivery date, time, and address been noted?	<input type="checkbox"/>
Have you check your proposal for proper organization, tabs are correct?	<input checked="" type="checkbox"/>
If service, product, commodity, or equipment deviates from the specifications or scope of work, have you listed the deviations?	<input checked="" type="checkbox"/>
If descriptive literature has been requested, has it been attached to the RFP proposal?	<input checked="" type="checkbox"/>
Has the RFP been signed, including the executive summary letter?	<input checked="" type="checkbox"/>
Has the RFP been submitted in a sealed envelope/box?	<input checked="" type="checkbox"/>
Have you completed the requested identification data on the front of the RFP envelope and the RFP form page of the RFP documents?	<input checked="" type="checkbox"/>
Has Conflict of Interest document been completed?	<input checked="" type="checkbox"/>
RFP form	<input checked="" type="checkbox"/>
Non collusive affidavit	<input checked="" type="checkbox"/>
Form 3a- competitive bid	<input checked="" type="checkbox"/>
Copy: related MBE State Certified Businesses	<input checked="" type="checkbox"/>
References: contacts & summary commentary. Reference Surveys	<input checked="" type="checkbox"/>
Confirmation of providing special documentation requested specific to project	<input checked="" type="checkbox"/>
Confirmation of drug free policy	<input checked="" type="checkbox"/>
Confirmation of one original and five copies of proposal (include electronic copy)	<input checked="" type="checkbox"/>
Bid bond (Construction-Design Build Only)	<input checked="" type="checkbox"/>
Sworn statement public entity crimes	<input checked="" type="checkbox"/>
Minority business utilization plan	<input checked="" type="checkbox"/>
Trench safety form (Construction-Design Build Only)	<input checked="" type="checkbox"/>
Subcontractors listing (Construction-Design Build Only)	<input checked="" type="checkbox"/>
Copy: company state registration certificate authorized to do business in Florida (Sunbiz.com)	<input checked="" type="checkbox"/>
Confirmation of receipt of all addenda and related construction plans, as applies	<input checked="" type="checkbox"/>
Disclosure of confidential & proprietary information not subject to public disclosure and specific reference to state statute authorizing said exemption	<input checked="" type="checkbox"/>
Have all areas of the RFP forms and related documents been signed off by an authorized agent of the company and / or witnessed/ notarized where applicable?	<input checked="" type="checkbox"/>

Special Conditions:

These are conditions that are in relation to this RFP only and have not been included in the CITY's standard Terms and Conditions or the Scope of Work.

1. The forms that have a "construction only" watermark do not apply to this RFP.
2. There are specific requirements of the Contractor as identified in the Scope of Services which includes:
 - a. Must offer position to existing employees. Prefer that company hire current School Crossing Guards, please include statement confirming as much.
 - b. Must be willing to begin Fall 2015.
 - c. Shall be responsible for all staffing absences and replacement of normally scheduled personnel with qualified and trained replacements, when needed and subject to all requirements stated herein;
 - d. Shall ensure daily school crossing guard coverage in accordance with the Sarasota County School Board calendar.

The rest of this page has purposefully been left blank.