

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

City of Homestead, Florida

**Organization/Firm Contact**

**Title:**

**Name:**

Eduardo Gonzalez

Asst. Director - Operations

**Email:**

egonzalez@homesteadfl.gov

**Phone:** 305.224.4786

**Name of Referenced Project:**

IPS and Gravity Interceptor

**Contract No:**

2015-05

**Date Services were provided:**

2014-2019

**Project**

**Amount:** \$8 million

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

The City of Homestead undertook a project to address wastewater collection challenges by eliminating a key pump station and implementing a gravity-based solution. The project involved installing a 36-inch gravity main from PS 1 to the WWTP and providing a stub-out to PS 21, allowing its elimination. Construction of the gravity system occurred in 2014-2015, with the IPS awarded in 2016. The IPS features multiple submersible pumps, screening channels, and a divided wet well with emergency isolation capabilities.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

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**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

Broward County, Florida

**Organization/Firm Contact Name:**

Mark Darmanin

**Title:** Director, Water and Wastewater Operations Division

**Email:**

mdarmanin@broward.org

**Phone:** 954-831-0960

**Name of Referenced Project:**

North Regional WWTP Facility Improvements

**Contract No:** RLI R1007402R1

**Date Services were provided:**

2014-Ongoing

**Project Amount:** Grit: \$29 million; Effluent: \$10.8 million; Solids: \$56 million; Biological: \$30 million (est.) Ancillary/Civil: \$5 million (est)

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/ Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen performed risk assessment, condition assessment, process evaluation, capital improvement planning and design through construction services for: Fast Track Grit (grit removal via Eutek Headcell, boilers, blowers, fuel tanks, 54" influent pipe replacement), Effluent (liquid rheostats, variable frequency drives, chillers), Biological (RAS pumps, WAS pumps, 54" influent flow meters), Solids (centrifuges, belt filter presses, odor control, dissolved air flotation thickeners rehabilitation, digester cover replacement), and Ancillary (lighting and paging system, site improvements) at Broward County's North Regional WWTP. The project was phased to plan for long term improvements while designing and constructing the immediate need improvements. See additional sheet for more information on specific elements relevant to this contract.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

There are a number of projects listed in this evaluation many of which are ongoing.

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	<b>Department:</b>				<b>Date:</b>	

## Description of Services Provided by Vendor:

Phase III (6) and Phase IV (6) – Effluent: The Phase III(6) and Phase IV(6) – Effluent project included upgrades to the aging outfall pump station and injection well pump station at the 95-mgd NRWTP. Hazen provided design, permitting, construction management, and construction engineering services. This multifaceted project was divided into several phases, including risk and security assessment, condition assessment, facilities planning, facilities design, engineering services during construction, and regulatory assistance.

Phase III (3) – Solids (>50 mgd): The existing solids treatment facilities at the NRWTP— comprising biosolids thickening, stabilization, and dewatering — require upgrades to ensure continuous operations. The project includes replacing dissolved air flotation pumps, four floating digester covers, one gas holding cover, and installing five digester gas mixing systems. Two centrifuges and two belt filter presses, each with grinders, sludge feed pumps, variable frequency drives, polymer units, and ancillary equipment, will be installed, while three existing belt filter presses will be removed. The County will evaluate belt filter press and centrifuge performance before making long-term decisions. Electrical and instrumentation systems, including MCCs and PLCs, will also be replaced.

Phase III (5) Biological: The project included replacement of twelve (12) RAS pumps, sixteen (16) WAS pumps, eight (8) scum pumps, the associated piping, and sixteen (16) RAS flow control valves for each clarifier.

The project also includes replacement or addition of a RAS pump station discharge flow meter and vault; replacement of facility influent flow meters; RAS pump station HVAC units; Modifications to Module C aeration basin drain line; and renovations to the Secondary Treatment Observation Building (STOB) at Module B.

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

City of Fort Lauderdale, Florida

**Organization/Firm Contact Name:**

Rares Petrica, PE

**Title:**

Senior Project Manager

**Email:**

RPetrica@fortlauderdale.gov

**Phone:**

954.828.7150

**Name of Referenced Project:**

City Fort Lauderdale Stormwater Improvements - River Oaks Pump Stations

**Contract No:**

256-11660

**Date Services were provided:**

2016 - Ongoing (In Construction)

**Project Amount:**

\$10.3 million

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen developed a \$200 million Capital Improvements Plan for urgent resilience infrastructure as part of the City of Fort Lauderdale's 2016 Stormwater Master Plan update. The Capital Improvement Plan included eight stormwater pump stations throughout the City. The River Oaks Neighborhood was identified as a high priority for project implementation. This project includes an inlet pump station (13 mgd), an outfall pump station (82 mgd), an electrical building, and an emergency generator. The project includes considerations for future sea level rise and incorporates Broward County 2060 100-year flood elevations. This project includes much of the same team proposed for the Influent Pump Station Upgrades, including Craven Thompson Associates and the geotechnical engineering team.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

The team is highly professional and skilled, with excellent expertise and timely delivery of results.

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<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

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## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:** RFQ-238-24-JJ


**Reference for:** Hazen and Sawyer

**Organization/Firm Name providing reference:**

City of Miramar, Florida

**Organization/Firm Contact**

**Name:**

Francois Domond, PE <sup>DS</sup> 

**Title:**

Director of Utilities Department

**Email:**

fdomond@miramarfl.gov

**Phone:**

954.883.6813

**Name of Referenced Project:**

Wastewater Reclamation Facility Reuse Phase I Expansion to 7.5 mgd

**Contract No:**

1241

**Date Services were provided:**

2017-2021

**Project**

**Amount:**

\$5.5 million

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen assisted the City in obtaining a paper uprating of existing facilities from 4 mgd to 5 mgd in late 2017. The Reclaimed Water Expansion Phase I project included expansion of the existing 5-mgd reclaimed water treatment and distribution system to 7.5 mgd. New facilities included two filter feed pumps, sand filters, expansion of the existing sodium hypochlorite disinfection system, a ground storage tank, and upgrades to the high service pumping system. This project included detailed design, permitting, bidding, construction administration and inspection services. This project includes many of the same team members that are proposed for the Influent Pump Station Upgrades, including Craven Thompson and Associates.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

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<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

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## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

Miami-Dade County, Florida

**Organization/Firm Contact**

**Name:**

Nelson Perez-Jacome, PE

**Title:** Assistant Director,  
Utility Engineering

**Email:**

nelson.perez-jacome@miamidade.gov

**Phone:** 786-552-4420

**Name of Referenced Project:**

Miami-Dade Water and Sewer  
Department North District Wastewater  
Treatment Plant Electrical  
Distribution Building No. 3

**Contract No:** 20HASPC002

**Date Services were provided:**

Design and permitting 01/2022 - 10/2024. Currently in Bidding Phase

**Project**

**Amount:** \$157 million (est.)

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen is currently providing design and engineering services for the construction of Electrical Distribution Building No. 3 (EDB 3). This state-of-the-art facility will replace the existing Electrical Distribution Building No. 1 and provide WASD a more resilient and hardened facility. This new facility will be designed to be more resilient to storm surge and sea level rise, and have an Incident Command Center (ICC) to provide a safe area for WASD staff to operate the NDWWTP during hurricanes. One of the first tasks Hazen completed was the preparation of the Power Distribution Plan (PDP). This plan presented a conceptual overall site power distribution and included an updated list of electrical loads that will be connected to EDB 3. Hazen also evaluated this project via the Pre-Assessment Envision@ Checklist and recommended to WASD the Envision@ components that could be incorporated into the EDB 3 design.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

Performed work that exceeded the Department's expectations. Highly responsive to the Department's needs. Adapted to owner requested changes in scope without impact to engineering budget.

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<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

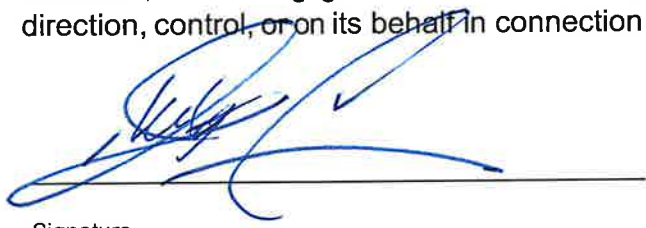
**FORM 5**

**HOLD HARMLESS AND INDEMNITY CLAUSE**

Hazen and Sawyer J. Philip Cooke, PE  
\_\_\_\_\_

**(Company Name and Authorized Signature, Print Name)**

, the contractor, shall indemnify, defend and hold harmless the City of Hollywood, its elected and appointed officials, employees and agents for any and all suits, actions, legal or administrative proceedings, claims, damage, liabilities, interest, attorney's fees, costs of any kind whether arising prior to the start of activities or following the completion or acceptance and in any manner directly or indirectly caused, occasioned or contributed to in whole or in part by reason of any act, error or omission, fault or negligence whether active or passive by the contractor, or anyone acting under its direction, control, or on its behalf in connection with or incident to its performance of the contract.



Signature

J. Philip Cooke, PE  
\_\_\_\_\_

Printed Name

Hazen and Sawyer  
\_\_\_\_\_

Name of Company

Vice President  
\_\_\_\_\_

Title

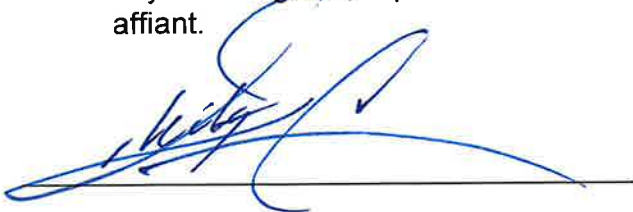
**FORM 6**

**NON-COLLUSION AFFIDAVIT**

**STATE OF:** Florida

**COUNTY OF:** Broward, being first duly sworn, deposes and says that:

- (1) He/she is Vice President of Hazen and Sawyer, the Proposer that has submitted the attached Proposal.
- (2) He/she has been fully informed regarding the preparation and contents of the attached Proposal and of all pertinent circumstances regarding such Proposal;
- (3) Such Proposal is genuine and is not a collusion or sham Proposal;
- (4) Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contractor for which the attached Proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure an advantage against the City of Hollywood or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.



Signature

J. Philip Cooke, PE

Printed Name

Hazen and Sawyer

Name of Company

Vice President

Title

## FORM 7

### SWORN STATEMENT PURSUANT TO 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 OFFICIAL AUTHORIZED TO ADMINISTER OATHS

1. This form statement is submitted to the City of Hollywood by J. Philip Cooke, Vice President for Hazen and Sawyer  
(Print individual's name and title) (Print name of entity submitting sworn statement)  
whose business address is 4000 Hollywood Boulevard, Suite 750N, Hollywood, FL 33021  
and if applicable its Federal Employer Identification Number (FEIN) is 13-2904652. If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement.
- 

2. I understand that "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 misinterpretation.
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 an 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 officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

- 5 I understand that "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. The term "person" includes those officers, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. 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.)

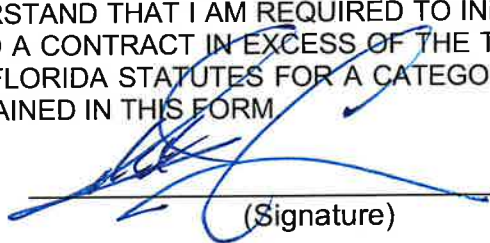
X  Neither the entity submitting sworn statement, nor any of its officers, director, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate 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.

The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime, but the Final Order entered by the Hearing Officer in a subsequent proceeding before a Hearing Officer of the State of the State of Florida,

Division of Administrative Hearings, 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 IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THAT PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017 FLORIDA STATUTES FOR A CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM

  
(Signature)

Sworn to and subscribed before me this  21<sup>st</sup>  day of  October , 20 24 .

Personally known

Or produced identification  N/A  Notary Public-State of  Florida

N/A  my commission expires  February 22, 2026   
(Type of identification)

Mary Perez Mary Perez   
Printed, typed or stamped commissioned name of notary public



## FORM 8

### CERTIFICATIONS REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

The applicant certifies that it and its principals:

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

Applicant Name and Address:

Hazen and Sawyer

4000 Hollywood Boulevard, Suite 750N

Hollywood, FL 33021

Application Number and/or Project Name:

RFQ-238-24-JJ, Design, Construction Management and Inspection Services for the Influent Pump Station Upgrade

Applicant IRS/Vendor Number. 13-2904652

  
Signature

J. Philip Cooke

Printed Name

Hazen and Sawyer

Vice President

Name of Company

Title

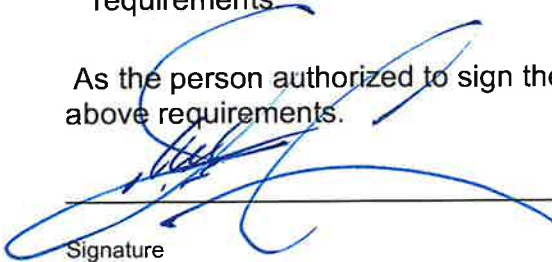
# FORM 9

## DRUG-FREE WORKPLACE PROGRAM

IDENTICAL TIE PROPOSALS - Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which 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 drug-free workplace program shall be given preference in the award process. Established procedures for processing tie proposals 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 employee 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 such 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 these requirements

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



Signature

J. Philip Cooke, PE

Printed Name

Hazen and Sawyer

Vice President

Name of Company

Title

**FORM 10**

**SOLICITATION, GIVING, AND ACCEPTANCE OF GIFTS POLICY**

Florida Statute 112.313 prohibits the solicitation or acceptance of Gifts. "No Public officer, employee of an agency, local government attorney, or candidate for nomination or election shall solicit or accept anything of value to the recipient, including a gift, loan, reward, promise of future employment, favor, or service, based upon any understanding that the vote, official action, or judgment of the public officer, employee, local government attorney, or candidate would be influenced thereby." The term "public officer" includes "any person elected or appointed to hold office in any agency, including any person serving on an advisory body."

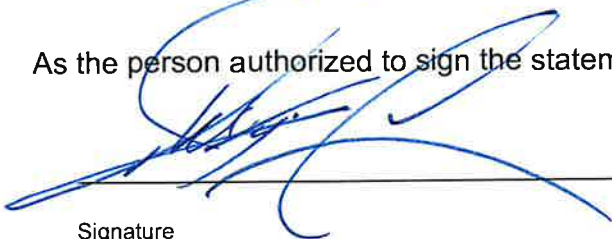
The City of Hollywood/Hollywood CRA policy prohibits all public officers, elected or appointed, all employees, and their families from accepting any gifts of any value, either directly or indirectly, from any contractor, vendor, consultant, or business with whom the City/CRA does business.

The State of Florida definition of "gifts" includes the following:

- Real property or its use,
- Tangible or intangible personal property, or its use,
- A preferential rate or terms on a debt, loan, goods, or services,
- Forgiveness of indebtedness,
- Transportation, lodging, or parking,
- Food or beverage,
- Membership dues,
- Entrance fees, admission fees, or tickets to events, performances, or facilities,
- Plants, flowers or floral arrangements
- Services provided by persons pursuant to a professional license or certificate.
- Other personal services for which a fee is normally charged by the person providing the services.
- Any other similar service or thing having an attributable value not already provided for in this section.

Any contractor, vendor, consultant, or business found to have given a gift to a public officer or employee, or his/her family, will be subject to dismissal or revocation of contract.

As the person authorized to sign the statement, I certify that this firm will comply fully with this policy.




---

Signature

J. Philip Cooke, PE

Printed Name

Hazen and Sawyer

Name of Company

Vice President

Title

# Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
 See Specific Instructions on page 3.

	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Hazen and Sawyer	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC  <input checked="" type="checkbox"/> C Corporation  <input type="checkbox"/> S Corporation  <input type="checkbox"/> Partnership  <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> 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 <b>not</b> 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.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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) _____  <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.) See instructions. 4000 Hollywood Blvd, Suite 750 North	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code Hollywood, FL 33021	
	<b>7</b> 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.


<b>Social security number</b>									
<b>or</b>									
<b>Employer identification number</b>									
1	3	-	2	9	0	4	6	5	2

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶ 	Robert Taylor, Jr., PE, Senior Vice President	Date ▶ 10/21/2024
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## 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](http://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.*

## STATEMENT OF QUALIFICATION CERTIFICATION

**Please Note:** All fields below must be completed. If the field does not apply to you, please note N/A in that field.

If you are a foreign corporation, you may be required to obtain a certificate of authority from the department of state, in accordance with Florida Statute §607.1501 (visit <http://www.dos.state.fl.us/>).

Company: (Legal Registration) Hazen and Sawyer, P.C. dba as Hazen and Sawyer

Name/Principal/Project Manager: J. Philip Cooke, PE, Vice President

Address: 4000 Hollywood Boulevard, Suite 750 North

City: Hollywood State: FL Zip: 33021

Telephone No. (954) 987-0066 FEIN/Tax ID No. 13-2904652 Email: pcooke@hazenandsawyer.com

Does your firm qualify for MBE or WBE status: N/A MBE      WBE     

**ADDENDUM ACKNOWLEDGEMENT** - Proposer acknowledges that the following addenda have been received and are included in the proposal:

<u>Addendum No.</u>	<u>Date Issued</u>	<u>Addendum No.</u>	<u>Date Issued</u>
<u>1</u>	<u>10/22/24</u>	<u>          </u>	<u>          </u>
<u>2</u>	<u>11/19/24</u>	<u>          </u>	<u>          </u>

**VARIANCES:** State any variations to specifications, terms and conditions in the space provided below or reference in the space provided below all variances contained on other pages of bid, attachments or bid pages. No variations or exceptions by the Proposer will be deemed to be part of the bid submitted unless such variation or exception is listed and contained within the bid documents and referenced in the space provided below. If no statement is contained in the below space, it is hereby implied that your bid/proposal complies with the full scope of this solicitation. If this section does not apply to your bid/proposal, simply mark N/A. **If submitting your response electronically through OPENGOV you must click the exception link if any variation or exception is taken to the specifications, terms and conditions.**

N/A

The below signatory hereby agrees to furnish the following article(s) or services at the price(s) and terms stated subject to all instructions, conditions, specifications addenda, legal advertisement, and conditions contained in the bid/proposal. I have read all attachments including the specifications and fully understand what is required. By submitting this signed bid/proposal, I will accept a contract if approved by the City and such acceptance covers all terms, conditions, and specifications of this bid/proposal. The below signatory also hereby agrees, by virtue of submitting or attempting to submit a response, hereby agrees that in no event shall the City's liability for respondent's indirect, incidental, consequential, special or exemplary damages, expenses, or lost profits arising out of this competitive solicitation process, including but not limited to public advertisement, bid conferences, site visits, evaluations, oral presentations, or award proceedings exceed the amount of five hundred dollars (\$500.00). This limitation shall not apply to claims arising under any provision of indemnification or the City's protest ordinance contained in this competitive solicitation.

Submitted by:

J. Philip Cooke, PE


Name (printed)

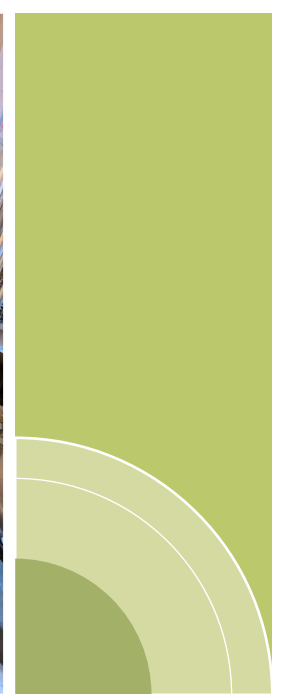
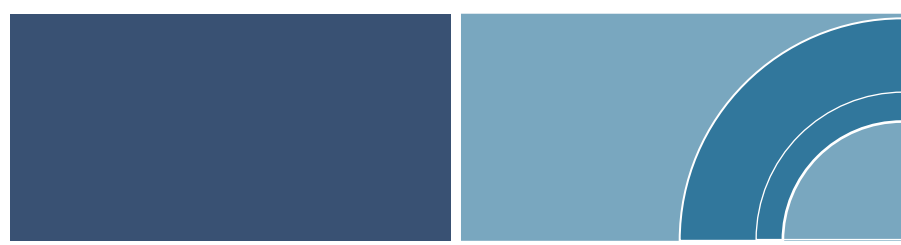
12/10/2024

Date:

Vice President

Title

  
Signature



# Hazen

Hazen and Sawyer  
4000 Hollywood Boulevard, Suite 750N  
Hollywood, FL 33021



Hazen does not have any confidential/proprietary information to submit on this proposal.

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

City of Homestead, Florida

**Organization/Firm Contact**

**Title:**

**Name:**

Eduardo Gonzalez

Asst. Director - Operations

**Email:**

egonzalez@homesteadfl.gov

**Phone:** 305.224.4786

**Name of Referenced Project:**

IPS and Gravity Interceptor

**Contract No:**

2015-05

**Date Services were provided:**

2014-2019

**Project**

**Amount:** \$8 million

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

The City of Homestead undertook a project to address wastewater collection challenges by eliminating a key pump station and implementing a gravity-based solution. The project involved installing a 36-inch gravity main from PS 1 to the WWTP and providing a stub-out to PS 21, allowing its elimination. Construction of the gravity system occurred in 2014-2015, with the IPS awarded in 2016. The IPS features multiple submersible pumps, screening channels, and a divided wet well with emergency isolation capabilities.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

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**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

Broward County, Florida

**Organization/Firm Contact Name:**

Mark Darmanin

**Title:** Director, Water and Wastewater Operations Division

**Email:**

mdarmanin@broward.org

**Phone:** 954-831-0960

**Name of Referenced Project:**

North Regional WWTP Facility Improvements

**Contract No:** RLI R1007402R1

**Date Services were provided:**

2014-Ongoing

**Project Amount:** Grit: \$29 million; Effluent: \$10.8 million; Solids: \$56 million; Biological: \$30 million (est.) Ancillary/Civil: \$5 million (est)

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/ Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen performed risk assessment, condition assessment, process evaluation, capital improvement planning and design through construction services for: Fast Track Grit (grit removal via Eutek Headcell, boilers, blowers, fuel tanks, 54" influent pipe replacement), Effluent (liquid rheostats, variable frequency drives, chillers), Biological (RAS pumps, WAS pumps, 54" influent flow meters), Solids (centrifuges, belt filter presses, odor control, dissolved air flotation thickeners rehabilitation, digester cover replacement), and Ancillary (lighting and paging system, site improvements) at Broward County's North Regional WWTP. The project was phased to plan for long term improvements while designing and constructing the immediate need improvements. See additional sheet for more information on specific elements relevant to this contract.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

There are a number of projects listed in this evaluation many of which are ongoing.

**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

## Description of Services Provided by Vendor:

Phase III (6) and Phase IV (6) – Effluent: The Phase III(6) and Phase IV(6) – Effluent project included upgrades to the aging outfall pump station and injection well pump station at the 95-mgd NRWTP. Hazen provided design, permitting, construction management, and construction engineering services. This multifaceted project was divided into several phases, including risk and security assessment, condition assessment, facilities planning, facilities design, engineering services during construction, and regulatory assistance.

Phase III (3) – Solids (>50 mgd): The existing solids treatment facilities at the NRWTP— comprising biosolids thickening, stabilization, and dewatering — require upgrades to ensure continuous operations. The project includes replacing dissolved air flotation pumps, four floating digester covers, one gas holding cover, and installing five digester gas mixing systems. Two centrifuges and two belt filter presses, each with grinders, sludge feed pumps, variable frequency drives, polymer units, and ancillary equipment, will be installed, while three existing belt filter presses will be removed. The County will evaluate belt filter press and centrifuge performance before making long-term decisions. Electrical and instrumentation systems, including MCCs and PLCs, will also be replaced.

Phase III (5) Biological: The project included replacement of twelve (12) RAS pumps, sixteen (16) WAS pumps, eight (8) scum pumps, the associated piping, and sixteen (16) RAS flow control valves for each clarifier.

The project also includes replacement or addition of a RAS pump station discharge flow meter and vault; replacement of facility influent flow meters; RAS pump station HVAC units; Modifications to Module C aeration basin drain line; and renovations to the Secondary Treatment Observation Building (STOB) at Module B.

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:**

RFQ-238-24-JJ

**Reference for:**

Hazen and Sawyer

**Organization/Firm Name providing reference:**

City of Fort Lauderdale, Florida

**Organization/Firm Contact Name:**

Rares Petrica, PE

**Title:**

Senior Project Manager

**Email:**

RPetrica@fortlauderdale.gov

**Phone:**

954.828.7150

**Name of Referenced Project:**

City Fort Lauderdale Stormwater Improvements - River Oaks Pump Stations

**Contract No:**

256-11660

**Date Services were provided:**

2016 - Ongoing (In Construction)

**Project Amount:**

\$10.3 million

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen developed a \$200 million Capital Improvements Plan for urgent resilience infrastructure as part of the City of Fort Lauderdale's 2016 Stormwater Master Plan update. The Capital Improvement Plan included eight stormwater pump stations throughout the City. The River Oaks Neighborhood was identified as a high priority for project implementation. This project includes an inlet pump station (13 mgd), an outfall pump station (82 mgd), an electrical building, and an emergency generator. The project includes considerations for future sea level rise and incorporates Broward County 2060 100-year flood elevations. This project includes much of the same team proposed for the Influent Pump Station Upgrades, including Craven Thompson Associates and the geotechnical engineering team.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

The team is highly professional and skilled, with excellent expertise and timely delivery of results.

**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:** RFQ-238-24-JJ


**Reference for:** Hazen and Sawyer

**Organization/Firm Name providing reference:**

City of Miramar, Florida

**Organization/Firm Contact**

**Name:**

Francois Domond, PE <sup>DS</sup> 

**Title:**

Director of Utilities Department

**Email:**

fdomond@miramarfl.gov

**Phone:**

954.883.6813

**Name of Referenced Project:**

Wastewater Reclamation Facility Reuse Phase I Expansion to 7.5 mgd

**Contract No:**

1241

**Date Services were provided:**

2017-2021

**Project**

**Amount:**

\$5.5 million

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/ Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen assisted the City in obtaining a paper uprating of existing facilities from 4 mgd to 5 mgd in late 2017. The Reclaimed Water Expansion Phase I project included expansion of the existing 5-mgd reclaimed water treatment and distribution system to 7.5 mgd. New facilities included two filter feed pumps, sand filters, expansion of the existing sodium hypochlorite disinfection system, a ground storage tank, and upgrades to the high service pumping system. This project included detailed design, permitting, bidding, construction administration and inspection services. This project includes many of the same team members that are proposed for the Influent Pump Station Upgrades, including Craven Thompson and Associates.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**


**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

# FORM 4

## VENDOR REFERENCE FORM

**City of Hollywood**

**Solicitation #:** RFQ-238-24-JJ

**Reference for:** Hazen and Sawyer

**Organization/Firm Name providing reference:**

Miami-Dade County, Florida

**Organization/Firm Contact**

**Name:**

Nelson Perez-Jacome, PE

**Title:** Assistant Director,  
Utility Engineering

**Email:**

nelson.perez-jacome@miamidade.gov

**Phone:** 786-552-4420

**Name of Referenced Project:**

Miami-Dade Water and Sewer  
Department North District Wastewater  
Treatment Plant Electrical  
Distribution Building No. 3

**Contract No:** 20HASPC002

**Date Services were provided:**

Design and permitting 01/2022 - 10/2024. Currently in Bidding Phase

**Project**

**Amount:** \$157 million (est.)

**Referenced Vendor's role in Project:**

**Prime Vendor**

**Subcontractor/  
Subconsultant**

**Would you use the Vendor again?**

**Yes**

**No. Please specify in additional comments**

**Description of services provided by Vendor (provide additional sheet if necessary):**

Hazen is currently providing design and engineering services for the construction of Electrical Distribution Building No. 3 (EDB 3). This state-of-the-art facility will replace the existing Electrical Distribution Building No. 1 and provide WASD a more resilient and hardened facility. This new facility will be designed to be more resilient to storm surge and sea level rise, and have an Incident Command Center (ICC) to provide a safe area for WASD staff to operate the NDWWTP during hurricanes. One of the first tasks Hazen completed was the preparation of the Power Distribution Plan (PDP). This plan presented a conceptual overall site power distribution and included an updated list of electrical loads that will be connected to EDB 3. Hazen also evaluated this project via the Pre-Assessment Envision® Checklist and recommended to WASD the Envision® components that could be incorporated into the EDB 3 design.

Please rate your experience with the Vendor	Need Improvement	Satisfactory	Excellent	Not Applicable
<b>Vendor's Quality of Service</b>				
a. Responsive	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Vendor's Organization:</b>				
a. Staff expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Staff turnover	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Timeliness/Cost Control of:</b>				
a. Project	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Deliverables	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Additional Comments (provide additional sheet if necessary):**

Performed work that exceeded the Department's expectations. Highly responsive to the Department's needs. Adapted to owner requested changes in scope without impact to engineering budget.

**\*\*\*\*THIS SECTION FOR CITY USE ONLY\*\*\*\***

<b>Verified via:</b>	<b>Email:</b>	<input type="checkbox"/>	<b>Verbal:</b>	<input type="checkbox"/>	<b>Mail:</b>	<input type="checkbox"/>
<b>Verified by:</b>	<b>Name:</b>				<b>Title:</b>	
	<b>Department:</b>				<b>Date:</b>	

# Form 14

## LIST OF SUBCONTRACTORS

The Respondent shall list below the name and address of each Subcontractor who will perform work under this Contract, and shall also list the portion of the work which will be done by such Subcontractor. After the opening of Submittals, changes or substitutions will be allowed with written approval of the City of Hollywood. Subcontractors must be properly licensed.

	<b>Work to be Performed</b>	<b>Subcontractor's Name / Address</b>
1.	<u>HVAC Design</u> _____	<u>Metco Southeast, LLC</u> 800 W. Cypress Creek Rd., Ste. 501, Fort Lauderdale, FL 33309
2.	<u>Topographic Survey</u> _____	<u>Craven Thompson &amp; Associates, Inc.</u> 3563 NW 53rd St., Fort Lauderdale, FL 33309
3.	<u>Geotechnical Services</u> _____	<u>WIRX Engineering, LLC</u> 515 E. Las Olas Blvd., Ste. 120, Fort Lauderdale, FL 33301
4.	<u>Lead Paint and Asbestos Survey</u> _____	<u>Gallagher Bassett Technical Services</u> 2700 W. Cypress Creek Rd., Ste. D-122, Fort Lauderdale, FL 33309
5.	_____ _____	_____ _____
6.	_____ _____	_____ _____
7.	_____ _____	_____ _____
8.	_____ _____	_____ _____
9.	_____ _____	_____ _____
10.	_____ _____	_____ _____

NOTE: Attach additional sheets if required.

- END OF SECTION -





## ADDITIONAL REMARKS SCHEDULE

AGENCY <b>Ames &amp; Gough</b>		NAMED INSURED <b>Hazen and Sawyer</b> 498 Seventh Avenue New York, NY 10018	
POLICY NUMBER <b>SEE PAGE 1</b>			
CARRIER <b>SEE PAGE 1</b>	NAIC CODE <b>SEE P 1</b>	EFFECTIVE DATE: <b>SEE PAGE 1</b>	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

**Description of Operations/Locations/Vehicles:**

named insured and when required by written contract. General Liability, Automobile Liability, and Workers Compensation policies include a waiver of subrogation in favor of the additional insureds where permissible by state law and when required by written contract. 30-day Notice of Cancellation will be issued for the General Liability, Automobile Liability, Workers Compensation and Professional Liability policies in accordance with policy terms and conditions.

Pollution Liability coverage is provided and included within the Professional Liability policy noted above. It shares the limits of the Professional Liability policy.

Professional Liability deductible is \$100,000.

**Based on the answers provided online, this form is not applicable**  
PROPOSAL

TO THE MAYOR AND COMMISSIONERS  
CITY OF HOLLYWOOD, FLORIDA

SUBMITTED \_\_\_\_\_

Dear Mayor and Commissioners:

The undersigned, as BIDDER, hereby declares that the only person or persons interested in the Proposal as principal or principals is or are named herein and that no other person than herein mentioned has any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company or parties making a Bid or Proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The BIDDER further declares that he has examined the site of the Work and informed himself fully in regard to all conditions pertaining to the place where the Work is to be done; that he has examined the Drawings and Specifications for the Work and contractual documents relative thereto, including the Notice to Bidders, Instructions to Bidders, Proposal Bid Form, Form of Bid Bond, Form of Contract and Form of Performance Bond, General, Supplementary and Technical Specifications, Addenda, Drawings, and Local Preference Program, Exhibit A, and has read all of the Provisions furnished prior to the opening of bids; and that he has satisfied himself relative to the work to be performed.

The undersigned BIDDER has not divulged to, discussed or compared his bid with other bidders and has not colluded with any other BIDDER of parties to this bid whatever.

If this Proposal is accepted, the undersigned BIDDER proposes and agrees to enter into and execute the Contract with the City of Hollywood, Florida, in the form of Contract specified; of which this Proposal, Instructions to Bidders, General Specifications, Supplementary Conditions and Drawings shall be made a part for the performance of Work described therein; to furnish the necessary bond equal to one hundred (100) percent of the total Contract base bid, the said bond being in the form of a Cash Bond or Surety Bond prepared on the applicable approved bond form furnished by the CITY; to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation, supervision, labor and all means necessary to construct and complete the work specified in the Proposal and Contract and called for in the Drawings and in the manner specified; to commence Work on the effective date established in the "Notice to Proceed" from the ENGINEER; and to substantially complete all Contract Work within \_\_\_\_\_ days with final completion within \_\_\_\_\_ days, and stated in the "Notice to Proceed" or pay liquidated damages for each calendar day in excess thereof, or such actual and consequential damages as may result therefrom, and to abide by the Local Preference Ordinance, Exhibit A.

The BIDDER acknowledges receipt of the any and all addenda.

And the undersigned agrees that in case of failure on his part to execute the said Contract and the Bond within ten (10) days after being presented with the prescribed Contract forms, the check or Bid Bond accompanying his bid, and the money payable thereon, shall be paid into the funds of the City of Hollywood, Florida, otherwise, the check or Bid Bond accompanying this Proposal shall be returned to the undersigned.

Attached hereto is a certified check on the

\_\_\_\_\_ Bank of \_\_\_\_\_

or approved Bid Bond for the sum of

\_\_\_\_\_ Dollars (\$) according to the conditions under the Instructions to Bidders and provisions therein.

NOTE: If a Bidder is a corporation, the legal name of the corporation shall be set forth below, together with signature(s) of the officer or officers authorized to sign Contracts on behalf of the corporation and corporate seal; if Bidder is a partnership, the true name of the firm shall be set forth below with the signature(s) of the partner or partners authorized to sign Contracts in behalf of the partnership; and if the Bidder is an individual, his signature shall be placed below; if a partnership, the names of the general partners.

WHEN THE BIDDER IS AN INDIVIDUAL:

\_\_\_\_\_  
(Signature of Individual)

\_\_\_\_\_  
(Printed Name of Individual)

\_\_\_\_\_  
(Address)

\*\*\*\*\*

WHEN THE BIDDER IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A TRADE NAME:

\_\_\_\_\_  
(Name of Firm)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Signature of Individual) (SEAL)

\*\*\*\*\*

WHEN THE BIDDER IS A PARTNERSHIP:

\_\_\_\_\_  
(Name of Firm) A Partnership

\_\_\_\_\_  
(Address)

By: \_\_\_\_\_  
(SEAL)  
(Partner)

Name and Address of all Partners:

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

WHEN THE BIDDER IS A JOINT VENTURE:

\_\_\_\_\_  
(Correct Name of Corporation)

By: \_\_\_\_\_ (SEAL)  
(Address)

\_\_\_\_\_  
(Official Title)

As Joint Venture  
(Corporate Seal)

Organized under the laws of the State of \_\_\_\_\_, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

\*\*\*\*\*

WHEN THE BIDDER IS A CORPORATION:

\_\_\_\_\_  
(Correct Name of Corporation)

By: \_\_\_\_\_  
(SEAL)

\_\_\_\_\_  
(Official Title)

\_\_\_\_\_  
(Address of Corporation)

Organized under the laws of the State of \_\_\_\_\_, and authorized by the law to make this bid and perform all Work and furnish materials and equipment required under the Contract Documents.

CERTIFIED COPY OF RESOLUTION OF  
BOARD OF DIRECTORS

\_\_\_\_\_  
(Name of Corporation)

RESOLVED that \_\_\_\_\_  
(Person Authorized to Sign)

\_\_\_\_\_ of  
(Title) (Name of Corporation)

be authorized to sign and submit the Bid or Proposal of this corporation for the following project:

**[Project name]**  
**[Project Number]**  
**Bid No. IFB-xxxxxxx**

The foregoing is a true and correct copy of the Resolution adopted by

\_\_\_\_\_ at a meeting of its Board of  
(Name of Corporation)

Directors held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

Title: \_\_\_\_\_

(SEAL)

The above Resolution MUST BE COMPLETED if the Bidder is a Corporation.

- END OF SECTION -