



# TOWN OF EDISTO BEACH

## REQUEST FOR QUALIFICATIONS CONSULTING SERVICES

### EDISTO BEACH RECREATION MASTER PLAN PROJECT

2414 Murray Street  
Edisto Beach, SC 29438

RFQ#2019-06  
August 26, 2019

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# REQUEST OF QUALIFICATIONS REGISTRATION

**You MUST register using this form in order to receive notice of any addenda to these documents. Please fax the completed form to the Administration Department as soon as possible. It is the Firm's responsibility to verify if addenda have been issued.**

RFQ Number and Title: 2019-06, Edisto Beach Recreation Master Plan Project

Description: The Town of Edisto Beach is seeking submittals from qualified firms to provide consulting services for the Town of Edisto Beach Recreation Master Plan project. The Town of Edisto Beach has 3 parks, a bike path system, a tennis/pickleball court, an open tract of land and 38 beach accesses with over 200 related off-street parking spaces. The Town has a variety of planning documents related to these parks and beach accesses, as listed in the Scope of Work and partially provided in Attachment #8.

We are seeking a planning consultant to establish a comprehensive Recreation Master Plan (RMP). The selected vendor will utilize existing Edisto Beach planning documents, solicit public input, collect field data, and apply national standards and best practices to generate a cost effective and practical comprehensive RMP. The consultant will solicit public input by creating an online survey and holding a public workshop. Additionally, the consultant will collect and analyze a variety of field data in order to update existing reports, produce applicable maps and diagrams, and establish the comprehensive RMP.

The objective of establishing an RMP is to update, prioritize and align the Town's strategy for addressing park and recreational land planning and activity in the Town. The RMP will be consistent with the Edisto Beach Local Comprehensive Beach Management Plan and the Edisto Beach Comprehensive Plan.

Receiving Period: October 8, 2019 Prior to 2:00 p.m. (Please note that UPS and Fed EX do not guarantee next day delivery before 2:00 pm in this zip code)

Opening: October 8, 2019, 2:00 p.m.

This form is for registration only. Please scroll down for additional information.

**FIRM REGISTRATION**  
**FAX OR EMAIL THIS FORM BACK IMMEDIATELY**  
**FAX: (843) 869-3855**

**EMAIL: [maakhus@townofdistobeach.com](mailto:maakhus@townofdistobeach.com)**

Carefully complete this form and mail, email or fax it to the Administration Department. You must submit one form for each submittal that you are registering for.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: State: Zip Code: \_\_\_\_\_

Phone: Fax: E-mail: \_\_\_\_\_

Cut along the outer border and affix this label to your sealed proposal envelope to identify it as a “Sealed Submittal”. Be sure to include the name of the firm where requested.

**SEALED SUBMITTAL • DO NOT OPEN**

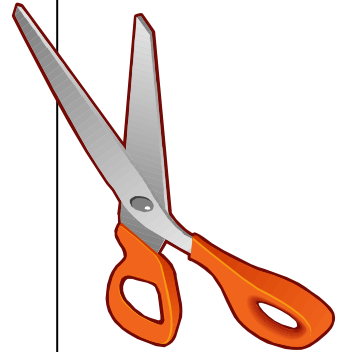
SEALED SUBMITTAL NO.: 2019-06

TITLE: Edisto Beach Recreation Master Plan Project

DUE DATE/TIME: October 8, 2019 prior to 2:00 PM

SUBMITTED BY: \_\_\_\_\_  
(Name of Firm)

DELIVER TO: Town of Edisto Beach  
Administration Department  
2414 Murray Street  
Edisto Beach, South Carolina 29438



## Scope of Work

The Town is seeking a qualified company to provide master planning services. The selected vendor will utilize the below listed documents (and other documents provided by Town), solicit public input, collect field data, and apply national standards and best practices to generate a comprehensive Recreation Master Plan (RMP). The vendor will collect and analyze field data in order to update existing reports, produce applicable maps and diagrams, and establish a comprehensive RMP with the purpose of updating, prioritizing and aligning the Town's strategy for addressing park and recreational land planning and activity in the Town of Edisto Beach.

The RMP will include the following services for Bay Creek Park (and associated parking), Burley L. Lyons Park, Jungle Road Park, bike path system, tennis/pickleball court, 38 beach accesses (and associated parking) and open tract of land (Tract M):

- Evaluation of existing conditions
- Maintenance program recommendation
- Capital improvement plan recommendation
- Unified wayfinding signage/branding package
- Establishment of mission/vision/goals and policy recommendations
- Asset/inventory list
- Access and connectivity recommendation
- ADA compliance status and recommendation
- Safety recommendations
- Concept plan (applicable to Tract M)
- Identify potential funding/grant opportunities
- Prioritization and cost estimates of recommendations

Additional services to be included:

- Generate and administer online survey
- Hold public input workshop
- Review and incorporate into RMP the following documents:
  - Bay Creek Park Master Plan
  - Beach Access Management Plan and specifications (update existing management plan to be included in RMP)
  - Burley L. Lyons Park documents
  - Jungle Road Park documents
  - Edisto Beach Local Comprehensive Beach Management Plan
  - Edisto Beach Comprehensive Plan
- Map and diagram trails network plan including gap analysis and new connections
- Public bathroom location and design recommendations

The Master Plan shall be provided digitally and shall be easily editable. The final master plan will be accompanied with presentations to the Planning Committee and Town Council.

The budget for this project is based on awarded grant funds from the South Carolina Department of Parks, Recreation and Tourism, Parks and Recreation Development Fund. One third (1/3) of this project must be complete by May 1<sup>st</sup>, 2020 with the remaining two thirds (2/3) of the project being completed by December 31<sup>st</sup>, 2020.

## **Evaluation Procedures**

A recreation master planning committee (the “Committee”) has been formed to serve as the project steering committee and vendor selection committee. The Committee will consider how well the vendor’s proposal meets the needs of the Town as described in the responses. It is important that the responses be clear and complete. The evaluation process is not designed to simply award the contract to the lowest cost vendor. Rather it is intended to help the Town select the vendor with the best combination of attributes, including price. The Town reserves the right to require that a subset of vendors make a presentation. The following may be considered:

- The ability, capacity, equipment and skill of the vendor to fulfill the contract
- Whether or not the vendor can fulfill the contract within the time specified, without delay or interference
- The character, integrity, reputation, judgment, experience and efficiency of the vendor
- References
- Company/staff information
- Demonstrated experience with similar sized projects and organizations, especially with local government organizations
- Demonstrated experience with coastal area projects
- Creativity/originality expressed in response
- The previous and existing compliance by the vendor with laws and ordinances relating to the contract
- The sufficiency of the financial resources to fulfill the contract to provide the goods and/or services
- The quality, availability and adaptability of the suppliers or contractual services to the particular use required
- The ability of the vendor to provide future service, as requested
- Whether the vendor has failed to fully perform prior contracts to the Town’s satisfaction, or is past due, delinquent, or owes the Town any money of any type

Firm should demonstrate value engineering or innovative cost saving techniques.

Submit qualifications in the following format:



**A. Title Page**

Title page showing the Request for Submittal subject; the Firm's name; the name, address, and telephone number of a contact person; the date of the submittal and a copy of the Firm's Organization Chart.

**B. Table of Contents**

Provide Table of Contents to aid the evaluation of the qualifications.

**C. Transmittal Letter**

A signed letter of transmittal briefly stating the Firm's understanding of the work to be done, the commitment to perform the work, and a statement why the Firm believes it to be best qualified to perform the study.

**D. Firm Qualifications**

The Firm must address and demonstrate the organizational strength and stability of the Firm. The Firm must address their qualifications as it relates to the Edisto Beach Recreation Master Plan Project and their understanding of the work that needs to be done to create a successful Recreation Master Plan project. Further, the Firm must have team members with appropriate certification and experience including NRPA involvement and knowledge of NRPA guidelines. Firm must have ability to successfully work with Town staff. Firm must provide proven capability to deliver thorough analysis, research, public speaking ability, and inventorying of parks, recreation, and trails facilities.

**E. Scope of Work**

The purpose of the scope of work is for the Firm to demonstrate their understanding of the project and difficulties the Town faces with the project and potential solutions to said difficulties. Project should be broken into phases with each phase explained.

**F. Project Team**

Firm shall submit a resume for each member of the project team. Submittals shall identify the Principal-in-Charge and Project Manager for this project. Submittals shall also provide a statement of the Firm's commitment that the identified individuals will be involved throughout the entire project. The experience of work by the Firm, which was obtained by personnel no longer with the Firm, and therefore, not available for work on the project, or the work performed by personnel who will not perform on this project, is of no interest to the Town and shall not be submitted in the response when providing the Firm's qualifications. Town evaluators will only consider projects that were presided over by project members who still work for the Firm in the office submitting a proposal. Failure to properly identify work accurately may disqualify the proposal.

**G. References**

Firm shall submit examples of three projects completed within the last 5 years of like or similar scope, cost of project, Firm's project manager and client contact information. The experience of work by the Firm, which was obtained by personnel no longer with the Firm, and therefore, not available for work on the project, or the work performed by personnel who will not perform on this project, is of no interest to the Town and shall not be submitted in the response when providing the Firm's qualifications. Town evaluators will only consider projects that were presided over by project members who still work for the Firm in the office submitting a proposal. Failure to properly identify work accurately may disqualify the proposal.

**H. Fee Schedule**

Firm shall submit a fee schedule including all per hour rates for all project personnel and reimbursables.

**I. Project Timeline and Schedule**

Firm shall submit a project timeline and schedule for each phase of the project.

**J. I-312 Form**

Attachment #1.

**K. Compliance with Illegal Immigration Form**

Attachment #2.

**L. Equal Employment Opportunity Certification**

Attachment #3.

**M. Insurance Requirements**

Attachment #4

**N. Drug-Free Workplace Act**

Attachment #5

**O. Organizational Conflict of Interest**

Attachment #6

**P. Addendum**

Any changes in the bid shall be made in the form of a written addendum by the User Department. No other person shall be authorized to make changes verbally or in writing. If an addendum is issued, the addendum sheet must be signed by the bidder and faxed to (843) 869-3855 or emailed to Mark Aakhus at [maakhus@townofdistobeach.com](mailto:maakhus@townofdistobeach.com).

Attachment #7

**Edisto Beach Documents:**

Attachment #8

**Proposals due: October 8, 2019; 2:00 p.m.**

The Town may request additional information after the submission of the initial submittals in order to clarify, confirm or properly evaluate any submittal. The Town also reserves the right to negotiate terms of the contract with the intended firm pursuant to Town's Procurement Policy.

There is no expressed or implied obligation for the Town to reimburse responding firms for any expenses incurred in preparing the proposal and/or any subsequent interview and/or requests for additional information. A copy of the firm's submittal will be attached to the contract; however, in the event of any ambiguity with any attachments, the contract and Purchasing Policy will prevail.

**Fee Negotiations if necessary and Contract Award:** Fees will be negotiated with the top selected Firm in accordance with the Town's Procurement Policy. If negotiations are necessary and fail to reach an agreed fee arrangement at a fair and reasonable price, the Town will cease negotiations with the successful Firm and commence negotiations with the second highest ranked Firm. This process will continue until a mutually agreeable fee arrangement is reached between a qualified Firm and the Town at which time a contract will be signed by the Firm.

**Questions:** Questions regarding this submittal should be in writing and should reference the above RFQ number. Submit all questions to Mark Aakhus, Assistant Town Administrator, via E-mail [maakhus@townofedistobeach.com](mailto:maakhus@townofedistobeach.com), by September 26, 2019.

**Attachment 1.**



STATE OF SOUTH CAROLINA  
DEPARTMENT OF REVENUE  
**NONRESIDENT TAXPAYER  
REGISTRATION AFFIDAVIT  
INCOME TAX WITHHOLDING**

**I-312**  
(Rev. 7/28/06)  
3323

**Mail to: The company or individual you are contracting with.**

The undersigned nonresident taxpayer on oath, being first duly sworn, hereby certifies as follows:

1. Name of Nonresident Taxpayer: \_\_\_\_\_
2. Trade Name, if applicable (Doing Business As):  
\_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Federal Identification Number: \_\_\_\_\_
5. \_\_\_\_\_ Hiring or Contracting with:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- \_\_\_\_\_ Receiving Rentals or Royalties From:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- \_\_\_\_\_ Beneficiary of Trusts and Estates:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

6. I hereby certify that the above named nonresident taxpayer is currently registered with (check the appropriate box):  
 The South Carolina Secretary of State or  
 The South Carolina Department of Revenue  
Date of Registration: \_\_\_\_\_
7. I understand that by this registration, the above named nonresident taxpayer has agreed to be subject to the jurisdiction of the South Carolina Department of Revenue and the courts of South Carolina to determine its South Carolina tax liability, including estimated taxes, together with any related interest and penalties.
8. I understand the South Carolina Department of Revenue may revoke the withholding exemption granted under Code Sections 12-8-540 (rentals), 12-8-550 (temporarily doing business or professional services in South Carolina), and 12-8-570 (distributions to nonresident beneficiary by trusts or estates) at any time it determines that the above named nonresident taxpayer is not cooperating with the Department in the determination of its correct South Carolina tax liability.

The undersigned understands that any false statement contained herein could be punished by fine, imprisonment or both. Recognizing that I am subject to the criminal penalties under Code Section 12-54-44 (B) (6) (a) (i), I declare that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct and complete.

\_\_\_\_\_  
Signature of Nonresident Taxpayer (Owner, Partner or Corporate Officer, when relevant) (Seal) \_\_\_\_\_ Date

If Corporate officer state title: \_\_\_\_\_  
\_\_\_\_\_  
(Name - Please Print)

33231010

**INSTRUCTIONS  
NONRESIDENT TAXPAYER REGISTRATION AFFIDAVIT**

The form I-312 should be submitted to the company or individual you are contracting with.

This form is not submitted to South Carolina Department of Revenue.

**REQUIREMENTS TO MAKE WITHHOLDING PAYMENTS**

Code Section 12-8-550 requires persons hiring or contracting with a nonresident taxpayer to withhold 2% of each payment made to the nonresident where the payments under the contract exceed \$10,000. However, this section does not apply to payments on purchase orders for tangible personal property when those payments are not accompanied by services to be performed in this state.

Code Section 12-8-540 requires persons making payment to a nonresident taxpayer of rentals or royalties at a rate of \$1,200 or more a year for the use of or for the privilege of using property in South Carolina to withhold 7% of the total of each payment made to a nonresident taxpayer who is not a corporation and 5% if the payment is made to a corporation.

Code Section 12-8-570 requires trusts or estates making distribution of South Carolina taxable income to a nonresident beneficiary to withhold 7% of the beneficiary's distribution which is attributable to South Carolina taxable income.

**PURPOSE OF AFFIDAVIT**

A person is not required to withhold taxes for a nonresident taxpayer who submits an affidavit certifying that they are registered with either the South Carolina Secretary of State or the South Carolina Department of Revenue.

Our Internet address is: [www.sctax.org](http://www.sctax.org)

33232018

***Attachment 2.***

BIDDER: \_\_\_\_\_ BID NO: \_\_\_\_\_

**COMPLIANCE WITH ILLEGAL IMMIGRATION ACT**

By signing a bid/proposal, the Bidder/Offeror certifies that it will comply with the applicable requirements of Title 8, Chapter 14 of South Carolina Code of Laws and agree to provide to the State upon requires any documentation required to establish either; (a) that Title 8, Chapter 14 is inapplicable to the Bidder/Offeror and its subcontractors or sub-subcontractors; or (b) that the Bidder/Offeror and its subcontractors or sub-subcontractors are in compliance with Title 8, Chapter 14.

Pursuant to Section 8-14-60, "A person who knowingly makes or files any false, fictitious, or fraudulent document, statement, or report pursuant to this Chapter is guilty of a felony and, upon conviction, must be fined within the discretion of the Court or imprisoned for not more than five years, or both."

Bidder/Offeror agrees to include in any contracts with subcontractors, language requiring subcontractors to (a) comply with applicable requirements of Title8, Chapter 14, and (b) include in its contracts with the sub-contractors languor requiring the sub-subcontractors to comply with the applicable requirements of Title 8, Chapter 14.

Bid

No: \_\_\_\_\_

Project

Name: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative Name and Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Witness (Print Name and Sign) \_\_\_\_\_

**Attachment 3:**

BIDDER: \_\_\_\_\_ BID NO. \_\_\_\_\_

**EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION**

(For Contractors/Vendors Other Than Individuals)

Edisto Beach requires compliance with State and Federal regulations governing Equal Employment Opportunity, External Equal Opportunities (EO), External On-the-Job Training (OJT), Title VI, and the Americans with Disabilities Act (ADA) programs.

*Sub recipients of federal-aid contracts must include notifications in all solicitations for bids of work or material and agreements, subject to Title VI of the Civil Rights Act of 1964 and other nondiscrimination authorities. Sub-recipients, contractors and subcontractors may not discriminate in their employment practices or in the selection and retention of any subcontractor.*

**By Signing this document, the Contractor/Vendor hereby certifies its commitment to assure nondiscrimination in its programs and activities to the effect that no person shall on the grounds of race, color, national origin, sex, age, disability or income status be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination or retaliation under any federally or non-federally funded programs or activity administered by the sub-recipient and/or its contractors.**

Bid No: \_\_\_\_\_

Project Name: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Authorized Representative Name and Title: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

Witness (Print Name and Sign): \_\_\_\_\_

**Attachment 4:**

Contractor's Insurance Broker

**Sample Certificate of Insurance**

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		Date (mm/dd/yy) 08/01/00
PRODUCER Agency Manager, Inc. 2500 Bond Street University Park, IL 60466		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.		
*Phone No. 800-999-5368		COMPANIES AFFORDING COVERAGE		
INSURED contractor 123 Main Street San Francisco CA 45678		COMPANY A	Selective Insurance Company	
		COMPANY B	Indemnity Insurance	
		COMPANY C	State Fund	
		COMPANY D		
COVERAGES				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAME ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	UNITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL <input type="checkbox"/> OWNERS & CONTRACTORS <small>CLAIMS MADE <input checked="" type="checkbox"/> OCCUR</small>	123456789	08/01/13	08/01/14	GENERAL AGGREGATE \$ 3,000,000
				PRODUCTS-COMP/OP AGG \$ 1,000,000
				PERSONAL & ADV INJURY \$ 1,000,000
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTO <input checked="" type="checkbox"/> NON-OWNED AUTOS	123456789	08/01/13	08/01/14	EACH OCCURRENCE \$ 3,000,000
				FIRE DAMAGE (Any one fire) \$ 50,000
				MED EXP (Per One Person) \$ 5,000
				COMBINED SINGLE LIMIT \$ 1,000,000
GARAGE LIABILITY <input type="checkbox"/>	SAMPLE	ONLY		BODILY INJURY (Per Person) \$ 3,000,000
				BODILY INJURY (Per Accident) \$
EXCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM C	456789123	08/01/13	08/01/14	AUTO ONLY -EA ACCIDENT \$
				OTHER THAN AUTO ONLY \$
				EACH ACCIDENT \$
WORKERS' COMPENATION AND EMPLOYERS' LIABILITY <input type="checkbox"/>	345678912	08/01/13	08/01/14	AGGREGATE \$
				EACH OCCURRENCE \$ 2,000,000
				AGGREGATE \$ 2,000,000
				EL DISEASE-POLICY LIMIT \$ 1,000,000
EL DISEASE - EA EMPLOYEE \$ 1,000,000				
DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS RE: Much Needed Renovation Project Job No. 97-5210 General Liability - Certificate Holder is an Additional Insured per attached Form CG 20 10 11 85 and coverage is primary and non-contributory with any insurance carried by Additional Insured.				
CERTIFICATE HOLDER 0000000		CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OF LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.		
		AUTHORIZED REPRESENTATIVE		
ACORD 25-S (1/95)		ACCORD CORPORATION 1998		

Name of Contractor (it should match the name as written in the contract)

Claims Made or Modified Occurrence is not acceptable

This section should reference the job number, project name, and/or location

This should name  
 Town of Edisto Beach, as additional insured  
 2414 Murray Street  
 Edisto Beach, SC 29438

Signed by the  
 Broker or Ins  
 Co. only

This wording  
 should be "X"d  
 out

Current dates  
 are required

The two "each  
 occurrence"  
 boxes should  
 total at least  
 as much as  
 required in contract

The totals  
 in each  
 box should  
 be at least  
 \$1 million



***Attachment 5.***

BIDDER \_\_\_\_\_ BID NO. \_\_\_\_\_

**DRUG-FREE WORKPLACE AFFIDAVIT**

I certify to comply with the Drug-Free Workplace Act, Section 44-107-10 et. Seq. of the South Carolina Code of Laws to provide a drug free workplace. (This clause applies to any resultant contract of \$50,000.00 or more). The State of South Carolina has amended Title 44, Code of Laws of South Carolina, 1976, relating to health, by adding Chapter 107, so as to enact the Drug-Free Workplace Act.

Date: \_\_\_\_\_

Vendor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_

(Signature)

Failure to Furnish This Affidavit Will Result in the Delay of Contract

**Attachment 6.**

BIDDER: \_\_\_\_\_

Bid No. \_\_\_\_\_

**NON-COLLUSION OATH**

COUNTY OF: \_\_\_\_\_

STATE OF: \_\_\_\_\_

Before me, the Undersigned, a Notary Public, for and in the County and State aforesaid, personally appeared \_\_\_\_\_ and made oath that the Bidder herein, its agents, servants, and/or employees, to the best of its knowledge and belief, have not in any way colluded with anyone for and on behalf of the Bidder, or itself, to obtain information that would give the Bidder any unfair advantage over others, nor have it colluded with anyone for an on behalf of the Bidder, or itself, to gain any favoritism in the award of the Contract herein.

SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 2019

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature of Bidder

Please print Bidder's Name and Address:

NOTARY PUBLIC FOR THE

STATE OF \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

(Note: Notary seal required for Out of State Bidder)

***Attachment 7.***

**Addendum Sheet**

**RFQ NO. 2019-06**

**RFQ TITLE: Edisto Beach Recreation Master Plan Project**

VENDOR: \_\_\_\_\_

Authorized Representative

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

The Vendor acknowledges receipt of the following addendum by signing and dating below.

<b>Addendum No.</b>	<b>Date</b>	<b>Signature</b>

## ***Attachment 8.***

### Edisto Beach Documents:

- Local Comprehensive Beach Management Plan:  
[https://www.townofedistobeach.com/sites/default/files/uploads/local\\_comprehensive\\_beachfront\\_management\\_plan\\_submittal\\_2017\\_final\\_october\\_12\\_2017.pdf](https://www.townofedistobeach.com/sites/default/files/uploads/local_comprehensive_beachfront_management_plan_submittal_2017_final_october_12_2017.pdf)
- Edisto Beach Comprehensive Plan, (Exhibit A)
- Beach Access Management Plan, (Exhibit B)
- Bell Buoy Master Plan (Bay Creek Park), (Exhibit C)
- Park and Bike Path maps and pictures (Exhibit D)