

***Request for Qualifications
for
Professional Wayfinding Services***



***City of Sevierville
Department of Development
120 Gary Wade Boulevard
P. O. Box 5500
Sevierville, TN 37864-5500
Phone: (865) 868-6943
Fax: (865) 453-5518
Contact: Pamela Caskie
Email address: pcaskie@sevierville.tn.org***

December 2016

INFORMATION FOR PROPOSERS

RECEIPT AND OPENING OF PROPOSALS

The City of Sevierville, Tennessee (herein called the "Owner") invites proposals from qualified Wayfinding Professionals (herein called "Consultants") for the development of a comprehensive Wayfinding approach and design throughout the city (herein called "Project"). The following pages summarize the scope of work and requirements for the proposal. The Owner will **RECEIVE QUALIFICATIONS UNTIL 10:00 AM, Thursday, January 5th** at Sevierville City Hall, 120 Gary Wade Boulevard, Sevierville, Tennessee, 37862 (Mailing address: P. O. Box 5500, Sevierville, Tennessee, 37864). The envelopes containing the proposals must be sealed, addressed to Tracy Baker, Assistant City Administrator, and must bear the following information:

Name of Company
Address
Date and Time of RFQ Deadline
RFQ Enclosed: **Wayfinding Proposal**

Note: Each proposer must submit five (5) copies and one (1) digital copy of their proposal.

The Owner may consider informal any proposal not prepared and submitted in accordance with the provisions hereof, and may waive any informality or reject any and all proposals. Any proposal received after the time and date specified shall not be considered.

METHOD OF AWARD

The selection of the successful Consultants will be made based upon the qualifications, experience, and ability of the firm as detailed in the proposal submitted. A Selection Committee will be formed of the Owner's representatives who are familiar with this type of work. The Committee's task is to identify the Design Management firm who clearly demonstrates not only the capability, but also the commitment to successfully complete this project in a cost-effective manner, efficiently and on schedule. Once the most qualified firm is selected, that firm and the Owner will negotiate toward a contract upon mutually agreeable terms at a compensation that is fair and reasonable. If a contract cannot be secured with the most qualified firm, the Owner may at its sole option open negotiations with the next firm on the committee's selected list. No proposal shall be deemed finally accepted by the Owner until all contract terms have been finalized and a contract has been signed by both parties.

OBLIGATION OF PROPOSERS

At the time of the opening of proposals, each proposer will be presumed to have read and to be thoroughly familiar with the proposal requirements. The failure or omission of any proposer to examine any form, instrument, or document shall in no way relieve any obligation in respect to a proposal.

Each proposer must fill out and return the attached Title VII Information, vendor information sheet, and the W-9 as a part of the bid package.

It is the policy of the Owner not to discriminate on the basis of race, color, national origin, age, sex, or disability in its hiring and employment practices, or in admission to, access to, or operation of its programs, services, and activities. With regard to all aspects of this contract, the firm certifies and warrants it will comply with this policy. For Title VI and IX compliance, we ask for voluntary disclosure information for the majority owner of the business (Attachment D).

The following requirement applies to all firms having five (5) or more employees. Proposer is required to include in its proposal an affidavit (Attachment C) attesting that effective no later than the proposal date, proposer operates a drug-free workplace program that complies with the requirements of Tennessee Code Annotated Section 50-9-101 through 50-9-114 OR a program at least as stringent as the program operated by the City of Sevierville.

- 1) The City of Sevierville operates a drug-free workplace program that complies with the above-referenced law. The City of Sevierville performs drug or alcohol tests at the following times: a. Job Application b. Reasonable Suspicion c. Post-Accident d. Routine Fitness for Duty e. Follow-up f. Random. All testing and specimen-handling procedures conform to the standards of the U.S. Department of Transportation guidelines. A Medical Review Officer (MRO) provides medical oversight to assure appropriate processing and accurate interpretation of the results. Failure to submit to substance abuse testing or testing positive for prohibited drugs and/or alcohol may result in discipline up to and including termination.
- 2) For further information on the program operated by the City of Sevierville, please call Jamie Tyler, Risk Manager, at (865) 453-5504.

REQUIREMENTS FOR PROPOSALS

Intro/Purpose

The purpose of this signage program is to establish a unified signage system throughout Sevierville, project a consistent image for the City, guide visitors and locals to key attractions, city facilities, and points of interest. The signage should promote walking, bicycling and where appropriate, the use of trolleys. In addition, the signage system will provide for a plan to inform and promote community and downtown special events.

Background

Statement of Need:

The City of Sevierville is the county seat of Sevier County, TN and has a population of 16,011 as estimated in July, 2014. Sevier County is by most accounts the 7th largest tourism destination in the USA and is home to Dollywood, the entrance to the Great Smoky Mountains National Park, and a host of other attractions, hotels, restaurants, and retail establishments.

Traffic counts on primary arteries top 40,000 cars per day and are 90% tourists from all over the United States. The City owns and operates a 110,000 sq foot Convention Center, 36 holes of golf, a civic center which is rented for many local and tourist activities, as well as playgrounds, parks, greenways and other venues. There are several destination spots within Sevierville which are drivers for tourist activity, including Tanger Outlets, Bass Pro, Smoky Mountain Knife works, and the LeConte Medical Center. Additionally, the Sevierville Commons is working to renovate the downtown to make it a destination as well. As the City seeks to expand off of the primary state corridors, deep development signage will be required but is currently not permitted. A Tourist Oriented Development signage program similar to the State highways business signage program attempts to assist in that effort but is not very well utilized.

Scope of Work

The project is to prepare a comprehensive Wayfinding Design Strategy, which shall include at a minimum:

- Wayfinding Master Plan
- Standard Drawings for Wayfinding Elements
- Bid Documents (design plans, specifications, and detailed engineer's estimate)

Design of Wayfinding Master Plan and Components

The selected respondent will take an integrated visual and functional approach to design development, that is sensitive to issues of clutter, maintenance, budget and change over time. The elements of the system should be cohesive, reflect the priorities and strategy specified in the Report, and the appearance of the signs should indicate an integrated sign system.

Work with City staff to provide a set of templates including dimensions, color palette(s), font families, symbols, and layout to allow the system to expand successfully over time.

Signs colors must be standard 3M sheeting colors. Specifications will be brought to a level of detail that can be given directly to a manufacturer for physical fabrication and installation.

Develop a statement of probable cost for fabrication and installation and work closely with City staff to finalize sign locations, routing, messaging, materials, sizes, inclusion and count by type and function, in compliance with MUTCD and other federal and state guidelines where applicable. Make scheduling or phasing recommendations for fabrication and installation of new signs in coordination with removal of older signs, as necessary, and in coordination with the Public Works and Development Departments.

Questions to Answer:

1. What experience has your firm had in community oriented wayfinding, as opposed to building or internal complex wayfinding?
2. What experience has your firm had in tourist oriented communities?
3. How will you work with other consultants' working to Brand the city to develop the appropriate style and design of the signage?
4. Please provide examples of previously designed work?
5. What approach will be taken to determine destinations, all of whom are competing for customers?

Submittals

1. A proposed work program detailing public participation, phases, and tasks of the project
2. A detailed time line for the completion of the project and proposed date of final report, based on a start date of December 7, 2016
3. The management approach and communication flowchart
4. A list and the qualifications of any subcontractors proposed to be used.
5. Answers to the questions in Scope of Work section.
6. Five references for work most similar to the scope of services here, including names, titles, phone numbers and email addresses.

Reference Documents

Please see the City of Sevierville's website: www.seviervilletn.org

QUESTIONS REGARDING REQUEST FOR PROPOSALS

The proposer shall immediately refer the discovery of any conflicts or omissions in the RFP Documents or any requests for clarifications to the individual named below. Instructions are to be accepted only from that individual. When necessary, a written clarification will be furnished to all proposers. Oral clarifications will not be binding.

Direct RFP Questions to: Pamela Caskie
Development Director
City of Sevierville
PO Box 5500
120 Gary Wade Blvd.
Sevierville, TN 37864-5500
Phone: (865) 868-6943
Fax: (865) 453-5518
Email: pcaskie@seviervilletn.org

POST PROPOSAL CONFERENCE

Due to the importance of this project to the Owner, post-proposal interviews may be utilized as the final step in selecting the Design firm. To be responsive, the proposal team must make themselves available for an interview at the time offered.

NOTICE OF ACCEPTANCE AND EXECUTION OF CONTRACT

Upon the acceptance of the proposal, a letter, email, and/or facsimile will notify the successful proposer. The successful proposer will be responsible for preparing a standard contract for services and forwarding it to the Owner for review.

NOTICE TO PROCEED

Upon execution of the Contract, the successful proposer will be notified by letter and/or facsimile to proceed with the work.

PROPOSER'S AGREEMENT

By the submission of their proposal, each proposer shall be deemed to have agreed that this request and the contract documents referred to in the Contract Form are by this reference made a part of their proposal; that they will not withdraw their proposal during the period of time from the proposal opening until sixty (60) days thereafter.

INSURANCE

The successful proposer will be required to file evidence of insurance in accordance with requirements of "Attachment B" prior to commencement of on-site work.

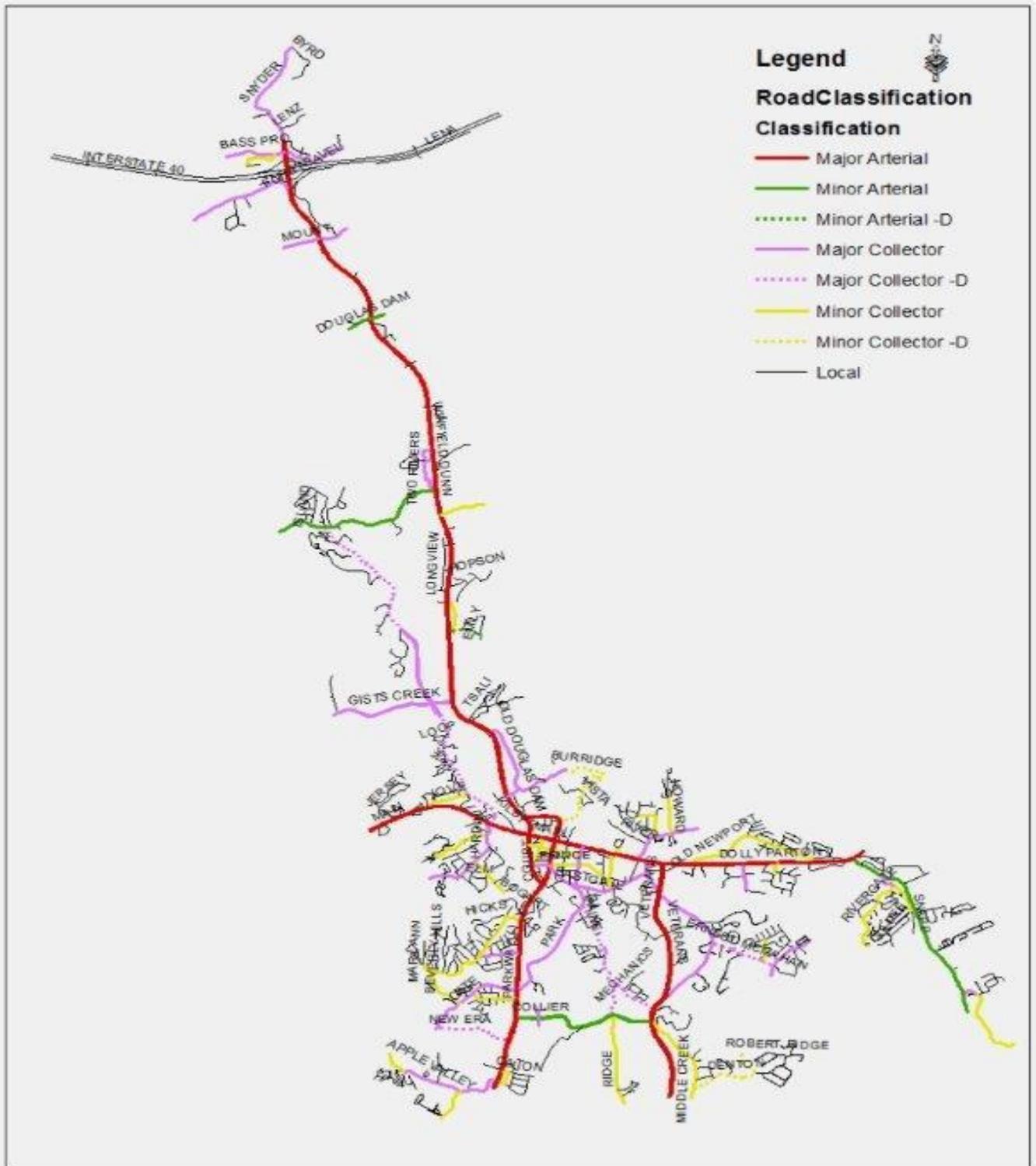
RIGHT OF AWARD RESERVED

The Owner reserves the right without qualification to exercise its discretion and apply its judgement in evaluating the proposals, and to award the contract to whomever it wishes. This Request for Proposal does not commit the Owner to pay any costs incurred in connection with the proposal or to award any contract. The Owner may elect to reject any or all proposals or waive any informality in proposals received.

ATTACHMENTS

- A. Sevierville City Limits and Corridor
- B. Contractor Insurance Requirements
- C. Drug-Free Workplace Affidavit
- D. Title VI Information
- E. Vendor Information Sheet
- F. W-9

ATTACHMENT A
Sevierville City Limits and Corridor



**ATTACHMENT B
CONTRACTOR INSURANCE REQUIREMENTS**

Types of Coverage: Design and Construction Management firm shall purchase and maintain, and cause all Subcontractors and Sub-subcontractors to purchase and maintain, the insurance coverage's described below. (Sub-subcontractors shall provide the insurance coverage specified under the "Contractor" column.)

	<u>Design/ CM</u>	<u>Contractors</u>
a) Workers' Compensation	Statutory	Statutory
b) Employers Liability	\$1,000,000	\$1,000,000
c) Comprehensive (or Commercial) General Liability – (Project-specific) (Combined Single Limit, Including Products and Completed Operations for ten years from commencement of Agreement).	\$2,000,000	\$2,000,000
d) Automobile Liability – (all vehicles):	<u>Design/ CM</u>	<u>Contractors</u>
	\$2,000,000	\$2,000,000

Commercial General and Auto Liability insurance may be written under policies for the full limits required or by a combination of underlying policies with the balance provided by an Excess or Umbrella Liability policy.

Property Insurance: Owner shall purchase and maintain property insurance for Owner's interest in the Project for full cost of replacement at the time of any loss. Contractors and each Subcontractor and Sub-subcontractor shall purchase and maintain property insurance insuring its personal property for full cost of replacement at time of loss. The insurance required by this subparagraph shall provide "All Risk" coverage for physical loss or damage including, at least theft, vandalism, malicious mischief, transit, off-site storage, collapse, and flood.

General Requirements: All policies shall be issued by companies licensed and admitted in the state of Tennessee with an A.M. Best rating of at least A- and a financial size category of at least VII. The policies shall contain a provision requiring that the insurer provide to Owner at least thirty- (30) days' prior written notice of any cancellation, expiration or amendment. All Contractor, Subcontractor and Sub-subcontractor policies shall be primary to any insurance carried by Owner.

Certificates of Insurance: Design/CM Firm shall deliver to Owner, promptly after the execution of this Agreement, certificates of insurance evidencing all coverage required by this paragraph. Contractors, Subcontractors and Sub-subcontractors shall furnish Certificates of Insurance promptly upon award of construction contracts. The Certificates of Insurance shall name the Owner as additional insured.

**ATTACHMENT C
AFFIDAVIT REGARDING DRUG-FREE WORKPLACE PROGRAM**

STATE OF _____

COUNTY OF _____

The undersigned, having been duly sworn, deposes and says as follows:

1. I am over 18 years of age, and I have personal knowledge of the matters stated herein.
2. I am the _____ of _____
(Position) (Name of Company)
hereinafter referred to as "the Bidder".
3. As of the date of the submittal of its bid, the Bidder has a drug-free workplace program that complies with the requirements of Tennessee Code Annotated Section 50-9-101, seq. OR a program at least as stringent as the program operated by the City of Sevierville.

Authorized Signature

Name (Printed)

Title

Date

Sworn to and subscribed before me, this _____ day of _____ 2016.

Notary Public Signature

Notary Seal

End of Affidavit

My commission expires _____

ATTACHMENT D
TITLE VI INFORMATION

The City of Sevierville complies with all applicable federal and state civil rights laws, including but not limited to Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000e.), and the City does not discriminate based on race, color, gender, religion, age or national origin. By virtue of submitting a response to this solicitation, bidders agree to comply with the same non-discrimination policy.

Bid Item/Project Name: _____

Bid Date: _____

*For Title VI compliance, we ask for voluntary disclosure of the following information for the majority owner of the business:

Gender: ___ Male ___ Female
Race: ___ Caucasian ___ African American
 ___ Other (please specify)

Company Name: _____



ATTACHMENT E
City of Sevierville

P.O. Box 5500
Sevierville, TN 37864-5500
865-453-5504

VENDOR INFORMATION FORM

Name: _____

Email Address: _____

Federal Tax ID Number: _____

Business License Number: _____

County and State of License: _____

Mailing Address: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

Contact Person: _____

Corporation, Sole Proprietor, or Partnership: _____

(If the business is a sole proprietor the owners name): _____

NEW VENDORS WILL BE ADDED AFTER RECEIPT OF THIS COMPLETED FORM AND VERIFICATION OF A CURRENT BUSINESS LICENSE. VENDORS WITHOUT A CURRENT BUSINESS LICENSE WILL NOT BE ACCEPTED.

Revised 6/1/04

ATTACHMENT F

Form <b style="font-size: 1.2em;">W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service	<b style="font-size: 1.2em;">Request for Taxpayer Identification Number and Certification	Give Form to the requester. Do not send to the IRS.
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Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input 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) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code 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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-size: 0.8em;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-size: 0.8em;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																				Employer identification number																			
Social security number																																									
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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). 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 on page 4.	
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Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions
 Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
 A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.
 Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.