

BID REPLIES from CONTRACTORS



AWARDED CONTRACTORS:

1. True Color Enterprises
2. Sand Dollar Development
3. PBS National, Inc.
4. Mehaffey Construction Group
5. Sunny South Construction Co.
6. Concord Building Corp.
7. CJ Contracting
8. Eagle Enterprises
9. A. Thomas Construction, Inc.
10. De La Hoz Builders

NON-AWARDED CONTRACTORS

1. Corporate Construction
2. E & B Elite Services, Inc.
3. Sams New Development, LLC
4. Phoenix Building Company
5. Blackstreet Enterprises, LLC
6. Liberty Home Builders
7. M.R. McIntosh Building & Roofing Contractors
8. Jeff Pedersen Construction, Inc.
9. Atlas Development & Construction d/b/a Atlas Hurricane Shutter

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068

General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 22 day of AUGUST, 2011.

CONCORD BUILDING CORP
Name of Organization / Proposer

Submitted by: CHRISTOPHER McDONNELL, PRESIDENT
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation (circle one)

2. If a Corporation answer the following:
When incorporated AUGUST-2001
In what State FLORIDA

Name of Officers: President CHRISTOPHER McDONNELL
Vice President MICHAEL DONNELLY
Secretary
Treasurer ANNE McDONNELL

3. If a Partnership, answer the following:
Date of organization
General Limited Partnership
Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:
CONCORD BUILDING CORP
162 NW PLEASANT GROVE WAY PORT ST. LUCIE, FL 34986
772-336-5480 FAX 772-621-7831 CONCORDBUILDINGCORP@HOTMAIL.COM
CHRISTOPHER McDONNELL

5. Firm's previous names INTREPID CONSTRUCTION What year(s) 1996-2001

6. Area of expertise: HOME IMPROVEMENTS
7. How many years has your organization been in business? 15
8. Describe organization profile, including the size, range of activities, licenses, etc.
WE STARTED AS A REGISTERED BUILDING CONTRACTOR IN 1996. IN 2009 WE BECAME
CERTIFIED BUILDING CONTRACTOR. AT THIS TIME, WE ARE A WORK FORCE OF 5. WE
RANGE FROM MINOR REPAIR WORK TO BUILD CUSTOM HOMES & ADDITIONS & COMMERCIAL
REMODELING.
 (This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | | | |
| b. Managers | | | |
| c. Supervisors Senior Staff | 2 | | |
| d. Other Professional Staff | 1 | | |
| g. Total number of full time personnel | 3 | | |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|-----------------------|-------|----------------------------------|--|--------------------------------|
| CHRISTOPHER MCDONNELL | P | 26 | 30 | WORKER |
| MICHAEL DONNELLY | VP | 31 | 30 | WORKER |
| ANNE MCDONNELL | T | 10 | 15 | WORKER |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|-----------------------|--|
| CHRISTOPHER MCDONNELL | SHIP PROGRAM - KITCHEN & BATH REMODELS, CONCRETE DOORS, WINDOWS, DRYWALL, TRIM |
| MICHAEL DONNELLY | SHIP PROGRAM - KITCHEN & BATH REMODELING, CONCRETE DOORS, WINDOWS, DRYWALL, TRIM |
| ANNE MCDONNELL | LABORER, CLEAN UP, COORDINATOR |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

Proposals for General Contractors for NSP

13. State your firm's commitment to perform in a timely fashion:

OUR COMMITMENT TO PERFORM IN A TIMELY FASHION IS AS IMPORTANT AS THE QUALITY OF WORK WE PRODUCE. BOTH ARE EQUAL TO OUR CUSTOMERS. THUS THEY ARE BOTH ALWAYS ONE PRIORITY.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|-----------------|---------------------------------|
| CHRIS McDONNELL | |
| MIKE DONNELL | |
| | |
| | |

15. State your firm's ability to meet budget and schedule:

WE ARE A 24/7 COMPANY. WHATEVER IT TAKES, WE MEET OUR SCHEDULES. BUDGET IS NEVER A PROBLEM. WE CARE ABOUT OUR CUSTOMERS BUDGET. MOST OF OUR WORK COMES FROM REFERRALS AND PERFORMING QUALITY WORK. MEETING CUSTOMERS BUDGETS IS WHY.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:

AS A COMPANY, WE HAVE LOW OVERHEAD AND A LOWER PROFIT MARGIN THAN MOST. DOING THE WORKLOADS OUR SELVES GIVES US BETTER ABILITY TO CONTROL COSTS.

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|--------------------------------|-------------------------------|---------------------------------------|
| BELLWETHER ELECTRIC | MERCANTILE PL. PORT ST. LUCIE | STATE CERTIFIED ELECTRICAL CONTRACTOR |
| AQUA DIMENSIONS | MACEIDO BLDG. PORT ST. LUCIE | ST. CERTIFIED PLUMBER/AC |
| SUPER COOL OF THE TREASURE CO. | HERRON AVE PORT ST. LUCIE | STATE CERTIFIED AC |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

NEVER

(This is a Word document - add lines if needed)

Proposals for General Contractors for NSP

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

If yes, please explain:

20. List any lawsuits/ litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NONE

21. List any judgments from lawsuits in the last five (5) years:

NONE

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NONE

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No (X)

If "Yes" is checked, include a copy of certificate with proposal.

(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.cityofpsl.com, click on th blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring f.Contractors for Repair of Homes.")

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.

Proposals for General Contractors for NSP

If Individual:

Signature

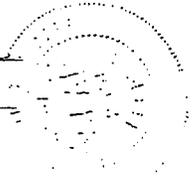
Print Name

If Corporation:

CONCORD BUILDING CORP
Print Name of Corporation

By: [Signature]
(President)

Attest: [Signature]
(Secretary)



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TERM: October 1, 2010 to September 30, 2011

Business Address: 162 NW PLEASANT GROVE WAY
Classification: CONT CONTRACTOR
Issued to: CONCORD BUILDING CORP
162 NW PLEASANT GROVE WAY
PORT ST LUCIE, FL 34986

Business Tax 112159 / 11-1016561
Fee: 127.63
Discount: 0.00

May B Masters

2917 7002 Zloperena

Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63

AC# 5056074

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10081200431

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/12/2010 | 000000000 | CBCB50026 |

The BUILDING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2012

MCDONNELL, CHRISTOPHER J.
CONCORD BUILDING CORP
162 NW PLEASANT GROVE WAY
PORT ST LUCIE FL 34986

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

ISSUED AS REQUIRED BY LAW

2011 / 2012

ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT RECEIPT # 1012585
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2012

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 3

TYPE OF BUSINESS 1500 BUILDING CONTRACTOR ()

BUSINESS/ Christopher McDonnell

DBA NAME Concord Building Corp
MAILING ADDRESS Christopher McDonnell
162 NW Pleasant Grove Way
Port St Lucie, FL 34986

BUSINESS LOCATION 162 NW Pleasant Grove Way
Port St Lucie, FL 34986

City of Ft St Lucie



NEW BUSINESS ORIGINAL TAX \$12.35
PENALTY COLLECTION COST
TOTAL \$12.35

CBCB50026
P01000097742

NONEXEMPT

Paid 08/24/2011 12.35

0214-20110824-004025

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 04/15/2010 EXPIRATION DATE: 04/14/2012

PERSON: MICHAEL DONNELLY
FEIN: 651147479

BUSINESS NAME AND ADDRESS:
CONCORD BUILDING CORP
162 NW PLEASANT GROVE WAY
PT ST LUCIE, FL 34986

SCOPE OF BUSINESS OR TRADE:

1- HOME IMPROVEMENT

2- REMODELING

IMPORTANT

F Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election **L** under this section may not recover benefits or compensation under this **D** chapter.

H Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.

E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE .

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 02/18/2010 EXPIRATION DATE: 02/18/2012

PERSON: CHRISTOPHER MCDONNELL
FEIN: 651147479

BUSINESS NAME AND ADDRESS:
CONCORD BUILDING CORP
162 NW PLEASANT GROVE WAY
PT ST LUCIE, FL 34986

SCOPE OF BUSINESS OR TRADE:

1- HOME IMPROVEMENT

2- REMODELING

IMPORTANT

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QUESTIONS? (850) 413-1609

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION
CONSTRUCTION INDUSTRY
CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA
WORKERS' COMPENSATION LAW



EFFECTIVE: 02/18/2010 EXPIRATION DATE: 02/18/2012

PERSON: ANNE M MCDONNELL
FEIN: 651147479

BUSINESS NAME AND ADDRESS:
CONCORD BUILDING CORP
162 NW PLEASANT GROVE WAY
PT ST LUCIE, FL 34986

SCOPE OF BUSINESS OR TRADE:

1- HOME IMPROVEMENT

2- REMODELING

IMPORTANT

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QUESTIONS? (850) 413-1609

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

| | | |
|---|---|---------------------------------|
| ACORD. CERTIFICATE OF LIABILITY INSURANCE | | DATE (MM/DD/YYYY) 11/30/2010 |
| PRODUCER C & C INSURANCE AGENCY, INC 10306 S. FEDERAL HWY. PORT ST LUCIE, FL 34952 772.337.1250 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED CONCORD BUILDING CORP 162 NW PLEASANT GROVE WAY PT ST LUCIE, FL 34986 | INSURERS AFFORDING COVERAGE INSURER A: AMERICAN VEHICLE INSURER B: INSURER C: INSURER D: INSURER E: | NAIC# |

COVERAGES
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CLASS CODES (TYPE CODE) | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|----------------------------|--|------------------------------------|----------------------------------|-----------------------------------|---|
| A X | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | GL0521015105-00 GL0521018216-00 | 12/06/09 12/06/10 | 12/06/10 12/06/11 | EACH OCCURRENCE \$1,000,000.00 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 50,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$1,000,000.00 GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COMPROP AGG \$2,000,000.00 |
| | REM AGGREGATE LIMIT APPLIES FOR PRO. POLICY <input checked="" type="checkbox"/> PRO. LIMIT <input type="checkbox"/> | | | | |
| / | AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRER AUTOS NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (EA accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| | DAMAGE LIABILITY ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC AGG \$ |
| | EXCESS/UMBRELLA LIABILITY ORCHP <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS LIABILITY OFFICER/AGENT EXCLUDED If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUT. LIMIT \$ DEATH ACCIDENT \$ DISEASE - EA EMPLOYEE \$ DISEASE POLICY LIMIT \$ |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
CITY OF PT ST LUCIE, POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, ITS OFFICERS, EMPLOYEES AND AGENTS SHOWN AS ADDITIONAL INSURED FOR RE#90-196223-20090061-0-0

| | |
|---|---|
| CERTIFICATE HOLDER CITY OF PORT ST LUCIE C/O EBIX BPO P O BOX 257 PORTLAND, MI 48875-0257 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF THE ISSUING INSURER WILL BE RESPONSIBLE TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORITY TO SIGN: <i>[Signature]</i> |
|---|---|

PO100009774Q

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000105277 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 07245002255
Phone : (305) 634-3694
Fax Number : (305) 638-9696

FLORIDA PROFIT CORPORATION OR P.A.

concord building corp.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 08 |
| Estimated Charge | \$76.00 |

FILED
01 OCT -8 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

McKulgan OCT - 8 2001

10/8/01 11:25 AM

OCT-08-2001 11:28

P.01/08



Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CONCORD BUILDERS - Corp

Reference: JOE BASSO Fax #: 772-621-7666

Email: _____ Telephone #: 772-201-0280

Person to contact: JOE BASSO

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
two major Renovations of: Demo Entire Interior Due to Chinese Drywall. Remove Drywall, Carpet, Insulation, Cabinets, All Fixtures, Etc. Total clean up & Re-install and finish Entire project Back to New Condition

What was the total project amount? \$ 30,000.00

Was the project completed on time and within budget? yes

What was the project completion date? 6-20-2011

How many remodeling projects has this Contractor completed for you within the past 5 years? Several Projects (8)

What problems were encountered (claims)? N/A

How many change orders were requested by this Contractor? N/A

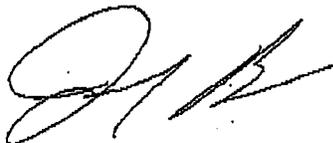
How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-------------|---------------|-----------|
| Professionalism | : <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments: Concord Builders were the most Professional & Quality company I have ever worked with.

Thank you.



9-23-2011

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NRP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
 Port St. Lucie, Florida, 34984
 772-871-5228

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
 (Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CONCORD BUILDING CORP

Reference: MARIE ALAMO Tax # 17A-3453359

Email: _____ Telephone #: 772-431-7857

Person to contact: _____

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Repair and replace damaged plumbing, electrical, A/C, equi. paint floor coatings, granite, trim, caulking, insulation, painting
12/11/10 - 4/1/11

What was the total project amount? 10,099.00

Was the project completed on time and within budget? Yes

What was the project completion date? 8-30-11

How many remodeling projects has this Contractor completed for you within the past 5 years? 20

What problems were encountered (claims)? No - None

How many change orders were requested by this Contractor? None

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|------------|---------------|------------|
| Professionalism | <u>10+</u> | Final Product | <u>10+</u> |
| Qualifications | <u>10+</u> | Cooperation | <u>10+</u> |
| Budget Control | <u>10+</u> | Reliability | <u>10+</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| | |
|--------------------|--|
| For OMB Use Only | |
| By Program Checked | |
| Clerk Checked | |

RFP#20110068

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 11:02
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 11:02 |
| FAX NO./NAME | 93453359 |
| DURATION | 00:00:24 |
| PAGE(S) | 02 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CONCORD BUILDING CORP

Reference: BARBARA CHAN Fax #: 561 835 0193

Email: _____ Telephone #: 561 634 6732

Person to contact: BARBARA CHAN

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Changed 4 sliding glass
Doors in my home
\$10,000

What was the total project amount? \$10,000

Was the project completed on time and within budget? Yes

What was the project completion date? June 24, 2011

How many remodeling projects has this Contractor completed for you within the past 5 years? 3

What problems were encountered (plaints)? none

How many change orders were requested by this Contractor? 0

How would you rate the contractor on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 10:56
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 10:56 |
| FAX NO./NAME | 915618350193 |
| DURATION | 00:00:21 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CONCORD BUILDING CORP

Reference: MICHAEL MENARD Fax #: 772 460 4244

Email: _____ Telephone #: 772 460 7751

Person to contact: MICHAEL MENARD

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
HISTORICAL COMMERCIAL CONVERSION

What was the total project amount? 100K

Was the project completed on time and within budget? YES

What was the project completion date? JUNE 2008

How many remodeling projects has this Contractor completed for you within the past 5 years? 3

What problems were encountered (claims)? NONE

How many change orders were requested by this contractor? 1

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism: 10 Final Product: 10

Qualifications: 10 Cooperation: 9

Budget Control: 9 Reliability: 9

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments: Mike Menard

Thank you. VICE PRES, 3000 MENARD ARCHITECTURE INC,

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TIME : 09/19/2011 10:55
NAME : OMB
FAX : 7728717337
TEL :
SER. # : BROE4J578464

| | |
|---------------|-----------------|
| DATE, TIME | 09/19 10:55 |
| FAX NO. /NAME | 94604244 |
| DURATION | 00:00:19 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

| | | | |
|--------------------|--|--------------|--------------|
| Bid Number: | 20110068 | | |
| Title: | Proposals for General Contractors for the Neighborhood Stabilization Program | | |
| Bidder/Respondent: | CONCOED BUILDING CORP | | |
| Reference: | DARRRELL EVANS | Telephone #: | 772-334-2274 |
| Email: | | Fax #: | 772-334-1398 |
| Person to contact: | DARRRELL EVANS | | |

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-------|---------------|-------|
| Professionalism | _____ | Final Product | _____ |
| Qualifications | _____ | Cooperation | _____ |
| Budget Control | _____ | Reliability | _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 10:51
NAME : OMB
FAX : 7728717337
TEL :
SER. # : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 10:51 |
| FAX NO./NAME | 93341398 |
| DURATION | 00:00:20 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

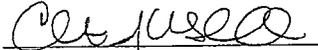
DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

CONCORD BUILDING CORP does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.


Proposer's Signature
8-21-11
Date

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure of fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: CONCORD BUILDING CORP

Authorized By: ALT WOOD (Sign) CHRISTOPHER MASON NICKL (Print Name)

Title: PRESIDENT Date: 8-21-11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: CONCORD BUILDING CORP

Corporate Title: PRESIDENT

Address: 162 NW PLEASANT GROVES WAY

PORT ST. LUCIE FL 34986

(Zip Code)

By: CHRISTOPHER McDONNELL PRESIDENT
(Print name) (Print title)

Chris McD
(Authorized Signature)

Telephone: (772) 201 8564

Fax: (772) 621 7831

State License # ABCB 50026 (ATTACH COPY)

County License # _____ (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: CERTIFIED BUILDING CONTRACTOR

Unlimited YES (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of FLORIDA)

County of ST. LUCIE)

CHRISTOPHER McDONNELL, being first duly sworn, disposes and says that:
(Name/s)

1. They are PRESIDENT of CONCORD BUILDING CORP the Bidder that
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;
3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) Christopher McDonnell
(Title) PRESIDENT

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this 9/1/11
(Date)

by: Christopher McDonnell who is personally known to me or who has produced
as identification and who did (did not) take an oath.

NOTARY PUBLIC STATE OF FLORIDA
Frances V. Joans
Commission # DD805067
Expires: OCT. 29, 2012
BONDED THROUGH ATLANTIC BONDING CO., INC.

Frances V. Joans
Notary (print & sign name)
Commission No. DD 805067

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)
CONCORD BUILDING CORP

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other ▶ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
162 NW PLEASANT GROVE WAY

City, state, and ZIP code
PORT ST. LUCIE, FL 34986

List account number(s) here (optional)

Requester's name and address (optional)
**City of Port St Lucie
 121 SW Port St Lucie Blvd
 Port Saint Lucie FL 34984**

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 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 *How to get a TIN* 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.

Social security number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

or

Employer identification number

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 6 | 5 | 1 | 1 | 4 | 7 | 4 | 7 | 9 |
|---|---|---|---|---|---|---|---|---|

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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.)

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ **8-21-11**

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- 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.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: CONCORD BUILDING CORP

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline – it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

Expense Voucher

NAME: Helen Quintana

VENDOR # _____

DATE: September 30, 2011

DESCRIPTION: (Give full details of what, where, when and why)

MILEAGE

| <u>DATE</u> | <u>START</u> | <u>FINISH</u> | <u>MILES</u> | <u>REASON</u> |
|-------------|--------------------|-------------------------------|--------------|--|
| 11-03-2010 | 121 S.W. PSL Blvd. | 1945 S.W. Cameo Blvd. PSL | 4.2 | Turtle Run Park Playground Equipment |
| 11-12-2010 | 121 S.W. PSL Blvd. | 450 Thornhill Drive PSL | 2.10 | Generator Demonstration |
| 02-09-2011 | 121 S.W. PSL Blvd. | 750 Darwin Blvd. | 8 | Pre-Bid Meeting Security Cameras@ Minsky Gym |
| 09-22-2011 | 121 S.W. PSL Blvd. | 900 S.E. Ocean Blvd Stuart | 22.4 | Pick-up PSL Partners Agreement |

TOTAL MILES: 14.30 @ \$.505 / MILE as 06/30/2011 = \$ 7.23
22.40 @ \$.55 / MILE as of 7/1/2011 = \$12.32

SIGNATURE _____

AMOUNT \$19.55

APPROVED: _____

5. PROPOSER'S QUESTIONNAIRE

**E-RFP #20110068
General Building Contractors**

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 15th day of September, 2011.

Sand Dollar Development of Southern Florida, Inc.
Name of Organization / Proposer

Submitted by: David M. Cotton, President
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation

2. If a Corporation answer the following:

When incorporated September 28, 1992

In what State Florida

Name of Officers:

President David M. Cotton

Vice President _____

Secretary _____

Treasurer _____

3. If a Partnership, answer the following:

Date of organization

General Limited Partnership _____

Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

Sand Dollar Development of Southern Florida, Inc. 1731 SW Leafy Road,
Port St. Lucie, FL 34953 Phone: (772) 336-8569, FAX: (772) 336-3419
Email Address: SDDOSF@bellsouth.net, Contact: David Cotton

5. Firm's previous names (if any) NA What year(s) NA

6. Area of expertise: Residential renovation, remodeling, and new construction

7. How many years has your organization been in business? 19 years

8. Describe organization profile, including the size, range of activities, licenses, etc.

We are a state certified General Contractor.

(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | 1 | | |
| b. Managers | | | |
| c. Supervisors Senior Staff | | | |
| d. Other Professional Staff | 1 | | |
| g. Total number of full time personnel | 2 | | |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|--------------|-----------|----------------------------------|--|--------------------------------|
| David Cotton | President | 35 | 90 | Management/ Carpentry |
| | | | | |
| | | | | |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|--------------|---|
| David Cotton | Completed sixteen NSP projects |
| David Cotton | Completed four ship program projects |
| David Cotton | Foreclosure renovation completed and sold April of 2009 |
| David Cotton | Foreclosure renovation completed and sold May of 2009 |
| | |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed. Sand Dollar uses several sub-contractors.

13. State your firm's commitment to perform in a timely fashion:
We are committed to quality and efficiency. Communication is very important via cell phone, email, and fax. We are always available to address issues as they occur.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|--------------|---|
| David Cotton | Currently one NSP project, And two foreclosure homes. |
| | Projected workload - undetermined |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
We are very budget conscious, charging for extras only when the customer makes a change. We stand by the belief that close supervision is an integral part of completing a project in a timely manner and on budget.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
Do not use "quick fix" or "cheap repair" methods. You will end up going back. Fix it once and fix it right. Hire a professional, this is truly effective.
-

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|--------------------------------|--|-------------------------|
| Conway Plastering & Lath, Inc. | 180 NE Solida Drive Port St. Lucie, FL 34983 | Licensed stucco |
| Skilled Painting, Inc. | 29 Harbour Drive West Unit 206 Hutchinson Island, FL 34949 | Licensed painter |
| Bassolino Plumbing, Inc. | P.O. Box 7114 Port St. Lucie, FL 34985 | Licensed plumber |
| Bellwether Electric, Inc.. | P.O. Box 7866 Port St. Lucie, FL 34985 | Licensed tile installer |
| B & M Cabinets, Inc. | 1592 SE Village Green Drive #0, Port St. Lucie, FL 34952 | |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years?
 If yes, please explain: No

(This is a Word document – add lines if needed)

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

If yes, please explain:

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

None

21. List any judgments from lawsuits in the last five (5) years:

None

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

None

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes (X) No ()

During bid and award process we will be working to achieve the Vicinity Hiring requirements.

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job. David Cotton - Supervisor

Proposals for General Contractors for NSP

If Corporation:

SAND DOLLAR DEV. OF SOUTHERN FL. INC.
Print Name of Corporation

If Individual:

Signature

Print Name

By: DAVID COTTON
(President)

Attest: _____
(Secretary)

**Request for Taxpayer
 Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)
DAVID M. COTTON

Business name, if different from above
SAND DOLLAR DEV. OF SOUTHERN FL. INC.

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)
1731 SW. LEAFY RD.

City, state, and ZIP code
PORT ST. LUCIE, FL. 34953

List account number(s) here (optional)

Requester's name and address (optional)
**City of Port St Lucie
 121 SW Port St Lucie Blvd
 Port Saint Lucie FL 34984**

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 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 *How to get a TIN* 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.

Social security number
 | | + | + | | |

or

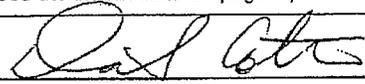
Employer identification number
65-0360332

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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.)

Sign Here Signature of U.S. person  Date **9/13/11**

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AH

DATE (MM/DD/YYYY)

03/11/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|--|--|--|--|
| PRODUCER PIF - PSL Blvd South Location Katherine E. Post 1250 SE Port St. Lucie Blvd #B Port St. Lucie, FL 34952 Katherine Post | | 772-335-8804 | CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: SANDD-2 |
| INSURED Sand Dollar Development of Southern Florida, Inc. 1731 Sw Leafy Road Port St. Lucie, FL 34953 | | INSURER(S) AFFORDING COVERAGE INSURER A: Mid-Continent Casualty Co INSURER B: Allied P & C Insurance Company INSURER C: INSURER D: INSURER E: INSURER F: | |
| | | NAIC # 42579 | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|--------------------------------------|---------------|-------------------------|-------------------------------------|--|
| A | GENERAL LIABILITY | | | 04GL000803932 | 10/27/10 | 10/27/11 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ EXCLUDED |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 2,000,000 | |
| | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| B | AUTOMOBILE LIABILITY | | | ACP5904488213 | 05/14/10 | 05/14/11 | COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| B | <input checked="" type="checkbox"/> HIRED AUTOS | | | | | \$ | |
| B | <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | \$ | |
| | UMBRELLA LIAB | | <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ |
| | DEDUCTIBLE | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | <input type="checkbox"/> Y/N | N/A | | | OTH-ER |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. EACH ACCIDENT \$ |
| | | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---|--|
| CERTIFICATE HOLDER PSLCI-1 City of Port St Lucie Contractor Licensing Division 121 SW Port St Lucie Blvd Port St Lucie, FL 34984-5099 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Katherine Post |
|---|--|

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AC# 5036381

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 110071401284

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 07/14/2010 | 108007837 | CGC1504833 |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2012

COTTON, DAVID MICHAEL
SAND DOLLAR DEVELOPMENT OF SOUTHERN FLORIDA INC
1731 SW LEAFY ROAD
PORT SAINT LUCIE FL 34953

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

2011 / 2012 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 1500-00900046
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

EXPIRES SEPTEMBER 30, 2012

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 10

TYPE OF BUSINESS 1500 BUILDING CONTRACTOR (BUILDING)

BUSINESS/ David Cotton

DBA NAME Sand Dollar Development of Southern

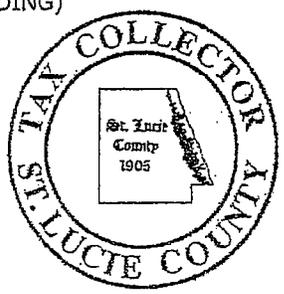
MAILING ADDRESS David Cotton
1731 SW Leafy Rd
Port St Lucie, FL 34953

BUSINESS LOCATION 1731 SW Leafy Rd
Port St Lucie, FL 34953

City of Pt St Lucie

CGC1504833

NONEXEMPT



| | |
|-------------------------|---------|
| RENEWAL ORIGINAL TAX | \$12.35 |
| PENALTY COLLECTION COST | |
| TOTAL | \$12.35 |

Paid 08/22/2011 12.35 0033-20110822-002706

NO RECEIPT FOR TAX PAID
THIS RECEIPT DOES NOT GIVE HOLDER THE AUTHORITY TO OPEN THIS BUSINESS WITHOUT MEETING ALL STATE AND LOCAL REQUIREMENTS

TERM: October 1, 2011 to September 30, 2012

Business Tax 106608 / 12-1015096
Fee: 127.63
Discount: 0.00

Business Address: 1731 SW LEAFY RD
Classification: CONT CONTRACTOR
Issued to: SAND DOLLAR DEVELOPMENT OF SOUTHERN FL
1731 SW LEAFY RD
PORT ST LUCIE FL 34953

Mary S. Masters

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST LUCIE
Fees: 127.63 Late Fees: 0.00 Total this payment: 127.63



06-16-2011

JEFF ATWATER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****
CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 08/03/2011 EXPIRATION DATE: 08/02/2013
PERSON: COTTON DAVID
FEIN: 650360332
BUSINESS NAME AND ADDRESS:
SAND DOLLAR DEVELOPMENT OF SOUTHERN FLORIDA INC
1731 SW LEAFY RD
PORT ST LUCIE FL 34953

SCOPES OF BUSINESS OR TRADE:
1- GENERAL CONTRACTOR

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

QUESTIONS? (850) 413-1809

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: SAND DOLLAR DEV. OF SOUTHERN FL. INC.

Corporate Title: _____

Address: 1731 SW. LEAFY RD.

PORT ST. LUCIE, FL. 34953
(Zip Code)

By: DAVID COTTON PRESIDENT
(Print name) (Print title)


(Authorized Signature)

Telephone: (772) 336-8569

Fax: (772) 336-3419

State License # CGC1504833 (ATTACH COPY)

County License # _____ (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: _____

Unlimited YES (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110068

State of FLORIDA }

County of ST. LUCIE }

DAVID COTTON being first duly sworn, disposes and says that:
(Name/s)

1. They are PRESIDENT of SAND DOLLAR DEV. INC. the Bidder that
(Title) (Name of Company)

has submitted the attached bid/PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;

3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;

4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]

(Title) PRESIDENT

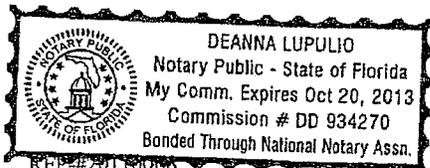
STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this 09/01/11
(Date)

by: DAVID COTTON who is personally known to me or who has produced
MDLC350.173.58.294.0 as identification and who did (did not) take an oath.

[Signature] Deanna Lupulio
Notary (print & sign name)

Commission No. DD454270





Proposals for General Contractors for NSP

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et seq.)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Company Name: CARDINAL ROOFING + SIDING, INC.

Authorized By: Bruce Roegner (Sign) BRUCE ROEGER (Print Name)

Title: Sales Rep. Date: 9-8-11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

Proposals for General Contractors for NSP

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

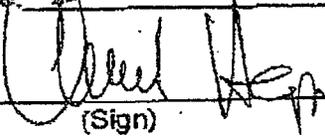
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
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Company Name: BELLWETHER ELECTRIC, INC.

Authorized By:  (Sign) [unclear] (Print Name)

Title: PRESIDENT Date: 9/8/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

Proposals for General Contractors for NSP

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

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- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
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[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Company Name: B+M CABINETS INC.

Authorized By: [Signature] MARIO PEREIRA
(Sign) (Print Name)

Title: _____ Date: 9-9-2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

Sep 08 11 08:01a

Sand Dollar Dev, Inc.

772-336-3419

p.1

Proposals for General Contractors for NSP

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

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The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Company Name: JBR EXTERIORS, INC.

Authorized By:  Bryan Johnson
(Print Name)

Title: Pres. Date: 9/8/11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

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[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: CHAMPION GARAGE DOORS, INC.

Authorized By:  Bruce Kinkade
(Sign) (Print Name)

Title: owner Date: 9-9-11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

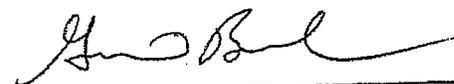
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: BASSOLINO PLUMBING, INC.

Authorized By:  Genaro Bassolino
(Sign) (Print Name)

Title: Vice President Date: 9/9/11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sand Dollar Development of Southern Florida, Inc.

Reference: _____ Fax #: _____

Email: laboyer13@gmail.com Telephone # (772)349-3005

Person to contact: Laurie Boyer

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: SAND DOLLAR DEV. INC.

Reference: HERB + PHYLLIS BRADLEY Fax #: _____

Email: _____ Telephone #: 1-551-427-6224

Person to contact: PHYLLIS

bradley.phyllis@hotmail.com

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
HOME MODIFICATION OF WALLS, CLOSETS, DOORWAYS, FIREPLACE, KITCHEN, BATHROOMS, GARAGE, LAUNDRY ROOM. ADDED CROWN MOLDING ENTIRE HOUSE

What was the total project amount? OVER 810,000.

Was the project completed on time and within budget? YES

What was the project completion date? 1/11

How many remodeling projects has this Contractor completed for you within the past 5 years? 8

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No [] Maybe []
Comments: WOULD RECOMMEND DAVID COTTON HIGHLY - HONEST CRAFTSMAN

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sand Dollar Development of Southern Florida, Inc.

Reference: _____ Fax #: 772.283.2803

Email: _____ Telephone # (772)240-6740

Person to contact: Kathy Babcock

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? \$ 22,000

Was the project completed on time and within budget? Yes

What was the project completion date? 1/2011

How many remodeling projects has this Contractor completed for you within the past 5 years?

What problems were encountered (claims)? 3 projects no claims

How many change orders were requested by this Contractor? None

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| For OMB Use Only | |
|------------------|--|
| Referral Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE
 121 SW Port St. Lucie Boulevard
 Port St. Lucie, Florida, 34984
 772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE.

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: SAND DOLLAR DEV. INC.

Reference: SALLY TREFZ Fax #: 692-5086

Email: _____ Telephone #: 692-9494

Person to contact: SALLY

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

- What was the total project amount? _____
- Was the project completed on time and within budget? _____
- What was the project completion date? _____
- How many remodeling projects has this Contractor completed for you within the past 5 years? _____
- What problems were encountered (claims)? _____
- How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

- Professionalism _____
- Qualifications _____
- Budget Control _____
- Final Product _____
- Cooperation _____
- Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/22/2011 14:29
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/22 14:29 |
| FAX NO./NAME | 96925086 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: SAND DOLLAR DEV, INC.

Reference: RICHARD + RITA FERRARA Fax #: _____

Email: _____ Telephone #: 1-610-883-0858

Person to contact: RICHARD email: r1f16494@comcast.net

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

REMOVED CARPET, PREPARED FLOOR AND INSTALLED HARD WOOD FLOORING.

What was the total project amount? \$500,000

Was the project completed on time and within budget? YES

What was the project completion date? 18 MARCH 2011

How many remodeling projects has this Contractor completed for you within the past 5 years? 3

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96)]. Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: SKILLED PAINTING, INC.

Authorized By:  RICHARD CREBER
(Sign) (Print Name)

Title: PRESIDENT. Date: 9/7/11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2011 10:31
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/21 10:30 |
| FAX NO./NAME | 98720015 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

| | |
|--|----------------------------------|
| Bid Number: <u>20110068</u> | |
| Title: <u>Proposals for General Contractors for the Neighborhood Stabilization Program</u> | |
| Bidder/Respondent: <u>Sand Dollar Development of Southern Florida, Inc.</u> | |
| Reference: _____ | Fax #: <u>772.872.0015</u> |
| Email: _____ | Telephone # <u>(772)486-8401</u> |
| Person to contact: <u>Dave Messinger</u> | |

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years?

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2011 10:31
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/21 10:31 |
| FAX NO./NAME | 98790172 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sand Dollar Development of Southern Florida, Inc.

Reference: 16 completed NSP Projects Fax # 772.879.0172
Email: AULTIMATE@comcast.net Telephone # (772)879-0093
Person to contact: Dottie Sinan

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years?

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____

Final Product _____

Qualifications _____

Cooperation _____

Budget Control _____

Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2011 10:35
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/21 10:34 |
| FAX NO./NAME | 92832803 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CHECKLIST
E-RFP #20110068

**Proposals for General Contractors for the Neighborhood Stabilization
Program**

Name of Proposer: Sand Dollar Development of Southern Florida, Inc.

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068

General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 12 day of September, 2011.

A THOMAS CONST INC

Name of Organization / Proposer

Submitted by: Andrew Thomas president
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: (Corporation) Partnership, Joint Venture, Individual or other? (circle one)

2. If a Corporation answer the following:

When incorporated 4/26/2006
In what State Florida

Name of Officers:
President Andrew Thomas
Vice President Jesse McClain
Secretary
Treasurer

3. If a Partnership, answer the following:

Date of organization
General Limited Partnership NA
Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

A THOMAS CONST INC 1380 Bayshore Dr Ft Pierce 34949
772 595 5261 FAX 772 216 5898
Andrew Thomas / Pats Fitzpatrick ATCONST06@yahoo.com

Proposals for General Contractors for NSP

5. Firm's previous names (if any) NA What year(s) _____

6. Area of expertise: GENERAL CONSTRUCTION Hurricane protection

7. How many years has your organization been in business? 5 1/2 yr

8. Describe organization profile, including the size, range of activities, licenses, etc.
SMALL BUSINESS MAY 10 EMPLOYEES GLAZIER, INSTALLERS (SHUTTERS IMPACT WINDOWS, DOORS ETC) CARPENTERS GC CONTRACTOR

(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | 2 | 2 | 2 |
| b. Managers | 2 | 2 | 2 |
| c. Supervisors Senior Staff | 2 | 2 | 2 |
| d. Other Professional Staff | 0 | 1 | 0 |
| g. Total number of full time personnel | 7 | 10 | 5 |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|------------------|------------|----------------------------------|--|--------------------------------|
| Andrew Thomas | Pres | 13 | 35% | Proj mgr w/ employees |
| Jesse McClain | V Pres | 11 | 20% | Field super office |
| Jeff Tison | Foreman | 7 | 80% | Foreman, carpenter |
| Faye Fitzpatrick | Office Mgr | 20 | 35% | Permits, invoices Flip docs. |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|------------------|--|
| Andrew R Thomas | St. Lucie Co, MARTIN Co, Indian River Co SHEP, INTACT, MSEH, NSP, Housing Authority |
| Jeff Tison | Replace doors, windows, flooring, cabinets, paint |
| Joshua Lee | SAME " " " " " |
| Matthew Lee | SAME " " " " " |
| Faye Fitzpatrick | All office documents, |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

Proposals for General Contractors for NSP

13. State your firm's commitment to perform in a timely fashion:

Meet or exceed the requirements directly related to this proposal by dedicating our best efforts and serving in a timely and cost efficient manner.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | PSL | Current and Projected Workloads | 1 |
|------------------|--|--|---------|
| Andrew R Thomas | Two | NSP homes, 2 St Lucie Co projects, Housing | Outlets |
| Jeff Tison | " | " | " |
| Joshua Lee | " | " | " |
| Matthew Lee | " | " | " |
| Faye Fitzpatrick | all documents pertaining to above jobs | | |

15. State your firm's ability to meet budget and schedule:

Firm plans to use production schedule to meet criteria (as in past jobs) Firm has in place pre-liminary budget + schedule reports to meet assignments on time + within budget

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:

Maintain amicable working relationship with suppliers to secure MATERIAL costs. Repair/rebuild as soon as possible in a safe, efficient, workmanlike manner.

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|-------------------------|----------------------------|----------------------------|
| Bellwether Electric | 617 SW Biltmore PSL 34983 | Meets exceeds All required |
| Speedy Air Conditioning | 627 SW Biltmore PSL 34983 | " " " |
| Meeks Plumbing Inc | 5555 US 1 Vero Beach 32967 | " " " |
| Gutter Guy Inc | 834 NW Spaulding Street | " " " |
| Cardinal Roofing | 1601 NE S Memorial Cir PSL | " " " |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

NA

(This is a Word document – add lines if needed)

Proposals for General Contractors for NSP

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ()

No (X)

If yes, please explain:

_____ NA

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

_____ NA

21. List any judgments from lawsuits in the last five (5) years:

_____ NA

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

_____ NA

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes (X) No ()

If "Yes" was checked, include a copy of certificate with proposal.

waiting for delivery

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No (X)

If "Yes" is checked, include a copy of certificate with proposal.

(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.cityofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring f Contractors for Repair of Homes.")

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.

If Corporation:

A Thomas Const Inc
Print Name of Corporation

If Individual:

Signature

Print Name

By: 
(President)

Attest: _____
(Secretary)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

A. THOMAS CONST INC

P.O. BOX 3285

FT. PIERCE, FL 34948

CBC1254959

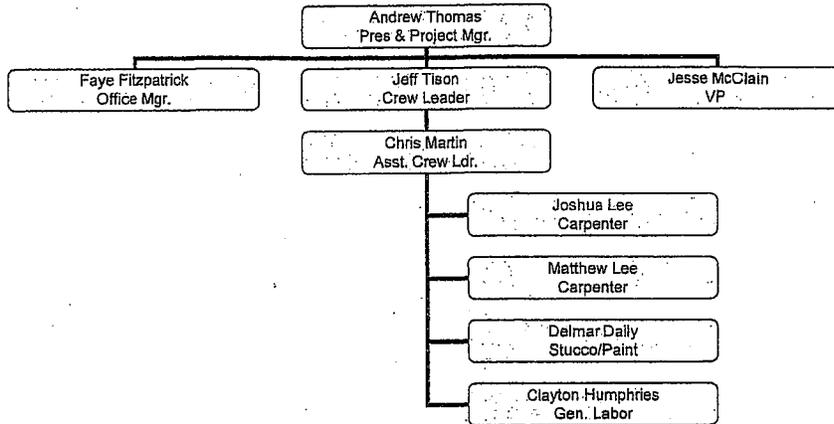
List of all current full-time employees

| | |
|--------------------|---|
| Faye Fitzpatrick | 800 Coker Rd. Ft Pierce, 34945 |
| Delmar Daily | 1380 Bayshore Dr Ft Pierce 34949 |
| Clayton Humphries | 3754 Ideal Holding Ft Pierce 34987 |
| Joshua Lee | 1380 Bayshore Dr Ft Pierce, 34949 |
| Matthew Lee | 601 S. Indian River Dr. Ft Pierce 34950 |
| Christopher Martin | 1152 Bayshore Dr Ft Pierce 34949 |
| Jeffrey Tison | 1152 Bayshore Dr Ft Pierce 34949 |

List of employees claiming Section 3 status

Includes all seven (7) named employees above.

A Thomas Construction



CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: A Thomas Const Inc

Reference: Martin County Housing Fax #: 772-288-5960

Email: JLindstrom@MARTIN.CO.FL.US Telephone #: 772-220-7099

Person to contact: J.R. Lindstrom

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:19
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/20 09:18 |
| FAX NO./NAME | 92885960 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: A. Thomas Const. Inc.

Reference: St Lucie County Housing Fax #: 462-1777

Email: WesloskiD@stlucieco.org Telephone #: 462-1290

Person to contact: DIANA WESLOSKI

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Thomas Const Inc
Housing Authority City of Fort Pierce

Reference: Housing Authority City of Ft. Pierce Fax #: 772-466 0663

Email: Ed.Kiley@epha.org Telephone #: 772-216-1765

Person to contact: Edgar Kiley

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Vacancy Turnover work, door installation, various projects

What was the total project amount? \$10,000 vacancy turns, 216,976 - Doors, varied misc

Was the project completed on time and within budget? yes

What was the project completion date? yes

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (claims)? None noted

How many change orders were requested by this Contractor? 0

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|----------|---------------|----------|
| Professionalism | <u>9</u> | Final Product | <u>9</u> |
| Qualifications | <u>9</u> | Cooperation | <u>9</u> |
| Budget Control | <u>9</u> | Reliability | <u>9</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: A Thomas Const Inc
~~Housing Authority City of Fort Pierce~~

Reference: Housing Authority City of Ft Pierce Fax #: 772-4660663

Email: Ed.Kiley@cfpha.org Telephone #: 772-216-1765

Person to contact: Edgar Kiley

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:35
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/20 09:35 |
| FAX NO./NAME | 94660663 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: A Thomas Const Inc Andrew Thomas
Port St Lucie, FL 34983

Reference: Gerald Reilly 412 S.E. Volkerts Ter Fax #: _____

Email: _____ Telephone #: 772 785 9182

Person to contact: Jerry Reilly

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
He came out when he said he would. I wanted all new windows, doors & garage updated & change to high impact. His price was good.

What was the total project amount? \$8620

Was the project completed on time and within budget? yes

What was the project completion date? Oct 2008

How many remodeling projects has this Contractor completed for you within the past 5 years? yes - 2 yrs ago

What problems were encountered (claims)? no

How many change orders were requested by this Contractor? none

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|---------------------------|-------------------------|
| Professionalism <u>10</u> | Final Product <u>10</u> |
| Qualifications <u>10</u> | Cooperation <u>10</u> |
| Budget Control <u>10</u> | Reliability <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments: I highly recommend him. He's honest, up front, he doesn't play games. He did my son - after I recommended him to my son. He was also pleased.

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: A Thomas Const Inc

Reference: Loretta Myers 800 Coker Rd Ft Pierce 34945 Fax #: _____

Email: _____ Telephone #: 772 466 0757

Person to contact: LORI Myers

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/07/2011

PRODUCER (352)796-1451 FAX (352)799-5986
Killingsworth Agency, Inc.
19259 Cortez Blvd.
P. O. Box 1750
Brooksville, FL 34605-1750

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED A. Thomas Const. Inc.
P.O. Box 3285
Fort Pierce, FL 34948

| INSURERS AFFORDING COVERAGE | NAIC # |
|---------------------------------|--------|
| INSURER A: Ohio Casualty Ins Co | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR | INSR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------------|------|---|---------------|------------------------------------|-------------------------------------|---|--------------|
| A | X | GENERAL LIABILITY | B11090790179 | 09/12/2011 | 09/12/2012 | EACH OCCURRENCE | \$ 1,000,000 |
| | | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 | |
| | | AUTOMOBILE LIABILITY | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | | | AUTO ONLY: AGG | \$ |
| | | EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | \$ |
| | | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE | | | | AGGREGATE | \$ |
| | | <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | | \$ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | WC STATUTORY LIMITS | OTH-ER |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below | | | | E.L. EACH ACCIDENT | \$ |
| | | OTHER | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

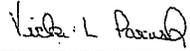
Limits shown are those in effect as of policy inception date.
A waiver of subrogation in favor of the City of Port St. Lucie, a political subdivision of the State of Florida, its officers, employees and agents applies to General Liability. City of Port St. Lucie, a political subdivision of the State of Florida, its officers, employees and agents are listed as additional insureds in reference to General Liability. Contract #20110068

CERTIFICATE HOLDER

City of Port St. Lucie
Contractor Licensing
Building Department
121 S.W. Port St. Lucie Blvd.
Port St. Lucie, FL 34984

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Vicki Parrish/CLARE 



CERTIFICATE OF LIABILITY INSURANCE

OP ID: SH

DATE (MM/DD/YYYY)

03/29/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|-------------------------------|-----------------|
| PRODUCER Post Insurance & Financial Inc Katherine E. Post 146 NW Central Park Plaza, 102 Port St. Lucie, FL 34986 Katherine Post | 772-878-8184 | CONTACT NAME: | |
| | 772-878-8292 | PHONE (A/C, No. Ext): | FAX (A/C, No.): |
| | | E-MAIL ADDRESS: | |
| | | PRODUCER CUSTOMER ID #: | ATHOM-1 |
| | | INSURER(S) AFFORDING COVERAGE | NAIC # |
| INSURED A Thomas Construction Inc PO Box 3285 Fort Pierce, FL 34948 | INSURER A: Fla Citrus, Business & Industr | | |
| | INSURER B: | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| | INSURER F: | | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-----------|---------------------------------|---------------|-------------------------|-------------------------|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | X | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEDUCTIBLE RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | Y/N <input type="checkbox"/> | 10642180 | 04/01/11 | 04/01/12 | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Waiver of subrogation applies.
 RFP/Contract#20100043-contractors for Emergency Repairs after Hurricanes,
 Fires or other storm events
 Ref#90-202096-20100043-0

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| PSLCI-6 City of Port St Lucie c/o Ebix BOP P O Box 257 Portland, MI 48875 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Katherine E Post</i> |
|---|--|

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/14/2011

PRODUCER
Bill Knight Insurance Agency Inc.
 2301 Sunrise Blvd.
 Fort Pierce, FL 34982

INSURED
ANDREW THOMAS
 7945 99TH AVE
 VERO BEACH FL 32967-6428

THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|--------|
| INSURER A: State Farm Mutual Automobile Insurance Company 25178 | 25178 |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADPT L TR (INSRD) | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS |
|---------------------------|---|--------------------------------------|---------------------------------------|--|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| X | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | 645 1994-E18-59A 907 7021-C15-59A | 05/18/2011 03/15/2011 | 11/19/2011 03/15/2011 | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$ |
| | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <small>(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below</small> | | | | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| | OTHER | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Additional Insureds: City of Port St. Lucie, political subdivision of the State of Florida, it's officers, empolyees and agents.

CERTIFICATE HOLDER

City of Port St. Lucie, political subdivision of the State of Florida, it's officers, empolyee and agents.
 Contract #20110068 for Gen. Contractors for NSP
 121 SW Port St. Lucie Blvd, Port St. Lucie, FL 34984

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
William J. Knight by Virginia Merano



STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

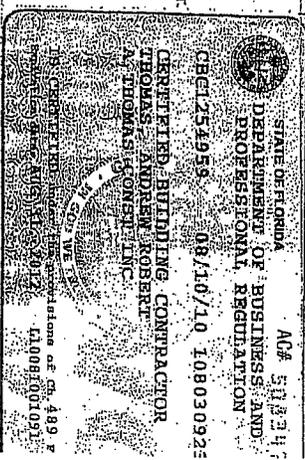
(850) 487-1395

THOMAS, ANDREW ROBERT
 A THOMAS CONST INC
 P.O. BOX 3285
 FORT PIERCE FL 34948

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbecue restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

AC# 5063470

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

DATE: 08/10/2010
 EXPIRES: 08/10/2010
 LICENSE NUMBER: CE1254959

THE BUILDING CONTRACTOR
 Named Below is Authorized Under the Division of Chapter 489, F.S.
 Expiration date: 08/10/2010

THOMAS, ANDREW ROBERT
 A THOMAS CONST INC
 P.O. BOX 3285
 FORT PIERCE FL 34948

CHARLES CRESH
 GOVERNOR

SECRETARY

2010 / 2011

ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

RECEIPT NUMBER 1009503

EXPIRES SEPTEMBER 30, 2011

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 2
 TYPE OF BUSINESS 1500 BUILDING CONTRACTOR ()
 BUSINESS NAME Andrew Thomas
 DBA NAME A. Thomas Construction
 MAILING ADDRESS Andrew Thomas
 PO Box 3285
 Fort Pierce, FL 34949
 BUSINESS LOCATION 1380 Bayshore Dr
 Fort Pierce, FL 34949
 City of Fort Pierce
 2401-621-0016-000/9



| | |
|-------------------------|---------|
| RENEWAL ORIGINAL TAX | \$12.35 |
| PENALTY COLLECTION COST | |
| TOTAL | \$12.35 |

P06000059041

NONEXEMPT

Paid 09/20/2010 12.35

99-20100920-034338

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Andrew Thomas

PO Box 3285
Fort Pierce, FL 34949

CITY OF PORT ST. LUCIE
BUILDING DEPARTMENT
CERTIFICATE OF COMPETENCY
EXPIRE: SEPTEMBER 30, 2011

THOMAS, ANDREW
A THOMAS CONSTRUCTION INC
PO BOX 3285
FORT PIERCE, FL 34948

SIGNATURE



BUILDING CONTRACTOR

FL#CBC1254959

PSL11 - 10736

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: A. Thomas Const. Inc

Corporate Title: Andrew Thomas PRES

Address: P.O. Box 3285

Ft Pierce, FL 34948

(Zip Code)

By: Andrew R Thomas President
(Print name) (Print title)


(Authorized Signature)

Telephone: 872 216 5898

Fax: 872 595 5261

State License # CBC1254959 (ATTACH COPY)

County License # 9503 (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY) 10736

Type of License: Builder

Unlimited Yes ~~No~~ (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110068

State of FLORIDA }

County of St. Lucie }

Andrew R Thomas, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of A. THOMAS CONST INC the Bidder that
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;
3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) Andrew R Thomas

(Title) President

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this SEPT 12, 2011
(Date)

by: Andrew Thomas who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Faye Fitzpatrick

Notary (print & sign name)

Commission No. _____



FAYE FITZPATRICK
MY COMMISSION # EE 121653
EXPIRES: August 24, 2015
Bonded Thru Budget Notary Services

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: A. Thomas Const Inc.

Authorized By:  Andrew R Thomas
(Sign) (Print Name)

Title: President Date: 9/12/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

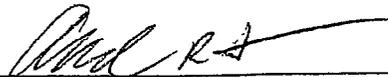
DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

A-Thomas Const Inc. does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.



Proposer's Signature

9/12/2011

Date

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2

Name (as shown on your income tax return)
A. Thomas Const Inc.

Business name, if different from above

Check appropriate box: Individual/Sole proprietor Corporation Partnership Other Exempt from backup withholding

Address (number, street, and apt. or suite no.)
P.O. Box 3285

City, state, and ZIP code
Ft Pierce FL 34948

Requester's name and address (optional)
**City of Port St Lucie
121 SW Port St Lucie Blvd
Port Saint Lucie FL 34984**

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 Line 1 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 *How to get a TIN* 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.

Social security number
| | + | | | | |

or

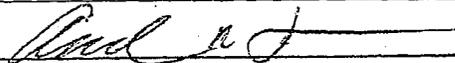
Employer identification number
20-47817605

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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.)

Sign Here Signature of U.S. person  Date **9/12/2011**

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Proposals for General Contractors for NSP

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

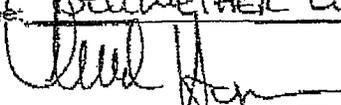
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: BELWETHER ELECTRIC COMPANY

Authorized By:  CHARLES HOPPMANN
 (Sign) (Print Name)

Title: PRESIDENT Date: 9/14/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

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- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
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Company Name: Cardinal Roofing & Siding Company, Inc.

Authorized By: Bruce Roemer (Sign) BRUCE ROEMER (Print Name)

Title: Representative Date: 9-13-11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

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The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3601, *et seq.*, apply to this certification and disclosure, if any.

Company Name: Gutter Guy Inc

Authorized By: C.W. Williamson (Sign) C.W. Williamson (Print Name)

Title: Owner Date: 9/12/11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

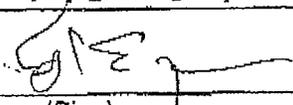
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Company Name: Meeks Plumbing Inc
Authorized By:  Ronald E Meeks
(Sign) (Print Name)
Title: President/owner Date: 9/14/11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

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Company Name: SPEEDY AIR CONDITIONING SERVICE

Authorized By:  FELIX BURGOS
(Sign) (Print Name)

Title: MEMBER MANAGER Date: 9/12/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: A. Thomas Const. Inc

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

**True Color Enterprises
Construction & Painting Inc.**

Rey Valdes

Cgc1510177

772-215-7022

Proposals for General Contractors for NSP
5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068
General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, survey, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 1st day of August, 2011.

TRACER COLAR ENTERPRISES CONSTRUCTION, INC.

Name of Organization / Proposer

Submitted by: Key Blades - President

Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation; Partnership, Joint Venture, Individual or other?
(circle one)

2. If a Corporation answer the following:
When incorporated: May 2005
In what State _____

Name of Officers:
President: Reynolds J. Blades
Vice President _____
Secretary _____
Treasurer _____

3. If a Partnership, answer the following:
Date of organization _____
General Limited Partnership _____
Name and address of each partner: _____

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

Proposals for General Contractors for NSP

5. Firm's previous names (if any) 2009-P
Key Wilkes Construction Inc

6. Area of expertise: General Contracting

7. How many years has your organization been in business? 2003 (Incorporated in Georgia)
PROPOSED WORK IN GA

8. Describe organization profile, including the size, range of activities, licenses, etc.
NSP GC I have extensive experience in
highly competitive & use many qualified sub-contractors
to achieve long and quality results.

(This is a Word document -- add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | N/A | | |
| b. Managers | N/A | | |
| c. Supervisors Senior Staff | N/A | | |
| d. Other Professional Staff | N/A | | |
| e. Total number of full time personnel | N/A | | |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|------------------------|-------|----------------------------------|--|--------------------------------|
| <u>Kevin - Rowland</u> | | <u>30</u> | <u>100</u> | <u>Project Manager</u> |
| <u>Key Wilkes</u> | | | | <u>Project Manager</u> |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|----------------------|---|
| <u>Key Wilkes</u> | <u>PROJECT MANAGEMENT (NSP PROJECT)</u> |
| <u>Steve Winkler</u> | <u>STEVE PROJECT & GENERAL</u> |
| <u>Greg Lee</u> | <u>Lee & Associates</u> |
| <u>John Johnson</u> | <u>JAN JOHNSON & ASSOCIATES</u> |
| <u>Edm Cabrett</u> | <u>CABRETT MANAGEMENT</u> |
| <u>Mc Characters</u> | <u>MANAGEMENT</u> |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

Proposals for General Contractors for NSP

13. State your firm's commitment to perform in a timely fashion:
We have completed two less 1st NCR projects over the past 5 years per on-time of within budget.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract:

| Name | Current and Projected Workloads |
|-------------------|-------------------------------------|
| <i>Ray Walker</i> | <i>138 St. Jackson 50% Complete</i> |
| | |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
We have history with 85% on schedule of our pricing so order materials more budgeting quality.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
Speed. We try and have been successful in utilizing all favors relationships. We have had low all good relationships. We would like to negotiate best rates and materials handling costs.

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(es) and a description of qualifications)

| Name | Address | Qualifications |
|--------------------------|----------------------------------|---------------------------|
| <i>ONE</i> | <i>1209 SW Beckhorne</i> | <i>Concrete - Drive 5</i> |
| <i>B&H Concrete</i> | <i>1577 William Street</i> | <i>Concrete</i> |
| <i>D S Inc</i> | <i>4800 X 199 (Eastern) Road</i> | <i>PAVING</i> |
| <i>STONE MASONRY ETC</i> | <i>3912 SE EAST ANDRAMS</i> | <i>STAIRCASES & C</i> |
| <i>CONCRETE</i> | <i>4700 11000 Ridge Ave</i> | <i>CONCRETE</i> |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:
No

(This is a Word document - add lines if needed)

Proposal for General Contractors for NSP

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?
Yes () No ()
If yes, please explain:

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10%) interest:
N/A

21. List any judgments from lawsuits in the last five (5) years:
N/A

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
N/A

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1983, and in accordance with Florida State Statutes, #287.09451?
Yes () No ()

24. If "Yes" was checked, include a copy of certificate with proposal.

25. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

26. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701(u) (as amended))?
Yes () No ()

27. If "Yes" was checked, include a copy of certificate with proposal.

28. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?
Yes () No ()

29. If "Yes" is checked, include a copy of certificate with proposal.
(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.ehvh.org, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring Contractors for Repair of Homes.")

30. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.
7 011 711 5733

No. 24:

Over the past two years we've been able to successfully restore no less than 15 properties for the City of Port St. Lucie's NSP program. We been able to meet our time parameters as well as budgetary thresholds. In addition, we have performed numerous remodeling as well as weather proofing projects. Most notably, we weather proofed the City's building departments parapet wall as well as installed and restored numerous doors and windows for the City of PSL's RO water division.

We look forward to an ongoing relationship with the City of Port St. Lucie and it's efforts to stabilize it's neighborhoods through proactive and mutually beneficial partnerships.

28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs? Yes () No (✓)

If "Yes" is checked, do you have a plan that promotes hiring of Section 3 residents/subcontractors or qualified individuals/subcontractors within the "Vielinity"? See references in 25 and 26 above.

ADDENDUM ACKNOWLEDGMENT - Submitter acknowledges that the following addenda have been received and are included in his/her proposal:

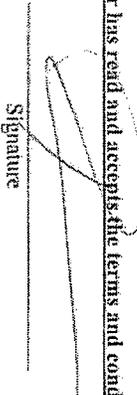
| Addendum Number | Date Issued |
|-----------------|-------------|
| | |
| | |
| | |
| | |

AGREEMENT - Proposer agrees to comply with all requirements stated in the specifications for this E-RFP.

CERTIFICATION:

This RFP is submitted by: Name (print) Barbara S. Walker who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusion bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this E-RFP.

Proposer has read and accepts the terms and conditions of the City's standard contract.

 Signature
Barbara S. Walker Title

If a corporation renders this E-RFP, the corporate seal attested by the secretary shall be affixed below. Any agent signing this E-RFP shall attach to this form evidence of legal authority.

Witnesses:

If Partnership:

Print Name of Firm

By: _____ (General Partner)

Proposals for General Contractors for NSP

If Corporation:

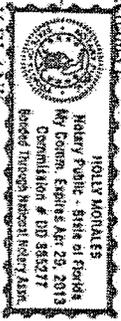
The Color & Texture Care Products Inc.
Print Name of Corporation

If Individually:

Retnaw T. Walker
Signature
Print Name

By: _____
Attest: _____
(President)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK





STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD
 1940 NORTH MONROE STREET
 TALLAHASSEE FL 32399-0783

(850) 487-1395

VALDES, REIMUNDO JOSE
 TRUE COLOR ENTERPRISES CONSTRUCTION INC
 P.O. BOX 962
 PALM CITY FL 34991

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from bakers to barbecue restaurants, and they keep Florida's economy strong. Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myFloridaLicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

NO# 5295339

STATE OF FLORIDA
 DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
 CONSTRUCTION INDUSTRY LICENSING BOARD

SECR# L10102000840

10/20/2010 0000000000 CGC1510177

THE GENERAL CONTRACTOR
 Named below IS CERTIFIED
 Under the provisions of Chapter 489, FS
 Expiration date: Aug 31, 2012

VALDES, REIMUNDO JOSE
 TRUE COLOR ENTERPRISES CONSTRUCTION INC
 P.O. BOX 962
 PALM CITY FL 34991



CHARLIE CRIST
 GOVERNOR

CHARLIE LIEM
 SECRETARY

DISPLAY AS REQUIRED BY LAW

04-20-2010



ALEX SINK
CHIEF FINANCIAL OFFICER
STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

**** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW ****
CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 04/20/2010 EXPIRATION DATE: 04/19/2012
PERSON: VALDES REINUNDO J
FEIN: 161730911
BUSINESS NAME AND ADDRESS:
TRUE COLOR ENTERPRISES CONSTRUCTION INC
2483 PALM CITY SCHOOL AVE STE E
PALM CITY FL 34990

SCOPES OF BUSINESS OR TRADE:
1 - CONSTRUCTION 2 - PAINTING

IMPORTANT: Pursuant to Chapter 449, F.S., an officer of a corporation who files a certificate of election under this section may not receive benefits or compensation until this chapter, pursuant to Chapter 449.05(2), F.S., conditions of election to be exempt, apply fully within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 449.05(1)(a), F.S., notices of election to be exempt are certificates of election to be exempt that are subject to revocation if, at any time after the filing of the notice or certificate, the person named as the holder or the issuer of the certificate or certificate of election meets the requirements of any section for issuance of a certificate of election to be exempt. The department shall revoke a certificate of election if the person named on the certificate to be exempt fails to meet the requirements of this section.
OWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 09-05 QUESTIONS? (850) 413-1809

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

| | |
|---|--|
| <p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF CONSTRUCTION INDUSTRY SERVICES CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 04/20/2010 EXPIRATION DATE: 04/19/2012 PERSON: REINUNDO J VALDES FEIN: 161730911</p> <p>BUSINESS NAME AND ADDRESS: TRUE COLOR ENTERPRISES CONSTRUCTION INC 2483 PALM CITY SCHOOL AVE STE E PALM CITY, FL 34990</p> <p>SCOPE OF BUSINESS OR TRADE: 1 - CONSTRUCTION 2 - PAINTING</p> | <p>IMPORTANT</p> <p>P Pursuant to Chapter 449.05(1)(a), F.S., an officer of a corporation who files a certificate of election under this chapter may not receive benefits or compensation until this chapter, pursuant to Chapter 449.05(2), F.S., conditions of election to be exempt, apply fully within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 449.05(1)(a), F.S., notices of election to be exempt are certificates of election to be exempt that are subject to revocation if, at any time after the filing of the notice or certificate, the person named as the holder or the issuer of the certificate or certificate of election meets the requirements of any section for issuance of a certificate of election to be exempt. The department shall revoke a certificate of election if the person named on the certificate to be exempt fails to meet the requirements of this section.</p> <p>O Under this section may not receive benefits or compensation under this chapter.</p> <p>H Pursuant to Chapter 449.05(1)(a), F.S., notices of election to be exempt and certificates of election shall be subject to revocation if, at any time after the filing of the notice or certificate, the person named on the notice or certificate meets the requirements of this section for issuance of a certificate of election to be exempt. The department shall revoke a certificate of election if the person named on the certificate to be exempt fails to meet the requirements of this section.</p> <p>QUESTIONS? (850) 413-1809</p> |
|---|--|

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.

Michigan State

DRIVER LICENSE CLASS 1
V432-730-57-000-0

RENEWED 10/15/2008
JAMES L. GREGG JR.
10/15/2008



ORANGE
EXPIRES 10/15/2012

Operator of a motor vehicle constitutes consent to any sobriety test required by law.

MARTIN COUNTY ORIGINAL
BUSINESS TAX RECEIPT

HONORABLE RUTH PETRUSZESKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., SUITE 101, STUART, FL 34994
(772) 288-6804

CHARACTER COUNTS IN MARTIN COUNTY

PAY BY \$ 1.00 LIC. FEE \$.00

PENALTY \$.00

COL. FEE \$.00

TRANSFER \$ 3.00

TOTAL 3.00

THIS RECEIPT IS VALID ONLY WHEN VALIDATED BY RECEIPTING MACHINE.
ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE, IF NOT PAID BY OCT. 1, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH
THEREAFTER UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE - A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX
RECEIPT EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE
OF BUSINESS.

01 DAY OF SEPTEMBER 2012
AND EXPIRES SEPTEMBER 2012
PAID 606 2010 05852.0001

TRAVEL COLOR ENTERPRISE CONSULTANTS
VALDES, REINUNDO JOSE
4898 SW LAKE GROVE CIR
PALM CITY, FL 34990



ACCOUNT 2007-513-1448 (CERF)
PHONE (772) 215-7022, SIGNO 233211
LOCATION 4898 SW LAKE GROVE CIR

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 30110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: *Ray Walker - Trave Clear*

Reference: *Trave Clear Solutions* Fax #: _____

Email: *516453@trave.com* Telephone #: *516-739-1135*

Person to contact: *Cheryl Sullivan*

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes No Maybe

Comments: _____

Thank you.

| | |
|-------------------|--|
| For O&B Use Only | |
| Reference Checked | |
| Clerk Checked | |

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE
09/21 09:25
918434122200
00:00:31
01
OK
STANDARD

TIME : 09/21/2011 09:25
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

TRANSMISSION VERIFICATION REPORT

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: ~~Bob Smith~~ Roy Wades - Trade Crew

Reference: December 9 Telephone #: 843 419-3303 Fax #: _____

Email: Miles@rcb.net Person to contact: Deane Miller

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a
Reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount?

Was the project completed on time and within budget?

What was the project completion date?

How many remodeling projects has this Contractor completed for you within the past 5 years?

What problems were encountered (claims)?

How many change orders were requested by this Contractor?

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------|---------------|
| Professionalism | Final Product |
| Qualifications | Cooperation |
| Budget Control | Reliability |

Would you contract with this Contractor again? Yes No Maybe

Thank you.

| | |
|-------------------|--|
| For OADR Use Only | |
| Reference Checked | |
| Clerk Checked | |

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

09/21 09:31
91321792348
00:00:24
01
OK
STANDARD
ECM

TIME : 09/21/2011 09:31
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BRDE4J578464

TRANSMISSION VERIFICATION REPORT

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Roy Walker - Trave Co. Inc.

Reference: Ed Walker

Fax #: 321.779.2348

Email: SAURWEL@BIZNET.NET Telephone #: 321.779-9570

Person to contact: Ed Walker

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount?

Was the project completed on time and within budget?

What was the project completion date?

How many remodeling projects has this Contractor completed for you within the past 5 years?

What problems were encountered (claims)?

How many change orders were requested by this Contractor?

How would you rate the contractor on a scale of low (1) to high (10) for the following?

Professionalism

Final Product

Qualifications

Cooperation

Budget Control

Reliability

Would you contract with this Contractor again? Yes []

No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Click Checked | |

Proposal for General Contractors for MSP

CITY OF PORT ST LUCIE
121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Key Builders - Trade Solutions

Referee: City Council Fax #: 772-344-3454

Email: Key Builders - Trade Solutions Telephone #: 772-344-3454

Person to contact: Jolly

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below that is within five (5) days to 772-871-7537.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
RECONSTRUCTION of INTERIOR FLOORSPACE of RESIDENCE

What was the total project amount? \$ Approx 320,000

When was the project completed or time and within budget? yes

What was the project completion date? OCT 2010

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (if any)? NO

Have you made any change orders requested by this Contractor? None

How would you rate the extent of a scope of low (1) to high (10) for the following?

Professionalism 9 Final Product 8

Qualifications 10 Cooperation 10

Budget Control 10 Reliability 10

Would you contract with this Contractor again? Yes No Maybe

Comments:
Thank you.

FOR OFFICIAL USE ONLY
Signature of Bidder
Print Name

RES-03010068

Page 04 of 35

Proposal for General Contracting for NSP

CITY OF PORT ST. LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Tom Koehler Ray Warden Trade Corp

Reference: Tom Koehler Ray Warden Trade Corp

Email: tomkoehler@tdc.com Telephone #: 772-415-0905 Fax #: 772-415-0905

Person to contact: Tom Koehler Ray Warden

Relaytree Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7397.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Extensive Storm Repair Finishes
Exterior Shucking

What was the total project amount? 5K
Was the project completed on time and within budget? Yes
What was the project completion date? 12/10
How many remodeling projects has the Contractor completed for you within the past 5 years? 3
What problems were encountered (date)? None
How many change orders were requested by the Contractor? None

How would you rate the contractor on a scale of low (1) to high (10) for the following?
Professionalism 10
Qualifications 10
Budget Control 10
Final Product 10
Cooperation 10
Reliability 10

Would you contract with this Contractor again? Yes No Maybe
Comments:
Thank you.

FOR OFFICE USE ONLY
RECEIVED
CITY CLERK

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: True Value Construction's Construction Planning Inc.

Corporate Title: President

Address: 3999 SW Cape Cove Cir.

Port City FL. 34998
(Zip Code)

By: Remundo J. Walters President
(Print Name) (Print Title)

(Authorized Signature)

Telephone: 772 215-2002

Fax: 772 215-5185

State License # CGC1510177 (ATTACH COPY) ✓

County License # PSL 11*10591 (ATTACH COPY) ✓

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: General Contractor

Unlimited (Yes/No)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of Florida
County of St. Lucie

Raymond J. Walker being first duly sworn, disposes and says that:
(Name/s)

1. They are President of True Color Enterprises the Bidder that
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL.

2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL.

3. Such Bid/Proposal is genuine and is not a collusive or sham Bid.

4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) _____
(Title) _____

STATE OF FLORIDA)
COUNTY OF ST. LUCIE)SS:

The foregoing instrument was acknowledged before me this 9.9.2011
(Date)
by Raymond J. Walker who is personally known to me or who has produced
as identification and who did (did not) take an oath.



Holly Morales
Notary (print & sign name)

E-RFP #20110068
CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
 - (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, Disclosure Form to Report Lobbying, in accordance with its instructions (as amended by "Government-wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96)). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-55, to be codified at 2 U.S.C. 1601, et seq.)
 - (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontract, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
- This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure of funds to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, et seq., apply to this certification and disclosure, if any.

Company Name: The Cole Corporation Construction Co.
Authorized By: [Signature] (Sign) Raymond S. Blawie (Print Name)
Title: President Date: 3-30-11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
TRAC CORP. SUBSIDIARIES CONTRACT SERVICES INC.
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.

Proposer's Signature

Date

CERTIFICATION FOR CONSTRUCTION RELATED INDUSTRY
EMPLOYEES
AND
BUSINESS CONCERNS

CERTIFICATION OF RESIDENCE AND DEMONSTRATION OF CAPABILITY

Name AL Chambers

Address 2505 SE Grand Ave

Phone No. 732-919-1996

Fax No. _____

Email Address Bennings_fm_flooring@earthlink.com

Type of Work (describe your skills and indicate current or prior experience)

WE SPECIALIZE IN FLOORING AND TILE
WORK.

Name of Construction Related Business (if applicable)

Bennings_fm Floorings

Address of Business 2505 SE Grand Ave.

Type of Work _____

I certify that I live in the NSP-3 neighborhood and would like to be notified of job opportunities in my
area of expertise.

Signature AL Chambers

Date 9-9-2011

Name (do not check for joint return) **REYNOLDS J. WALKER**
 Business name, if different from above **YVIVE OILS ENTERPRISES (OUR PARTNERS) LLC**
 Check appropriate box: Sole proprietor Partnership S-corp Trust Estate Other (specify) Employer from foreign withholding
 Address (number, street and apt. or P.O. box) **3703 SO. PALM CITY SHERMAN AVE**
 City, state and zip code **PALM CITY FL 34980**
 Taxpayer Identification Number (TIN) **121 SW 1st Lucia Blvd
Port Saint Lucie FL 34984**
 Social security number **01972101151518**
 Employer identification number **01972101151518**

Print or type
 See Specific Instructions on page 2

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, state proprietor or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

Note: If the amount is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part I Certification

Under penalty of perjury, I certify that:

- This number which on this form is my correct taxpayer identification number for I am willing to be treated as such, and I am not subject to backup withholding, or I do not have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding on a basis for a failure to report all interest or dividends, or I do not have indicated that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien)

Certain exceptions. You must check one 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, non-2 above and apply. For mortgage interest paid, acquisition, construction, or improvement of real property, acquisition of debt, redemption of debt, contribution to an IRA, and generally assignments of contract rights and dividends, you are not required to sign this Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign **[Signature]** Date **12-30-11**
 Name **[Name]** U.S. person **[Initials]**

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.

U.S. person. 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, where applicable, to:

- Correctly that the TIN you are giving is correct for you are willing for a number to be issued.
- Correctly that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

 In 3 above, 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 allocable corrected 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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 withhold tax. Therefore, if you are a U.S. person that is a partner in a partnership that is a trade or business in the United States, you must provide your TIN to the requester to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership is establishing a trade or business in the United States in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

Proposals for General Contractors for NSP

Key Waddes -

CHECKLIST
E-RFP #20110068

*True Glen Enterprises
Construction of Parking
Garage*

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: _____

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- Completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vichity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

l

5. PROPOSER'S QUESTIONNAIRE

**E-RFP #20110068
General Building Contractors**

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 25 day of August, 2011.

DE LA HOZ BUILDERS, INC.

Name of Organization / Proposer

Submitted by: Jose De La Hoz / President

Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation

2. If a Corporation answer the following:

When incorporated April 30, 2007

In what State Florida

Name of Officers:

President Jose De LaHoz

Vice President Hilda De La Hoz

Secretary _____

Treasurer _____

3. If a Partnership, answer the following:

Date of organization _____

General Limited

Partnership

Name and address of each partner: _____

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

DE LA HOZ BUILDERS, INC.

258 Del Monte Rd. Sebastian, FL 32958

Ph: 772-228-9723 / Fax: 772-589-8127

E-mail: hilda@delahozbuilders.com

Contact Person: Hilda De La Hoz – Cell: 772-633-5461

5. Firm's previous names (if any) What year(s) _____

6. Area of expertise: Remodeling/ Rehabilitation Projects
7. How many years has your organization been in business? 4.5 years
8. Describe organization profile, including the size, range of activities, licenses, etc.

De La Hoz Builders, Inc is a General Contractor company with more than 4 years of experience in the residential and commercial renovation/rehabilitation industry.

We have participated in several government residential rehabilitation programs to help our local houses to be stronger and better for our families.

Our strength to compete for these government projects is our good reputation for the quality of jobs that we have been delivered, and our competitive prices.

De La Hoz Builders, Inc. has the capability of perform all kind of rehabilitation projects with our own manpower ability and our own tools and machinery. We count with employees with the knowledge and experience to perform everything related to roofing, framing, carpentry, plumbing, electric, flooring and painting jobs. Due our dedicated and quality control of our job, we prefer to minimize the subcontracted labor needed in any job that we do.

I will just assure to you that De La Hoz Builders has and will have the financially capability to perform the scope of work that the City of Port St Lucie NSP Program will require, for as many jobs will be awarded during the bid process. We count with line of credits available and a bonding capacity ready to use in case that we need to fulfill any financial requirement of our projects.

Licenses:

General Contractor License : CGC1514151

Mold Assesor License: MRSA1756

Mold Remediator License: MRSR2214

Home Inspector License: HI4397

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|-----------------------------|---------|---------|---------|
| a. Partners | 0 | 0 | 0 |
| b. Managers | 1 | 1 | 1 |
| c. Supervisors Senior Staff | 1 | 1 | 1 |
| d. Other Professional Staff | 3 | 15 | 2 |

| | | | |
|--|---|----|---|
| g. Total number of full time personnel | 5 | 17 | 3 |
|--|---|----|---|

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|-----------------|----------------|----------------------------------|--|--------------------------------|
| Jose De La Hoz | President | 13 | 100% | Full Capacity |
| Hilda De La Hoz | Vice-President | 6 | 100% | Full Capacity |
| | | | | |
| | | | | |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|--|--|
| <p>City of Palm Bay NSP Program 2010/2011: Remodeling of foreclosure houses using Energy Efficient and Green Building Standards.</p> <p>Agency Representative: Bob Williams (321) 952-3429 Fax (321)733-3087</p> | <p>Roof / Gutters / Laminate Flooring / Windows / Energy Star Appliances / 16 Seer A/C / Remodel Baths / Remodel Kitchen / Wood Fence / Electric Upgrade 200 amp / Pavers / Plumbing & Electric Repairs / Energy Efficient Lighting Package / Landscaping / Interior & Exterior Paint</p> |
| <p>Indian River County - NSP PROGRAM – 2010/2011</p> <p>Agency Representative: Brian Richardson: (772) 360-6211</p> | <p>Plumbing & Electric Repairs / Tile and Carpet / Landscaping / Interior & Exterior Paint / Energy Star Appliances / Roof repairs</p> |
| <p>St Lucie County Housing Rehab Program 2010/2011: Ship Program and Rehabilitation Assistance Program</p> <p>Agency Representative: Jennifer Hance (772) 462-2376</p> | <p>Demolition of existing houses that exceed the maximum percentage of rehabilitation allowed by the Housing Program.</p> <p>Construction of a new house per Housing Program specifications.</p> <p>Insulated Garage doors installation</p> <p>Roof repairs (deck, framing, covering)</p> <p>Brace gable ends. Reinforce roof-to-wall connections</p> <p>Window Shutters. Exterior door and Window Replacement</p> <p>Drywall repairs, Interior and Exterior Painting</p> <p>Bathroom and Kitchen repairs (Cabinets, Tub/Shower replacement)</p> <p>Flooring installation (Laminate, Tile and Carpet)</p> <p>Energy Star Appliances installation</p> |

| | |
|--|--|
| <p>Brevard County Housing Rehab Program 2010/2011: Repair, Replacement, Weatherization & Demolition Program</p> <p>Agency Representative: Roy Davis (321) 633-2076</p> | <p>Demo & Construction new houses Weatherization repairs to make houses energy and water efficient Upgraded Insulation and HVAC systems and Ductwork</p> |
|--|--|

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

Officers: Jose De La Hoz License Holder with College Training in Construction
 Hilda De La Hoz Accounting and Financial Education

Employees are under our own payroll responsibility: The amount of employees that we use varies depending of the requirement of our jobs. We had in the past up to 20 direct employees for a period of 1 year but we have now in average 5 employees. Our employees are mainly multi-taskers: carpenters, drywall, painting, plumbing, electric are some of the trades that we handle with our employees

Trades that we can't handle by us are subcontracted using licensed and insured subcontractors in the area.

OFFICE STAF: JOSE DE LA HOZ:

Name and Title: Jose De La Hoz – President and Construction Superintendent

Job assignment: Supervise construction of contracted work, coordinate job-site workers and subcontractors. Control of job scheduling activities. Order materials and control delivery times. Schedule Permitting activities for the jobs.

Education: Building Construction Technology – Indian River Community College, FL

Active registration: General Contractor License, Mold Remediation License, Mold Assessor License, Home Inspector License

Other experience and qualification that is relevant to this project: Building experience in houses beginning from design stage up to Certificate of Completion.

OFFICE STAF: HILDA DE LA HOZ:

Name and Title: Hilda De La Hoz – Vice-President. Accounting, Estimating, Cost and Schedule Control

Job assignment: Estimating and Cost Control for construction jobs. Invoicing, Bid Documentation, Accounting duties in general.

Education: Master in Finance – Universidad del Norte, Colombia

Other experience and qualification that is relevant to this project: Grant writing experience. Auditing of government and financial projects. Budget vs. Real Cost comparison experience.

On-Site STAF: J. ASUNSION AMBRIS:

Name and Title: J. Asunzion Ambris – Construction worker

Job assignment: Carpenter, Small plumbing and electric repairs, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Drywall and Stucco patch, Small paint projects, Landscaping, Appliances installation

On-Site STAF: JOSE ALBERTO MATA:

Name and Title: Jose Alberto Mata – Construction worker

Job assignment: Window installer, Carpenter, Roof repairs, Small plumbing and electric projects, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Hanging drywall, Drywall and Stucco patch, Painting, Landscaping, Appliances installation.

On-Site STAF: JOHN JAIRO OSPINA:

Name and Title: John Jairo Ospina – Construction worker

Job assignment: Window installer, Carpenter, Small plumbing and electric repairs, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Drywall and Stucco patch, Painting, Landscaping, Appliances installation

On-Site STAF: JUAN CRUZ:

Name and Title: Juan Cruz – Construction worker

Job assignment: Tile and Granite installer, Window installer, Carpenter, Small plumbing and electric repairs, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Drywall and Stucco patch, Painting, Landscaping, Appliances installation

13. State your firm's commitment to perform in a timely fashion:

De La Hoz Builders, Inc. has been a company firmly established that comply with all the contracts assigned to us in timely manner within the budget assigned. We have been building our name based of good reputation, hard working, excellent quality and completion of our jobs up to the customer satisfaction. We haven't left any job that we started without closing it or without a permit completion.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|--------------------------------------|---|
| De La Hoz Builders Construction Team | Juan Venegas – Residential Construction – Percentage of Completion 70% - projected workload for |

| | |
|--|--|
| | employees: Drywall hang and finish, Tile installation, Cabinets and Appliances installation, Interior Trim, and Paint. |
| | |

15. State your firm's ability to meet budget and schedule:
De La Hoz Builders, Inc. has been finished all their jobs within the budget and schedule established by a signed contract. You can verify this statement with a list of our latest jobs with Government Agencies (included in Item 24 of this RFO).

- 144 Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:

Cost loading of schedules and cost control is the main responsibility of Hilda De La Hoz (Vice-President of De La Hoz Builders). Her background in financial, accounting and control experience comes from her education and her previous job duties.

She is the person who handles the bidding process of every job and also keeps control of the budget. Also, she is in charge of the purchasing and ordering materials required for the jobs as well as the accounting record keeping of the actual cost involved. That deep participation in the cost of a project, allow her to know the real cost of the projects and to keep a closed eye in their profitability.

- 144 Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|-------------------------------|--|-------------------------------------|
| Delta Plumbing Services, Inc. | 3021 Zaharias Dr, Orlando, FL 32837 | Plumbing License CFC1427313 |
| W. Post Electric, Inc. | PO Box 33216 Indialantic, FL 32903 | Electric License ER130021432 |
| Grana Electric & A/C, Inc. | 144 SW Dalton Cir, Port St Lucie, FL 34953 | Air Conditioning License CAC1815557 |
| Rock Solid Roofing, Inc. | 1072 Persian Ln Sebastian, FL 32958 | Roofing CCC1328817 |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

NO

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

Proposals for General Contractors for NSP

If yes, please explain:

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NONE

21. List any judgments from lawsuits in the last five (5) years:

NONE

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NONE

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes (X) No ()

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

| Project Name | Owner's Budget | Final Actual Budget | Schedule Criteria | Impact of Firm on Final Results |
|--|----------------|--|---|--|
| City of Palm Bay NSP Program Nov-2010 to Aug-2011 | \$ 639,716.00 | \$ 641,311.50 Only one change order was approved over the initial budget, due an electric upgrade required in one house | Finish each rehab within 150 days of Notice to Proceed date | Job finished on time and under the budget. All nine houses are Energy and Water efficient ready to be sold to low-income families. Houses are move-in ready. |
| City of Ft Pierce Wind Mitigation | \$3,485.00 | \$3,485.00 | Finish by 05/10/11 | Job finished on time and under the budget House is hurricane safe |

Proposals for General Contractors for NSP

| | | | | |
|---|-------------|---|---|---|
| Program | | | | and with new impact sliding glass door installed. |
| Indian River County NSP Program Aug-2010 to Oct-2010 | \$39,911.00 | \$43,155.23 Change orders approved: New washer and dryer, Well pump repair, Additional electric repairs required | Finish each rehab within 90 days of Notice to Proceed date. | Job finished on time and under the budget. All two houses are Energy and Water efficient ready to be sold to low-income families. Houses are move-in ready. |
| Brevard County Housing - Replacement Home | \$78,421.00 | \$78,421.00 | Finish by Oct-2010 | Job finished on time and under the budget. New CBS house, Energy and Water efficient was delivered to Mrs. Williams' family according with their needs. |
| St Lucie County Housing Rehab Program - Gilbert house | \$91,324.00 | \$91,324.00 | Finish by Oct-2010 | Job finished on time and under the budget. New CBS house, Energy and Water efficient was delivered to Mrs. Gilbert' family according with their needs. |
| St Lucie County Housing Rehab Program - Casiero house | \$15,182.00 | \$16,681.77 Change order approved: Flat roof and Fascia repairs not included in original scope of work | Finish rehab within 90 days of Notice to Proceed date | Job finished on time and under the budget. House is safe with no electric and plumbing issues. New roof and new efficient A/C was installed. |

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No (X)

If "Yes" is checked, include a copy of certificate with proposal.

(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.cityofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring of Contractors for Repair of Homes.")

- 27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.

Construction workers:

| | |
|--------------------|-----------|
| J. Asunsion Ambris | Drywall |
| Jose Alberto Mata | Carpenter |
| Jon Jairo Ospina | Painter |
| Juan Cruz | Tile |

- 28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs?

Yes () No (X)

If "Yes" is checked, do you have a plan that promotes hiring of Section 3 residents/subcontractors or qualified individuals/subcontractors within the "Vicinity"? See references in 25 and 26 above.

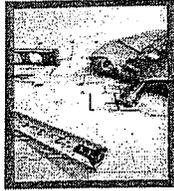
ADDENDUM ACKNOWLEDGMENT - Submitter acknowledges that the following addenda have been received and are included in his/her proposal:

| Addendum Number | Date Issued |
|-----------------|-------------|
| | |
| | |
| | |
| | |

AGREEMENT - Proposer agrees to comply with all requirements stated in the specifications for this E-RFP.

CERTIFICATION:

This RFP is submitted by: Name (print) Hilda De La Hoz who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without



DE LA HOZ BUILDERS, INC.
GENERAL CONTRACTOR - CGC 1514151
258 Del Monte Rd, Sebastian, FL 32958
(772) 228-9723

SUBCONTRACTORS LIST

| Name | Address | Qualifications |
|-------------------------------|--|---|
| Delta Plumbing Services, Inc. | 3021 Zaharias Dr, Orlando, FL 32837 | Plumbing License CFC1427313 |
| W. Post Electric, Inc. | PO Box 33216 Indialantic, FL 32903 | Electric License ER130021432 |
| Grana Electric & A/C, Inc. | 144 SW Dalton Cir, Port St Lucie, FL 34953 | Air Conditioning License CAC1815557 |
| Rock Solid Roofing, Inc. | 1072 Persian Ln Sebastian, FL 32958 | Roofing CCC1328817 |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: CITY OF PALM BAY – NSP PROGRAM Fax #: 321-733-3087

Email: willir@pbfl.org Telephone #: 321-952-3429

Person to contact: Bob Williams

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 NW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: CITY OF FORT PIERCE - WIND MITIGATION PROGRAM Fax #: 772-467-9836

Email: kkirstein@city-ftpierce.com Telephone #: 772-460-2200 ext 274

Person to contact: Kristie Kirstein

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Install Impact Rated Slider Door

What was the total project amount? \$3485

Was the project completed on time and within budget? yes

What was the project completion date? 5/13/11

How many remodeling projects has this Contractor completed for you within the past 5 years? 1

What problems were encountered (claims)? None

How many change orders were requested by this Contractor? None

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--------------------------|
| For OMB Use Only | |
| Reference Checked | <input type="checkbox"/> |
| Clerk Checked | <input type="checkbox"/> |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:45
NAME : OMB
FAX : 7728717337
TEL :
SER. # : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:44 |
| FAX NO./NAME | 94679836 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSF

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: ST LUCIE COUNTY HOUSING PROGRAM Fax #: 772-462-2855

Email: hanccj@stlucieco.org Telephone #: 772-462-1290

Person to contact: Jennifer Hance

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

- (1) demolition / rebuild
- (2) roofing, HVAC, appliances, plumbing, insulation, electrical

What was the total project amount? (1) 91,325.00 (2) \$110,810.77

Was the project completed on time and within budget? yes

What was the project completion date? yes

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (claims)? NO

How many change orders were requested by this Contractor? one

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>9</u> | Reliability | <u>9</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| | |
|-------------------|--------------------------|
| For OMB Use Only | |
| Reference Checked | <input type="checkbox"/> |
| Clerk Checked | <input type="checkbox"/> |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:43
NAME : OMB
FAX : 7728717337
TEL :
SER. # : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:43 |
| FAX NO./NAME | 94622855 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: BREVARD COUNTY HOUSING AUTHORITY Fax #: 321-633-2170

Email: roy.davis@brevardcounty.us Telephone #: 321-633-2076

Person to contact: Roy Davis

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:41
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:40 |
| FAX NO./NAME | 913216332170 |
| DURATION | 00:01:34 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: INDIANN RIVER COUNTY - NSP PROGRAM Fax #: 772-226-1922

Email: brichardson@ircgov.com Telephone #: 772-226-1929

Person to contact: Brian Richardson

BUILDING INSPECTOR // PLANS EXAMINER // SHIP REHABILITATION INSPECTOR

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

HAS CONTRACTED WORK THROUGH THE I.R.C. NSP PROGRAM

What was the total project amount? \$18,592³⁹

Was the project completed on time and within budget? YES

What was the project completion date? 30 DAYS FROM BUILDING DEPT. PERMIT ISSUE DATE.

How many remodeling projects has this Contractor completed for you within the past 5 years? ONE

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? ONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>9</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:37
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:37 |
| FAX NO./NAME | 9177222619222 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/22/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|---|--|--|--|-----------------------------------|
| PRODUCER INDIAN RIVER INSURANCE AGENCY 1924 14TH AVE VERO BEACH, FL 32960 | | CONTACT NAME: RICARDO GAMEZ PHONE A/C. No. 772-299-1755 E-MAIL ADDRESS: rckinsure@aol.com PRODUCER CUSTOMER ID: | | FAX A/C. No.: 772-299-1752 |
| INSURED DE LA HOZ BUILDERS INC 258 DEL MONTE RD SEBASTIAN, FL 32958 | | INSURER(S) AFFORDING COVERAGE | | |
| | | INSURER A: FCB AND I FUND | | NAIC # |
| | | INSURER B: | | |
| | | INSURER C: | | |
| | | INSURER D: | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR. LTR | TYPE OF INSURANCE | ADDITIONAL SUBR. (INSR) / WAIVED | POLICY NUMBER | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LIMITS | | | | | | | | | |
|-----------------------------|--|----------------------------------|---------------|--------------------------|--------------------------|---|--|---------------------|-------|--------------------|-----------------|----------------------------|-----------------|-----------------------------|----|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-DUCT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTLD PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ | | | | | | | | | |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ex accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ | | | | | | | | | |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | | | | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 10642886 | 04/01/2011 | 04/01/2012 | <table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000.00</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ 1,000,000.00 | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000.00 | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATUTORY LIMITS | OTHER | | | | | | | | | | | | | | |
| E.L. EACH ACCIDENT | \$ 1,000,000.00 | | | | | | | | | | | | | | |
| E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000.00 | | | | | | | | | | | | | | |
| E.L. DISEASE - POLICY LIMIT | \$ | | | | | | | | | | | | | | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 General Contractor

| | |
|---|--|
| CERTIFICATE HOLDER City of Port St Lucie 121 SW Port St Lucie BLVD Port St Lucie, FL 34984-5099 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|--|



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
08/22/11

| | | | |
|--|--|---|--|
| PRODUCER Economy Insurance Mart, Inc. 7377 Spring Hill Drive Spring Hill, FL 34606 Phone (352) 688-0109 Fax (352) 688-6050 | | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| INSURED De Lahoz Builders Inc 258 Del Monte Rd sebastian, FL 32958- | | INSURERS AFFORDING COVERAGE INSURER A: LLOYDS OF LONDON INSURER B: INSURER C: INSURER D: INSURER E: INSURER F: | |

COVERAGES
 THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INER. ADD'L LTR. INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|------------------------|---|------------------|----------------------------------|-----------------------------------|--|
| A | <input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | AUO8242011D_1399 | 09/19/11 | 09/19/12 | EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 MED EXP (Any one person) 5,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG 2,000,000 |
| | <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| | <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG |
| | <input type="checkbox"/> EXCESSUMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE AGGREGATE |
| | <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 DOOR & WINDOW INSTALLATION/ INTERIOR CARPENTRY
 "CITY OF PORT ST. LUCIE, POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, IT'S OFFICERS, EMPLOYEES AND AGENTS, AND CONTRACT #20110068 FOR GENERAL CONTRACTORS FOR THE NEIGHBORHOOD STABILIZATION PROGRAM (NSP) SHALL BE LISTED AS ADDITIONALLY INSURED".

| | |
|--|--|
| CERTIFICATE HOLDER CITY OF PORT ST. LUCIE 121 SW PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL. 34984-5099 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Kristina Duarte</i> |
|--|--|

INDIAN RIVER AGENCY
1924 14TH AVE
VERO BEACH, FL 32960

003953

PROGRESSIVE

Named insured

DE LA HOZ BUILDERS
JOSE A DE LA HOZ
258 DEL MONTE RD
SEBASTIAN, FL 32958

Policy number: 06031137-3

Underwritten by:
Progressive Express Ins Company
October 21, 2010
Policy Period: Oct 19, 2010 - Oct 19, 2011
Page 1 of 2

progressiveagent.com

Online Service

Make payments, check billing activity, print policy documents, or check the status of a claim.

772-299-1755

INDIAN RIVER AGENCY

Contact your agent for personalized service.

800-444-4487

For customer service if your agent is unavailable or to report a claim.



Commercial Auto Insurance Coverage Summary

This is your Renewal
Declarations Page

Your coverage began on October 19, 2010 at 12:01 a.m. This policy expires on October 19, 2011 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 1652FL (08/06), 4852FL (10/04), 4881FL (10/04), 2228 (07/05) and 2435FL (12/06).

The named insured organization type is a corporation.

Outline of coverage

| Description | Limits | Deductible | Premium |
|--|------------------------------------|------------|-------------------|
| Liability To Others | | | \$1,156 |
| Bodily Injury and Property Damage Liability | \$1,000,000 combined single limit | | |
| Uninsured/Underinsured Motorist | Rejected | | |
| Basic Personal Injury Protection | | | 245 |
| Without Work Comp-Named Insured & Relatives | \$10,000 each person | \$0 | |
| Comprehensive | | | 133 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Collision | | | 302 |
| See Auto Coverage Schedule | Limit of liability less deductible | | |
| Subtotal policy premium | | | \$1,836.00 |
| Florida Hurricane Catastrophe Fund Assessment | | | 18.36 |
| Total 12 month policy premium | | | \$1,854.36 |
| Discount if paid in full | | | -98.98 |
| Total 12 month policy premium if paid in full | | | \$1,755.38 |

Rated driver

I. JOSE DE LA HOZ

Auto coverage schedule

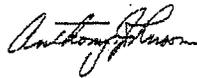
1. **2006 Toyota Tundra Double C** Stated Amount: \$30,000
VIN: 5TBDT441465534894 Garaging Zip Code: 32958 Radius: 100

| Liability Premium | Liability | PIP | Physical Damage Premium | | | Auto Total | |
|-------------------|-----------|-------|-------------------------|--------------|----------------------|-------------------|---------|
| | \$1,156 | \$245 | Comp Deductible | Comp Premium | Collision Deductible | Collision Premium | |
| | | | \$500 | \$133 | \$500 | \$302 | \$1,836 |

Premium discounts

| Policy | Vehicle |
|------------|--|
| 06031137-3 | 2006 Toyota Tundra Double C |
| Renewal | Anti Theft Device 2 Passive, ABS and Air Bag |

Agent signature



Company officers



Secretary





STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

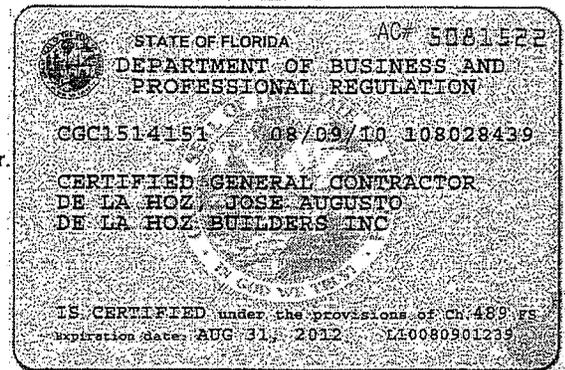
(850) 487-1395

DE LA HOZ, JOSE AUGUSTO
DE LA HOZ BUILDERS INC
258 DEL MONTE RD
SEBASTIAN FL 32958

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



DETACH HERE

AC# 5081522

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10080901239

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/09/2010 | 108028439 | CGC1514151 |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS
Expiration date: AUG 31, 2012

DE LA HOZ, JOSE AUGUSTO
DE LA HOZ BUILDERS INC
258 DEL MONTE RD
SEBASTIAN FL 32958

CHARLIE CRIST GOVERNOR

CHARLIE LIEM SECRETARY

DISPLAY AS REQUIRED BY LAW

City of Port St. Lucie

Type: GENERAL CONTRACTOR

State: CGC1514151

City: PSL12*11321

ID#: 111042

DE LA HOZ, JOSE
DE LA HOZ BUILDERS INC
258 DEL MONTE RD
SEBASTIAN, FL 32958

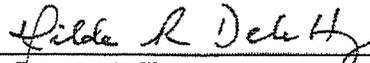
DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
DE LA HOZ BUILDERS, INC. does:

(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.



Proposer's Signature

08-25-11

Date

Proposals for General Contractors for NSP

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: DE LA HOZ BUILDERS, INC.

Corporate Title: De La Hoz Builders, Inc.

Address: 258 Del Monte Rd, Sebastian, FL 32958

By: Hilda De La Hoz Vice-President
(Print name) (Print title)

Hilda R De La Hoz
(Authorized Signature)

Telephone: (772) 228-9723

Fax: (772) 589-8127

State License # CGC1514151 (ATTACH COPY)

County License # _____ (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: _____

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

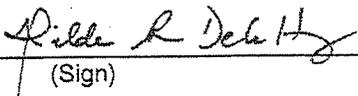
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.* apply to this certification and disclosure, if any.

Company Name: De La Hoz Builders, Inc.

Authorized By:  Hilda De La Hoz
(Sign) (Print Name)

Title: Vice-President Date: 08-25-11

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110068

State of Florida }
County of Indian River County }

Hilda De La Hoz, being first duly sworn, disposes and says that:
(Name/s)

1. They are Vice-President of De La Hoz Builders, Inc. the Bidder that
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;
3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) Hilda R. De La Hoz
(Title) Vice-President

STATE OF FLORIDA
COUNTY OF Indian River

The foregoing instrument was acknowledged before me this August 23 2011
(Date)

by: Hilda De La Hoz who is personally known to me or who has
produced _____ as identification and who did
(did not) take an oath.



Jean F. Becker
Notary (print & sign name)
Commission No. 9-8-12

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See specific instructions on page 2

Name (as shown on your income tax return)
DE LA HOZ BUILDERS, INC.

Business name, if different from above

Check appropriate box: Individual/
Sole proprietor Corporation Partnership Other ▶ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)
258 Del Monte Rd

City, state, and ZIP code
Sebastian, FL 32958

Requester's name and address (optional)
**City of Port St Lucie
121 SW Port St Lucie Blvd
Port Saint Lucie FL 34984**

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 Line 1 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 *How to get a TIN* on page 3.

Social security number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

or

Employer identification number

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2 | 0 | 8 | 9 | 5 | 9 | 9 | 3 |
|---|---|---|---|---|---|---|---|

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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.)

Sign Here Signature of U.S. person ▶ *Delia R Del H* Date ▶ *08-25-11*

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States.
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: DE LA HOZ BUILDERS, INC.

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068
General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 1 day of September, 2011.

Sunny South Construction Company
Name of Organization / Proposer

Submitted by: Davey Morris - Owner
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation, Partnership, Joint Venture, Individual or other?
Corporation (circle one)

2. If a Corporation answer the following:
When incorporated 2009
In what State Florida
Name of Officers:
President Davey Morris
Vice President Davey Morris
Secretary Davey Morris
Treasurer Davey Morris

3. If a Partnership, answer the following: N/A
Date of organization
General Limited Partnership
Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:
Sunny South Construction Company Inc.
15743 92nd Court N., West Palm Beach Fl. 33412
Ph:561-670-7411. FX:772-934-3755. email:daveymorris@sunnysouthcc.com
Contact: Davey Morris

5. Firm's previous names (if any) What year(s) None

6. Area of expertise: Construction and Architecture

7. How many years has your organization been in business? 2

8. Describe organization profile, including the size, range of activities, licenses, etc.
The company was formed to participate in NSP, CBG, DRI and other Government programs
Mr. Morris practiced Architecture for 34 Years, majority of those years he was senior
Project manager for Federally Funded programs ie. Airports, affordable housing etc.

(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | None | | |
| b. Managers | 1 | | |
| c. Supervisors Senior Staff | 3 | | |
| d. Other Professional Staff | 2 | | |
| g. Total number of full time personnel | 6 | | |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|--------------------------|-------|----------------------------------|--|--------------------------------|
| Sunny South Construction | owner | 2 | 100 | Owner |
| Reynold Smith and Hills | P.M. | 8 | 100 | Sr. Project Mgr |
| Lawrence Beame | P.M. | 7 | 75 | Sr. Project Mgr |
| Dewberry and Davis | P..M. | 6 | 100 | Sr. Project Mgr. |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|--------------|---|
| Davey Morris | rehab and new construction on NSP, CBG & DRI Projects |
| | |
| | |
| | |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

Proposals for General Contractors for NSP

13. State your firm's commitment to perform in a timely fashion:
Sunny South is very committed to perform in a timely, we pre-order all materials including windows doors etc. right after contract signing. we then establish a schedule that includes time for a punch list we have a pre construction meeting with all subs, and then hold them to the schedule this is done by passing on any time of liquated damages that is in the prime contract onto the sub's contract

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|--------------|--|
| Davey Morris | city of wellington 90% complete- 2 N.S.P projects |
| Davey Morris | Martin county 95% complete- 2 rehab N.SP. projects |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
Sunny South uses various tools to control budget, prior to the start of the project a projected budget is established on an excell work sheet, and is tracked during the construction phase, we also use Quick Books to track the actual cost of the project vs the projected coast of the project this is done to create a check and balance system

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
what has been very successful is making sure that a projected cost for the project is established prior to the commencement of any work them on a daily basis track the actual cost against the projected coast the big reason for this is that all project coast can be adjusted during the actual construction phase to ensure that the contactor is on budget

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|----------------------------|-----------------------------------|-----------------------|
| Blosser Electic | 2126 S.E. Morning Side Bl. P.S.L. | Electrical Contractor |
| Leyva Plumbing | 1502 S.W. Meridian Ave. - P.S.L. | Plumbing Contractor |
| A/C Advantage | 1926 Biltmore St. P.S.L. | A/C Contractor |
| Solaris Solar water heater | 3195 S.E. Lionel Tr.-Stuart | Solar water heater |
| | | |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:
 NO

(This is a Word document -- add lines if needed)

Proposals for General Contractors for NSP

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

If yes, please explain:

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NONE

21. List any judgments from lawsuits in the last five (5) years:

NONE

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NONE

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes (X) No ()

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No (X)

If "Yes" is checked, include a copy of certificate with proposal.

(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.cityofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring f Contractors for Repair of Homes.")

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job. Davey Morris

28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs?

Yes (x) No ()

If "Yes" is checked, do you have a plan that promotes hiring of Section 3 residents/subcontractors or qualified individuals/subcontractors within the "Vicinity"? See references in 25 and 26 above.
yes i plan on hiring section 3 business or individual /residents that qualify under section 3

ADDENDUM ACKNOWLEDGMENT - Submitter acknowledges that the following addenda have been received and are included in his/her proposal:

| Addendum Number | Date Issued |
|-----------------|-------------|
| | |
| | |
| | |
| | |

AGREEMENT - Proposer agrees to comply with all requirements stated in the specifications for this E-RFP.

CERTIFICATION:

This RFP is submitted by: Name (print) Davey Morris who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this E-RFP.

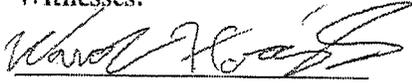
Proposer has read and accepts the terms and conditions of the City's standard contract:


 Signature

Owner _____
 Title

If a corporation renders this E-RFP, the corporate seal attested by the secretary shall be affixed below. Any agent signing this E-RFP shall attach to this form evidence of legal authority.

Witnesses:



If Partnership:

 Print Name of Firm

By: _____
 (General Partner)

Proposals for General Contractors for NSP

If Corporation:

Sunny South Construction Co. Inc.
Print Name of Corporation

If Individual:

Signature

Print Name

By: Davey Morris *D Morris*
(President)
Attest: Davey Morris *D Morris*
(Secretary)

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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

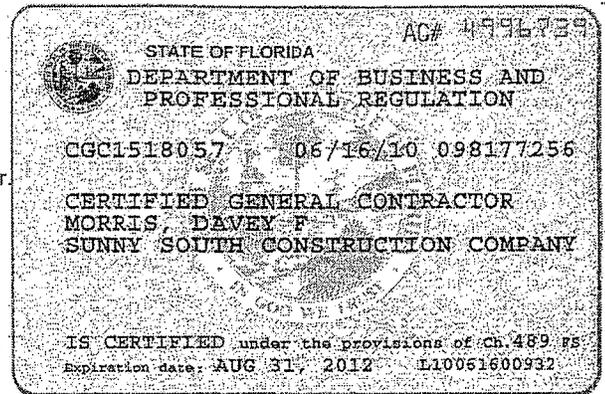
(850) 487-1395

MORRIS, DAVEY F
SUNNY SOUTH CONSTRUCTION COMPANY INC
15743 92ND COURT NORTH
WEST PALM BEACH FL 33412

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.

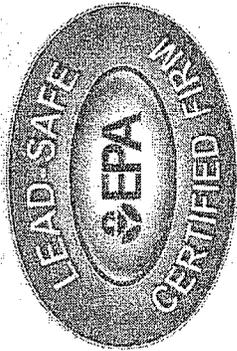


DETACH HERE

Form containing license details: AC# 4996739, STATE OF FLORIDA, DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION, CONSTRUCTION INDUSTRY LICENSING BOARD, SEQ# 110061600932, DATE 06/16/2010, BATCH NUMBER 098177256, LICENSE NBR CGC1518057, The GENERAL CONTRACTOR Named below IS CERTIFIED Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2012. MORRIS, DAVEY F, SUNNY SOUTH CONSTRUCTION COMPANY INC, 15743 92ND COURT NORTH, WEST PALM BEACH FL 33412. CHARLIE CRIST GOVERNOR, CHARLIE LIEM INTERIM SECRETARY, DISPLAY AS REQUIRED BY LAW

United States Environmental Protection Agency

This is to certify that



Sunny South Construction Company, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires February 24, 2016

NAT-101757-1

Certification #

February 14, 2011

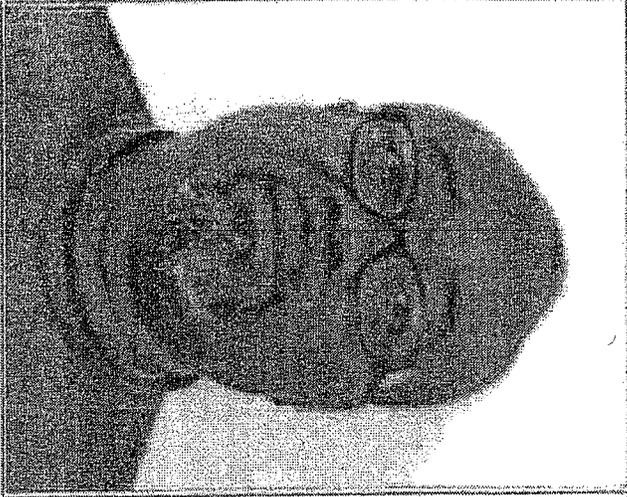
Issued On

Michelle Price

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch





CERTIFIED RENOVATOR

Davey Morris

15743 92nd Ct. N., North Palm Beach, FL 33412

Date of Birth: July 3, 1957

has successfully completed an English

8-Hour Initial Renovation, Repair, & Painting Course

From: December 21, 2010 To: December 21, 2010

And has passed an examination on December 21, 2010

Seagull Environmental Management Company, Inc.

certifies that this course complies with

40 CFR PART 745.225



Course No. SE1051

Certificate #: 146415

Certification Expires:

December 21, 2015

Training Address

900 Northwest Fifth Ave., Fort Lauderdale, FL 33311

Guest Instructor

James F. Stamp, Training Manager / Principal Instructor

(See reverse side for certificate verification information.)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/23/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|---|--|
| PRODUCER E & A Insurance Services Inc. 2520 N State Road 7 Margate, FL 33063 Phone (954) 366-6371 Fax (954) 933-7493 | CONTACT NAME: PHONE (A/C, No, Ext): (954) 366-6371 FAX (A/C, No): (954) 933-7493 E-MAIL ADDRESS: markellis2010@comcast.net | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Sunny South Construction Company, Inc. 15743 92nd Ct N West Palm Beach, FL 33412 (561) - | INSURER A: | |
| | INSURER B: Madison Ins Co | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDLSUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-------------------|---------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> | | MIC11-0138 | 02/22/2011 | 02/22/2012 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

| | |
|---|--|
| Sunny South Construction Company, Inc. Owner | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE E & A Insurance Services, Inc. |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/08/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER Florida Casualty Insurance Agency 2101 Vista Parkway Ste 221 West Palm Beach, FL 33411 Phone (561) 228-6164 Fax (561) 214-4675 | CONTACT NAME: PHONE (A/C. No., Ext): (561) 324-6097 FAX (A/C. No.): (561) 214-4675 E-MAIL ADDRESS: juliomoraes15@comcast.net | | | | | | | | | | | | | | |
|--|--|--|-------------------------------|--------|--------------------------------------|--|---------------------------------------|--|-------------|--|-------------|--|-------------|--|-------------|
| | <table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Atlantic Casualty Ins Co</td> <td></td> </tr> <tr> <td>INSURER B : Madison Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table> | | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Atlantic Casualty Ins Co | | INSURER B : Madison Insurance Company | | INSURER C : | | INSURER D : | | INSURER E : | | INSURER F : |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A : Atlantic Casualty Ins Co | | | | | | | | | | | | | | | |
| INSURER B : Madison Insurance Company | | | | | | | | | | | | | | | |
| INSURER C : | | | | | | | | | | | | | | | |
| INSURER D : | | | | | | | | | | | | | | | |
| INSURER E : | | | | | | | | | | | | | | | |
| INSURER F : | | | | | | | | | | | | | | | |
| INSURED Sunny South Construction Company, Inc. 15743 92nd Court North West Palm Beach, FL 33412 | | | | | | | | | | | | | | | |

COVERAGES

CERTIFICATE NUMBER:

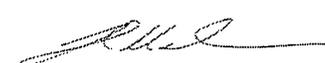
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDLSUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|---|---------------|-------------------------|-------------------------|--|
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| | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> Comp <input checked="" type="checkbox"/> Coll <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | MIC2801049 | 02/22/2011 | 02/22/2012 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured Motorist \$ 20,000.00 EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y / N <input type="checkbox"/> N / A | | | | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYE \$ E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

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| Sunny South Construction Company, Inc. Owner | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |



Andrew Morgan Services

Suite 109, 513 US 1, North Palm Beach, Florida 33408
Phone: 561-881-8999 • Fax: 561-881-0087
Email: andrewconsulting@bellsouth.net

December 26th, 2010.

To whom it may concern.

I have worked with Davey Morris for the last five years.

He pays attention to details, is honest to his clients and sub-contractors and is committed to a successful project completion, regardless to the size of the project.

His work reflects his capability and experience, in architecture and construction, and his devotion to his projects.

I recommend him, without reservations, to any new client.

Sincerely,

Andrew Morgan, P.E.



H.A. Contracting Corp.
providing quality construction services

CGC: 010703
AA: 26001486

December 29, 2010

To whom it may concern:

This is to inform that Davie Morris of Sunny South Construction has performed work for us as a subcontractor successfully for the past four years in school board work and municipalities.

If you shall have any questions do not hesitate to contact me.

Sincerely,



Eyvor Gomez
Controller

December 20, 2010

To Whom It May Concern:

RE: Davey Morris

Dear Sir/Madam,

This letter is in support of Davey Morris of the Sunny South Construction Company, Inc. I worked closely with Davey from 1998 until 2007 and found him to be a competent professional in the field of architecture. We worked on projects ranging from \$50,000 to \$40,000,000 in the State of Florida and nationwide.

Davey will be a responsible and dedicated party to whatever endeavor he undertakes.

Sincerely,

A handwritten signature in black ink, appearing to read 'PH', is written over the word 'Sincerely,'.

Patrick Hargrove, RA

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) Sunny South Construction Company Inc. | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" 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 <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) 15743 92nd Court North | Requester's name and address (optional) |
| | City, state, and ZIP code West Palm Beach, fl 33412 | |
| 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 *How to get a TIN* on page 3.

| Social security number | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|
| | | | | | | | | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| 2 | 7 | - | 1 | 0 | 7 | 9 | 1 | 6 | 8 |

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.

Sign Here Signature of U.S. person ▶ *[Handwritten Signature]*

Date ▶ *6/17/2011*

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.



State of Florida

*Minority, Women &
Service-Disabled Veteran*

Business Certification

Sunny South Construction Co. Inc.

Is certified under the provisions of
287 and 295.187, Florida Statutes for a period from:

December 28, 2009 to December 28, 2011

Torey Alston, Executive Director

Florida Department of Management Services
Office of Supplier Diversity

PALM BEACH COUNTY
BOARD OF COUNTY
COMMISSIONERS
Karen T. Marcus, Chair
Shelley Vana, Vice Chair
Paulette Burdick
Steven L. Abrams
Burt Aaronson
Jess R. Santamaria
Priscilla A. Taylor

COUNTY ADMINISTRATOR
Robert Weisman
DEPARTMENT OF AIRPORTS


Palm Beach International Airport
GATEWAY TO

the Best of Everything!

May 13, 2011

Certified Mail, Return Receipt Requested
7007 1490 0004 3392 3127

Sunny South Construction Company, Inc.
Attn: Mr. Davey Morris
15743 92nd Court North
West Palm Beach, FL 33412

Anniversary Date: Annually on April 18

Dear Mr. Morris:

The Palm Beach County Department of Airports is pleased to notify you of your firm's continuing eligibility as a Disadvantaged Business Enterprise (DBE) under the Florida Unified Certification Program (UCP) in accordance with 49 CFR Part 26. Your firm is certified in the following areas:

NAICS Code: 236210 Industrial Building Construction; and

NAICS Code: 236220 Commercial and Institutional Building Construction.

Your DBE certification is continuing from the Anniversary Date listed above, contingent upon your firm maintaining its eligibility annually through this office. You will be notified of your annual responsibilities in advance of the Anniversary Date. You must submit the annual AFFIDAVIT FOR CONTINUING ELIGIBILITY no later than the Anniversary Date to maintain your eligibility.

Your firm will be listed in Florida's UCP DBE Directory, which can be accessed through the Florida Department of Transportation's website: www.dot.state.fl.us/equalopportunityoffice and then selecting "DBE Directory."

If, at any time, there is a material change in your firm, you must advise this office, by sworn affidavit and supporting documentation, within thirty (30) days. Changes include, but are not limited to, ownership, officers, directors, management, key personnel, scope of work performed, daily operations, on-going business relationships with other firms or individuals or the physical location of your firm. After our review, you will receive instructions as to how you should proceed, if necessary. Failure to do so will be deemed a failure on your part to cooperate and will result in action to remove DBE certification.

If you have any questions or concerns, you may contact our office at 561-471-7403.

Sincerely,


Laura Beebe

Deputy Director, Airports Business Affairs

846 PALM BEACH INTERNATIONAL AIRPORT
West Palm Beach, Florida 33406-1470
(561) 471-7412 FAX: (561) 471-7427 www.pbia.org

PALM BEACH COUNTY GLADES AIRPORT
Pahokee

PALM BEACH COUNTY PARK AIRPORT
Lantana

NORTH COUNTY GENERAL AVIATION AIRPORT
Palm Beach Gardens

"An Equal Opportunity-Affirmative Action Employer"

BLOSSER ELECTRIC

P.O. Box 7305 • Port Saint Lucie, FL 34985 • Ph: 772-337-0055 • Fax: 772-337-2699

August 16, 2011

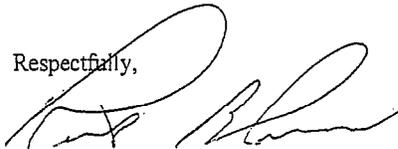
To Whom It May Concern:

I am writing in reference to Sunny South Construction, Davey Morris, license holder. We have had the pleasure of doing business with this contractor and are extremely pleased with our relationship.

Davey runs a tight ship and demands respect, exceptional workmanship and most of all keeps a project moving to benefit all involved. His work has always been completed in a timely manner and he is very aware of schedules to keep projects within there profit margin.

Davey Morris has the knowledge, construction skills and personality to perform as a General Contractor. Without hesitation, I do highly recommend Sunny South Construction, Davey Morris.

Respectfully,



Kent Blosser
President



Hello!

Regarding:

Sunny South Construction Company

15743 92nd Court North

West Palm Beach, FL 33412

We have provided windows and/or doors to Davey Morris of Sunny South Construction Company on various projects over the past few years. From residential to commercial projects, we have worked with him on numerous occasions.

Mr. Morris runs a smooth operation. We have never had any scheduling issues and everything is prepared and ready upon our arrival to any jobsites. His vast knowledge of the building industry makes it enjoyable to do business with Sunny South Construction Company.

I have, without hesitation, highly recommended Sunny South Construction Company to many prospects, both residential and commercial. I will continue to do so into the future.

Feel free to contact me with any questions/concerns.

Sincerely,

James Nugent

Senior Sales Manager

NSI Windows & Doors

3625-B Prospect Avenue

Riviera Beach, FL 33404

561-512-3899

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Sunny South Construction Company Inc.

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: Sunny South Construction Company Inc.

Authorized By:  Davey Morris
(Sign) (Print Name)

Title: Owner Date: 9-1-11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: Sunny South Construction Company Inc.

Corporate Title: Owner

Address: 15743 92nd Court North
West Palm Beach FL 33412
(Zip Code)

By: Davey Morris Owner
(Print name) (Print title)


(Authorized Signature)

Telephone: (561) 670-7411

Fax: (772) 934-3755

State License # C.G.C. 1518057 (ATTACH COPY)

County License # _____ (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: State Certified General Contractor

Unlimited Yes (yes/no)

If "NO", Limited to what trade? _____

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
Sunny South Construction Company Inc. does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.



Proposer's Signature

9-1-11

Date

CERTIFICATE OF LIABILITY INSURANCE

| Producer: Lion Insurance Company 2739 U.S. Highway 19 N. Holiday, FL 34691 (727) 938-5562 | This Certificate is issued as a matter of information only and confers no rights upon the Certificate Holder. This Certificate does not amend, extend or alter the coverage afforded by the policies below. | | | | | | | | | | | | | | | | | | |
|--|---|-----------------------------|--|--------|------------|------------------------|-------|------------|--|--|------------|--|--|------------|--|--|------------|--|--|
| Insured: South East Employee Leasing Services, Inc. 2739 U.S. Highway 19 N. Holiday, FL 34691 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="2">Insurers Affording Coverage</th> <th align="center">NAIC #</th> </tr> <tr> <td>Insurer A:</td> <td>Lion Insurance Company</td> <td align="center">11075</td> </tr> <tr> <td>Insurer B:</td> <td></td> <td></td> </tr> <tr> <td>Insurer C:</td> <td></td> <td></td> </tr> <tr> <td>Insurer D:</td> <td></td> <td></td> </tr> <tr> <td>Insurer E:</td> <td></td> <td></td> </tr> </table> | Insurers Affording Coverage | | NAIC # | Insurer A: | Lion Insurance Company | 11075 | Insurer B: | | | Insurer C: | | | Insurer D: | | | Insurer E: | | |
| Insurers Affording Coverage | | NAIC # | | | | | | | | | | | | | | | | | |
| Insurer A: | Lion Insurance Company | 11075 | | | | | | | | | | | | | | | | | |
| Insurer B: | | | | | | | | | | | | | | | | | | | |
| Insurer C: | | | | | | | | | | | | | | | | | | | |
| Insurer D: | | | | | | | | | | | | | | | | | | | |
| Insurer E: | | | | | | | | | | | | | | | | | | | |

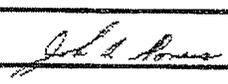
Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Aggregate limits shown may have been reduced by paid claims.

| INSR | LTP | ADDL | INSRD | Type of Insurance | Policy Number | Policy Effective Date (MM/DD/YY) | Policy Expiration Date (MM/DD/YY) | Limits | | |
|------|-----|------|-------|---|---------------|-------------------------------------|--------------------------------------|---|---|--|
| | | | | GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occur <hr/> General aggregate limit applies per: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC | | | | | Each Occurrence Damage to rented premises (EA occurrence) Med Exp Personal Adv Injury General Aggregate Products - Comp/Op Agg | |
| | | | | AUTOMOBILE LIABILITY <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos | | | | Combined Single Limit (EA Accident) Bodily Injury (Per Person) Bodily Injury (Per Accident) Property Damage (Per Accident) | | |
| | | | | EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> Occur <input type="checkbox"/> Claims Made Deductible | | | | Each Occurrence Aggregate | | |
| A | | | | Workers Compensation and Employers' Liability Any proprietor/partner/executive officer/member excluded? If Yes, describe under special provisions below. | WC 71949 | 01/01/2011 | 01/01/2012 | <input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> OTH-ER | E.L. Each Accident: \$1,000,000 E.L. Disease - Ea Employee: \$1,000,000 E.L. Disease - Policy Limits: \$1,000,000 | |

Other: **Lion Insurance Company is A.M. Best Company rated A- (Excellent). AMB # 12616**

Descriptions of Operations/Locations/Vehicles/Exclusions added by Endorsement/Special Provisions: Client ID: 84-65-317
 Coverage only applies to active employee(s) of South East Employee Leasing Services, Inc. that are leased to the following "Client Company":
Sunny South Construction Company, Inc.
 Coverage only applies to injuries incurred by South East Employee Leasing Services, Inc. active employee(s) , while working in Florida.
 Coverage does not apply to statutory employee(s) or independent contractor(s) of the Client Company or any other entity.
 A list of the active employee(s) leased to the Client Company can be obtained by faxing a request to (727) 937-2138 or by calling (727) 938-5562.
Project Name:
 FAX: 772-934-3755 & 561-904-5812 / ISSUE 07-07-11 (CF)

| | |
|---------------------------|---|
| CERTIFICATE HOLDER | CANCELLATION |
| | Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor in mail 30 days written notice to the certificate holder named in the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives. |
| |  |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sunny South Construction Co. Inc.

Reference: Donna Coy Fax #: _____

Email: missdee12@aol.com Telephone #: 954-854-6614

Person to contact: Donna Coy

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
remove and reinstall the entire garage ceiling, drywall & painting

What was the total project amount? \$1,600

Was the project completed on time and within budget? within Budget & 1 change

What was the project completion date? 3/18/2011

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|---------------------------|-------------------------|
| Professionalism <u>10</u> | Final Product <u>10</u> |
| Qualifications <u>10</u> | Cooperation <u>10</u> |
| Budget Control <u>10</u> | Reliability <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

| | |
|--|--|
| Bid Number: <u>20110068</u> | |
| Title: <u>Proposals for General Contractors for the Neighborhood Stabilization Program</u> | |
| Bidder/Respondent: <u>Sunny South Construction Co. Inc.</u> | |
| Reference: <u>City Of Indian Town Non Profit</u> | Fax #: <u>772-597-46385</u> |
| Email: <u>jblack@inphi.org</u> | Telephone #: <u>772-597-3667 ext. 12</u> |
| Person to contact: <u>Joanne Black</u> | |

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Remodel under NSP program (one job to date)

What was the total project amount? 60,788

Was the project completed on time and within budget? yes

What was the project completion date? 7/27/2011

How many remodeling projects has this Contractor completed for you within the past 5 years? ONE

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE - one change order owner requested

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sunny South Construction Co. Inc.

Reference: City Of Deerfield Beach Fax #: 954-480-6480
Email: PParkin@deerfield-beach.com Telephone #: 954-480-6420
Person to contact: Peter Parkin

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
Qualifications _____ Cooperation _____
Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2011 10:10
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/21 10:09 |
| FAX NO./NAME | 913055919630 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sunny South Construction Co. Inc.

Reference: HA Construction Co. Inc Fax #: 305-591-9630

Email: : eyvor@hacontracting.com Telephone #: 305-591-9212

Person to contact: Eyvor Gomez

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2011 10:13
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/21 10:13 |
| FAX NO./NAME | 92885960 |
| DURATION | 00:00:22 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sunny South Construction Co. Inc.

Reference: Martin County Housing Fax #: (772) 288-5960
 Email: : jlindstr@martin.fl.us Telephone #: (772) 220-7099
 Person to contact: Jerry R. Lindstrom

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____
 Was the project completed on time and within budget? _____
 What was the project completion date? _____
 How many remodeling projects has this Contractor completed for you within the past 5 years? _____
 What problems were encountered (claims)? _____
 How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
 Qualifications _____ Cooperation _____
 Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Sunny South Construction Co. Inc.

Reference: City Of Indian Town Non Profit Fax #: 772-597-463~~8~~5

Email: : jblack@inphi.org Telephone #: 772-597-3667 ext. 12

Person to contact: Joanne Black

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/21/2011 10:24
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/21 10:24 |
| FAX NO./NAME | 917725974635 |
| DURATION | 00:00:23 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

SCHEDULE OF SUBCONTRACTORS FORM

RFP#: 2011-0068
Bidder: Sunny South Construction Co. Inc.

SUBCONTRACTOR NAME: JA TAYLOR Roofing
ADDRESS: 5472 SE 47th Ave, Stuart Fl. 34994
CONTACT PERSON: Mike PHONE: 772-466-8397
LICENSE# CCC 1325720 LICENSE TYPE: Roofing
PURPOSE OF SUBCONTRACT: Roof
AMOUNT OF SUBCONTRACT: _____

SUBCONTRACTOR NAME: Layva Plumbing
ADDRESS: 1502 SW Meridian Ave PSL fl 34953
CONTACT PERSON: Manny PHONE: 561-282-7659
LICENSE# CFC 1425666 LICENSE TYPE: Plumbing
PURPOSE OF SUBCONTRACT: Plumbing
AMOUNT OF SUBCONTRACT: _____

SUBCONTRACTOR NAME: Blosser Elec.
ADDRESS: P.O. box 7305PSL fl 34852
CONTACT PERSON: Kent Blosser PHONE: 772-337-0055
LICENSE# EC 13001570 LICENSE TYPE: Electrical
PURPOSE OF SUBCONTRACT: Electrical
AMOUNT OF SUBCONTRACT: _____

SUBCONTRACTOR NAME: AC Advantage
ADDRESS: 1926 SW Biltmore St., PSL fl 34982
CONTACT PERSON: Nancy Camire PHONE: 772-878-7366
LICENSE# RA 13067342 LICENSE TYPE: HVAC
PURPOSE OF SUBCONTRACT: AC
AMOUNT OF SUBCONTRACT: _____

SUBCONTRACTOR NAME: Solaris DBA White Alum Fabrication
ADDRESS: 3195 S.E. Lionel Terrace, Stuart Fl
CONTACT PERSON: Albert PHONE: 772-419-0047
LICENSE# CGC 062056 LICENSE TYPE: Solar H/W
PURPOSE OF SUBCONTRACT: solar water Heater
AMOUNT OF SUBCONTRACT: _____

Please make copies of this form as needed if additional subcontractors are being used.

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of Florida }

County of St. Lucie County }

Davey Morris, being first duly sworn, disposes and says that:
(Name/s)

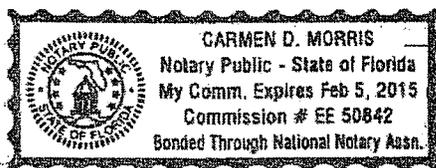
1. They are Owner of Sunny South Construction Co. Inc. the Bidder that
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;
3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]
(Title) Owner

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this 9/5/2011
(Date)

by: D/K who is personally known to me or who has produced
as identification and who did (did not) take an oath.



Carmen Morris
Notary (print & sign name)
Commission No. 2/5/2015

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068

General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 10 day of September, 2011.

PBS National, Inc.

Name of Organization / Proposer

Submitted by: Duane C Bowman Jr President

Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation, Partnership, Joint Venture, Individual or other? (circle one)

2. If a Corporation answer the following:

When incorporated July 1, 2002
In what State

Name of Officers:

President Duane C Bowman Jr

Vice President Duane H Bowman III

Secretary Duane C Bowman Jr

Treasurer Duane C Bowman Jr

3. If a Partnership, answer the following:

Date of organization N/A

General Limited Partnership

Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

PBS National, Inc

13155 SE 34 St, Okeechobee, FL 34974-1001

Office 863-467-0222

Fax 863-467-2948

dbowman2@pbsnational.com

Proposals for General Contractors for NSP

5. Firm's previous names (if any) N/A What year(s) _____

6. Area of expertise: General Contractor Residential, Commercial

7. How many years has your organization been in business? 41

8. Describe organization profile, including the size, range of activities, licenses, etc.
Private & Public Work: Commercial/Industrial & Residential
Contractor Project size: range up to 5 million Small/Large Renovation
Residential and Commercial New Commercial and Residential
Projects State Certified General Contractor Licensed in FL since 1984
 (This is a Word document - add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | | | |
| b. Managers | 2 | 1 | 1 |
| c. Supervisors Senior Staff | 1 | 3 | 1 |
| d. Other Professional Staff | 2 | 2 | 2 |
| g. Total number of full time personnel | 4 | 6 | 4 |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|--------------------|------------|----------------------------------|--|--------------------------------|
| Duane C Bowman Jr | President | 41 | 50 | |
| Duane C Bowman III | VPresident | 10 | 50 | |
| Richard Bowman | Supervisor | 8 | 100 | |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|-------------------|---|
| PBS National, Inc | Demolition, Concrete Structure, and Framing |
| | Structure Roof, Roof Repair, Exterior Framing |
| | drywall doors & windows wood trim |
| | Painting stucco Patch ect. |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs?

Yes (X) No ()

If "Yes" is checked, do you have a plan that promotes hiring of Section 3 residents/subcontractors or qualified individuals/subcontractors within the "Vicinity"? See references in 25 and 26 above.

PIBS intends to post hiring signs in front of all projects site. Also other searches include contacting local trade organization, St. Lucie area business searches and local advertising for our self performed work.

ADDENDUM ACKNOWLEDGMENT - Submitter acknowledges that the following addenda have been received and are included in his/her proposal:

| Addendum Number | Date Issued |
|-----------------|-------------|
| | |
| | |
| | |

AGREEMENT - Proposer agrees to comply with all requirements stated in the specifications for this E-RFP.

CERTIFICATION:

This RFP is submitted by: Name (print) DUANE C. BOWMAN JR. who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this E-RFP.

Proposer has read and accepts the terms and conditions of the City's standard contract:




 _____ Signature _____ President Title

If a corporation renders this E-RFP, the corporate seal attested by the secretary shall be affixed below. Any agent signing this E-RFP shall attach to this form evidence of legal authority.

Witnesses:

If Partnership:

 Print Name of Firm

By: _____
 (General Partner)

Proposals for General Contractors for NSP

If Corporation:

Print Name of Corporation

If Individual:

Signature

Print Name

By: _____
(President)

Attest: _____
(Secretary)

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PBS
NATIONAL
PROFESSIONAL BUILDING SERVICES

CGC 1518502

September 12, 2011

To: City of Port St. Lucie
RFP # 20110068
Neighborhood Stabilization Program

Re: PBS National statement

PBS National is a small business entity. PBS National's President, Duane C Bowman Jr., worked in the public sector for the last thirty years. Duane took his large-scale public project expertise and applied those talents with those of his son's to address the needs of small residential and commercial projects and instilling the practice of reaching out to those less fortunate and in needs.

Since 2002, PBS National's experiences have been diverse and not limited to any one type of construction. PBS understands the specific needs of residential, commercial and industrial types of construction. In particular, PBS is well versed in the specific needs of public entity requirements, specifications and contracts.

The people within our organization are experienced in working with other in times of duress.

Our residential experience began over the past 20 years in 1992 when Hurricane Andrew hit south Florida in Miami where homes and lives were devastated. We contracted with over 50 home owners/ insurance carriers to perform clean up, demolition, temporary protection, roofing, structural repair, remodeling and/or rebuilding the entire home. All work was self performed except the specialty trades of electrical, mechanical and plumbing.

In 2005, after hurricane Wilma, our experience took us to North Captiva Island, Florida performing hurricane disaster repair. Contract consists of demo, temporary protection, roofing, structural repair, remodeling and rebuilding 16 multistory wood and concrete homes.

After recommendation from previous clients, PBS was called to Haiti where over the last 2 years PBS National has assisted in rebuilding housing destroyed in the 2010 earthquake. Our first project was to rebuild the neighborhood YMCA housing complex in Port a Prince, continuing with building safe homes for one client because his wife would not move back into her concrete home to sleep. PBS returned to Haiti in January 2011 building homes for Haven Home Group, a nonprofit organization for families who lost their home in the earth quark .

People have lost their homes, for reasons of the economy and unemployment while others have watched their home value decline. PBS has a history of helping those in need and we find it personally gratifying to witness how pride in ownership, created by neighborhood stabilization programs, can be contagious to entire neighborhoods.

As the President and registered agent, I have 42 years of construction experience in building residential, and commercial buildings. I obtained my State Certified General Contractor License in 1984. Having

13155 S.E. 34th St. Okeechobee, FL 34974
Office 863-467-0222 Fax 863-467-2948
dbowman2@pbsnational.com

PBS 
NATIONAL
PROFESSIONAL BUILDING SERVICES

CGC 1518502

completed four years of apprenticeship carpentry before becoming a Journeymen Carpenter, working in the construction trade to become a foreman, superintendent and owning my own business for the past 20 years. I find it important to teach and train our next generation of builders. Teaching individuals to become leaders and craftsmen in our business is critical. I have two young sons who have been working and learning all aspects of construction by working in my construction business for the past 6 years. After years of experience, I take pride in teaching our generation the techniques of performing work correctly, explaining the importance of quality workmanship, maintaining a safe work place and monitoring and completing long term and daily schedules.

PBS is an equal opportunity employment company. We hire local employees and subcontractors in the St. Lucie area and we will give special consideration to those in the Neighborhood Stabilization Program. Our search includes contacting local trade organization, area business searches and local advertising for our self performed work.

Should PBS be short listed, we will commit our company assurance that the Neighborhood Stabilization Program, you will receive our commitment of fairly priced, well managed, quality work completed on time.

We appreciate the opportunity to be involved in this program. Should you have any questions or concerns please contact our office.

Thank you


Duane C Bowman Jr.

13155 S.E. 34TH St. Okeechobee, Fl 34974
Office 863-467-0222 Fax 863-467-2948
dbowman2@pbsnational.com



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

BOWMAN, DUANE C
P B S NATIONAL INC
13155 SE 34TH STREET
OKEECHOBEE FL 34974

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

AC# 4899244

CGC1518502 03/25/10 090137714

CERTIFIED GENERAL CONTRACTOR
BOWMAN, DUANE C
P B S NATIONAL INC

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2010 L10032500843

DETACH HERE

AC# 4899244

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10032500843

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 03/25/2010 | 090137714 | CGC1518502 |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2010

BOWMAN, DUANE C
P B S NATIONAL INC
13155 SE 34TH STREET
OKEECHOBEE FL 34974

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

AG# 4961503

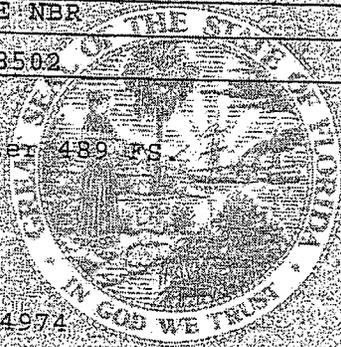
STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 110051201001

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 05/12/2010 | 098160759 | CGC1518502 |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2012



BOWMAN, DUANE C
F B S NATIONAL INC
13155 SE 34TH STREET
OREECHOBEE FL 34974

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM
INTERIM SECRETARY

AC# 4961503

STATE OF FLORIDA

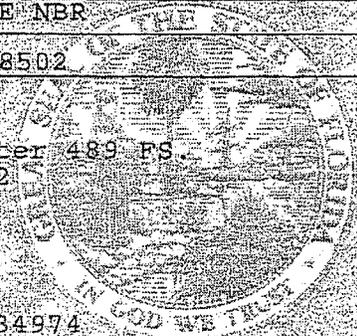
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10051201001

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 05/12/2010 | 098160759 | CGC1518502 |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2012

BOWMAN, DUANE C
P B S NATIONAL INC
13155 SE 34TH STREET
OKEECHOBEE FL 34974



CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

OKEECHOBEE COUNTY
STATE OF FLORIDA

Business Tax Receipt

2011-2012

No. 335

7/18/2011

IN CONSIDERATION
of the TOTAL SUM OF MONEY
shown hereon, the receipt of
which is hereby acknowledged.

Company ID #: 2122

| | |
|--------------------------------------|---------|
| Contractor (0015A) (01-10 Employees) | \$18.00 |
| | |
| | |
| | |
| TOTAL | \$18.00 |

PBS NATIONAL INC

.....
is hereby licensed to engage in the business, profession or occupation of

.....
Contractor (0015A) (01-10 Employees) (General) Lic. #CGC1518502

at 13155 SE 34TH ST, in Okeechobee, Florida, for the period beginning the
1st day of October 2011, and ending on the 30th day of September, 2012.



Celeste Watford, C.F.C - Tax Collector

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
PBS National, Inc does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.



Proposer's Signature

9/10/2011

Date

**E-RFP #20110068
CERTIFICATION REGARDING LOBBYING**

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure of fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: PBS National, Inc

Authorized By:  Duane C. Truman Jr
(Sign) (Print Name)

Title: President Date: 9/10/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of FLORIDA }

County of CREECHOBEE }

DUANE C. BOWMAN JR., being first duly sworn, disposes and says that:
(Name/s)

1. They are President of PBS NATIONAL INC the Bidder that
(Title) (Name of Company)

has submitted the attached bid/PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;

3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;

4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]
(Title) President

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this 9/2/11
(Date)

by: Duane C. Bowman who is personally known to me or who has produced
as identification and who did (did not) take an oath.

NOTARY PUBLIC-STATE OF FLORIDA
Carmen R. Lawton
Commission # DD929402
Expires: NOV. 13, 2013
BONDED TERN ATLANTIC BONDING CO., INC.

Carmen R. Lawton - [Signature]
Notary (print & sign name)

Commission No. _____

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: PBS National, Inc

Corporate Title: General Contractor

Address: 13155 SE 34 Street

Okeechobee FL 34974-1001
(Zip Code)

By: Duane C Bowman President
(Print name) (Print title)



(Authorized Signature)

Telephone: (863) 467-0220

Fax: (863) 467-2948

State License # CGC1518502 (ATTACH COPY)

County License # 2122 (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: State Certified General Contractor

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: PRS National, Inc

Reference: HomeFront Homes Fax #: 305-888-9834

Email: alan@homefronthomes.com Telephone #: 305-987-4669

Person to contact: Alan Craig

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

- What was the total project amount? _____
- Was the project completed on time and within budget? _____
- What was the project completion date? _____
- How many remodeling projects has this Contractor completed for you within the past 5 years? _____
- What problems were encountered (claims)? _____
- How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

- Professionalism _____
- Qualifications _____
- Budget Control _____
- Final Product _____
- Cooperation _____
- Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:42
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/20 09:41 |
| FAX NO./NAME | 913058889834 |
| DURATION | 00:01:01 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: PBS National, Inc

Reference: Don Powers Fax #: 361 739 9977

Email: dpowers@pbshart.com Telephone #: 954-298-3214

Person to contact: Don Powers

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

yes he has completed a large Addition to house

What was the total project amount? \$ 65,000

Was the project completed on time and within budget? yes

What was the project completion date? DEC 9 2010

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? 1 window upgraded

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|-------|
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110058

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: PBS National, Inc

Reference: Charland Rusey Construction Fax #: 954-785-5426

Email: trusey@charlandrusey.com Telephone #: 954-736-9119

Person to contact: Tim Rusey

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Contractor has completed 3 Remodel Projects with me. The projects were very different in scope but PBS provided excellent service, professionalism and outstanding quality. Pricing was always competitive & fair

What was the total project amount? 511,000 ; 50,000, 319,000

Was the project completed on time and within budget? yes

What was the project completion date? 6 months, 4 weeks and 4 months

How many remodeling projects has this Contractor completed for you within the past 5 years? 3

What problems were encountered (claims)? none

How many change orders were requested by this Contractor? changes were owner requested

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism 10 Final Product 10
 Qualifications 10 Cooperation 10
 Budget Control 10 Reliability 10

Would you contract with this Contractor again? Yes No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:47
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/20 09:46 |
| FAX NO./NAME | 919547855426 |
| DURATION | 00:00:29 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068
Title: Proposals for General Contractors for the Neighborhood Stabilization Program
Bidder/Respondent: PPS National Inc
Reference: Logitech Group Fax #: 954-451-4139
Email: jerry@logitech.com Telephone #: 954-456-4137
Person to contact: Jerry Gillman

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

This contractor has performed several remodeling projects for Cap Company in Port St. Lucie, FL. A type of work in West Palm Beach at Oxford 400, Century Village

What was the total project amount? 130,000
Was the project completed on time and within budget? Yes
What was the project completion date? 11/2010
How many remodeling projects has this Contractor completed for you within the past 5 years? 4
What problems were encountered (claims)? N/A
How many change orders were requested by this Contractor? MINOR

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism 10
Qualifications 10
Budget Control 10
Final Product 9
Cooperation 10
Reliability 10

Would you contract with this Contractor again? Yes [X] No [] Maybe []

Comments:

Thank you.

Table with 2 columns: For OMB Use Only, Reference Checked, Clerk Checked

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:50
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/20 09:50 |
| FAX NO./NAME | 919544564139 |
| DURATION | 00:00:29 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: PBS National, Inc

Reference: DW Sod Inc Fax #: 813-762-2253

Email: N/A Telephone #: 813-762-3051

Person to contact: David Williams

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Yes Remodel and some repairs of my personal home

What was the total project amount? 40,000.00 (I went back and looked to confirm)

Was the project completed on time and within budget? Yes under budget

What was the project completion date? 9-8-2009

How many remodeling projects has this Contractor completed for you within the past 5 years? 1

What problems were encountered (claims)? None

How many change orders were requested by this Contractor? None

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments: Very professional. Discussed the project with me before start and Thank you! Everything was done on time and under my budget. Perfect no complaints

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: PRS National, Inc.

Reference: DW Sod Inc Fax #: 863-763-2253

Email: N/A Telephone #: 863-763-3259

Person to contact: David Williams

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:53
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|--------------|
| DATE, TIME | 09/20 09:53 |
| FAX NO./NAME | 918637632253 |
| DURATION | 00:00:30 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD |



CERTIFICATE OF LIABILITY INSURANCE

OP ID: J2

DATE (MM/DD/YYYY)

09/08/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | | |
|--|--|--|--|--------------------------------------|
| PRODUCER Pritchards & Associates, Inc. 1802 S Parrott Ave Okeechobee, FL 34974-6179 Lowell H Pritchard | | 863-763-7711 863-763-5629 | CONTACT NAME Tonya Stamm PHONE (A/C, No, Ext) 863-763-7711 E-MAIL tstamm@pritchardsinc.com PRODUCER CUSTOMER ID # PBSNA-1 | FAX (A/C, No) 863-763-5629 |
| INSURED PBS National, Inc. dba Professional Building Services 13155 SE 34th Street Okeechobee, FL 34974 | | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | | INSURER A: Southern Owners | | 10190 |
| | | INSURER B: Florida Citrus, Business & Ind | | |
| | | INSURER C: Auto Owners Insurance Co. | | 18988 |
| | | INSURER D: | | |
| | | INSURER E: | | |
| | | INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|--------------------------------------|---------------|-------------------------|-------------------------|--|--|
| A | GENERAL LIABILITY | | 72729617 | 04/02/11 | 04/02/12 | EACH OCCURRENCE \$ 300,000 | |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | MED EXP (Any one person) \$ 10,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 300,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | GENERAL AGGREGATE \$ 300,000 | |
| | | | | | | PRODUCTS - COMPROP AGG \$ 300,000 | |
| C | AUTOMOBILE LIABILITY | | 4837051900 | 05/04/11 | 05/04/12 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 | |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | | BODILY INJURY (Per person) \$ | |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | BODILY INJURY (Per accident) \$ | |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | PROPERTY DAMAGE (Per accident) \$ | |
| | <input type="checkbox"/> HIRED AUTOS | | | | | \$ | |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | \$ | |
| | UMBRELLA LIAB | <input type="checkbox"/> OCCUR | | | | EACH OCCURRENCE \$ | |
| | EXCESS LIAB | <input type="checkbox"/> CLAIMS-MADE | | | | AGGREGATE \$ | |
| | DEDUCTIBLE | | | | | \$ | |
| | RETENTION \$ | | | | | \$ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | 106-45106 | 05/05/11 | 05/05/12 | WC STATU-TORY LIMITS OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y/N | | | | N/A | E.L. EACH ACCIDENT \$ 100,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 100,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CITYOFS

City of Port St Lucie
 121 SW Port St Lucie Blvd
 Port St Lucie, FL 34984

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P02000072460

Entity Name: P B-S NATIONAL, INC.

Current Principal Place of Business:

New Principal Place of Business:

13155 SE 34 ST
OKEECHOBEE, FL 34974 US

Current Mailing Address:

New Mailing Address:

13155 SE 34 ST
OKEECHOBEE, FL 34974 US

FEI Number: 32-0021223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BOWMAN III, DUANE C D
13155 SE 34 ST
OKEECHOBEE, FL 34974 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BOWMAN III, DUANE C D
Address: 13155 SE 34 ST
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: D
Name: BOWMAN JR, DUANE C D
Address: 13155 SE 34TH ST
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DUANE C BOWMAN III

D

02/17/2011

Electronic Signature of Signing Officer or Director

Date

State of Florida

Department of State

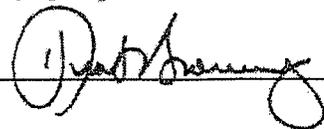
I certify from the records of this office that P B S NATIONAL, INC. is a corporation organized under the laws of the State of Florida, filed on July 1, 2002.

The document number of this corporation is P02000072460.

I further certify that said corporation has paid all fees due this office through December 31, 2011, that its most recent annual report was filed on February 17, 2011, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the Great Seal of
Florida, at Tallahassee, the Capital, this the
Eighth day of September, 2011*



Secretary of State



Authentication ID: 000211900040-090811-P02000072460

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.

<https://efile.sunbiz.org/certauthver.html>

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

| | |
|--|--|
| Name (as shown on your income tax return) PBS National, Inc | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____ <input type="checkbox"/> Exempt from backup withholding | |
| Address (number, street, and apt. or suite no.) 13155 SE 34 st | Requester's name and address (optional) City of Port St Lucie 121 SW Port St Lucie Blvd Port Saint Lucie FL 34984 |
| City, state, and ZIP code Okeechobee, FL 34974-1001 | |
| 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 Line 1 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 *How to get a TIN* on page 3.

| |
|------------------------|
| Social security number |
| + + |

or

| |
|--------------------------------|
| Employer identification number |
| 3240021121213 |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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.)

| | | |
|------------------|----------------------------|-----------------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ 9/10/11 |
|------------------|----------------------------|-----------------------|

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.

U.S. person. 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.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: DUANE C BOWMAN JR. PBS NATIONAL INC.

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline – it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar. *N/A*
- Vicinity Hiring Certification uploaded to Demandstar. *N/A*

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

E-RFP #20110068
General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 12th day of September, 2011.

Eagle Enterprises Inc.
Name of Organization / Proposer

Submitted by: Robert Binford, President
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation, Partnership, Joint Venture, Individual or other?
(circle one)
2. If a Corporation answer the following:
When incorporated 1999
In what State Florida
Name of Officers:
President Robert Binford
Vice President Robin Pace
Secretary Robert Binford
Treasurer Robert Binford

3. If a Partnership, answer the following:
Date of organization _____
General Limited Partnership _____
Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:
Eagle Enterprises Inc.
884 NW Waterlily Place, Jensen Beach FL 34957
Phone 772-485-3553 fax 772-692-3168 e-mail: robert.binford@comcast.net
Contact Person: Robert Binford

5. Firm's previous names (if any) What year(s) None

6. Area of expertise: General Contracting, horizontal and vertical work, new and rehabilitation, remodeling.

7. How many years has your organization been in business? 16

8. Describe organization profile, including the size, range of activities, licenses, etc.
Eagle Enterprises Inc is in the business of general contracting. Our License is State of Florida CGC 060163. We also offer Home Inspections as licensed by the State of Florida HI 3543 and Wind Mitigation Verification Inspections as licensed by the State and CES – 10-MI-00390. The company currently employs 2 Superintendents, 1 Carpenter Foreman, 4 Carpenters and 3 Laborers in addition to a part time estimator and myself, President and Projects Manager. We are working with various local cities on projects ranging from Turtle Friendly Lighting for Deerfield Beach, Metal Buildings for Wellington and Drainage Improvements in Riviera Beach. We are working on the rehabilitation of several foreclosed properties for Bank of America and BBT Bank in addition to providing repair services, roofing, small projects, kitchen remodels etc.

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | | | |
| b. Managers | 1 | 2 | 1 |
| c. Supervisors Senior Staff | 3 | 5 | 2 |
| d. Other Professional Staff | 7 | 12 | 3 |
| g. Total number of full time personnel | 11 | 19 | 6 |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|----------------|----------------|----------------------------------|--|--|
| Robert Binford | President | 35 | 50 | Superintendent, Project Manager, Operations Manager with <i>HTM Assoc., DiPompeo Const, West Const and Eagle Ent. Inc.</i> |
| Mike Caparella | Superintendent | 42 | 60 | Land Surveyor, Estimator, Carpenter, Super, Project Manager with <i>Kunde, Sprecher, Yaskin & Associates, Dutch Const, West Const, Mancini and Eagle Ent. Inc.</i> |

Proposals for General Contractors for NSP

| | | | | |
|------------------|----------------|----|----|--|
| Dave Wilson | Superintendent | 25 | 30 | Carpenter, Superintendent, Foreman with <i>Various Const. Companies, West Const, Eagle Ent. Inc.</i> |
| Kitti Wongpanich | Lead Carpenter | 25 | 20 | Carpenter, Foreman, cabinet maker with <i>various companies and self employed, Eagle Ent. Inc.</i> |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|------------------|---|
| Robert Binford | Foreclosed homes for BOA and BBT. Minor demolition, new cabinets, tile, drywall, painting, shelving, plumbing repairs |
| Kitti Wongpanich | Foreclosed homes for BOA and BBT. Minor demolition, new cabinets, tile, drywall, painting, soffit and fascia repair, drywall finisher |
| Mike Caparella | Rehabilitate houses for Eagle Ent Inc. Minor demolition, tile, drywall, painting, framing, layout, sidewalks, drives |
| | |
| | |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

13. State your firm's commitment to perform in a timely fashion:

Eagle Enterprises Inc. utilizes the most advanced scheduling software; P-6 by Primavera and updates the schedules weekly to avoid any interferences or delays. All activities including submittals and permitting are scheduled to ensure that the project is completed timely. It is our belief that the quicker the project is completed the greater the profits and the greater the reference becomes as we strive to complete on time or better. We are a proactive as we can be on all projects. Better to solve a problem than to just present it and walk away.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|------------------|---|
| Mike Caparella | Deerfield Beach Turtle Friendly Lighting to be complete 09/30/2011. Mike will be on a sidewalk project in Port St Lucie as well as supervising the house projects. He will have an assistant. |
| Dave Wilson | Dave will be on housing projects only including a few foreclosed homes for Bank of America |
| Kitti Wongpanich | Will be dedicated to this project |
| | |
| | |

15. State your firm's ability to meet budget and schedule:

Eagle Enterprises Inc. must meet its quoted price and will stay within budget. If there are changes, we will propose value engineering the project to save time and money.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:

Eagle Enterprises Inc. will offer value engineered product substitutions if any exist. We are also not opposed to the Owner Direct Purchasing program to save the city State Sales Taxes. We have done this many times in the past.

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|---|-------------------------|------------------------------|
| <i>Environmental Control Technologies</i> | <i>Palm City</i> | <i>HVAC Contractor</i> |
| <i>Hypoluxo Plumbing</i> | <i>PSL and Hypoluxo</i> | <i>Plumbing Contractor</i> |
| <i>Jensen Beach Plumbing</i> | <i>Jensen Beach</i> | <i>Plumbing Contractor</i> |
| <i>Brad's Electric</i> | <i>PSL</i> | <i>Electrical Contractor</i> |
| <i>Brown's Roofing</i> | <i>West Palm Beach</i> | <i>Roofing Contractor</i> |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a

Proposals for General Contractors for NSP

contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

NO

(This is a Word document – add lines if needed)

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

If yes, please explain:

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NONE

21. List any judgments from lawsuits in the last five (5) years:

NONE

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NONE

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages) See attachment labeled "Article 24"

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No (X)

Witnesses:

Robin L. Price
ROBIN L PRICE

If Partnership:

Print Name of Firm

By: _____
(General Partner)

If Corporation:

Eagle Enterprises Inc.
Print Name of Corporation

By: [Signature]
(President)

Attest: [Signature]
(Secretary)

If Individual:

Signature

Print Name

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Eagle Enterprises Inc.

Reference: City of Deerfield Beach Fax #: 954-480-4492

Email: Dpayne@deerfield-beach.com Telephone #: 954-427-3343

Person to contact: Dean Payne

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:23
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:22 |
| FAX NO./NAME | 919544804492 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Eagle Enterprises Inc.

Reference: 21st Century Electric Fax #: 954-970-7544

Email: michaeltyeary@aol.com Telephone #: 954-275-3440

Person to contact: _____

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:25
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:24 |
| FAX NO./NAME | 919549707514 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Eagle Enterprises Inc.

Reference: Trade Wind Real Estate Fax #: 772-382-2299

Email: lilaw628@gmail.com Telephone #: 772-501-0835

Person to contact: Lila Williams

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:26
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:25 |
| FAX NO./NAME | 93822299 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Eagle Enterprises Inc., Subcontractor to West Const.

Reference: City of Plantation Fax #: 954.585.2361

Email: dezzeddine@plantation.org Telephone #: 954-797-2256

Person to contact: Danny Ezziddine

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:29
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:29 |
| FAX NO./NAME | 919545852361 |
| DURATION | 00:00:28 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Eagle Enterprises Inc.

Reference: Keller Williams Real Estate Fax #: 561-244-3098

Email: jamie@goldgroup.com Telephone #: 561-685-4842

Person to contact: Jamie Brennan

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Removal & Replacement of Damage Drywall. Installation of Cabinetry
Painting. Repair and Retains of wood trim.

What was the total project amount? 3 projects \$10,000+

Was the project completed on time and within budget? Yes

What was the project completion date? Last project completed 9/16/11

How many remodeling projects has this Contractor completed for you within the past 5 years? 3

What problems were encountered (claims)? None

How many change orders were requested by this Contractor? None

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:31
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578454

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 09:31 |
| FAX NO./NAME | 915612443098 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |



Eagle Enterprises Inc.

Article 24

Eagle Enterprises, Inc.
Robert@4mycontractor.com

We believe Eagle Enterprises Inc is best suited for the Neighborhood Stabilization Program as we are local to the area and can commit the necessary manpower to successfully complete these projects. The Neighborhood Stabilization Program are small projects that can be completed quickly and managed properly. We will have a foreman on every project and a roaming General Superintendent to check the projects regularly. Located in Jensen Beach, Eagle Enterprises, Inc. can manage a single project to several projects with the available workforce and project team. Eagle is a capable builder with employees that have many years of experience. With a commitment to quality and safety, we will provide the best product for the county for a fair and reasonable price.

We provide:

- ✓ Accurate estimates
- ✓ Proper scheduling
- ✓ CSI Division Submittals
- ✓ Quality workmanship
- ✓ Management of Subcontractors
- ✓ Early ordering to incorporate lead times into the schedule and avoid delays
- ✓ Drug Free Workplace
- ✓ Background checks on all employees
- ✓ Quality control
- ✓ OSHA 10 hour and 30 hour certified workers
- ✓ Subcontractors are checked for proper insurances and licensing
- ✓ Warranties and close-out documents prepare timely

While some of our employees are full time some will be from employment agencies to fill any need for additional manpower. Our foremen and Superintendents are full time Eagle employees.

Eagle Enterprises prides itself as a company that has served the South Florida Market since 1997. Eagle Enterprises, Inc. has watched the region expand and change, and in some ways has contributed to the region's movement and success. Founded by Robert Binford, Eagle Enterprises has been building in Florida for 13 years. The business was incorporated in 1997 as Eagle Enterprises Inc and has maintained the quality of relationships approach to business throughout the years. Robert manages the finance, accounting, project management and cost controls. Michael Caparella, the Vice President



of the corporation has stayed active in the field helping, teaching and guiding the field personnel. The hands-on methodology of Robert and Mike are as important to the clients as it is to the staff. While providing leadership from many years of contracting and gaining the respect of both client and staff, Mike's diversified contributions have proven invaluable to the positive reputation of the company.

The company's family-oriented approach to business cultivated a successful construction company offering a wide range of services. Eagle Enterprises Inc builds commercial, residential, public and private work. We will build anything from site related horizontal projects to vertical construction up to mid rise type projects.

Quality is Key

Quality starts with a company's corporate philosophy and transcends to all the staff. Our staff all share in Eagle's commitment to delivering the highest standards in building to our customers. It is Eagle Enterprises' believe that clients hire contractors because they either do not have the time or do not have the desire to deal with the process. The company knows it is a contractor's responsibility to manage all aspects of a project on behalf of the owner. The sometimes tedious and often times *challenging* tasks are managed efficiently and effectively by seasoned professionals to make the entire process run as smoothly and efficiently as possible for the client.

Challenges

In order to survive in any business, a company must identify and recognize the challenges facing the industry. Eagle Enterprises does exactly that, and has addressed such challenges as labor shortages, escalating costs of building materials and long-term challenges that include maintaining steady growth and restructuring to manage that growth.

Eagle Enterprises is a company built from hard work and a commitment to its customers.

So what makes Eagle Enterprises such a success story? "The formula for success is hard work, consistency, vision, and a commitment to our customers, employees, sub-contractors and vendors. Just as each project presents its own unique challenges so does the contracting business. One must be capable of recognizing industry changes and trends and have the ability and foresight to prepare for those changes."

Over the years, Eagle Enterprises, Inc. has handled a variety of jobs including residential projects, gymnasiums, office buildings, fire stations and parks. The company will continue to grow and serve its clients with an open, friendly attitude. Bringing all the elements together, Eagle Enterprises, Inc. hopes to maintain its strong relationships and provide quality turnkey services in South Florida for years to come.

AG# 5093314

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L100813014

| DATE | BATCH NUMBER | LICENSE NBR |
|------------|--------------|-------------|
| 08/13/2010 | 090461718 | CGC060163 |

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2012

BINFORD, ROBERT WILLIAM
EAGLE ENTERPRISES INC
884 NW WATERLILY PLACE
JENSEN BEACH FL 34957



CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/15/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | |
|---|---|
| PRODUCER KRETSCHMER INS AGENCY INC 3109 Cleander Ave Fort Pierce, FL 34982 | CONTACT NAME PHONE (A/C, No. Ext): (772) 467-6656 FAX (A/C, No): (772) 461-8425 E-MAIL ADDRESS: mike@kretschmer.fdn.com |
| | PRODUCER CUSTOMER ID# |
| INSURED Eagle Enterprises Inc 884 NW Waterlily Pl Jensen Beach, FL 34957 772-485-3553 | INSURER(B) AFFORDING COVERAGE |
| | INSURER A: ATLANTIC CASUALTY |
| | INSURER B: |
| | INSURER C: |
| | INSURER D: |
| | INSURER E: |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A | GENERAL LIABILITY | | | BINDER 314115 | 3/14/11 | 3/14/12 | EACH OCCURRENCE \$ 1,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | MED EXP (Any one person) \$ 5,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | <input type="checkbox"/> ANYAUTO | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DEDUCTIBLE | | | | | | \$ |
| | RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATU-TORY LIMITS OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---|--|
| CERTIFICATE HOLDER FOR INSURANCE PURPOSES ONLY FOR INSURANCE PURPOSES ONLY | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZER REPRESENTATIVE  |
|---|--|

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PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

| | |
|--|---|
| <p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION CONSTRUCTION INDUSTRY CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW</p>  <p>EFFECTIVE: 04/08/2011 EXPIRATION DATE: 04/07/2013 PERSON: ROBERT BINFORD FEIN: 650901316 BUSINESS NAME AND ADDRESS: EAGLE ENTERPRISES INC 884 NW WATERLILY PLACE JENSEN BEACH, FL 34957 SCOPE OF BUSINESS OR TRADE: 1- HOME INSPECTION/REPAIRS 2- CERTIFIED GENERAL CONTRACTOR</p> | <p style="text-align: center;">IMPORTANT</p> <p>F Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.</p> <p>H Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt.</p> <p>E Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.</p> <p style="text-align: right;">QUESTIONS? (850) 413-1609</p> |
|--|---|

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.



September 1, 2011

Re: Eagle Enterprises, Inc.

To Whom It May Concern:

Please be advised that M. Gary Francis of Breen Ragland Group is the agent of record for performance and payment bonds for Eagle Enterprises, Inc.

The current surety facility is **The Cincinnati Insurance Company**, which is *AM Best Rated A+, XV and on the United States Department of the Treasury List at \$339,388,000.00 single job without reinsurance.*

While each project is approved on its own merits, we would consider jobs in the \$250,000.00 single range and \$500,000.00 aggregate to be within the "normal" standard operating area for Eagle Enterprises, Inc.

Please be reminded that the surety reserves the right to review the file, bond forms, and contract terms and conditions for acceptance prior to the authorization or execution of any performance and payment bonds.

If we can be of service or should you have any questions, feel free to contact us.

Regards,

A handwritten signature in black ink, appearing to read 'M. Gary Francis', is written over a faint circular stamp or watermark.

M. Gary Francis
Contract Bond Specialist

200 Colonial Center Pkwy., Suite 250, Lake Mary, FL 32746 ♦ PH 407-936-9928 ♦ FAX 407-936-9938

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: Eagle Enterprises Inc.

Corporate Title: President

Address: 884 NW Waterlily Place

Jensen Beach, FL 34957
(Zip Code)

By: Robert Binford President
(Print name) (Print title)

(Authorized Signature)

Telephone: (772) 485-3553

Fax: (772) 692-3168

State License # CGC 060163 (ATTACH COPY)

County License # _____ (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: Certified Commercial General Contractor

Unlimited YES (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110068

State of Florida }

County of Martin }

Robert Binford, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of Eagle Enterprises Inc. the Bidder that
(Title) (Name of Company)

has submitted the attached bid/PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;

3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;

4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

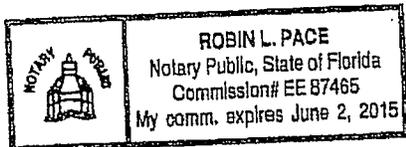
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]
(Title) President

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this 14th day of September 2011
(Date)

by: Robert Binford who is **personally known to me** or who has produced
[Signature] as identification and who did (did not) take an oath.



[Signature] ROBIN L PACE
Notary (print & sign name)
Commission No. _____

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

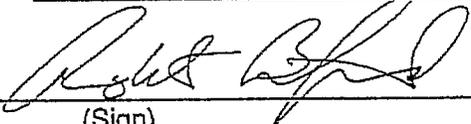
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification or disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: Eagle Enterprises Inc.

Authorized By:  Robert Binford
(Sign) (Print Name)

Title: President Date: 09/14/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

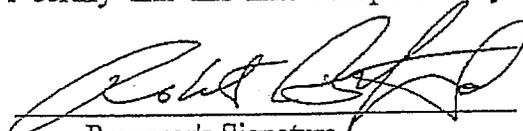
DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Eagle Enterprises Inc does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.


Proposer's Signature
9/14/2011
Date

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See specific instructions on page 2.

| | |
|--|---|
| Name (as shown on your income tax return) Eagle Enterprises Inc | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____ | |
| <input type="checkbox"/> Exempt from backup withholding | |
| Address (number, street, and apt. or suite no.) 884 NW Waterlily Place | Requester's name and address (optional) City of Port St Lucie |
| City, state, and ZIP code Jensen Beach, FL 34957 | 121 SW Port St Lucie Blvd Port Saint Lucie FL 34984 |
| 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 Line 1 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 *How to get a TIN* on page 3.

| | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|
| Social security number | | | | | | | | |
| | | | | | | | | |
| or | | | | | | | | |
| Employer identification number | | | | | | | | |
| 6 | 5 | 0 | 9 | 0 | 1 | 3 | 1 | 6 |

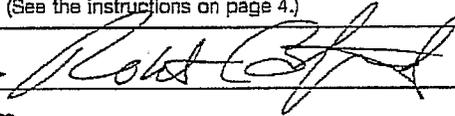
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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.)

Sign Here Signature of U.S. person ▶  Date ▶ 09/15/2011

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: _____

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068

General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 12th day of September, 2011.

Mehaffey Construction Group Inc.
Name of Organization / Proposer

Submitted by: Tim Mehaffey Pres.
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation, Partnership, Joint Venture, Individual or other?
(circle one)

2. If a Corporation answer the following:

When incorporated 8-19-09
In what State Florida

Name of Officers:
President Tim Mehaffey
Vice President Tim Mehaffey
Secretary Tim Mehaffey
Treasurer Tim Mehaffey

3. If a Partnership, answer the following:

Date of organization
General Limited Partnership
Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

Mehaffey Construction Group Inc.
main 772-398-7600 fax 772-398-7111
Tim @ mcgroup.com Tim Mehaffey

Proposals for General Contractors for NSP

5. Firm's previous names (if any) MCON Group Inc. What year(s) 2009 to 6/2011

6. Area of expertise: Renovation / Remodel

7. How many years has your organization been in business? 2

8. Describe organization profile, including the size, range of activities, licenses, etc.
OUR AVERAGE YEARLY GROSS REVENUE IS AROUND 3.5 mil
WE ARE A STATE CERTIFIED GENERAL CONTRACTOR
OUR AVERAGE SIZE JOB IS AROUND \$100,000.00
WE PARTICIPATE AS WELL AS WE'VE WON SEVERAL NSP PROJECTS FOR OTHER COUNTY
 (This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | | | |
| b. Managers | 1 | 4 | 1 |
| c. Supervisors Senior Staff | 3 | 7 | 2 |
| d. Other Professional Staff | 4 | 28 | 2 |
| g. Total number of full time personnel | 8 | 40 | 5 |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|--------------|-------|----------------------------------|--|--|
| Tim McHaffey | Pres | 23 | 30% | Marion County Supervisor / Project Manager |
| | | | | |
| | | | | |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|----------------|--------------------------------------|
| Thomas Wilson | Demo, Drywall, Doors, Windows |
| Don Gricius | Hurricane Shutters |
| Terry Hange | Hurricane Shutters |
| Derek Stahlhut | Door, Trim, Demo, Hurricane shutters |
| Chris McHaffey | Demo, Shutters, Drywall, Trim |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.

13. State your firm's commitment to perform in a timely fashion:

We always complete projects on time

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|---------------------|--|
| DON GRIGUS | 540 Accordion Shutters For Indian town |
| TIM MEHAFFEY | Bahama square four homes for martin county |
| High Point Mattwood | High Point 132 Doors Replaced |
| to TIM MEHAFFEY | 2200 0 ADDITION IN MARTIN COUNTY |
| TIM MEHAFFEY | 1500 B new Kennel in Ft Pierce |

15. State your firm's ability to meet budget and schedule:

We are committed to making meetings required schedules & staying in Budget

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:

Suggest value engineering allowing our client to benefit in cost savings

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|---------------|------------------------|-----------------------|
| AIC Electric | 1541 SE South Wilmeyer | Electrical Contractor |
| AIC ADVANTAGE | 1926 SW Billmore St | H.V.A.C. Contractor |
| Troy plumbing | 3410 SW CANOE TR | Plumbing Contractor |
| | | |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

NO

(This is a Word document – add lines if needed)

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No ()

If yes, please explain:

Tim Mahaffey Personal Bankruptcy

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

NONE

21. List any judgments from lawsuits in the last five (5) years:

NONE

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

NONE

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Yes () No ()

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No ()

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No ()

If "Yes" is checked, include a copy of certificate with proposal.

(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.cityofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring f Contractors for Repair of Homes.")

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.

EMPLOYEE LISTING

Derek Stalhut – Carpenter Helper

Don Gricius – Carpenter

Terry Hauge – Carpenter

Rodge Wilson – Carpenter

Matt Woods – Carpenter Helper

28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs?

Yes (X) No ()

If "Yes" is checked, do you have a plan that promotes hiring of Section 3 residents/subcontractors or qualified individuals/subcontractors within the "Vicinity"? See references in 25 and 26 above.

We would participate in this program

ADDENDUM ACKNOWLEDGMENT - Submitter acknowledges that the following addenda have been received and are included in his/her proposal:

| Addendum Number | Date Issued |
|-----------------|-------------|
| | |
| | |
| | |
| | |

AGREEMENT - Proposer agrees to comply with all requirements stated in the specifications for this E-RFP.

CERTIFICATION:

This RFP is submitted by: Name (print) Tim McHaffey who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this E-RFP.

Proposer has read and accepts the terms and conditions of the City's standard contract:

[Signature]
Signature

PRESIDENT
Title

If a corporation renders this E-RFP, the corporate seal attested by the secretary shall be affixed below. Any agent signing this E-RFP shall attach to this form evidence of legal authority.

Witnesses:

Nancy Samure

If Partnership:

Print Name of Firm

By: _____
(General Partner)

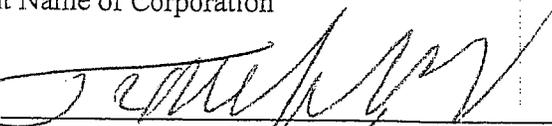
If Corporation:

Mehaffey Construction Group Inc
Print Name of Corporation

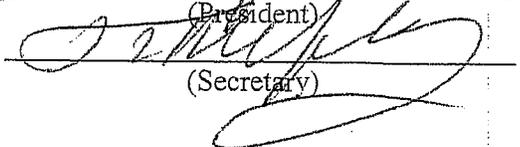
If Individual:

Signature

Print Name

By: 

(President)

Attest: 

(Secretary)

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Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Mohaffey Construction Group Inc

Reference: William Flanagan Fax #: _____

Email: artwem57@bellsouth.net Telephone #: 772-287-1126

Person to contact: William Flanagan

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Room Addition, Screen Room, Remodeled Bath
Bathrooms, Floor Tile

What was the total project amount? \$60,000

Was the project completed on time and within budget? Yes

What was the project completion date? 7/18/10

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Mohaffey Construction Group Inc.

Reference: Martin County Fax #: 772-288-5960

Email: j.lindstrom@martin.fl.us Telephone #: 772-220-7099

Person to contact: J.R. Lindstrom

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | |
|-----------------------|---------------------|
| Professionalism _____ | Final Product _____ |
| Qualifications _____ | Cooperation _____ |
| Budget Control _____ | Reliability _____ |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 11:16
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 11:15 |
| FAX NO./NAME | 92885960 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Mehaffey Construction Group Inc.

Reference: Patricia Clemons Fax #: _____

Email: pclemons58@comcast.net Telephone #: 772-340-7305

Person to contact: Patricia Clemons

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.
Constructed a 2 room (800 sqft) addition onto back of house.

What was the total project amount? Apx \$86,000^{95,723}

Was the project completed on time and within budget? Yes

What was the project completion date? 8/23/2010

How many remodeling projects has this Contractor completed for you within the past 5 years? 1

What problems were encountered (claims)? None

How many change orders were requested by this Contractor? 4

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|------------|
| Professionalism | <u>10</u> | Final Product | <u>10+</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10+</u> |
| Budget Control | <u>9</u> | Reliability | <u>10+</u> |

Would you contract with this Contractor again? Yes No [] Maybe []

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

In our opinion Mr Mehaffey is the best contractor in PSL. His work ethic is superior and he delivers a superior final product. We would and probably will use his services again.

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 11:12
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---------------|-----------------|
| DATE, TIME | 09/19 11:12 |
| FAX NO. /NAME | 93407305 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

OMB

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Mohaffey Construction Group Inc.

Reference: JODY ROBINSON Fax #: 772-463-7675

Email: JAR1078@AOL.COM Telephone #: 772-463-9477

Person to contact: JODY ROBINSON

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

RESIDENTIAL ADDITION TO EXISTING HOME, OUTDOOR KITCHEN, EXHAUST HOOD VENTILATION, SCREEN ENCLOSURE, TONGUE AND GROOVE CEILING, ELECTRICAL, PLUMBING, MASONRY.

What was the total project amount? APPROXIMATELY \$60K. VALUED AT \$80K.

Was the project completed on time and within budget? YES ON BUDGET / SLIGHT DELAY COMPLETION

What was the project completion date? OCTOBER 2010 / COMPLETED NOV. 2010.

How many remodeling projects has this Contractor completed for you within the past 5 years? ONE

What problems were encountered (claims)? NONE.

How many change orders were requested by this Contractor? NONE.

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>9</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>9</u> |
| Budget Control | <u>10</u> | Reliability | <u>8</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments: STRAIGHT SHOOTER & WILLING TO OFFER VALUE ENGINEERED OPTIONS.

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

9/28/11
2 pages

Proposals for General Contractors for NSP

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

CITY OF PORT ST LUCIE

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: Mehaffey Construction Group Inc

Reference: Secure Property Management Fax #: 772-335-2820

Email: diz2910@bellsouth.com Telephone #: 772-335-2820

Person to contact: Diane Elgrim

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

see attached
Also - privacy fencing 32 units same development
Also - Constructed Gazebos after hurricane @
Fountains of St Lucie - PSL

What was the total project amount?

Was the project completed on time and within budget? All projects were

What was the project completion date?

How many remodeling projects has this Contractor completed for you within the past 5 years? 3

What problems were encountered (claims)? None

How many change orders were requested by this Contractor? None - worked well with engineer

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>8</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>8</u> |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments: Further discussion?

Thank you. Call 772 521-3937

Diane Elgrim
Secure Property Management

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/7/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | |
|---|------------------------------------|-----------------------------|
| PRODUCER Alliance Insurance Solutions LLC PO Box 1777 St Petersburg, FL 33731 | CONTACT NAME: | |
| | PHONE (A/C, No, Ext): 727-497-1247 | FAX (A/C, No): 727-497-1280 |
| E-MAIL ADDRESS: | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURER A: SUNZ Insurance Company | | 34762 |
| INSURER B: | | |
| INSURER C: | | |
| INSURER D: | | |
| INSURER E: | | |
| INSURER F: | | |

INSURED
 Progressive Employer Management Company, Inc.
 Progressive Employer Management Company II, Inc.
 6407 Parkland Dr
 Sarasota FL 34243

COVERAGES

CERTIFICATE NUMBER: 10620326

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--|----------------|-------------------------|-------------------------|--|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PERI <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A | WCPEO000005401 | 11/1/2010 | 11/1/2011 | <input checked="" type="checkbox"/> WC STAT-TORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage Provided for all leasee employees but not subcontractors of:
 McHaffey Construction Group, Inc.
 Client Effective: 11/1/2010

| | |
|---|--|
| CERTIFICATE HOLDER 9285 City of Port St. Lucie Contractors Licensing 121 SW Port St. Lucie Blvd Port St. Lucie FL 34984 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Glen J Distefano |
|---|--|



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

MEHAFFEY, TIMOTHY F
MEHAFFEY CONSTRUCTION GROUP, INC.
7548 SOUTH US HIGHWAY 1
SUITE 301
PORT ST LUCIE FL 34952

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.



STATE OF FLORIDA AC# 5630949
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1515512 06/17/11 100448438

CERTIFIED GENERAL CONTRACTOR
MEHAFFEY, TIMOTHY F
MEHAFFEY CONSTRUCTION GROUP, INC

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2012 L11061700552

DETACH HERE

5630949

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L11061700552

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 06/17/2011, 100448438, CGC1515512

he GENERAL CONTRACTOR
amed below IS CERTIFIED
nder the provisions of Chapter 489 FS.
xpiration date: AUG 31, 2012

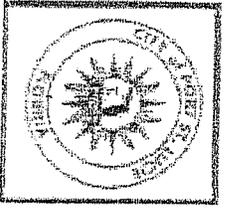
MEHAFFEY, TIMOTHY F
MEHAFFEY CONSTRUCTION GROUP, INC.
7548 SOUTH US HIGHWAY 1
SUITE 301
PORT ST LUCIE FL 34952

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

Building Department



Home AIRS Permit Reports Property Search Contractor Search

Property Search

Registered Contractors in Port St. Lucie, FL

To view permits pulled by contractor please click on the Pits Key number.

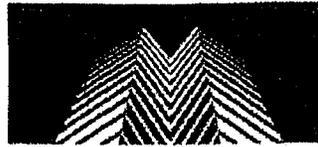
Ordered by Company Name

Searched on: Company Name contains "MEHAFFEY CONSTRUCTION GROUP"
* - red contractor information denotes inactive or expired contractors

1 Result(s) Found.

| | | |
|-----------------------------|-------------------|------------|
| MEHAFFEY CONSTRUCTION GROUP | State: CGC1515512 | 2012-08-31 |
| MEHAFFEY, TIMOTHY | Comp Card: 10340 | 2012-08-31 |
| 7548 S US HWY ONE SUITE 301 | Bond: | 0000-00-00 |
| PORT ST LUCIE | W/C: WCPES401 | 2011-11-01 |
| FL 34952 | Insur: 72722866 | 2012-08-21 |

Contractor **109974**
Key: (Click above link to view all permits for this contractor.)



MEHAFFEY

CONSTRUCTION GROUP INC.

BUILD ON OUR REPUTATION

7548 S. US Highway 1 #301 St. Port St Lucie, FL 34952
Tel: 772-398-7600 Fax: 772-398-7111

Fax

Company: City of Port Saint Lucie

To: Robin **From:** Teresa MehaFFEY

Fax: (772) 871-7337 **Fax:** (772) 398-7111

Phone: **Phone:** (772) 398-7600

Date: 9/21/2011 3:48 PM **Pages:** 3

Subject: Neighborhood Stabilization Program

Notes: Here are the paperwork that you requested.

- W-9 Form
- Drug Free Work Place form

Proposals for General Contractors for NSP

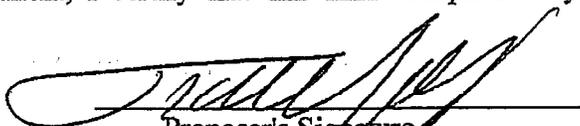
DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

Mehaffey Construction Group Inc does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.



 Proposer's Signature
 9/12/2011

 Date

Form **W-9**
(Rev. November 2005)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

| | |
|--|--|
| Name (as shown on your income tax return) Mehaffey Construction Group Inc | |
| Business name, if different from above | |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from backup withholding | |
| Address (number, street, and apt. or suite no.) 7548 S. US Hwy 1 # 301 | Requester's name and address (optional) |
| City, state, and ZIP code Port St Lucie Fla 34952 | City of Port St Lucie 121 SW Port St Lucie Blvd Port Saint Lucie FL 34984 |
| 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 Line 1 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 *How to get a TIN* on page 3.

| | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|
| Social security number | | | | | | | | |
| | | | | | | | | |

or

| | | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|--|--|
| Employer identification number | | | | | | | | | | |
| 2 | 7 | 0 | 7 | 7 | 0 | 1 | 4 | 9 | | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. person (including a U.S. resident alien).

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.)

Sign Here

Signature of U.S. person

[Handwritten signature]

Date

9-12-11

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.

U.S. person. 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, 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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

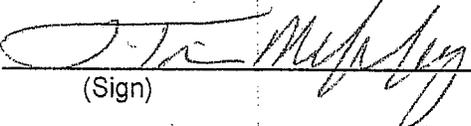
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: Mehaffey Construction Group Inc.

Authorized By:  Tim Mehaffey
(Sign) (Print Name)

Title: President Date: 9/12/2011

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

CITY OF PORT ST. LUCIE
E-RFP # 20110068

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: Mehaffey Construction Group Inc

Corporate Title: _____

Address: 7548 South US Highway 1, Suite 301
Port Saint Lucie, FL 34952
(Zip Code)

By: Tim Mehaffey President
(Print name) (Print title)


(Authorized Signature)

Telephone: (772) 398-7600

Fax: (772) 398-7111

State License # CGC 1515512 (ATTACH COPY)

County License # 10340 (ATTACH COPY)

City License: (ATTACH PROOF OF REGISTRATION WITH THE CITY)

Type of License: State Certified General Contractor

Unlimited Yes (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of Florida }

County of St Lucie }

Tim Mehaffey, being first duly sworn, disposes and says that:
(Name/s)

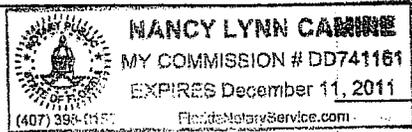
1. They are President of Mehaffey Construction Group, Inc the Bidder that
(Title) (Name of Company)
has submitted the attached bid/PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;
3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]
(Title) President

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this Sept - 13 - 2011
(Date)

by: Tim Mehaffey who is personally known to me or who has produced
as identification and who did (did not) take an oath.



[Signature] Nancy Camire
Notary (print & sign name)

Commission No. _____

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Mehaffey Construction Group Inc

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110068

General Building Contractors

It is understood and agreed that the following information is to be used by the City of Port St. Lucie to determine the qualifications of proposers to perform the work required. The Proposer waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Proposer.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, engineer, surety, bank, material or equipment manufacturer or distributor, or any person, firm or corporation to furnish the City of Port St. Lucie any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated this 6 day of September, 2011.

CJ Contracting, LLC/ Carl Fleury

Name of Organization / Proposer

Submitted by: Carl Fleury/Owner
Name and Title

(If more space is needed, please attach additional sheets.)

1. Type of Organization: Corporation, Partnership, Joint Venture, Individual or other?
(circle one)

2. If a Corporation answer the following:

When incorporated _____

In what State Florida

Name of Officers:

President Carl Fleury

Vice President _____

Secretary _____

Treasurer _____

3. If a Partnership, answer the following:

Date of organization _____

General Limited Partnership _____

Name and address of each partner:

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:

CJ Contracting, LLC, 541 SW Dahled Ave, ph: 561-662-4514, fax: 561-228-1354, email

CJContracting9@aol.com, Contact Name: Carl Fleury

5. Firm's previous names (if any) What year(s) _____

6. Area of expertise: CJ Contracting, LLC is skilled in many areas of construction such as: Drywall Construction, Additions, Fences, all types of Concrete restoration/work/repair, Pour new Concrete Slab, Metal Stud Framing, Doors and Hardwares, Hurricane Shutters, Garage Doors, Window replacement, Acoustical Ceilings, Stucco & Eifs.

7. How many years has your organization been in business? Two Years and 9 Months

8. Describe organization profile, including the size, range of activities, licenses, etc.
This firm is State Certified General Contracting Firm, we are fully licensed and insured in the State of Florida, for the past few years, we have mainly focus on providing exceptional services in different areas of construction and also for government agencies. Due to the economic downturn, we currently have one office personnel and one project manager to execute our projects, our project manager/owner whom is very skilled and has an exceptional ability to multitask, he has a vast knowledge in the construction industry and his skills are not only limited to residential projects only, in the past we have several projects in the commercial end of the business also: such as LIL Ceasars, Rooneys- ALL- In, and JWC Worship Center in Port St Lucie and The Seventh Day Adventist Church in Boynton Beach. Prior to Starting This company, Mr. Fleury has worked for a major construction in South Florida and also has Associate Degree with an emphasis in Construction Management.
 (This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|--|---------|---------|---------|
| a. Partners | | | |
| b. Managers | 1 | | |
| c. Supervisors Senior Staff | | | |
| d. Other Professional Staff | 1 | | 1 |
| g. Total number of full time personnel | 2 | | |

10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|-------------|----------------|----------------------------------|--|--------------------------------|
| Carl Fleury | President | 8 | 100% | |
| Sarah Jack | Office Manager | 2 | 100% | |
| | | | | |
| | | | | |

11. Firm's experience with similar contracts. Indicate which team member(s) was part of similar contracts. Indicate specifically the nature and extent of the work performed by the individual(s) or firms on prior similar contracts.

| Name | Work Performed |
|------|----------------|
| | |

Proposals for General Contractors for NSP

| | |
|-------------|---|
| Carl Fleury | Keep accurate field notes and generate daily reports, review cost and progress weekly, conduct inspections to verify materials that are being utilized on site, maintains contact with the City's Rehab inspector, and the homeowner, prepare pay requests and conduct pre-construction conference. |
| Sarah Jack | Initiate and monitor quality control program. Prepare close-out documents and Expedite and coordinate delivery of materials. Report quantities in place weekly. |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed. N/A

13. State your firm's commitment to perform in a timely fashion:
CJ Contracting, LLC uses a computer-generated schedule for management of construction. A Construction Schedule is one of the key components to ensure the successful completion of a project and also facilitate communication between owner, architect, general contractors, and subcontractors. The firm delegates assignment as required to the office staff and have weekly project meetings which involve subcontractor concerns, owners, and architects.

14. Submit the current and projected workloads of identified key personnel to be assigned to this contract.

| Name | Current and Projected Workloads |
|-------------|--|
| Carl Fleury | Project manager and Supervisor, maintain communication with the City's Project Manager, Prepare and Submit pay requests, Attend bid meetings, Attend Pre-construction Meetings, Analyze scope of work. |
| Sarah Jack | Office Manager, Scheduling and planning. |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
In the past CJ Contracting, LLC have used cost loading of schedule in our projects to establish goals, to maintain our process, and to forecast our end result, actually this is the method that the firm has been using for different projects with the City of Delray Beach because it enables the firm to accurately submit our progress payment against our cost loaded project schedule. each of our invoices document the progress of the work by an activity number plus the amount due that is associated with such project in accordance with our approved project schedule.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
We always use a cost loaded project schedule which is proven to work for this company in the past.

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|---------------------------------|---|----------------|
| Ciman Construction, LLC | 9175 SW 77Ave. Suite 308 Miami, FL 33156 | Carpenter |
| Landmark Construction & Roofing | 2711 Vista Parkway Ste B15, West Palm Beach, FL 33411 | Roofer |

18. Has the Proposer or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract during the past five (5) years; or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? If yes, please explain:

No

(This is a Word document – add lines if needed)

19. Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes () No (X)

If yes, please explain:

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:
CJ Contracting LLC, has not been involved in any litigation in which our firm or any separate firm of a joint venture has been a party to legal action or lawsuits during the last five years involving a client.

21. List any judgments from lawsuits in the last five (5) years:
CJ Contracting LLC has never in the last 5 years had liquidated damages, penalties, liens, defaults, lawsuits, cancellation of contract or termination of contract imposed, sought to be imposed, threatened or filed against our organization.

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
N/A

23. Is firm claiming to be a Certified Minority Business Enterprise as defined by the Florida Small and Minority Business Assistance Act of 1985, and in accordance with Florida State Statutes, #287.09451?

Subcontractor List

17. Identify any sub-contractor(s) that will be involved that you hire on a regular basis, including address(s) and a description of qualification(s).

| Name | Address | Qualifications |
|---------------------------------|--|---------------------------|
| Ciman Construction, LLC | 9175 SW 77Ave. Suite 308 Miami, FL 33156 | Carpenter |
| Landmark Construction & Roofing | 2711 Vista Parkway Ste B15, West Palm Beach, FL 33411 | Roofer |
| Diazco Comfort Solution, Inc | 3862 Sierra Drive Palm Springs, FL 33461 | AC Mechanic |
| Jhon Fossati Garage Door Inc | 1748B SW Biltmore St Port St Lucie, FL, 34987 | Garage Door Specialist |
| Lang Environmental, Inc | 6418 Badger Drive Tampa, FL, 33610 | Lead Abatement Contractor |
| Air Source 1 | 585 NW Mercantile Place Port St. Lucie, FL, 34986 | AC Mechanic |

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities. (Please limit to two (2) pages)
CJ Contracting, LLC is a construction firm with a main office located in Port St Lucie, Florida and has many significant accomplishments under its belt. Over the past year, we have completed numerous projects for the City of Delray Beach on time and on budget. These projects were part of the city's curb appeal program, part of the CRA program and the part of NSP. The first quarter of 2011 we have completed three major projects. We have finalized one renovation that is located in the historical district of Downtown Delray Beach, Florida, which was done on time; The scope of work for this particular project was extremely dense, it contained a lead abatement section, where we had to follow all the new EPA regulations and guidelines, and everyone on the project had to be a certified RRP, it also contained a window replacement portion where we had to match the two over two design that was on the existing windows with our new impact resistant windows to keep the historical look of the residence, we also had a fairly complicated Flat Deck roof also to install. In the past, all of the jobs we have completed were performed in a skillful and workmanlike manner, with the customer in mind. We take pride in completing some of the most complicated projects in either the NSP, Curb Appeal, or DRI and CDBG on a timely and professional matter and also without cutting any corners. Our motto is the customer comes first. We have also completed several other projects in the commercial end of the construction business such as: Rooneys All- In, LIL Caesars, and JWC Worship Center just to name a few. We are a very detail orientated and dedicated firm that strives for excellence in each and every project that we have completed. After carefully reviewing this RFO and after completing many projects with another municipality, we believe and are confident that CJ Contracting, LLC with the experience in numerous projects will be a great addition to the Qualified Contractors of City of St. Lucie County.

25. Is firm claiming to be a HUD Section 3 Business as defined under Section of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (as amended)?

Yes () No (X)

If "Yes" was checked, include a copy of certificate with proposal.

26. Is firm claiming to be qualified under NSP-3 Vicinity Hiring requirements?

Yes () No (X)

If "Yes" is checked, include a copy of certificate with proposal.

(If you are not certified but think you might qualify or need information on Vicinity Hiring, go to www.cityofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring of Contractors for Repair of Homes.")

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.

28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs?

Yes () No (X)

If "Yes" is checked, do you have a plan that promotes hiring of Section 3 residents/subcontractors or

Proposals for General Contractors for NSP

qualified individuals/subcontractors within the "Vicinity"? See references in 25 and 26 above.

ADDENDUM ACKNOWLEDGMENT - Submitter acknowledges that the following addenda have been received and are included in his/her proposal:

| Addendum Number | Date Issued |
|-----------------|-------------|
| N/A | |
| | |
| | |
| | |

AGREEMENT - Proposer agrees to comply with all requirements stated in the specifications for this E-RFP.

CERTIFICATION:

This RFP is submitted by: Name (print) Carl Fleury who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of State and Federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this E-RFP.

Proposer has read and accepts the terms and conditions of the City's standard contract:

Fleury _____ President _____
Signature Title

If a corporation renders this E-RFP, the corporate seal attested by the secretary shall be affixed below. Any agent signing this E-RFP shall attach to this form evidence of legal authority.

Witnesses:

If Partnership:

Print Name of Firm

By: _____
(General Partner)

If Corporation:

Page 18 of 36

CJ Contracting,LLC

Print Name of Corporation

If Individual:

Signature

Print Name

By: Carl Fleury
(President)

Attest: _____
(Secretary)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/13/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|--|--------------------------------------|-------------------------------|
| PRODUCER Signal Insurance Group, Inc. 3147 Davie Blvd Fort Lauderdale, FL 33312 Phone (954)797-7960 Fax (954)200-6855 | CONTACT NAME: Rick Allert | PHONE (A/C, No, Ext): (954) 636-5010 | FAX (A/C, No): (954) 200-6856 |
| | E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: | | |
| INSURED CJ Contracting LLC 541 SW Dahied Ave Port St. Lucie, FL 34953 (561) 662-4514 | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A: PCIC | | |
| | INSURER B: American Vehicle | | |
| | INSURER C: | | |
| | INSURER D: | | |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES CERTIFICATE NUMBER: 1 REVISION NUMBER: 2

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|--|--|--------------------|---------------|-------------------------|-------------------------|---|--------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> | Y | PC783209 | 02/19/2011 | 02/19/2012 | EACH OCCURRENCE | \$ 3,000,000 |
| | DAMAGE TO RENTED PREMISES (Ea occurrence) | | | | | \$ 100,000 | |
| | MED EXP (Any one person) | | | | | \$ 10,000 | |
| | PERSONAL & ADV INJURY | | | | | \$ 3,000,000 | |
| | GENERAL AGGREGATE | | | | | \$ 3,000,000 | |
| | PRODUCTS -COMP/OP AGG | | | | | \$ 3,000,000 | |
| GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | | |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> 2002 Chev last 4 7977 | Y | CA-806-0 | 10/08/2010 | 10/08/2011 | COMBINED SINGLE LIMIT (Ea accident) | \$ 1,000,000 |
| | BODILY INJURY (Per person) | | | | | \$ | |
| | BODILY INJURY (Per accident) | | | | | \$ | |
| | PROPERTY DAMAGE (Per accident) | | | | | \$ | |
| | | | | | | \$ | |
| <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N/A | | | | | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ | |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is additional insured, Waiver of subrogation applies in favor of the certificate holder. Policy includes a 30 day notice to additional insured for any changes or cancellation.

CERTIFICATE HOLDER

CANCELLATION

| | |
|---|--|
| CITY OF PORT ST LUCIE 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984 PHONE: 772 871 5225 FAX: 772-871-5229 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE Richard Allert, Producer A004314 |

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The ACORD name and logo are registered marks of ACORD

Licenses and Certificates



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

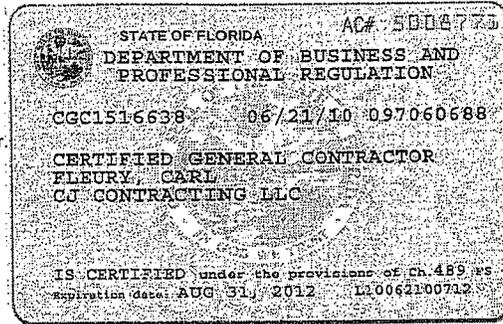
(850) 487-1395

FLEURY, CARL
CJ CONTRACTING LLC
541 SW DAHLED AVE
PORT ST LUCIE FL 34953

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.



DETACH HERE

Main license certificate for Carl Fleury, CJ Contracting LLC, expires 06/21/2010. Includes signature of Charlie Crist, Governor, and Charlie Liem, Interim Secretary.

United States Environmental Protection Agency



This is to certify that

CJ Contracting, LLC

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the jurisdiction of

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires April 28, 2015

NAT-30528-1

Certification #

April 14, 2010

Issued On

Handwritten signature of Michelle Price in cursive.

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch



CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1, 2010 to September 30, 2011

RECEIPT FOR TAX PAID ONLY
THIS RECEIPT DOES NOT GIVE HOLDER
THE AUTHORITY TO OPEN THIS BUSINESS
THE CITY OF PORT ST. LUCIE
WITHIN THE STATE OF FLORIDA

Business Address: 541 SW DAHLED AVE
Classification: CONT CONTRACTOR
Issued to: CJ CONTRACTING LLC
541 SW DAHLED AVE
PORT ST LUCIE, FL 34953

Business Tax 131927 / 11-1056220
Fee: 127.63
Discount: 0.00

Mary A. Meade

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE Dstradling
Fees: 127.63 Late Fees: 31.91 Total this payment: 159.54

TERM: October 1, 2010 to September 30, 2011

RECEIPT FOR PAYMENT

Business Address: 541 SW DAHLED AVE
Classification: CONT CONTRACTOR

Business Tax 131927 / 11-1056220
Fee: 127.63
Discount: 0.00

Issued to: CJ CONTRACTING LLC
541 SW DAHLED AVE
LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE
PORT ST LUCIE, FL 34953

2010 / 2011 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT**
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

RECEIPT # 1008569

EXPIRES SEPTEMBER 30, 2011

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 2

TYPE OF BUSINESS 1500 BUILDING CONTRACTOR ()

BUSINESS/ Carl Fleury

DBA NAME CJ Contracting LLC
MAILING Carl Fleury
ADDRESS CJ Contracting LLC
541 SW Dahled Ave
Port St Lucie, FL 34953
BUSINESS 541 SW Dahled Ave
LOCATION Port St Lucie, FL 34953



| | |
|-----------------|-------|
| RENEWAL | 0.00 |
| ORIGINAL TAX | 12.35 |
| PENALTY | 0.00 |
| COLLECTION COST | 0.00 |
| TOTAL | 12.35 |

City of Pt St Lucie

CGC1516638
L08000106857

NONEXEMPT

Paid 09/21/2010 12.35

25-20100921-002145

Law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such a manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the county. Upon failure to do so, the Local Business Taxpayer shall be subject to the payment of another Local Business Tax for the same business, profession, or occupation.

Pursuant to State Law, all Local Business Tax Receipts shall be sold by the Tax Collector beginning July 1st of each year and shall expire on September 30th of the succeeding year. Those Local Business Tax Receipts renewed beginning October 1st shall be delinquent and subject to a delinquency penalty of 10% for the month of October, plus an additional 5% penalty for each month of delinquency thereafter until paid; provided that the total delinquency penalty shall not exceed 25% of the Local Business Tax for the delinquent establishment.

In addition to the penalty, the Tax Collector shall be entitled to a collection cost fee of from \$1.00 to \$5.00, based on the amount of the Local Business Tax, which shall be collected from delinquent taxpayers after September 30th, of the business year.

This receipt is a Local Business Tax only. It does not permit the Local Business Taxpayer to violate any existing regulatory or zoning laws of the state, county or cities. It also does not exempt the Local Business Taxpayer from any other taxes, licenses or permits that may be required by law.

Local Business Taxes are subject to change according to law.

Carl Fleury
CJ Contracting LLC
541 SW Dahled Ave
Port St Lucie, FL 34953

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of Florida }

County of St. Lucie }

Carl Fleury, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of CJ Contracting, LLC the Bidder that
(Title) (Name of Company)

has submitted the attached bid/PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid/PROPOSAL;

3. Such Bid/Proposal is genuine and is not a collusive or sham Bid;

4. Neither the said Bidder/Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Bid in connection with the contract for which the attached bid has been submitted or to refrain from bidding in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

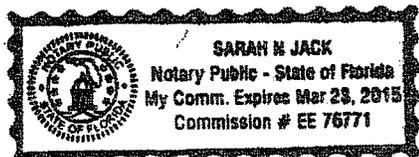
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) Fleury
(Title) President

STATE OF FLORIDA }
COUNTY OF ST. LUCIE }SS:

The foregoing instrument was acknowledged before me this 9/13/2011
(Date)

by: Carl Fleury who is personally known to me or who has produced
as identification and who did (did not) take an oath.



Sarah N. Jack Sarah N. Jack
Notary (print & sign name)
Commission No. EE 76771

E-RFP #20110068 CERTIFICATION REGARDING LOBBYING

The undersigned Contractor certifies, to the best of his or her knowledge and belief, that:

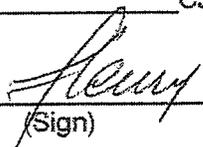
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for making lobbying contacts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions [as amended by "Government wide Guidance for New Restrictions on Lobbying", 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, *et seq.*)]
- (3) The undersigned shall require that the language of this certification be included in the awards documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

[Note: Pursuant to 31 U.S.C. 1352 (1)-(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such expenditure or failure]

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. A 3801, *et seq.*, apply to this certification and disclosure, if any.

Company Name: CJ Contracting, LLC

Authorized By:  Carl Fleury
(Sign) (Print Name)

Title: President Date: 9/12/11

(All Subcontractors are required to submit this form with the Prime Contractor's Bid)

CHECKLIST
E-RFP #20110068

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Carl Fleury

This checklist is provided to assist Proposers in the preparation of their Electronic Request for Proposal response. Included in this checklist are important requirements that are the responsibility of each Proposer to submit with their response in order to make their E-RFP response fully compliant. This checklist is only a guideline -- it is the responsibility of each Proposer to read and comply with the Sealed E-RFP in its entirety.

- Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.
- Required W-9 as per Section 1.16.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.
- Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.
- Reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).
- 5 completed Reference Check Forms uploaded to Demandstar (page 23).
- List of all sub-contractors (list on the Questionnaire).
- Copy of the Checklist uploaded to Demandstar.
- Section 3 Business Certification uploaded to Demandstar.
- Vicinity Hiring Certification uploaded to Demandstar.

THIS FORM SHOULD BE RETURNED WITH YOUR E-RFP REPLY SHEET

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that
CJ Contracting, LLC does:
(Name of Business)

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 prohibition.
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 proposal 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 proposal, 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 five (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.



Proposer's Signature

9/13/11

Date

FAX: 772-871-7337

Proposals for General Contractors for NSP

ATTN: VICKIE L. SMITH

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CI Contracting, LLC

Reference: Ignacio Guzman-Cintas Fax #: _____

Email: ignacio@ciman.net Telephone #: (786)543-0367

Person to contact: Ignacio Guzman-Cintas

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Contractor did a Kitchen Remodel & Paint for me

What was the total project amount? \$ 6300.00

Was the project completed on time and within budget? yes it was completed on time & on budget

What was the project completion date? February 2011

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? No claims were encountered nor problems

How many change orders were requested by this Contractor? 0

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CJ Contracting, LLC

Reference: Ignacio Guzman- Cintas Fax #: _____

Email: ignacio@ciman.net Telephone #: (786)543-0367

Person to contact: Ignacio Guzman- Cintas

Reference Instructions: The above Bidder has given you _____ of Port St. Lucie as a reference. Please complete the information below _____ is to 772-871-7337.

Has the above Contractor performed remodeling _____ be the scope of work.

*mailed
10:57 am
9/19/2011*

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____
Qualifications _____ Cooperation _____
Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CJ Contracting, LLC

Reference: _____ Fax #: _____
 Email: Joseph2001@aol.com } fleuryjp6@aol.com Telephone: 561-541-4902
 Person to contact: Joseph Previlas

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Yes the above contractor performed remodeling work for me
such as: stairs, remodeling the bathroom, and
dry wall.

What was the total project amount? \$15,000.00

Was the project completed on time and within budget? Yes

What was the project completion date? Jan, 2010

How many remodeling projects has this Contractor completed for you within the past 5 years? 2

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No Maybe

Comments:

Thank you.

| | |
|-------------------|--|
| For OMB Use Only | |
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CI Contracting, LLC

Reference: COURTNEY BROWN Fax #: 772-343-8544

Email: Courtneybrown13@comcast.net Telephone: 772-807-0833

Person to contact: Courtney Brown

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

YES : CONTRACTOR DID A BATHROOM
REMODEL FOR MRS.

What was the total project amount? \$ 2800.00

Was the project completed on time and within budget? YES

What was the project completion date? MARCH 2010

How many remodeling projects has this Contractor completed for you within the past 5 years? ONE

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? NONE

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>10</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>10</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM
Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CJ Contracting, LLC

Reference: City of Delray Beach Housing Rehabilitation Inspector Fax #: 561.243.7221

Email: lee@mydelraybeach.com Telephone #: 561) 243-7281

Person to contact: Steven Lee

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

What was the total project amount? _____

Was the project completed on time and within budget? _____

What was the project completion date? _____

How many remodeling projects has this Contractor completed for you within the past 5 years? _____

What problems were encountered (claims)? _____

How many change orders were requested by this Contractor? _____

How would you rate the contract on a scale of low (1) to high (10) for the following?

Professionalism _____ Final Product _____

Qualifications _____ Cooperation _____

Budget Control _____ Reliability _____

Would you contract with this Contractor again? Yes [] No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 11:35
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 11:34 |
| FAX NO./NAME | 915612437221 |
| DURATION | 00:00:33 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |

Proposals for General Contractors for NSP

CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard
Port St. Lucie, Florida, 34984
772-871-5223

REFERENCE CHECK FORM

Bidder Instructions: Fill out top portion only.
(Please print or type)

Bid Number: 20110068

Title: Proposals for General Contractors for the Neighborhood Stabilization Program

Bidder/Respondent: CJ Contracting, LLC

Reference: City of Delray Beach Neighborhood Service Division Fax #: 561.243.7221
 Email: ThompsonD@mydelraybeach.com Telephone #: 561) 243-7283
 Person to contact: Denis Thompson

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. Please complete the information below and fax within five (5) days to 772-871-7337.

Has the above Contractor performed remodeling work for you? If so, please describe the scope of work.

Yes, substantial rehab for NSP. Lead abatement, change out windows + doors, kitchen remodel, electrical and plumbing work

What was the total project amount? \$70,000.

Was the project completed on time and within budget? Yes

What was the project completion date? July 17, 2011

How many remodeling projects has this Contractor completed for you within the past 5 years? 9

What problems were encountered (claims)? NONE

How many change orders were requested by this Contractor? None one or two

How would you rate the contract on a scale of low (1) to high (10) for the following?

| | | | |
|-----------------|-----------|---------------|-----------|
| Professionalism | <u>10</u> | Final Product | <u>9</u> |
| Qualifications | <u>10</u> | Cooperation | <u>10</u> |
| Budget Control | <u>9</u> | Reliability | <u>10</u> |

Would you contract with this Contractor again? Yes No [] Maybe []

Comments:

Thank you.

| For OMB Use Only | |
|-------------------|--|
| Reference Checked | |
| Clerk Checked | |

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 11:37
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|--------------|-----------------|
| DATE, TIME | 09/19 11:36 |
| FAX NO./NAME | 915612437221 |
| DURATION | 00:00:39 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD ECM |