

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**Addendum No. 7**

**SOLICITATION NO.:** 18-ITN-003-BM

**SOLICITATION TITLE:** Management of the Florida Community Development Block Grant  
Disaster Recovery (CDBG-DR) Program

**OPENING DATE:** June 4, 2018 at 3:00 P.M., Eastern Time

**DATE:** May 22, 2018

Please be advised that the following changes are applicable to the original specifications of the above referenced ITN:

Changes to the Specifications are indicated by underscore, deletions are indicated by a ~~strikethrough~~.

**1. C.12, Method of Payment/Invoice, is hereby amended as indicated below:**

Invoices shall contain the Contract number, purchase order number, and the appropriate Federal Identification Number (FEID). The State may require any other information from the Contractor that the State deems necessary to verify that the goods and or services have been rendered under the Contract.

Contractor shall submit invoices to DEO on or before the 15<sup>th</sup> of final month of each ~~month~~ quarter for the services rendered the previous ~~month~~ quarter. If there are any questions or concerns regarding your invoice you may contact the Contract Manager assigned to the ITN Vendor Agreement.

Contractor shall provide complete pricing information for all items, per Contract year and including each renewal year. All requests for compensation for services or expenses must be submitted in detail sufficient for a pre-audit and post-audit in accordance with subsection 287.058(1) (a), Florida Statutes.

Contractor will submit with the invoice all documentation to support any reimbursements to DEO for review.

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2. Attachment A, Reference Form, is hereby amended as indicated below:

**ATTACHMENT A  
REFERENCE FORM**

**Respondent's Name:** \_\_\_\_\_

The Respondent must list a minimum of three (3) separate and verifiable clients, other than DEO, for which work similar to that specified in this solicitation has been performed for a period of at least five (5) ~~continuous~~ year(s). **At a minimum, one (1) of the verifiable clients must include a state reference where the Respondent has performed CDBG-DR program management services within the last-ten (10) years similar in size and scope to this solicitation. Respondents that do not include a minimum of one (1) state reference will receive a maximum score of ten (10) for Past Performance References.** Any information not submitted on this attachment shall not be considered. **The clients listed shall be for services similar in nature to that described in this solicitation.** The same client may not be listed as more than one (1) reference (for example, if the Respondent has completed one project for the Florida Department of Transportation – District One and one project for the Florida Department of Transportation – District Two, only one (1) of the projects may be listed because the client, the Florida Department of Transportation, is the same). DEO shall choose two (2), clients at its discretion to contact. Confidential clients shall not be included. **DO NOT LIST DEO WORK ON THIS FORM.** (Please provide at least two (2) Contact Names for each client.)

<b>Company Name:</b>	
Address:	
Contact Name:	
Alternate Contact Name:	
Phone:	
Email:	
Description of Work:	
Service Dates: <del>Dates must demonstrate at least five (5) continuous year</del>	to
Approximate Contract Value:	\$

<b>Company Name:</b>	
Address:	
Contact Name:	
Alternate Contact Name:	
Phone:	
Email:	
Description of Work:	
Service Dates: <del>Dates must demonstrate at least five (5) continuous year</del>	to
Approximate Contract Value:	\$

<b>Company Name:</b>	
Address:	
Contact Name:	
Alternate Contact Name:	
Phone:	
Email:	

Description of Work:	
Service Dates: <del>Dates must demonstrate at least five (5) continuous year</del>	to
Approximate Contract Value:	\$

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**\*Authorized Representative's Signature**

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**\*Typed Name and Title of Authorized Representative**

**\*This individual must have the authority to bind the respondent.**

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**3. Question and Answer to #87, “Technical Questions and Answers,” is hereby amended as indicated below:**

Technical Question #87, Pg. 56, Attachment G, List of Subcontractors: Can DEO please explain what kind of licenses they are looking for us to provide from our subcontractors?

Answer to Technical Question #87: Any and all required licenses per Florida law for construction-related professions relevant to that subcontractor.

**4. C.3, General Description, is hereby amended as indicated below:**

**Infrastructure**

**Infrastructure Repair and Mitigation Program**

DEO is considering the creation of a program that would repair infrastructure impacted by Hurricane Irma. It is anticipated that this would be a partnership with FDEM. Contractor will work under FDEM’s supervision to review applications for Federal assistance to determine eligibility, with criteria established by DEO, for CDBG-DR funding to be used as match. Projects that are considered not eligible for HMGP may still be considered for CDBG-DR funding. Contractor will provide guidance and technical assistance to DEO regarding designing a program to ensure HUD and FEMA compliance (as applicable), managing agreements with FDEM for HMGP match, and managing all local government non-HMGP infrastructure projects. Using criteria established by DEO, Contractor will also assist DEO with eligibility verification. Contractor will also assist DEO with management and oversight of local government subrecipients. Contractor should consider HUD’s additional allocation of approximately \$791 million in funding through the CDBG-DR. The Contractor should anticipate that it will be responsible for assisting DEO with the management of an estimated number of twenty (20) subrecipient agreements for Infrastructure Program.

**Business and Economic Development**

**Recovery Workforce Training Program**

DEO is considering the creation of a of a workforce training program focused on growing the workforce needed for jobs associated with long-term recovery efforts. It is anticipated that these jobs would primarily be focused on skilled labor to support housing and infrastructure repair and redevelopment efforts along with the construction of new workforce rental housing. The Contractor will be responsible for assisting the State with program design, management and oversight of this funding.

**Business Assistance to New Floridians from Puerto Rico Program**

DEO is considering the creation of a program to provide business assistance to new Floridians from Puerto Rico who have resettled in Florida after Hurricane Maria.- Contractor will assist DEO with management and oversight of subrecipient agreements.

**5. Question and Answer to Technical Question #155 of “Technical Questions and Answers,” is hereby amended as indicated below:**

Technical Question #155: P. 37, §C, C.6.6, Bullet #8, Scope indicates “Prepare and submit all public notices” but doesn’t discuss publication costs. Will DEO be responsible for submitting notices to newspapers or other media outlets and paying for the notices or will the Contractor?

Answer to Technical Question #155: The Contractor will be responsible for preparing all public notices for review and approval by DEO. Once approved by DEO, ~~the Contractor~~ DEO will be responsible for covering the costs of publication.

**6. B.31, Contractors and Subcontractors, is hereby amended as indicated below:**

The resulting Contract allows the Contractor to subcontract for any of the services provided in the resulting Contract. The Contractor will be the prime service provider and shall be responsible for all work performed and Contract deliverables. The Contractor shall not enter into any subcontracts for the delivery of any services described in this Contract without the prior written approval of DEO. Proposed use of subcontracts and subcontractors should be ~~space~~ included in the Respondent’s reply. Requests for use of subcontractors received subsequent to the solicitation process are subject to review and approval by DEO based on the terms described in Section C.9 of this solicitation.

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**\*Authorized Representative’s Signature**

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**\*Typed Name and Title of Authorized Representative**

**\*This individual must have the authority to bind the Respondent.**