



SOLICITATION, OFFER AND AWARD FORM

REQUEST FOR PROPOSALS

1. SOLICITATION #: RFP-TBARTA-002	4. BRIEF DESCRIPTION: The purpose of this RFP is for the procurement of auditing services.
2. ISSUE DATE: 10/24/18	
3. FOR INFORMATION CONTACT: NAME: Lisa P. Nooner, Purchasing Agent II PHONE: 727-540-1958 FAX: 727-540-0681 E-MAIL: lnooner@psta.net	

5. CONFERENCE: (See Exhibit C for more information.)
[Join Webex meeting](#)
 Meeting number (access code): 626 004 826
 Meeting password: TBARTA
LOCATION: 3201 Scherer Drive
 St. Petersburg, FL 33716
DATE AND TIME: Wednesday, October 31, 2018, 9:00 am
 Join by phone+1-510-338-9438 (access code): 626 004 826.

6. SUBMIT OFFER TO THE FOLLOWING ADDRESS: Pinellas Suncoast Transit Authority (PSTA) Attn: Procurement Department, RFP-TBARTA-002 3201 Scherer Drive St. Petersburg, FL 33716	7. OFFER SUBMISSION DUE DATE AND TIME: 11/22/2018, 2:00 p.m., Eastern Standard Time
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8. SUBMIT WITH OFFER: One (1) Original Offer, Zero (0) copies and One (1) electronic copy (Flash Drive or CD) including the exhibits and attachments listed on Page 2 of this form.

9. Offers will not be publicly opened

10. FIRM OFFER PERIOD: Offers shall remain firm for a period of 120 calendar days from the date specified in Block 7, above.

11. This solicitation and any resulting contract, respectively, consists of this Form and the exhibits and documents designated on Page 2 of this form.

OFFER

(To be completed by Offeror)

12. DISCOUNT FOR PROMPT PAYMENT: ____%, ____ Calendar Days (Please refer to Invoice and Payment clauses in Exhibit D)

13. If this offer is accepted within the period specified in Block 10, above, the offeror agrees to fully provide the goods and/or services covered by this solicitation at the prices and timelines specified in the solicitation.

14. ACKNOWLEDGEMENT OF AMENDMENTS: The offeror acknowledges receipt of the following solicitation amendments (write in all amendment numbers and amendment dates.

Amendment Number and Date	Amendment Number and Date	Amendment Number and Date

15. OFFEROR'S NAME AND ADDRESS: (Type or Print)	16. NAME AND TITLE OF OFFEROR'S REPRESENTATIVE (PERSON AUTHORIZED TO EXECUTE CONTRACTS): (Type or Print)
TELEPHONE: E-MAIL: CELL PHONE: FAX:	17. OFFEROR'S REPRESENTATIVE SIGNATURE & DATE:

AWARD

(To be completed by TBARTA)

18. Offeror is a: DBE: Yes No SBE: Yes No

20. ACCEPTED AS TO:	21. TOTAL AMOUNT OF AWARD:	22. CONTRACT NUMBER:
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23. PSTA'S CONTRACTING OFFICER'S SIGNATURE & CONTRACT AWARD DATE:

Name: _____	Signature: _____	Date: ____/____/____
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NAME	FORM DESCRIPTION	FORM #	SUBMIT WITH OFFER
Cover Sheet	Solicitation, Offer and Award Form	CS-01	YES
Schedule	Schedule	S-01	YES
Exhibit A	Representations and Certifications	A-02	YES
Exhibit B	Special Solicitation Instructions and Conditions	B-01	
Exhibit C	Solicitation Instructions and Conditions	C-03	
Exhibit D	Special Provisions	D-01	
Exhibit F	General Provisions	F-02	
Exhibit G	Disadvantaged Business Enterprise Provisions	G-02	YES, ATTACHMENTS 1 & 2
Exhibit H	Statement of Work	H-01	
Exhibit K	Contract	K-01	YES
	Offeror's Proposal	N/A	YES