REQUEST FOR STATEMENT OF QUALIFICATIONS
FOR PROFESSIONAL SERVICES FOR LARGE SCALE ART &
PAINTING PROJECT FOR THE MARINA VILLAGE

Date Issued: May 8, 2017

Riviera Beach Community Redevelopment Agency (RBCRA) is seeking Statements of Qualifications from qualified artists and painters to design, construct and install a public artwork project. The purpose of the project is to provide beautification and enhancement to the wall around the water tank and the water tank itself, located at the City of Riviera Beach Marina (“Marina Village”). The concept of the design and mural chosen should celebrate, and historically catalog the regions thriving marine and fishing industry. The artist and or painter will partner with the CRA and The City of Riviera Beach community-based organizations to create the concept of the design and mural. The artist should be able to create an aesthetically pleasing visual piece of art that stimulates the senses and creates excitement for commuters, tourists and residents visiting or passing near the Marina Village. The overarching goal of this project is to connect the community and its involvement with the process of beautifying the Marina Village.
Note: The City of Riviera Beach Community Redevelopment Agency reserves the right to utilize the selected qualifier for any additional art projects throughout the CRA.

Two locations that have been identified for this public art work project are the wall around the water tank and the water tank itself located at the Marina Village.

AREA 1, 3, 4-Surrounding Wall
The wall surrounds the water tank and is visible to all visitors entering the Marina Village from the north and the west traveling by car or by foot. The side of the wall slated for the mural is approximately 123ft. long and 10ft. high.

AREA 2-Water Tank
The water tank is a large feature at the Marina Village and is approximately 75ft in diameter and 30ft. high. The water tank is visible at an aerial view, all areas of the Marina Village and by the tourists on the incoming cruise ships.
**Submittal Requirements**

Riviera Beach Community Redevelopment Agency (RBCRA) is soliciting qualified professional artists and or painters to perform the task of executing a large scale painting project with a large scale mural.

**Submittal Materials**
The artist and or painter that will be chosen must provide the following materials for consideration.

1. Evidence of prior work with similar large scale public art projects with documentation.
2. 10 images of past work
3. Proof of resources to complete a public artwork project of this size.
4. Demonstrate the ability to furnish renderings of the completed project prior to the commission of the project.

RBCRA must receive 6 completed copies of qualification documents as listed within the Request for Qualifications (RFQ) in a seal envelope. RBCRA will accept RFQ responses beginning Monday, May 8, 2017. The RFQ will be open for (30) days.

Responses are to be submitted to the RBCRA at 2001 Broadway, Suite 300, Riviera Beach, FL 33404.

Submit one (1) original document and two (2) copies marked “(Name of Firm), Artist and or Painters” on the outside of the sealed envelope.
Business Requirements

Licenses
All Artists and or Painters and sub-contractors are required to have all applicable licenses. Licenses from the Department of Business and Professional Regulation and/or from Palm Beach County, depending on the trade, are required to be submitted with the RFQ response. (Business Tax Receipts must also be submitted with the response.

It is the responsibility of the Artists and or Painters to ensure that all sub-contractors are licensed when required (ex: [sandblaster or what subs would be needed for the task]).

The Artists and or Painters must possess and submit a copy of one of the following licenses and/or State Registration (if applicable) at the time of RFQ response.

State Licenses:
- Business Licenses
- General Contractors, or

County Licenses (State Registration Required):
- Business Licenses
- General Contractor, or

Insurance
Artists and or painters are also required to provide proof of Liability Insurance and Worker’s Compensation Insurance with statutory coverage. Artists and or Painters current insurance certificates must be submitted with RFQ response. All insurance carriers must be licensed to do business in Florida. It is the responsibility of the Artists and or Painters to ensure that all sub-contractors are insured when required.

Preference
Preference will be given to Local and Minority businesses.

(REMAINDER OF PAGE LEFT BLANK)
RBCRA is seeking Qualifications from Artists and or Painters.
Information Requested from Applicants:

The following information, at a minimum, is to be included in the response to this RFQ:

- Vendor Profile Form (attached);
- Professional experience including previous similar experiences, number of years in business, capability and capacity of the business to carry out the proposed scope of work, resumes of proprietor/partners and pertinent staff, and a list of other clients with contact information;
- Extent of minority and local business participation;
- Applicable licenses; and
- Insurance certificates

The information requested will be the basic criteria for screening and selection for interviews. Please submit the above information/documentation along with information specified in the qualification request for each profession, industry, or service (retrieved from www.RBCRA.com or from office address below).

Submission Due Date:

The RBCRA will accept Statements of Qualifications for a minimum of 30 days starting May 8, 2017. RBCRA retains the right to close the RFQ at any time beyond 30 days. Submit one (1) original and two (6) copies to:

Riviera Beach Community Redevelopment Agency
Attention: Scott Evans, CRA Interim Executive Director
2001 Broadway, Suite 300
Riviera Beach, FL  33404

Submissions will be opened and evaluated in the Riviera Beach CRA conference room at 2001 Broadway Suite 300, Riviera Beach, FL, 3:30 PM, June 6, 2017, or as soon thereafter as is practical by the evaluation committee. This notice does not bind RBCRA to pursue further steps with any interested parties. Accordingly, RBCRA is not liable for any costs incurred in connection with the submittal of materials in response to this request.

The CRA reserves the right to reject any and/or all submissions and waive technicalities and/or any irregularities therein. The CRA further reserves the right to award a contract to that qualified proposer whose proposal best serves the interests of the CRA in the sole discretion of the CRA.

All responses must be complete upon initial submission. Faxed responses will not be accepted. Electronic versions will not be accepted. Submissions will be time and date stamped.

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VENDOR PROFILE

All questions must be answered and the responses given must be clear and comprehensive. The contractor may submit additional information as appropriate.

Company Name: ________________________________________________________________

Company Owner(s): _____________________________________________________________

Address: ______________________________________________________________________

Phone: ________________________________________________________________________

Federal IRS Tax I.D. #: _____________________________________________________________

DUNS #: ________________________________________________________________________

License No.: _________________________________________________________________ (Attach Copy)

Type of Ownership: Corporation ( ) Partnership ( ) Sole Proprietorship ( )

Company Principals and Titles: ________________________________________________

Names of Corporation Officers (if corporation), Partners (if partnership), Owner (if sole):

1. _______________________________________________ _____________________________
   Name                                      Title
   _______________________________________________ _____________________________
   Address                                        City   ST    Zip
   _______________________________________________ _____________________________
   Office Phone #                                Cell Phone #

2. _______________________________________________ _____________________________
   Name                                      Title
   _______________________________________________ _____________________________
   Address                                        City   ST    Zip
   _______________________________________________ _____________________________
   Office Phone #                                Cell Phone #

3. _______________________________________________ _____________________________
   Name                                      Title
   _______________________________________________ _____________________________
   Address                                        City   ST    Zip
   _______________________________________________ _____________________________
   Office Phone #                                Cell Phone #

4. _______________________________________________ _____________________________
   Name                                      Title
   _______________________________________________ _____________________________
   Address                                        City   ST    Zip
   _______________________________________________ _____________________________
   Office Phone #                                Cell Phone #
Attach copy of:

1. Current License/Certificate/Registration
2. Current Insurance Certificate(s)
3. Corporate Resolution verifying authorized signatures

Number of years in business as this entity: ________ years.
If the company name has changed, what was the original name(s)

1. _______________________________________________________________________
   Company Name _______________________________________________________________________
   Dates _______________________________________________________________________
   Address _______________________________________________________________________
   City _______________________________________________________________________
   ST _______________________________________________________________________
   Zip _______________________________________________________________________

2. _______________________________________________________________________
   Company Name _______________________________________________________________________
   Dates _______________________________________________________________________
   Address _______________________________________________________________________
   City _______________________________________________________________________
   ST _______________________________________________________________________
   Zip _______________________________________________________________________

Number of individuals on your company’s payroll? ________________

How many times have you failed to complete any work or defaulted on a contract awarded to you?

_____________________________________________________________________________
If so, when, where and why?

_____________________________________________________________________________

JOB REFERENCES

List three (3) references. Supply name, phone number, address, and type of work completed. (Please give us references that we can contact and receive a response to reference checks).

1. Name: __________________________________________
   Address: __________________________________________
   Phone: __________________________________________
   Type of work performed:
   __________________________________________
   __________________________________________

2. Name: __________________________________________
   Address: __________________________________________
   Phone: __________________________________________
Type of work performed:

______________________________________________________________________________

______________________________________________________________________________

3. Name: _____________________________________________________________
Address: _____________________________________________________________
Phone: __________________________________________________________________

Type of work performed:

______________________________________________________________________________

______________________________________________________________________________

ADDITIONAL INFORMATION

General background, such as experience of partners and staff, can be submitted as an attachment. Please list suppliers with whom you have credit accounts:

Name                        Phone

Name                        Phone

Name                        Phone

Name                        Phone

Provide a current list of subcontractors with whom your company has done business. Include the name of company, phone number(s) and contract person for each subcontractor on the attached reference form.

Have you ever filed for bankruptcy? _____________________________

Name(s) of those authorized to sign contracts, bids, contract change order requests, and endorse checks

Name                        Title

Name                        Title

Name                        Title

I/we hereby certify that the above statements are true and complete to the best of my knowledge.

I/we further understand that Riviera Beach Community Redevelopment Agency will keep all the information confidential and use such information only to verify the qualification of the undersigned as a general contractor.
The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by Riviera Beach Community Redevelopment Agency in verification of the recitals comprising this Contractor Profile.

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