

**TAB**

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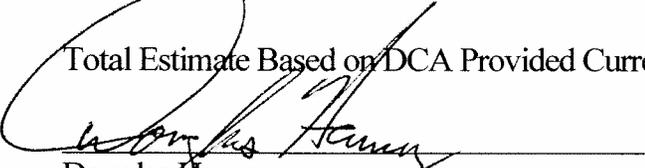


We have prepared a price sheet for each application method as requested. The pricing structure as submitted includes anticipated fixed costs for general operations and overhead as well as the direct costs associated to each application type for review. These values are based on the timeframes as suggested by DCA staff in the ITN cover materials.

Product Approval Applications:	7/1/2008 - 6/30/09			
		DCA	<u>Total \$/Eval</u>	Total Cost
		Estimated		Based on
	<u>#/Cat</u>	<u>Minutes</u>		<u>Info Provided</u>
Self – Affirmations 2007 Code:	440		\$153.00	\$ 67,320.00
Certification Method	1,088	15	\$102.00	\$110,976.00
Evaluation Method	94	30	\$153.00	\$ 14,382.00
Engineer / Architect	1,131		\$255.00	\$288,405.00
Test Report	68	30	\$204.00	\$ 13,872.00
Approved	231			
TOTAL	3,052			
Entities Processed	69			

Total Estimate Based on DCA Provided Current Numbers \$494,955.00

Average per application \$175.45

  
 \_\_\_\_\_  
 Douglas Harvey  
 BOAF Executive Director

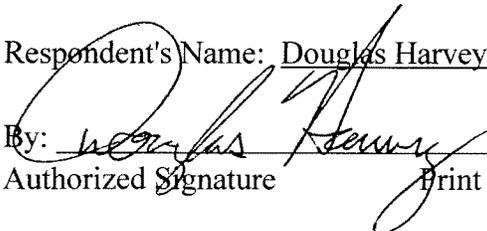
## ATTACHMENT 2 - CERTIFICATION OF DRUG-FREE WORKPLACE PROGRAM

**201.087 preference to businesses with drug-free workplace programs**--Whenever two or more bids, proposals, or replies 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, proposal or reply received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. 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 prohibitions.
- (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 employees 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 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 this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements. False statements are punishable by law.

Respondent's Name: Douglas Harvey

By: , Executive Director  
Authorized Signature                      Print Name and Title

**ATTACHMENT 3 - NOTICE OF CONFLICT OF INTEREST**

**Company or Entity Name**

For the purpose of participating in the solicitation process and complying with, the provisions of Chapter 1112, of the Florida Statutes, the undersigned corporate officer states as follows:

N/A

The persons listed below are corporate officers, directors or agents and are currently employees of the State of Florida or one of its agencies:

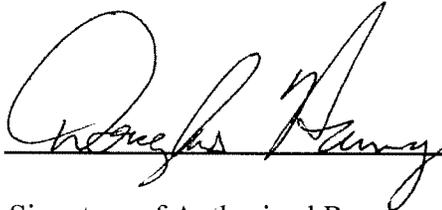
N/A

The persons listed below are current State employees who own an interest of ten percent (10%) or more in the company/entity named above.

N/A

The Building Officials Association of Florida, Inc.

Name of respondent's Organization



Signature of Authorized Representative

February 1, 2010

Date

Douglas Harvey

Print Name

## ATTACHMENT 4 - NON-COLLUSION AFFIDAVIT

STATE OF FLORIDA \_\_\_\_\_  
COUNTY OF SEMINOLE \_\_\_\_\_

I state that I, Douglas Harvey, Executive Director of The Building Officials Association of Florida, Inc.  
(Name and Title) (Name of Firm)

I am authorized to make this affidavit on behalf of my firm, and its owner, directors, and officers.  
I am the person responsible in my firm for the price(s) the amount of this response, and the preparation of the response. I state that:

1. The price(s) nor amount(s) of this Response have been arrived at independently and without consultation, communication or agreement with any other Provider, potential provider, Proposal, or potential Proposal.

2. Neither the price(s) nor the amount(s) of this response, and neither the approximate price(s) nor approximate amount of this response, have been disclosed to any other firm or person who is a Provider, potential Provider, Proposal, or potential Proposal, and they will not be disclosed before proposal opening.

3. No attempt has been made or will be made to induce any firm or persons to refrain from submitting a Response for this contract, or to submit a price(s) higher than the prices in this Response, or to submit any intentionally high or noncompetitive price(s) or other form of complementary response.

4. The Response of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary or other noncompetitive Response.

5. The Building Officials Association of Florida, Inc., it affiliates, subsidiaries, officers, director,  
(Name of Firm)

and employees are not currently under investigation, by any government agency and have not in the last three years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to Proposal, on any public contract, except as follows: **NONE.**

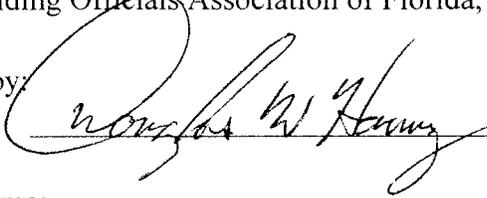
I state that I and the named firm understand and acknowledge that the above representations are material and important, and will be relied on by the State of Florida for which this response is submitted. I understand and my firm understands that any miss-statement in this affidavit is and

will be treated as fraudulent concealment from the State of Florida of the true facts relating to the submission of responses for this contract.

Name of Organization:

The Building Officials Association of Florida, Inc.

Signed by:



Executive Director

Print Name:

Douglas Harvey

being duly sworn deposes and says that the information herein is true and sufficiently complete so as to not be misleading.

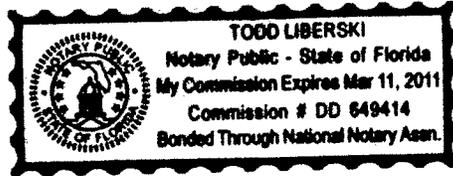
Subscribed and sworn before me this 1st day of February, 2010.

Notary Public:



My Commission Expires:

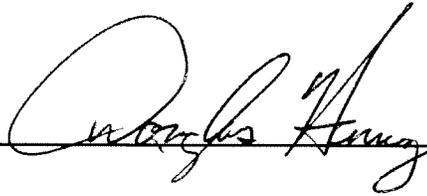
3-11-2011



**ATTACHMENT 5 - STATEMENT OF NO INVOLVEMENT**

I, Douglas Harvey, as an authorized representative of the  
aforementioned company, certify that no member of this firm, nor any person having any interest  
in this firm, has been involved with the Department of Community Affairs Services to assist it in  
the development of this solicitation.

The Building Officials Association of Florida, Inc.



February 1, 2010

Name of Respondent's Organization

Signature of Authorized Representative and Date

Douglas Harvey

Print Name

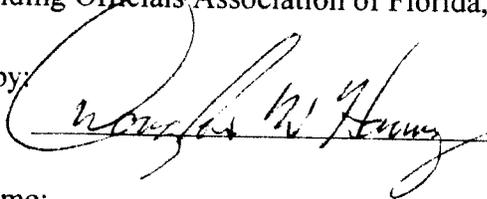


**ATTACHMENT 8 - PERFORMANCE STANDARDS**

**The vendor shall perform all services in a professional, workmanlike manner in accordance with standards and quality prevailing among first-rate nationally recognized firms in the industry.**

I, Douglas Harvey, hereby acknowledge that I have read, understand and agree with the above statement regarding the Performance Standards.

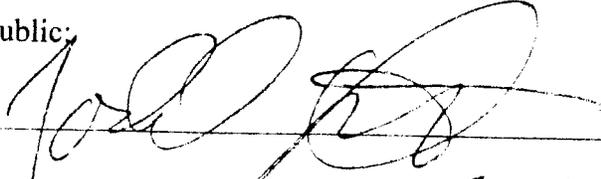
Name of Organization:  
The Building Officials Association of Florida, Inc.

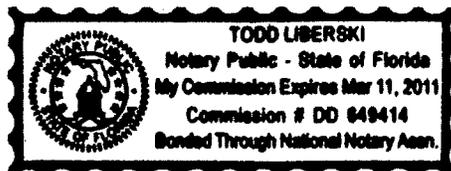
Signed by: , Executive Director

Print Name:  
Douglas Harvey

being duly sworn deposes and says that the information herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this 1st day of February, 2010.

Notary Public:   
My Commission Expires: 3-11-2011



**Evaluation Report by Engineer or Architect****FL13389**

#		Yes	No	Comments
1	Application complete		x	
2	Evaluators Certificate of independence	x		
3	Evaluator FL Reg Arch or Engineer	x		
4	Approved Validator	x		
4	Installation instructions			Installation instructions are simply a reproduction of evaluation report which references ASTM D 4756 and recommendations of VSI
5	QA	x		
6	Limitations of use	x		
7	Test lab		x	Test lab accreditation has expired
8	Test reports/rational analysis			No test reports provided - reference to testing "ERD (TST 6049)" provided in Evaluation report
9	Applicable code sections provided	x		

**Certification Method****FL13354**

#		Yes	No	Comments
1	Certification Agency approved	x		
2	Applicable code sections/reference standards	x		
3	Product on Certification Agency website	x		
4	Limitations of use	x		
5	Installation instructions	x		

**Evaluation Report by Engineer or Architect****FL1290**

#		Yes	No	Comments
1	Evaluation Entity is Approved	x		FBC # EVL2396
2	Products are per App. & 9B-72	x		
3	Cat.-Struct. Components & Anchors	x		
4	Rational Analysis		x	None provided
5	Calculations			
			x	Calculations not provided
6	Code Sections	x		
7	Limitations of use	x		
8	Installation	x		Not Provided
9	Quality Assurance			
		x		Expiration 05/30/2010
10	Standards		x	None Provided

**Certification Method****FL4451**

#		Yes	No	Comments
1	Certification Agency approved	x		
2	Applicable code sections/reference standards	x		
3	Product on Certification Agency website	x		
4	Limitations of use	x		
5	Installation instructions	x		