



**SOLICITATION SIGNATURE PAGE**

(Please attach to Goal Setting Worksheet and API Recommendation Form)

Presented at GSC Meeting: July 17, 2024

Department/Division Parks & Recreation / Special Facilities & Golf

Project Name/Number Management of Southwinds Golf Course

Contract Manager Nicki Murphy / Eric Rein

Phone/ E-mail nmurphy@pbc.gov / erein@pbc.gov

Estimated Date of Advertising \_\_\_\_\_ Estimated Dollar Value of Project \$3,300,000

Type of Solicitation RPF

**DEPARTMENT/DIVISION/OFFICE**

**SIGNATURE AND DATE**

Originating Department/Division Nicki Murphy 7/3/24

Department/Division Director Jennifer O'Connell 7/3/2024

OEBO [Signature]

Goal Setting Committee Chairperson \_\_\_\_\_

## GOAL SETTING

### Project Summary Worksheet Availability Adjustment/Weighting

ORIGINATING DEPARTMENT: Parks & Recreation

DATE: July 2, 2024

SOLICITATION NAME: Management of Southwinds Golf Course (old 19049C)

PROJECT No.

TYPE OF SOLICITATION: RFP

CATEGORY: GOODS & OTHER SERVICES

SCOPE OF PROJECT:

To solicit the management & operation of PBC Parks & Recreation's Southwinds Golf Course (\$3,300,000)

COMMODITY CODE	PRIMARY DISCIPLINE/TRADE DESCRIPTION	ESTIMATED COST	PERCENTAGE OF PROJECT COST
98831	Golf Course Management and Operation	\$ 3,300,000.00	100.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
			0.00%
		\$3,300,000.00	100.00%

#### AVAILABILITY

COMMODITY	RACE/ETHNICITY							Total S/M/WBE	NON-S/M/WBE	TOTAL FIRM	PERCENT OF WORK
	SBE	WBE	M/WBE	AABE	NABE	HABE	ABE				
98831	1	1	1					2	38	40	100.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
0			0					0	0		0.00%
<b>Total</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>38</b>	<b>40</b>	<b>100.00%</b>

#### COMMODITY AVAILABILITY

COMMODITY	SBE	WBE	M/WBE	RACE/ETHNICITY				Total S/M/WBE	NON-SM/WBE	WEIGHT
				AABE	NABE	HABE	ABE			
98831	0.02500	0.02500	0.02500	0.00000	0.00000	0.00000	0.00000	0.05000	0.95000	1.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
0	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.00000	0.000
<b>TOTAL</b>	<b>0.02500</b>	<b>0.02500</b>	<b>0.02500</b>	<b>0.00000</b>	<b>0.00000</b>	<b>0.00000</b>	<b>0.00000</b>	<b>0.05000</b>	<b>0.95000</b>	
<b>X 1</b>	<b>2.50%</b>	<b>2.50%</b>	<b>2.50%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>5.00%</b>	<b>95.00%</b>	

YTD UTILIZATION:

SBE	MBE	WBE	AABE	NABE	HABE	ABE

**GOAL SETTING**  
**Project Summary Worksheet**  
Availability Adjustment/Weighting

ORIGINATING DEPARTMENT: Parks & Recreation

DATE: July 2, 2024

SOLICITATION NAME: Management of Southwinds Golf Course (old 19049C)

PROJECT No.

TYPE OF SOLICITATION: RFP

CATEGORY: GOODS & OTHER SERVICES

**AVAILABLE APIs:**

SBE Evaluation Preference for Prime Bidders

**DEPARTMENT RECOMMENDED API:**

SBE Evaluation Preference for Prime Bidders

Nicki Murphy

DEPARTMENT REPRESENTATIVE NAME

7/2/2024

DEPARTMENT REPRESENTATIVE SIGNATURE



7/3/24

**OEBO RECOMMENDED API:**

OEBO REVIEWER NAME

OEBO REVIEWER SIGNATURE



GOAL SETTING COMMITTEE DETERMINATION

Ordinance Reference:

GOAL SETTING COMMITTEE CHAIRPERSON NAME

GOAL SETTING COMMITTEE CHAIRPERSON SIGNATURE

GSC DATE:



# Palm Beach County Vendor Search

### Search Criteria

Vendor ID:  Complete Vendor ID  
 Company / DBA / Vendor Name:  Legal (for Parts of Alias or Doing Business As or Vendor Name)  
 Commodity / Services:  (99837) Golf Course Management and Operation

EEO Vendors:  Certification Type:  SBE  S.WBE  S/M/WBE & S/M/W/VBE  
 Gender:  Female  Male

City(s):  Select a City  
 Zip Code(s):  Select a Zip Code  
 Email Address:  Email Address  
 Phone Number:  Enter a 10-digit phone Number

Business Owner:  Business Owner  
 Business Class:  Select a Business Class  
 Race(s):  Select a Race


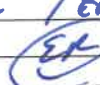
### Search Results

Page 1 of 1 (2 vendors)  Keyword Search:

Vendor ID	Company Name	Alias / DBA Name	Address	Contact Name	Emails	Phone No	View
JCDC0001	J C D CARIBBEAN INC	JCD Sports Group	1300 NW 17th Avenue, Suite 273G, DELRAY BEACH 33445 1300 NW 17th Avenue, Suite 273G, DELRAY BEACH 33445 1300 Park of Commerce Suite 272, Delray Beach 33445 19357 LYONS ROAD, BOCA RATON 33434	CINDY DOLL, CYNTHIA DOLL	cmby@jcdsportsgroup.com	561-265-0955, 561-2650255	<input type="button" value="Info"/>
V500C006475	Golf Clubs Unlimited Inc	Custom Fit Golf	5011 Rosen Blvd, Boynton Beach 33472-1273 5124 Rosen Blvd, Boynton Beach 33472-1274 5124 Rosen Blvd, Boynton Beach 33472-1274	MARTIN PALUCH	martinp@clucn@mac.com	561-374-3336	<input type="button" value="Info"/>

**PROCUREMENT CHECKLIST FOR EITHER AN  
REQUEST FOR PROPOSAL (RFP)  
OR  
REQUEST FOR SUBMITTAL (RFS)**

**FOR PURCHASING DEPARTMENT SOLICITATION OF  
NON-CONSTRUCTION RELATED GOODS AND SERVICES**

<b>PROJECT NAME:</b>	MANAGEMENT OF SOUTHWINDS GOLF COURSE		
<b>PROJECT NUMBER:</b>			
<b>ESTIMATED AMOUNT:</b>	\$ 3,300,000.00	<b>DEPARTMENT:</b>	PARNS & REC.
<b>PREPARED BY:</b> (Print)	ERIC GARDNER / ERIC BEIN		
<b>AUTHORIZED SIGNATURE:</b>			<b>DATE:</b> 7/2/2024

**CONFIRM THAT YOU HAVE DONE THE FOLLOWING BY COMPLETING THIS FORM AND CHECKING THE BOXES BELOW. SUBMIT THIS FORM TO THE PURCHASING DEPARTMENT. YOUR PROCUREMENT REQUEST SHALL NOT BE PROCESSED UNTIL THE FULLY COMPLETED FORM IS RECEIVED.**

A. Identify the Need	Task Required and Completed	
• The good or service required has been clearly defined	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• The <i>source of funding</i> for the good or service has been determined - choose applicable <ul style="list-style-type: none"> <li>• Ad valorem funds – review PPM CW-L-008</li> <li>• Federal funds – review PPM CW-L-049</li> </ul>	Yes <input type="checkbox"/> Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
• The estimated cost of the good or service has been verified to be <u>less</u> than \$100,000 (annually) and Department representative will evaluate - RFS	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
• The estimated cost of the good or service has been verified to be <u>equal to or greater</u> than \$100,000 (annually) and/or a Selection Committee is required – RFP	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• The award shall be based upon established criteria set forth in the solicitation that may include, but is not limited to, price	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• The division of the good or service needs has been considered for S/M/WBE / DBE business opportunities - choose one (1): <ul style="list-style-type: none"> <li>• EBO with APIs applicable (Ad valorem funds) - Submitted to Purchasing GSC Project Summary Worksheet with API Recommendation(s)               <ul style="list-style-type: none"> <li>○ GSC Date(s): <u>July 17, 2024</u></li> </ul> </li> <li>• EBO API Waiver (Ad valorem funds) - Submitted to Purchasing a Waiver granted by the Director of OEBO</li> <li>• EBO Exempt - Specify exemption: _____</li> <li>• DBE applicable (Federal funds)</li> </ul>	Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/>

B. Scope of Work	Task Required and Completed	
• Minimum requirements within the Scope of Work have been described in a clear and concise manner	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Requirements within the Scope of Work are based upon a justifiable County need and are not restrictive – not based upon preference or bias	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Completed Scope of Work has been (will be) submitted to the Purchasing Department <b>within five (5) business days of entering the requisition. Failure to do so will result in cancellation.</b>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• Includes any attachments, certifications, etc. that are required	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
• I have reviewed all specifications and hereby certify they are accurate and correct	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**PROCUREMENT CHECKLIST FOR EITHER AN  
RFP OR RFS (Continued)**

<b>C. Requisition (CRQM) Process=Advantage Financial System ("Advantage"), or Form K (when no renewals remain, department chose not to renew)</b>	<b>Task Required and Completed</b>	
<b>Submitted Requisition (CRQM) in Advantage - If New Request (no Form K)</b>	Yes ___	N/A <input checked="" type="checkbox"/>
<ul style="list-style-type: none"> <li>• Enter/Provide detailed description for good or service needed</li> <li>• Enter/Provide estimated budget for the good or service</li> <li>• Enter/Provide quantity of goods needed</li> <li>• Enter/Provide delivery requirements</li> <li>• <b>Enter correct commodity code(s)</b> utilizing <i>NIGP Commodity Codes</i> found on Purchasing's intranet site as well as on the <i>Commodity Table</i> in Advantage. <b>Correct commodity codes are necessary for:</b> <ul style="list-style-type: none"> <li>✓ Resource Manager approval, when applicable; and</li> <li>✓ To ensure that Vendors who are registered for specific commodities in Vendor Self Service ("VSS") receive notification of solicitations for said commodities</li> </ul> </li> <li>• If applicable, verify that the requisition has been routed to Resource Manager and that it has been approved</li> <li>• Entered <b>correct</b> Procurement Type Code (and KMA number, <i>when applicable</i>) found on Purchasing's intranet site as well as on the <i>Procurement Type</i> page in Advantage               <ul style="list-style-type: none"> <li>• Based upon the dollar value (annual) of your procurement</li> <li>• Procurement types for RFP/RFS: 30, 31, 40, 32</li> <li>• Federally Funded Procurement types for RFP/RFS: 130, 140, 132</li> </ul> </li> <li>• List complete, <b>correct and updated</b> manufacturer information, including part numbers when applicable</li> <li>• List the <b>correct</b> unit of measure - specifications must be able to be "measured" for compliance</li> </ul>	Yes ___ Yes ___ Yes ___ Yes ___ Yes ___	No ___ No ___ No ___ No ___ No ___
<b>Submitted Form K (completed) - If Current Term Contract with no renewals or not renewing</b>	Yes <input checked="" type="checkbox"/>	N/A ___

<b>D. Submittal Requirements</b>	<b>Task Required and Completed</b>	
<ul style="list-style-type: none"> <li>• Submitted any terms and conditions, particularly payment terms and insurance requirements, specific to the services/good being procured that need to be incorporated into the contract resulting from the RFP/RFS.</li> </ul>	Yes <input checked="" type="checkbox"/>	No ___
<ul style="list-style-type: none"> <li>• Submitted proposal/submittal requirements (Section 3 of RFP/RFS)</li> </ul>	Yes <input checked="" type="checkbox"/>	No ___
<ul style="list-style-type: none"> <li>• Submitted evaluation criteria and weight factors</li> </ul>	Yes <input checked="" type="checkbox"/>	No ___
<ul style="list-style-type: none"> <li>• Submitted pricing requirements/format</li> </ul>	Yes <input checked="" type="checkbox"/>	No ___
<ul style="list-style-type: none"> <li>• Submitted proposer/respondent Questionnaire, if applicable</li> </ul>	Yes <input checked="" type="checkbox"/>	N/A ___
<ul style="list-style-type: none"> <li>• Provided <b>correct</b> and necessary insurance requirements, when applicable – <i>I have consulted with Risk Management</i></li> </ul>	Yes <input checked="" type="checkbox"/>	No ___
<ul style="list-style-type: none"> <li>• Provided <b>correct</b> and necessary license requirements, when applicable – <i>I have consulted with Contractor Certification Division with all questions</i></li> </ul>	Yes <input checked="" type="checkbox"/>	No ___
<ul style="list-style-type: none"> <li>• Provided bond requirements, when applicable</li> </ul>	Yes <input checked="" type="checkbox"/>	No ___

**PROCUREMENT CHECKLIST FOR EITHER AN  
RFP OR RFS (Continued)**

<b>E. Additional Solicitation Requirements</b>	<b>Task Required and Completed</b>	
<b>Pre-Proposal/Submittal Conference</b> <ul style="list-style-type: none"> <li>• Determine if necessary               <ul style="list-style-type: none"> <li>• Non-mandatory Pre-Proposal/Submittal Conference = provide opportunity for vendor input and clarification</li> <li>• Mandatory Pre-Proposal/Submittal Conference = ensures vendor understanding of project and attendance is mandatory. If a vendor (or representative of vendor) does not attend, their response will not be considered.</li> </ul> </li> </ul>	N/A ___ Yes ___  Yes <input checked="" type="checkbox"/>	No ___  No ___
<b>Site Inspection</b> <ul style="list-style-type: none"> <li>• Determine if necessary               <ul style="list-style-type: none"> <li>• Non-mandatory Site Inspection – knowledge of the project site is not crucial</li> <li>• Mandatory Site Inspection – certain elements relating to the scope of work or project site <b>must</b> be seen and further explained and attendance is mandatory. If a vendor (or representative of vendor) does not attend, their response will not be considered.</li> </ul> </li> <li>• <b>Provide/contract for transportation of interested vendors</b></li> </ul>	N/A ___ Yes ___ Yes <input checked="" type="checkbox"/>	No ___ No ___  No <input checked="" type="checkbox"/>

<b>F. Additional Solicitation Requirements (continued)</b>	<b>Task Required and Completed</b>	
<b>Advertising:</b> <ul style="list-style-type: none"> <li>• Provide Purchasing with names and contacts of any specialty publication(s), if applicable</li> <li>• Contact all known potential vendors with regard to advertised solicitation(s). Be inclusive – do not be selective.</li> </ul>	Yes ___  Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>  No ___

<b>G. Evaluation Responsibilities</b>	<b>Department Agrees to:</b>	
<ul style="list-style-type: none"> <li>• If RFP: provide the names of and confirm the participation of Selection Committee members</li> <li>• provide technical evaluation of responses to solicitation</li> <li>• call and complete a reference check form for each reference submitted with responses to solicitation</li> <li>• provide detailed justification if found non-responsible:               <ul style="list-style-type: none"> <li>✓ Establish that the response deviated from the scope of work</li> <li>✓ Proposer/Respondent is not competent or is unreliable</li> <li>✓ For the good of the County, clear and compelling reason exists to deem proposer/respondent as non-responsible</li> <li>✓ Detailed justification is required for the record and in case a protest is submitted by an aggrieved proposer/respondent</li> </ul> </li> </ul>	Yes <input checked="" type="checkbox"/>  Yes <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/>  Yes <input checked="" type="checkbox"/>	