

REQUEST FOR LETTERS OF INTEREST

ALL INTERESTED PARTIES:

Florida High School for Accelerated Learning – Greater Miami Campus, Inc. d/b/a North Gardens High School, Florida High School for Accelerated Learning – Miami-Dade Campus, Inc. d/b/a North Park High School and Florida High School for Accelerated Learning – Miami Campus d/b/a Green Springs High School, hereinafter collectively referred to as SCHOOL, will receive sealed Letters of Interest (LOI) together with the Qualifications Statements and Proposal Form including herein and any other information relative to the experience, expertise or proficiency of the Proposer, at the office of Stacey Frater, Executive Principal, North Park High School, 3400 NW 135th Street, Opa Locka, Florida 33054, (305) 720-2995, for furnishing the services described below:

CERTIFIED PUBLIC ACCOUNTANT

LOIs must be received no later, either by mail or hand delivery, no later than 2:00 p.m. local time on March 19, 2020. A public opening will take place at or before 2:15 p.m. by Stacey Frater at North Park High School, located at 3400 NW 135th Street, Opa Locka, Florida on the same date. Facsimile submittals will not be accepted. Any LOIs received after 2:00 p.m. local time on said date will not be accepted under any circumstances. Any uncertainty regarding the time a LOI is received will be resolved against the Proposer.

SCHOOL reserves the right to reject any or all LOIs, to waive any or all LOIs received, to re-advertise for LOIs, to award in whole or in part to one or more Proposers, or take any other such actions that may be deemed to be in the best interests of the SCHOOL.

SCOPE OF SERVICES

Letters of Interest are requested from professional firms interested in providing Certified Public Accounting services to the SCHOOL. The Certified Public Accountant will assist in the following:

1. Record all cash disbursements and cash receipts and track income and expenses.
2. Record and process accounts receivable entries and deposits.
3. Assist management in tracking receivables.
4. Record other miscellaneous journal entries as needed.
5. Allocate payroll.
6. Record month-end journal entries.
7. Complete cost allocations.
8. Reconcile bank and credit card statements on a monthly basis.
9. Prepare monthly management reports.
10. Update audit schedules on a monthly basis.
11. Assist management in preparation of grant budgets and reports.
12. Assist management with annual budget development.
13. Maintain an accurate chart of accounts.
14. Prepare for external financial audit.
15. Prepare requested schedules and documents.
16. Make adjusting entries as requested by auditor.
17. Be available to answer questions that may arise throughout the entire year(s).
18. Provide a dedicated representative for services identified herein.
19. Present financial statements to Board and answer questions.
20. Attend Board meetings.
21. Prepare monthly financial statements in State prescribed format and prepare year end reports for district.

22. Other related activities.

II. L.O.I. SUBMISSION REQUIREMENTS

1. Firm Qualifications

Please format your response to this request in the following order, to facilitate comparisons between respondents:

1. Provide a list of governmental/charter school entities that you have served as Certified Public Accountant (“CPA”) for in the last 36 months.
2. Provide a minimum of 8 references for Florida governments/charter schools for which your firm served as CPA.
3. Give a brief description of the experience and qualifications for each of the professionals who will be assigned to this account.
4. Disclose any regulatory actions or sanctions occurring within the past 36 months.
5. Does our firm have any arrangement with any unrelated individual or entity with respect to the sharing of any compensation, fees, or profit received from or in relation to acting as CPA for the SCHOOL? Also, will any lobbyist and/or consultant provide assistance with this response? If so, provide a copy of any contract relating to the arrangement and the manner in which compensation or fees would be shared.
6. Will the selection of your firm result in any current or potential conflict of interest? If so, your firm’s response must specify the party with which the conflict exists or might arise.

2. Company Profile

1. Supply legal firm name, headquarters address, local office addresses, state of incorporation, and key firm contact names, phone numbers and e-mail addresses.
2. Supply the interested firm’s federal ID number and DUNS number.
3. Is the interested firm legally authorized pursuant to the requirements of the Florida Statutes, to do business in the State of Florida?
4. List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the interested firm, its parent or subsidiaries, predecessor organization(s), or any wholly owned subsidiary during the past 5 years. Include in the description the disposition of each such petition.
5. List all claims, arbitrations, administrative hearings, and lawsuits brought by or against the interested firm, its predecessor organization(s), or any wholly owned subsidiary during the last 5 years. The list shall include all case names; case, arbitration, or hearing identification numbers, the name of the project over which the dispute arose; a description of the subject matter of the dispute; and the final outcome of the claim.
6. List and describe all criminal proceedings or hearings concerning business related offenses in which the interested firm, its principals, officers, predecessor organization(s), or wholly owned subsidiaries were defendants.

7. Has the interested firm, its principals, officers, or predecessor organization(s) been debarred or suspended from bidding by any government during the last 5 years? If yes, provide details.
 8. Has your company ever failed to complete any work awarded to you? If so, where and why?
 9. Has your company ever been terminated from a contract? If so, where and why?
3. Fees: Provide the fee schedule that would apply to this account.
- What expenses would be covered through the fee structure?
 - What additional costs could be required?

4. Copies of Submission

- **One original (please mark original), four copies, and one electronic version (CD, thumb drive or flash drive)** of the entire Letter of Interest should be submitted to Stacey Frater, Executive Principal, North Park High School, 3400 NW 135th Street, Opa Locka, Florida 33054.

5. Addenda, Additional Information

Any addenda or answers to written questions supplied by the SCHOOL to participating Proposers shall become part of this Request for Letters of Interest and the resulting contract. The Proposer's Certification form shall be signed by an authorized company representative, dated and returned with the Letter of Interest.

No negotiations, decisions or actions shall be initiated by the Proposer as a result of any discussions with any SCHOOL employee. Only those communications that are in writing from the Purchasing Administrator may be considered as a duly authorized expression. Also, only communications from Proposers, which are signed, and in writing will be recognized by the SCHOOL as duly authorized expressions on behalf of the Proposer.

III. INSURANCE

1. Prior to Award and in any event prior to commencing work, the Successful Proposer shall provide SCHOOL with certified copies of all insurance policies providing coverage as required.
2. The Successful Proposer shall secure and maintain, at its own expense, and keep in effect during the full period of the contract a policy or policies of insurance, which must include the following coverages and minimum limits of liability:
 - (a) Professional Liability Insurance in an amount not less than \$1,000,000 per occurrence.
 - (b) Worker's Compensation and Employer's Liability Insurance for all employees of the Successful Proposer engaged in work under the Contract in accordance with the laws of the State of Florida. The Successful Proposer shall agree to be responsible for the employment, control and

conduct of its employees and for any injury sustained by such employees in the course of their employment.

- (c) Comprehensive General Liability Insurance with the following minimum limits of liability:

\$1,000,000.00 Combined Single Limit, Bodily
Injury and Property Damage
Liability per occurrence

Coverage shall specifically include the following minimum limits not less than those required for Bodily Injury Liability and Property Damage:

\$1,000,000.00 Combined Single Limit, Bodily
Injury and Property Damage
Liability per occurrence

- (1) Premises and Operations;
- (2) Independent Contractors;
- (3) Products and Completed Operations;
- (4) Broad Form Property Damage;
- (5) Broad Form Contractual Coverage applicable to the Contract and specifically confirming the indemnification and hold harmless agreement in the Contract;
- (6) Personal Injury Coverage with employment and contractual exclusions removed and deleted.

- (d) Comprehensive Automobile Liability Insurance for all owned, non-owned and hired automobiles and other vehicles used by Successful Proposer in the performance of the work with the following minimum limits of liability:

\$1,000,000.00 Combined Single Limit, Bodily
Injury and Property Damage
Liability per occurrence

3. ALL LIABILITY INSURANCE POLICIES SHALL SPECIFICALLY PROVIDE THAT THE FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING – GREATER MIAMI CAMPUS, INC. D/B/A NORTH GARDENS HIGH SCHOOL, FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING 0 MIAMI-DADE CAMPUS, INC. D/B/A NORTH PARK HIGH SCHOOL, AND FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING – MIAMI CAMPUS, INC. D/B/A GREEN SPRINGS HIGH SCHOOL IS AN ADDITIONAL NAMED INSURED OR ADDITIONAL INSURED WITH RESPECT TO THE REQUIRED COVERAGES AND THE OPERATIONS OF THE CONTRACTOR UNDER THE CONTRACT. INSURANCE Companies selected must be acceptable to SCHOOL. All of the policies of insurance so required to be purchased and maintained shall contain a provision or endorsement that the coverage afforded shall not be canceled, materially changed or renewal refused until at

least thirty (30) calendar days written notice has been given to SCHOOL by certified mail.

4. The required insurance coverage shall be issued by an insurance company duly authorized and licensed to do business in the State of Florida with the following minimum qualifications in accordance with the latest edition of A.M. Best's Insurance Guide:

Financial Stability B+ to A+

5. Proposers are required to submit a list of claims presently outstanding against their professional liability coverage. This information must be provided by and signed by the agent of the insurance carrier. If no outstanding claims exist, a statement of this fact must be provided by and signed by the agent of the insurance carrier.

IV. INDEMNIFICATION

1. GENERAL INDEMNIFICATION: To the fullest extent permitted by laws and regulations, Successful Proposer shall indemnify, defend, save and hold harmless the SCHOOL, its officers, agents and employees, harmless from any and all claims, damages, losses, liabilities and expenses, direct, indirect or consequential arising out of or in consequence of the operations or services furnished by the Successful Proposer or his subcontractors, agents, officers, employees or independent contractors pursuant to the Contract, specifically including but not limited to those caused by or arising out of any act, omission, negligence or default of the Successful Proposer and/or his subcontractors, agents, servants or employees in the performance of the operations or services under the Contract.
2. PATENT AND COPYRIGHT INDEMNIFICATION: Successful Proposer agrees to indemnify, defend, save and hold harmless the SCHOOL, its officers, agents and employees, from all claims, damages, losses, liabilities and expenses arising out of any alleged infringement of copyrights, patent rights and/or the unauthorized or unlicensed use of any material, property or other work in connection with the performance of the Contract.

V. PUBLIC ENTITY CRIMES INFORMATION STATEMENT

"A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list."

VI. SCHEDULE OF EVENTS

The schedule of events, relative to this procurement shall be as follows:

<u>Event</u>	<u>Date (on or by)</u>
1. Issuance of Request for Letters of Interests	02/26/20
2. Opening of Letters of Interest	03/19/20
3. Submission Evaluations	03/20/20-03/24/20
4. Presentations from short listed firms	03/27/20
5. Award of Contract	to be done at next Board meeting; date to be provided

SCHOOL reserves the right to delay scheduled dates and to provide notice to all persons responding to Requests for Letter of Interest.

VII. SUMMARY OF DOCUMENTS TO BE SUBMITTED WITH L.O.I.s

1. The following documents are to be executed, notarized, (if applicable) and submitted as a condition to this Request for Letters of Interest:
 - a) Proposer's Certification
 - b) Certificate of Insurance
 - c) Non-Collusive Affidavit
 - d) Qualifications Statement
 - e) References

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS AN INDIVIDUAL

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 20__.

By: _____

Signature of Individual

Witness

Printed Name of Individual

Witness

Business Address

City/State/Zip

Business Phone Number

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20__, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

WITNESS my hand and official seal.

NOTARY PUBLIC

(Name of Notary Public: Print, Stamp,
or type as Commissioned)

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A SOLE PROPRIETORSHIP OR OPERATES UNDER A FICTITIOUS OR TRADE NAME

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 20__.

Printed Name of Firm
By: _____
Signature of Owner

Witness

Printed Name of Individual

Witness

Business Address

City/State/Zip

Business Phone Number

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____ who is personally known to me or who has produced _____ as identification and who did (did not) take an oath.

WITNESS my hand and official seal.

NOTARY PUBLIC

(Name of Notary Public: Print, Stamp,
or type as Commissioned)

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A PARTNERSHIP

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 20__.

Printed Name of Partnership

By: _____
Signature of General or Managing Partner

Witness

Printed Name of partner

Witness

Business Address

City/State/Zip

Business Phone Number

State of Registration

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 20__, by _____ (did not) take an oath.

WITNESS my hand and official seal.

NOTARY PUBLIC

(Name of Notary Public: Print, Stamp,
or type as Commissioned)

OFFEROR'S CERTIFICATION

WHEN OFFEROR IS A CORPORATION

IN WITNESS WHEREOF, the Offeror hereto has executed this Proposal Form this _____ day of _____, 20__.

Printed Name of Corporation

Printed State of Incorporation

By: _____
Signature of President or other authorized officer

(CORPORATE SEAL)

Printed Name of President or other authorized officer

ATTEST: _____
Address of Corporation

By _____
Secretary

City/State/Zip

Business Phone Number

State of _____
County of _____

The foregoing instrument was acknowledged before me this _____ day of _____ 201__, by _____ as identification and who did (did not) take an oath.

WITNESS my hand and official seal.

NOTARY PUBLIC

(Name of Notary Public: Print, Stamp,
or type as Commissioned)