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 26 day of August, 2011.

Corporate Construction, LLC.
Name of Organization / Proposer

Submitted by: Ronald J. Radziercz-President
Name and Title

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

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

2. If a Corporation answer the following: LLC
When incorporated October 13, 2006
In what State Florida
Name of Officers:
President: Ronald J. Radziercz
Vice President: _____
Secretary: _____
Treasurer: Teresa L. Radziercz

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:
Corporate Construction, LLC. (Contact Person) Ronald Radziercz
387 W. Liberty St.
Hernando, FL 34442 (Office) (352) 527-7703 (Fax) (3852) 527-7969
rradzierdcz@tampabay.rr.com

5. Firm's previous names (if any)N/A What year(s) N/A

6. Area of expertise: Residential Construction, Room Additions, Remodels, Detached Garages.

7. How many years has your organization been in business? 5 yrs

8. Describe organization profile, including the size, range of activities, licenses, etc.
Our company focuses on variety of Construction, from custom built homes to Remodels. We are not only state certified but we are multi county licensed, including Jacksonville, Alachua County, Citrus County, and Hernando County. We have participated in the NSP Program in Citrus, Hernando, and Alachua Counties, have participated in the Citrus, and Alachua County CDBG Program, have participated in the Ship program in Citrus County since 2008. We also do construction for private individuals.
(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|---|---|---|---|
| a. Partners | 0 | 0 | 0 |
| b. Managers | 1 | 1 | 1 |
| c. Supervisors Senior Staff | 0 | 0 | 0 |
| d. Other Professional Staff | 1 | 1 | 1 |
| g. Total number of full time personnel | 2 | 2 | 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 |
|---|---|---|---|---|
| Ronald J. Radzierez | President | 23 | 100% | |
| Teresa L. Radzierez | Treasurer | 7 | 45-50% | |
| | | | | |
| | | | | |

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 |
|---|---|
| Ronald J. Radzierez & Teresa L. Radzierez | Remodeled homes bought with NSP funds by Citrus Co. and Rebuilt homes for Citrus Co.Ship Program |
| Ronald J. Radzierez & Teresa L. Radzierez | Remodeled Homes bought with NSP funds by Alachua Co., Rebuilt homes for Alachua Co. CDBG Program |
| Ronald J. Radzierez & Teresa L. Radzierez | Remodeled homes bought with NSP funds by Hernando Co. |
| | |
| | |

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:
Corporate Construction will be 100% committed to completing any and all jobs in a timely fashion.

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

| Name | Current and Projected Workloads |
|---|---|
| Ronald Radzierez | Attend all walk throughs, Write up and submit all bids, and hire all subcontractors needed to complete the jobs, and work in field. |
| Teresa Radzierez | Attend all walk throughs, Attend bid opening's, attention to detail of each SOW, answer phone calls in office, and write up invoices to submit for payment, and work in field. |
| | |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
100% capable

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

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 |
|---|---|---|
| TBD | TBD | TBD |
| | | |
| | | |
| | | |
| | | |

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:

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 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) N/A

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 Vicinty 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.
Ronald J. Radzierez: President, Manager, Supervisor, apply for permits, and all paperwork needed.
Teresa L. Radzierez: Treasurer, office manager, handles color selection w/ clients, clearing crew.

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 planning to hire subcontractors, if they meet qualifications.

**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) Ronald Radzierez 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:**

N/A
Print Name of Firm

By: _____
(General Partner)

**If Individual:**

Signature

Ronald J. Radziewicz

Print Name

**If Corporation:**

Corporate Construction, LLC.

Print Name of Corporation

By: _____ (President)

Attest: _____ (Secretary)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

## COMMERCIAL GENERAL LIABILITY COVERAGE PART

### DECLARATION

Policy No. 04-GL-000804271

Effective Date: 10/09/2010 **
12:01 A.M. Standard Time

**LIMITS OF INSURANCE**

| | | | |
|---|---|---|---|
| General Aggregate Limit (Other Than Products - Completed Operations) | $ | 2,000,000 | |
| Products-Completed Operations Aggregate Limit | $ | 2,000,000 | |
| Personal and Advertising Injury Limit | $ | 1,000,000 | |
| Each Occurrence Limit | $ | 1,000,000 | |
| Damage to Premises Rented To You | $ | 100,000 | Any One Premises |
| Medical Expense Limit | $ | EXCLUDED | Any One Person |

**BUSINESS DESCRIPTION AND LOCATION OF PREMISES**

Form of Business: LLC

Business Description*: CERTIFIED BUILDING CONTRACTOR

Location of All Premises You Own, Rent or Occupy:

**PREMIUM**

| Location Classification | Code No. | Premium Basis (A)Area P)Payroll S)Gross Sales M)Admissions C)Cost U)Per Unit T)See Desc. | | Rate Pr/Co | Rate All Other | Advance Premium Pr/Co | Advance Premium All Other |
|---|---|---|---|---|---|---|---|
| FLORIDA | | | | | | | |
| Homebuilders Program – General Contractor – Premises/Operations | 900500 | P) | 16,700 | | 61.979 | | 1,035. |
| Homebuilders Program – General Contractor – Products/Completed Operations | 900501 | S) | 300,000 | 1.697 | | 509. | |
| See Endorsement ML1061 Per Flat Charge (Fully Earned) | 49950 | T) | | | | | 250. |
| SEE ENDORSEMENT CG2404 Per Each (Fully Earned) | 54444 | T) | 2 | | 50.000 | | 100. |
| SEE ENDORSEMENT ML1357 Per Each (Fully Earned) | 49950 | T) | 1 | | 500.000 | | 500. |
| Minimum Premiums All Other Pr/Co Policywriting | $500 | | | | | | |
| | | | | | Total Advance Premium | $ 509. | $ 1,885. |

**FORMS AND ENDORSEMENTS** (other than applicable Forms and Endorsements shown elsewhere in the policy)

Forms and Endorsements applying to the Coverage Part and made part of this policy at time of issue:

*Information omitted if shown elsewhere in the policy. **Inclusion of date optional.

These declarations are part of the policy declarations containing the name of the insured and the policy period.

ML 15 07 (09 01)

**Auto-Owners** INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999



19020 (10-80)
Issued 05-24-2010

**AUTOMOBILE POLICY DECLARATIONS**

Renewal Effective 07-08-2010

AGENCY VANALLEN INSURANCE AGENCY
12-0309-00 MKT TERR 055 (352) 637-5191

**POLICY NUMBER** **47-687-782-00**

INSURED CORPORATE CONSTRUCTION LLC &
RONALD J RADZIERCZ

Company Use 78-04-FL-0807

ADDRESS PO BOX 2

INVERNESS FL 34451-0002

Company Bill

| POLICY TERM | | |
|---|---|---|
| 12:01 a.m. | to | 12:01 a.m. |
| 07-08-2010 | | 07-08-2011 |

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

| DESCRIPTION OF ITEM INSURED | AGE | TERRITORY | CLASS |
|---|---|---|---|
| Hired Automobiles | | 045 Citrus County, FL | SPL |

| COVERAGES | LIMITS | PREMIUM |
|---|---|---|
| Bodily Injury | $1Million person/$1Million occurrence | $69.53 |
| Property Damage | $1Million occurrence | 12.38 |
| Florida Hurricane Catastrophe Fund Assessment | | .82 |
| | TOTAL | $82.73 |

Additional Forms For This Item: 79521 (03-99)

PREMIUM BASIS: Estimated cost of hire - liability $ If Any (Subject to audit)
Florida Hurricane Catastrophe Fund assessment applies.
Rate Effective Date 03-14-2010

130

| DESCRIPTION OF ITEM INSURED | AGE | TERRITORY | CLASS |
|---|---|---|---|
| Employers Non-Ownership Liab. | | 045 Citrus County, FL | SPL |

| COVERAGES | LIMITS | PREMIUM |
|---|---|---|
| Bodily Injury | $1Million person/$1Million occurrence | $72.29 |
| Property Damage | $1Million occurrence | 12.23 |
| Florida Hurricane Catastrophe Fund Assessment | | .85 |
| | TOTAL | $85.37 |

Additional Forms For This Item: 79503 (03-99)

Florida Hurricane Catastrophe Fund assessment applies.
Rate Effective Date 03-14-2010

130

AC# 5110549

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# 1108210044

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 08/24/2010 | 108042607 | CBC1254398 |

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

RADZIERCZ, RONALD JOSEPH
CORPORATE CONSTRUCTION LLC
387 W LIBERTY ST
HERNANDO FL 34442

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

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: ERFP-20110068-0-2011/RH

Title: _____ Proposals for General Contractors for the Neighborhood Stabilization Program:

Bidder/Respondent: Ronald J. Radziercz / Corporate Construction, LLC.

Reference: Guardian CRM, Inc. Fax #: (863)-774-2114
Email: Antonio.Jenkins@GuardianCRM.com Telephone #: (888)-482-7353
Person to contact: Antonio Jenkins

**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 09:52
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/19 09:51 |
| FAX NO./NAME | 918637742114 |
| DURATION | 00:00:32 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>ECM |

1-772 871-5203

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: ERFP-20110068-0-2011/RH

Title: _____ Proposals for General Contractors for the Neighborhood Stabilization Program:

Bidder/Respondent: Ronald J. Radziercz / Corporate Construction, LLC.

Reference: Donna Bradley. Fax #: [redacted] 352-795-5088
Email: N/A Telephone #: (352)812-0105
Person to contact: Donna Bradley

**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. EXTENDED PATIO with roof OVER, refurbished Swimming Pool AND ADDED ACRYLIC decking TO OUR PATIO deck AND RESCREENED AREA.

What was the total project amount? $17,000.00
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? 1 - See NOTE below
What problems were encountered (claims)? NO NE
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 | 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 | |

he is in the process of adding an additional 310 sq. ft. to our home now. It's a complex project which he is handling in an expert & professional manner. TOTAL COST $40,000.00

2

# 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: ERFP-20110068-0-2011/RH

Title: _____ Proposals for General Contractors for the Neighborhood Stabilization Program:

Bidder/Respondent: Ronald J. Radzierez / Corporate Construction, LLC.

Reference: Citrus County Dept. of Community Services-Housing Fax #: (352)-527-7521
Email: heidi.blanchette@bocc.citrus.fl.us Telephone #: (352)-527-7528
Person to contact: Heidi Blanchette

**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 - full remodel on foreclosed home included roof, wiring, ac HVAC flooring, paint etc.

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? Many - 10+ probably
What problems were encountered (claims)? Some, all were addressed quickly
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 | 10 | Final Product | 8 |
| Qualifications | 10 | Cooperation | 10 |
| Budget Control | 10 | Reliability | 9 |

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

Thank you.

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

3

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: ERFP-20110068-0-2011/RH

Title: _____ Proposals for General Contractors for the Neighborhood Stabilization Program:

Bidder/Respondent: Ronald J. Radziercz / Corporate Construction, LLC.

Reference: Marvin & Marsha Vinson Fax #: (904)-266-4391
Email: n/a Telephone #: (904)-266-4391
Person to contact: Marsha Vinson

**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.
Built New House. We are very pleased with their work + Professionalism.

What was the total project amount? $179,000.00
Was the project completed on time and within budget? Yes
What was the project completion date? 9-1-10
How many remodeling projects has this Contractor completed for you within the past 5 years?
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 | 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.
Marsha Vinson

| 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: ERFP-20110068-0-2011/RH

Title: _____ Proposals for General Contractors for the Neighborhood Stabilization Program:

Bidder/Respondent: Ronald J. Radziercz / Corporate Construction, LLC.

Reference: Jimmy & Mary White. Fax #: (352) 628-5846
Email: jdwhite1643@yahoo.com Telephone #: (352) 628-5846
Person to contact: Jimmy or Mary White

**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. BUILT A NEW BUILDING TO REPLACE A BUILDING THAT WAS DESTROYED BY FIRE

What was the total project amount? $5,000.00
Was the project completed on time and within budget? YES
What was the project completion date? MAY 2011
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? 2 PER OWNER'S REQUEST
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: I WAS VERY SATISFIED WITH THE CONTRACTOR AND HIS SUB-CONTRACTORS, THEY WERE ALL COURTEOUS AND PROFESSIONAL

Thank you.

Jimmy D. White

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

Form **W-9**
(Rev. November 2000)
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)
Corporate Construction, LLC.

Business name, if different from above

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

Address (number, street, and apt. or suite no.)
387 W. LIBERTY 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
HERNANDO, FL 34442

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
4 3 - 2 1 1 3 5 5 1

## 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 ▶ [signature] Date ▶ 9/14/2011

## 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:

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,

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: Corporate Construction, LLC.

Corporate Title: President

Address: 387 W. Liberty St

Hernando, FL 34442
(Zip Code)

By: Ronald J. Radziercz (Print name) President (Print title)

(Authorized Signature)

Telephone: (352) 527-7703

Fax: (352) 527-7969

State License # CBC1254998 **(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? _____

## NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of FLORIDA )

County of CITRUS )

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

1. They are President of Corporate Construction, 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) [signature]

(Title) President

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

The foregoing instrument was acknowledged before me this 9-14-2011
(Date)

by: RONALD J. RADZIERCZ who is personally known to me or who has produced

FL DRIVERS LICENSE as identification and who did (did not) take an oath.

STEPHANIE A. PAUGH
Notary Public - State of Florida
My Commission Expires Jan 27, 2014
Commission # DD 721065
Bonded Through National Notary Assn.

[signature] STEPHANIE A. PAUGH
Notary (print & sign name)

Commission No. DD 721065

# 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: Corporate Construction, LLC.

Authorized By: _____ Ronald J. Radziercz
(Sign) (Print Name)

Title: President Date: 09/2/2011

**(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
Corporate Construction, 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.

x _____
Proposer's Signature
09/2/2011
**Date**

# CHECKLIST
# E-RFP #20110068

## Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Ronald J. Radziercz / Corporate Construction, LLC.

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.

R.R. Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.

R.R. Required W-9 as per Section 1.16.1 uploaded to Demandstar.

R.R. Copy of Insurance Certificate in accordance with Section 3 of the E-Bid documents uploaded to Demandstar.

R.R. Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.

R.R. Reviewed the Contract and accept all City Terms and Conditions.

R.R. Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).

R.R. 5 completed Reference Check Forms uploaded to Demandstar (page 23).

R.R. List of all sub-contractors (list on the Questionnaire).

R.R. Copy of the Checklist uploaded to Demandstar.

R.R. Section 3 Business Certification uploaded to Demandstar.

R.R. 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 15 day of August, 2011.

SAMS NEW DEVELOPMENT LLC
Name of Organization / Proposer

Submitted by: LARRY SAMS / 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 6/2008
In what State FLORIDA
Name of Officers:
President LARRY SAMS
Vice President ANITA SAMS
Secretary ANITA SAMS
Treasurer ANITA SAMS

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:
SAMS NEW DEVELOPMENT LLC. / LARRY SAMS
2510 Bailey RD
Mulberry FL 33860
813-752-1400 fax 813-752-1440
Larry@samsnewdevelopment.com

5. Firm's previous names (if any) What year(s) 1
LDS Construction

6. Area of expertise: FRAMING / WOOD, METAL / DRYWALL / WINDOWS INTERIOR / EXTERIOR / HOLLOW METAL DOORS, HARDWARE, TRIM

7. How many years has your organization been in business? 2½ yrs

8. Describe organization profile, including the size, range of activities, licenses, etc.
Larry Sams / CGC licensing
Anita Sams / NCPA licensing

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

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|---|---|---|---|
| a. Partners | Ø | Ø | Ø |
| b. Managers | 2 | 2 | 2 |
| c. Supervisors Senior Staff | 1 | 1 | 1 |
| d. Other Professional Staff | 1 | 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 |
|---|---|---|---|---|
| LARRY SAMS | PRESIDENT | 20 yrs | 50% | City of Tampa |
| DAVID PRIDGEN | SUPV/FIELD | 18 yrs | 50% | City of Tampa |
| | | | | |
| | | | | |

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 PRIDGEN | DOOR, WINDOW INSTALLER |
| Timothy PRIDGEN | TILE INSTALLER |
| Larry SAMS | Project MANAGEMENT |
| Anita SAMS | CLERICAL MANAGEMENT |
| Shane Kidder | STUCCO, SIDING, concrete work |

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:

SEE ATTACHED RECOMMENDATION LETTER FROM SAMS NEW DEVELOPMENT LLC'S PREVIOUS CONTRACT.

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

| Name | Current and Projected Workloads |
|---|---|
| DAVID Bridges | No current workload / projected 2 contracts |
| | |
| | |
| | |
| | |

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

Yes. SEE ATTACHED LETTER OF RECOMMENDATION FROM PREVIOUS CONTRACT.

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

START ON SCHEDULE WITH A FULL STAFF TO COMPLETE AS MUCH AS POSSIBLE THEN DECREASE STAFF AS NEEDED.

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 |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |
| | | |

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:

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 Vicinty 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.

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 "Vicinity"?\ See references in 25 and 26 above.

CONTACT LOCAL GOVERNMENT ENTITY AND REQUEST EXPERIENCED CONTRACTS. CONTACT LOCAL LEASING AGENCIES

**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) LARRY SAMS 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:**

X _____ Signature

PRESIDENT / 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:**

K/A

Print Name of Firm

By: _____

(General Partner)

**If Corporation:**

Sams New Development LLC
Print Name of Corporation

**If Individual:**

_____
Signature

_____
Print Name

By: _____
(President)

Attest: _____
(Secretary)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

# 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: Sams New Development LLC

Authorized By: ✓ (Sign) Larry Sams (Print Name)

Title: President Owner Date: 8/15/2011

**(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 Hillsborough }

Larry Sams, being first duly sworn, disposes and says that:
(Name/s)

1. They are President / owner of Sams New Development 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) _____

(Title) President / owner

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

The foregoing instrument was acknowledged before me this 8/16/2011
(Date)

by: Larry Sams who is personally known to me or who has produced

Drivers License as identification and who did (did not) take an oath.

ANTONIA HERNANDEZ
Notary Public - State of Florida
My Comm. Expires Mar 29, 2013
Commission # EE 93518
Bonded Through National Notary Assn.

Antonia Hernandez
Notary (print & sign name)

Commission No. EE 93518

# DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that SANS VIEW DEVELOPMENT 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.

X

Proposer's Signature

8/15/2011

**Date**

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: Larry Sams DBA Sams New Development LLC

Reference: Hillsborough County Schools Fax #: 813-635-1245
Email: Telephone #: 813-635-1240
Person to contact: Ben Moore / Bob Morrison

**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. remods for portables at multiple county school sites, bathrooms, ceramic tile, siding, roofing

What was the total project amount? 100,000
Was the project completed on time and within budget? yes
What was the project completion date? different dates due to multiple sites 2008-2010
How many remodeling projects has this Contractor completed for you within the past 5 years?
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 | 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 | |

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: Larry Sams / DBA Sams New Development LLC

Reference: Showalter Construction Fax #: 813-930-7484
Email: robert@showalterdev.com Telephone #: 813-763-0872
Person to contact: Robert Showalter

**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. Remodeled 8 homes. 2500 sq ft. Tile, carpet, Framing, painting, windows, interior doors, exterior doors, Trim, hardware.

What was the total project amount? 240,000
Was the project completed on time and within budget? Yes
What was the project completion date? 1 / 2010
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 | 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 | |

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: Larry Sams DBA Sams New Development LLC

Reference: L&S Construction Fax #: 813-250-8254
Email: LeaforderLSCurb.com Telephone #: 813-737-1524
Person to contact: Leaford Shakes

**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.
Tile, Framing, windows, carpet, drywall, ~~STUCCO~~ STUCCO

What was the total project amount? $200,000
Was the project completed on time and within budget? yes
What was the project completion date? 2009
How many remodeling projects has this Contractor completed for you within the past 5 years? 2
What problems were encountered (claims)? NO NE
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 | 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 | |

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: Larry Sams DBA Sams New Development LLC

Reference: Florry Creative Care Corp Fax #:
Email: ffloryg@gmail.com Telephone #: 813-650-8242
Person to contact: Cherry Hallback

**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.
Renovations for a 3000 sq ft ADL facilities drywall, paint, exterior/interior doors, cabinets, tile, carpet fixture, concrete, windows, framing, landscaping, stucco

What was the total project amount? 45,000.00
Was the project completed on time and within budget? yes
What was the project completion date? 3/2008 - 3/2009
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 | 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 | |

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: Larry SAMS DBA SAMS New Development LLC (City of Tampa)

Reference: Boran Craig Barber + ENGEL Fax #:

Email: GBryant@bcbe.com Telephone #: 239-206-6072

Person to contact: Greg Bryant

**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.
No. New commercial construction. 17 2story building interior, exterior doors, hardware, trim, access panels

What was the total project amount? $260,000
Was the project completed on time and within budget? yes
What was the project completion date? 3/2011
How many remodeling projects has this Contractor completed for you within the past 5 years? NONE
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 | 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 | |

BORAN CRAIG BARBER ENGEL
CONSTRUCTION CO., INC.

August 12, 2011

To whom it may concern:

I have work with Sam's New Development over the past year and a half on the Moses White Project. The project is a 17 two story buildings. Sams had the contract for the interior and exterior doors, trim , access panels, and hardware on the project. There performance on the job was outstanding. They had a very capable workforce and were very committed to the job. They stayed on schedule and helped complete the project on time. This is the kind of company that helps make a project successful. I would recommend them for all upcoming work that my company is bidding.

Cordially,

Greg Bryant Senior Superintendent

Boran,Craig,Barber,Engel

239-206-6072

OP ID: LS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/11/11

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
Mulling Insurance Agency, Inc.
P O Box 308 208 E Park Street
Auburndale, FL 33823-0308
Dennis C. Hollingsworth
863-967-4454
863-967-7592

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: SAMS-04

INSURED
Sams New Development LLC
Larry Sams
P O Box 345
Mulberry, FL 33860

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Southern Owners Insurance Co. | 10190 |
| INSURER B : Auto-Owners Insurance Co. | 18988 |
| 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 | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY X PRO-JECT LOC | | | 72030390 | 07/29/11 | 07/29/12 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 50,000 |
| | | | | | | | 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 |
| | | | | | | | | $ |
| B | AUTOMOBILE LIABILITY<br>X ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>X HIRED AUTOS<br>X NON-OWNED AUTOS | | | 4890362800 | 07/29/11 | 07/29/12 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | | | | | | | | $ |
| A | X UMBRELLA LIAB X OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DEDUCTIBLE<br>X RETENTION $ | | | TBA | 07/29/11 | 07/29/12 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | AGGREGATE | $ 1,000,000 |
| | | | | | | | | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | | | | WC STATU-TORY LIMITS / OTH-ER | |
| | | | | | | | 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

SAMSNEW

Sams New Development LLC
PO Box 345
Mulberry, FL 33860

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

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ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 5/18/2011

PRODUCER
ASSURE LLC
2511 Manatee Avenue E
Bradenton, FL 34208
(941)739-5121

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
Sams New Development LLC

2510 Bailey Road
Mulberry, FL 33860
FAX: 813-752-1440

| INSURERS AFFORDING COVERAGE | NAIC# |
|---|---|
| INSURER A: Mid-Continent Casualty Co | |
| INSURER B: Progressive Express Insurance Co | |
| INSURER C: Mid-Continent Casualty Co | |
| INSURER D: Bridgefield Employers Inc Co | |
| 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 LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| A | | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY<br>CLAIMSMADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER<br>POLICY PRO-JECT LOC | 04-GL-000801796 | 06/09/10 | 06/09/11 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | $ 100,000 |
| | | | | | | MED EXP (Any one person) | $ |
| | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| B | | AUTOMOBILE LIABILITY<br>ANY AUTO<br>X ALL OWNED AUTOS<br>X SCHEDULED AUTOS<br>X HIRED AUTOS<br>X NON-OWNED AUTOS | 05469033-1 | 06/12/10 | 06/12/11 | COMBINED SINGLE LIMIT (Ea accident) | $ 1,000,000 |
| | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | GARAGE LIABILITY<br>ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | $ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | | AGG | $ |
| C | | EXCESS / UMBRELLA LIABILITY<br>X OCCUR CLAIMSMADE<br>DEDUCTIBLE<br>RETENTION $ | 04-XS-000168573 | 06/09/10 | 06/09/11 | EACH OCCURRENCE | $ 2,000,000 |
| | | | | | | AGGREGATE | $ 2,000,000 |
| | | | | | | | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| D | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N<br>(Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below | 830-44480 | 03/02/11 | 03/02/12 | X WC STATU-TORY LIMITS OTH-ER | |
| | | | | | | E.L. EACH ACCIDENT | $ 100,000 |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 500,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ 100,000 |
| | | OTHER | | | | | |

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

CERTIFICATE HOLDER

Sams New Development LLC
2510 Bailey Road
Mulberry, FL 33860
FAX: 813-752-1440

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



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STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

SAMS, LARRY DONNELL
SAMS NEW DEVELOPMENT LLC
2510 BAILEY RD
MULBERRY FL 33860-9428

AC# [illegible]

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10060101130

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 06/01/2010 | 097058682 | CGC1516668 |

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

SAMS, LARRY DONNELL
SAMS NEW DEVELOPMENT LLC
2510 BAILEY RD
MULBERRY FL 33860-9428

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

# CONTRACTORS INSTITUTE

## *Certificate of Attendance and Successful Completion*

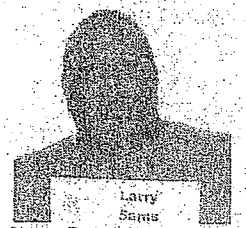
# Larry Donnell Sams

2510 Bailey Rd, Mulberry, FL 33860

HAS SUCCESSFULLY COMPLETED AND PASSED AN EXAMINATION AND HANDS ON SKILLS-ASSESSMENT COVERING THE CONTENTS OF A COURSE TITLED

## Renovator – Initial – English (8-hour) Training Course

Per 40 CFR part 745.225




*Larry Donnell Sams*

R-I-19139-10-00007
*Certificate Number*

February 8, 2010
*Course Date(s)*

February 8, 2010
*Exam Date*

February 8, 2015
*Expiration Date*

Winter Garden, Florida
*Course Location*

CONTRACTORS® INSTITUTE

*Training Manager / Principal Instructor*

**Contractors Institute**
**A division of Koning Enterprises, Inc., a Florida corporation**
8301 Joliet Street ~ Hudson, FL 34667
877-542-3673 ~ 727-861-7225
www.ContractorsInstitute.com

REQUIRED FORM

ST. Petersburg

CERTIFICATION FOR BUSINESS CONCERNS SEEKING SECTION 3 PREFERENCE IN CONTRACTING AND DEMONSTRATION OF CAPABILITY

Name of Business: Sams New Development LLC.

Address of Business: 2510 Bailey RD Mulberry FL 33860

Type of Business: ☑ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Joint Venture

Attached is the following documentation as evidence of status:

For Business claiming status as a Section 3 resident-owned enterprise:

- ☐ Copy of resident lease
- ☐ Copy of evidence of participation in a public assistance program
- ☐ Copy of receipt of public assistance
- ☑ Other evidence

For the business entity as applicable:

- ☐ Copy of Articles of Incorporation
- ☐ Assumed Business Name Certificate
- ☐ List of owners/stockholders and % ownership of each
- ☐ Organization chart with names and titles and brief function statement
- ☐ Certificate of Good Standing
- ☐ Partnership Agreement
- ☐ Corporation Annual Report
- ☐ Latest Board minutes appointing officers
- ☑ Additional documentation

For business claiming Section 3 status by subcontracting 25 percent of the dollar awarded to qualified Section 3 business:

☐ Attach list of subcontracted Section 3 business(es) and subcontract amount N/A

For business claiming Section 3 status, claiming at least 30 percent of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with the business:

- ☐ List of all current full-time employees
- ☐ PHA/IHA Residential lease less than 3 years from day of employment
- ☐ Resident Self-Certification Form (to be completed by Section 3 resident employee)
- ☐ List of employees claiming Section 3 status
- ☐ Other evidence of Section 3 status less than 3 years from date of employment

Evidence of ability to perform successfully under the terms and conditions of the proposed contract:

- ☐ Current financial statement
- ☑ Statement of ability to comply with public policy
- ☐ List of owned equipment
- ☑ List of all contracts for the past two years

Authorizing Name and Signature

(Corporate Seal)

Attested by:

Date: 2/10/2010

# HOUSING AUTHORITY OF THE CITY OF TAMPA

## SECTION 3 PROGRAM

*Certification for Business Concerns Seeking Section 3 Preference*

Name of Business: Sams New Development, LLC
Address of Business: 2510 Bailey Road, Mulberry, Fl 33860

Type of Section 3 Business:

- ☒ Corporation
- ☐ Partnership
- ☐ Sole Proprietorship
- ☐ Joint Venture

Name & Address of Section 3 Resident(s) in 51% ownership position:

Larry Sams

ATTACHED IS THE FOLLOWING DOCUMENTATION AS EVIDENCE OF SECTION 3 STATUS (AS APPROPRIATE):

For person claiming status as a Section 3 Resident:

- ☐ Copy of resident lease with Tampa Housing Authority
- ☐ Copy of receipt of public assistance
- ☐ Evidence of participation in a public assistance program
- ☒ Other evidence as appropriate

For the Section 3 Business entity as applicable:

- ☐ Copy of Articles of Incorporation
- ☐ Assumed business Name Certificate
- ☐ List of owners/stockholders and % ownership of each
- ☐ Organizational chart w/names, titles & functional statement
- ☐ Certificate of Good Standings
- ☐ Partnership Agreement
- ☐ Corporation Annual Report
- ☐ Latest Board minutes appointing officers
- ☒ Additional documentation

CORPORATE SEAL

Attested by: Deborah Joyce
Manager of Budgets and Compliance
Tampa Housing Authority

Signature: [signature] 8/19/99

Date:

Form ORED99-51

**School Board**
Doretha W. Edgecomb, Chair
Candy Olson, Vice Chair
April Griffin
Carol W. Kurdell
Jack R. Lamb, Ed.D.
Susan L. Valdes
Stacy R. White, Pharm.D.

Hillsborough County
PUBLIC SCHOOLS
*Excellence in Education*

Superintendent of Schools
MaryEllen Elia

Deputy Superintendents
Kenneth R. Otero
Daniel J. Valdez

Chief Facilities Officer
Cathy Valdes

Supplier Diversity Officer
Henry J. Ballard, Jr.

# *Hillsborough County Public Schools*
# *Office of Supplier Diversity Registration Certificate*

**Sams New Development, LLC**
Is registered with Hillsborough County Public Schools
Office of Supplier Diversity as a SBE/WMBE

Registration Expiration Date: **03/08/2013**

Henry J. Ballard, Jr.
Supplier Diversity Officer

# Hillsborough County Board of County Commissioners
# Economic Development Department
# DM/DWBE & SBE Programs Section

Minority/Woman Business Certification

## SAMS NEW DEVELOPMENT LLC

HC-1586/11

Valid from March 7, 2011 – March 8, 2013

Approved Lines of Business:

**CONTRACTOR-GENERAL CLASS A**

Brenda Eighmey

Brenda Eighmey,
Small / Minority Business Development Administrator

# Certification

## as Women or Minority Business Enterprise

## *Sams New Development LLC*

***Federal Number 26-4259393***

has been reviewed and identified as W/MBE with the City of Tampa Government

***Class - African American Male*** ***Valid from 3/9/2011 to 3/8/2013*** ***Certificate Number 1415***

**Certification is Applicable in:**

***General Contractor Class A***

***Reciprocal: Hillsborough County***

In accordance with the City of Tampa Ordinance 2008-89 your certification is accepted by the City of Tampa.

Gregory K. Hart, MBD Manager
Minority Business Development Office

## 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 **31st** day of **August**, 2011.

**E & B Elite Services, Inc**
Name of Organization / Proposer

Submitted by: **Earl L. Gaines, President/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 **January 6, 2005**
In what State **Florida**
Name of Officers:
President **Earl L. Gaines**
Vice President **N/A**
Secretary **Beverly D. Gaines**
Treasurer **Beverly D. Gaines**

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:
**E & B Elite Services, Inc.**
**Attn: Earl L. Gaines**
**5821 Starcher Avenue**
**Fort Pierce, FL 34947**
**Cell: (772) 577-0826 Fax: (772) 465-2351 Email: erlgaines@comcast.net**

5. Firm's previous names (if any) What year(s) **2005 - 2006**
**E & B House Maintenance, Inc.**

6. Area of expertise: **Home remodels & renovations**

7. How many years has your organization been in business? **6 years**

8. Describe organization profile, including the size, range of activities, licenses, etc.
**I, Earl Gaines, am a licensed Certified General Contractor in the State of Florida and the sole full-time employee for my company. When I need other laborers or additional help, I use the services of MDT Personnel (a labor force company) for skilled and un-skilled labor, guys I know that are in need of work or I use sub-contractors, depending on the scope of the job and what it involves. Most of my jobs have been on residential homes. I have been responsible for window installations, kitchen & bathroom remodels and complete home remodels. I recently completed a residential rehab project and a family room addition. I have worked with Habitat for Humanity installing and finishing drywall, as well as providing dumpster services. I also provided dumpster services for the Downtown Renaissance Center in Fort Pierce.**
(This is a Word document – add lines if needed)

9. Number of full time personnel:

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

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 |
|---|---|---|---|---|
| **Earl Gaines** | **President** | **9** | **100%** | **Laborer & Supervisor w/Classic Coatings** |
| | | | | **Supervisor & Project Manager with my own company** |
| | | | | |
| | | | | |

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 |
|---|---|
| **Earl L. Gaines** | **Reviewed specifications, obtained permits, ordered materials & supplies, scheduled work, communicated with and scheduled sub-contractors, scheduled inspections, made sure work was done in compliance with plans & codes and made sure all vendors were paid on time.** |
| | |
| | |
| | |
| | |

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

**Earl Gaines – Project Manager & Supervisor**
Duties include, reviewing specifications, organizing and scheduling laborers and sub-contractors, obtaining permits, scheduling inspections, personal inspections of job site and work performed, communicating with customer and other duties as required.

**Beverly Gaines – Secretary/Treasurer**
Duties include, processing invoices and payroll and other office duties as assigned by the Project Manager

**MDT Personnel**
Duties include, providing laborers (skilled & un-skilled) as requested by the Project Manager. E & B Elite Services pays MDT Personnel a pre-determined rate per person according to skill level. MDT Personnel is responsible for the laborers' payroll including workers' compensation, taxes and insurance.

13. State your firm's commitment to perform in a timely fashion:
**E & B Elite Services, Inc. is committed to providing excellent customer service and a quality product. Our management and organizational skills along with constant communication with our workers and sub-contractors will ensure that we complete the job in a timely fashion. Your complete satisfaction is our #1 priority.**

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

| Name | Current and Projected Workloads |
|---|---|
| **Earl Gaines** | **Completing window & stucco job in Winter Park by the 1st week of September. Nothing pending at this time.** |
| | |
| | |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
**We have no outstanding debt and have been fortunate to be able to pay our bills in full each month. We use business credit cards (2) totaling approx. $36,000.00 for purchases and paying bills, then pay the cards off when the bill arrives. As a backup plan, we also have a line of credit for the amount of $141,000.00 that we keep open for emergency use only. Ours vendors are always paid on time. Our sub-contractors have always been paid as soon as their job is completed, they have passed inspection and we receive their invoice. We pay them even if we have not been paid. This helps to build great business and personal relationships.**

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
**Since I have a small business, I am able to be hands on and available at all times during all phases of the job. I also treat each project as if it was my personal home. I try to be personable, yet professional. Every job, no matter how small or big, is very important to me. The majority of my work has come from referrals.**

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 |
|---|---|---|
| **AAA Lath & Stucco, Inc.** | **302 SE Fisk Road Port St. Lucie, FL 34984** | **Stucco & Plastering** |
| **Al & Linda's Tile** | **690 SW Bacon Terrace Port St. Lucie, FL 34953** | **Tile** |
| **Design Kitchens** | **412 Farmers Market Road Fort Pierce, FL 34982** | **Cabinetry & Countertops** |
| **Garage Door Sales** | **2807 Okeechobee Road Fort Pierce, FL 34947** | **Garage Doors & Shower Enclosures** |
| **Steve Smith A/C & Heating** | **8001 Eden Road Fort Pierce, FL 34951** | **HVAC** |

| | | |
|---|---|---|
| **Patricio Enterprises, Inc.** | **14704 SW Little Indian Avenue<br>Indiantown, FL 34956** | **Painting** |
| **Guttersmith, Inc** | **3318 S Jenkins Road<br>Fort Pierce, FL 34981** | **Soffit & Gutters** |
| **S & W Electric, Inc.** | **201 W Coker Road<br>Fort Pierce, FL 34945** | **Electrician** |
| **Wolf A/C & Heating** | **3731 Oleander Avenue<br>Fort Pierce, FL 34982** | **HVAC** |
| **Florida Coast Electric** | **917 SW Macedo Blvd<br>Port St. Lucie, FL 34983** | **Electrician** |
| **Advanced Masonry Specialists** | **1700 Trowbridge Rd<br>Fort Pierce, FL 34945** | **Block & Masonry** |
| **Intracoastal Enterprises, Inc.** | **726 SE Hidden River Drive<br>Port St. Lucie, FL 34983** | **Shutters** |
| **Patrick Exterminating** | **3226 SE Gran Park Way<br>Stuart, FL 34997** | **Pest Control** |

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:
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 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 Vicinty 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.
**Earl L. Gaines/Owner – any other workers would be hired through MDT Personnel. Whom and how many will be determined once I have reviewed the specifications and plans provided.**

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.
**I will provide MDT Personnel a copy of the Vicinity Hiring requirements and request that workers from that area be given preference as referrals to work with me on the NSP-3 project(s).**

**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) **Earl L. Gaines** 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:**

Earl L. Gaines — Signature

**President/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 Individual:**

_____
Signature

_____
Print Name

**If Partnership:**

_____
Print Name of Firm

By: _____
(General Partner)

**If Corporation:**

**E & B Elite Services, Inc.**
Print Name of Corporation

By: Earl L. Gaines
(President)

Attest: Beverly D. Gaines
(Secretary)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

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: E & B Elite Services, Inc. / Earl L. Gaines

Reference: 4900 NW Gimlet Avenue, PSL Fax #: 772 462 7893

Email: Telephone #: (772) 323-1011

Person to contact: Ms. Christa 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.
Yes, installed a wood fence, bathroom remodel, kitchen remodel, back porch ceiling repair and other small miscellaneous jobs.

What was the total project amount? kitchen remodel approx 10K
Was the project completed on time and within budget? yes
What was the project completion date? June 2010
How many remodeling projects has this Contractor completed for you within the past 5 years? 4+
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 | 10 | Final Product | 10 |
| Qualifications | 10 | Cooperation | 10 |
| Budget Control | 10 | Reliability | 10 |

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

Comments: Mr Gaines has always performed excellent work and was very responsive to and questions or concerns I had. I would highly recommend him.

Thank you,

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

Sincerely,
Christa R Miller

TRANSMISSION VERIFICATION REPORT

TIME : 09/19/2011 09:12
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/19 09:11 |
| FAX NO./NAME | 94627893 |
| DURATION | 00:00:34 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: E & B Elite Services, Inc. / Earl L. Gaines

Reference: 2601 Avenue R, Fort Pierce Fax #: 772.467.7859
Email: _____ Telephone #: (772) 353-9340
Person to contact: Ms. Melissa Platt

**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 09:10
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/19 09:09 |
| FAX NO./NAME | 94677859 |
| DURATION | 00:00:24 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: E & B Elite Services, Inc. / Earl L. Gaines

Reference: 1907 SW Beekman Street, PSL Fax #: 772. 461. 4856
Email: Telephone #: (772) 359-1040
Person to contact: Mr. Donald McGarry

**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 Part of Front Porch - Replaced Windows
Installed Stucco Siding

What was the total project amount? 10,902.34
Was the project completed on time and within budget? Yes
What was the project completion date? 8/27/10
How many remodeling projects has this Contractor completed for you within the past 5 years? 1
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 | 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 08:39
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 08:39 |
| FAX NO./NAME | 94614856 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: E & B Elite Services, Inc. / Earl L. Gaines

Reference: 213 NE Floresta Drive, PSL Fax #: _____
Email: _____ Telephone #: (772) 359-0406
Person to contact: Ms. Lettie 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 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: E & B Elite Services, Inc. / Earl L. Gaines

Reference: 262 Kimball Circle, PSL Fax #: _____
Email: _____ Telephone #: (772) 824-0282
Person to contact: Dave Melnick

**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): 9/2/2011

PRODUCER

R V HOWARD & ASSOCIATES
8495 S US 1 #13
Port St. Lucie, FL 34952
(772) 343-9878

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

E & B Elite Services Inc
Earl L Gaines
5821 Starcher Ave
Fort Pierce, FL 34947
772-465-2335 (Work)

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: American Vehicle Insurance | |
| 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 LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| A | | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [ ] LOC | GL0504007095 | 3/9/2011 | 3/9/2012 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | $ 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<br>[ ] ANY AUTO<br>[ ] ALL OWNED AUTOS<br>[ ] SCHEDULED AUTOS<br>[ ] HIRED AUTOS<br>[ ] NON-OWNED AUTOS | NOT COVERED BY OUR AGENCY | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | GARAGE LIABILITY<br>[ ] ANY AUTO | NOT COVERED BY OUR AGENCY | | | AUTO ONLY - EA ACCIDENT | $ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | | AGG | $ |
| | | EXCESS/UMBRELLA LIABILITY<br>[ ] OCCUR [ ] CLAIMS MADE<br>[ ] DEDUCTIBLE<br>[ ] RETENTION $ | NOT COVERED BY OUR AGENCY | | | EACH OCCURRENCE | $ |
| | | | | | | AGGREGATE | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below | NOT COVERED BY OUR AGENCY | | | [ ] WC STATU-TORY LIMITS [ ] OTH-ER | |
| | | | | | | E.L. EACH ACCIDENT | $ |
| | | | | | | E.L. DISEASE - EA EMPLOYEE | $ |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ |
| | | OTHER | NOT COVERED BY OUR AGENCY | | | | |

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

City of Port Saint Lucie, political subdivision of the Sate of Florida, it's officers, employees and agents, and Contract #20110068 for General Contractors for Neighorhood Stabilization Program (NSP) is listed as additional insured

CERTIFICATE HOLDER

City of Port Saint Lucie
121 SW Port St. Lucie Blvd
Port Saint Lucie, FL 34984
Fax: 772-871-5229

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: Rudolph V Howard



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12-02-2010

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: 02/03/2011 EXPIRATION DATE: 02/02/2013

PERSON: GAINES EARL L

FEIN: 202148648

BUSINESS NAME AND ADDRESS:

E & B ELITE SERVICES INC
5821 STARCHER AVE
FORT PIERCE FL 34947

SCOPES OF BUSINESS OR TRADE:

1- CERTIFIED 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.

NO# 440U332

# STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L09062200180

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 06/22/2009 | 080421613 | QB67189 |

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2011
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)

E & B ELITE SERVICES INC
5821 STARCHER AVENUE
FORT PIERCE FL 34947

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLES W. DRAGO
SECRETARY

AC# 4978277

# STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L1005290021 7

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 05/29/2010 | 098167967 | CGC1517445 |

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

GAINES, EARL LAWRENCE
E & B ELITE SERVICES INC
5821 STARCHER AVENUE
FORT PIERCE FL 34947

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

Office of Supplier Diversity
OSD
State of Florida

State of Florida

# Minority, Women & Service-Disabled Veteran

Business Certification

## E & B Elite Services, Inc.

Is certified under the provisions of
287 and 295.187, Florida Statutes for a period from:

November 6, 2009 to November 6, 2011

*Torey Alston, Executive Director*

*Florida Department of Management Services*
*Office of Supplier Diversity*

Office of Supplier Diversity • 4050 Esplanade Way, Suite 380 • Tallahassee, FL 32399-0950 • 850.487.0915 • www.osd.dms.state.fl.us

BUILDING DEPARTMENT
COMPUTER SERVICE MEMBER
EXPIRE: 09/30/12

110675

GAINES, EARL L
E & B ELITE SERVICES INC
5821 STARCHER AVE
FORT PIERCE, FL 34947

SIGNATURE

GENERAL CONTRACTOR

FL#: CGC1517445 PSL12*10974

CITY OF PORT ST. LUCIE

2011 / 2012 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 7299-20040586

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

EXPIRES SEPTEMBER 30, 2012

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 2

TYPE OF BUSINESS 1500 BUILDING CONTRACTOR (GENERAL CONTRACTOR)

BUSINESS/ Earl Lawrence Gaines

DBA NAME E & B Elite Services Inc

MAILING ADDRESS E & B Elite Services Inc
5821 Starcher Ave
Fort Pierce, FL 34947-1555

BUSINESS LOCATION 5821 Starcher Ave
Fort Pierce, FL 34947-1555

St Lucie County
2312-801-0003-000/4

CGC1517445
P05000003361

NONEXEMPT

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

Paid 07/18/2011 12.35

0099-20110718-016022

# HUD Section 3

## Employment and Contracting Opportunities

The City of Port St. Lucie receives a substantial amount of funding from the Department of Housing and Urban Development (HUD) each year for the Community Development Block Grant (CDBG) program. That funding is being used to assist with infrastructure and residential repair/rehab projects throughout the city. We are also receiving funding through HUD for the Neighborhood Stabilization Program (NSP) in order to purchase and repair foreclosed homes and sell them to income qualified applicants. HUD funding is regulated by the Housing and Urban Development Act of 1968 and is, therefore, subject to Section 3 of that Act.

Section 3 covered projects involve the construction or rehabilitation of housing or other public construction, such as street repair, drainage work, etc. The regulation requires the City of Port St. Lucie to ensure that economic and business opportunities generated by HUD financial assistance, to the greatest extent possible, be used to support low and very-low income persons and business concerns that provide economic opportunities to low and very-low income persons. Download maximum income limits for Port St. Lucie.

When new Jobs or contracting opportunities are generated because of HUD financial assistance, the city is required to give preference to Section 3 residents or business concerns residing in the community where the project is located. When a contractor is hired for a job that amounts to $100,000 or more, then that contractor is also responsible for ensuring that new hires and/or subcontractors are chosen based on that same preference. That does not mean that contractors have to create jobs or hire employees for the sake of Section 3 compliance; and Section 3 residents and business concerns must meet the qualifications for those new employment opportunities.

Download HUD's Section 3 brochure for more information on Section 3 compliance. As part of the city's effort to promote employment and contracting of low income individuals, we are providing the opportunity for contractors to become certified with the city as a Section 3 Business Concern. All applicants seeking this recognition must complete and submit the Section 3 Business Concern Application form to:

Community Services Department
City of Port St. Lucie
121 S.W. Port St. Lucie Blvd.
Port St. Lucie, FL 34984

CERTIFICATION FOR BUSINESS CONCERNS SEEKING SECTION 3

PREFERENCE IN CONTRACTING AND DEMONSTRATION OF CAPABILITY

Name of Business E & B Elite Services, Inc.

Address of Business 5821 Starcher Avenue
Fort Pierce, FL 34947

Type of Business:
- [x] Corporation
- [ ] Partnership
- [ ] Sole Proprietorship
- [ ] Joint Venture

Attached is the following documentation as evidence of status:

For Business claiming status as a Section 3 resident-owned enterprise:
- [ ] Copy of resident lease
- [ ] Copy of evidence of participation In a public assistance program
- [ ] Copy of receipt of public assistance
- [ ] Other evidence: _____

For Business entity as applicable:
- [x] Copy of Articles of Incorporation
- [ ] Assumed Business Name Certificate
- [x] List of owners/stockholders and % ownership of each
- [ ] Organization chart with names and titles and brief function statement
- [ ] Certificate of Good Standing
- [ ] Partnership Agreement
- [x] Corporation Annual Report
- [ ] Latest Board Minutes Appointing Officers
- [ ] Additional Documentation: _____

For Business claiming Section 3 status by subcontracting 25 percent of the dollar award to qualified Section 3 business(es):
- [ ] List of subcontracted Section 3 business(es) and subcontract amount

For Business claiming Section 3 status, claiming at least 30 percent of their workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with business:
- [ ] List of all current full-time employees
- [ ] PHA/IHA Residential lease less than 3 Years from day of employment
- [ ] List of employees claiming Section 3 status
- [ ] Other evidence of Section 3 status less than 3 years from date of employment

Evidence of ability to perform successfully under the terms and conditions of the proposed contract:
- [x] Current financial statement
- [ ] Statement of ability to comply with public policy
- [x] List of owned equipment
- [x] List of all contracts for the past two years

Earl L. Gaines

Authorizing Name and Signature

(Corporate Seal)

Attested by: Beverly D. Gaines

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Amendment, filed on June 16, 2006, effective July 1, 2006, to Articles of Incorporation for E & B HOUSE MAINTENANCE INC which changed its name to E & B ELITE SERVICES, INC., a Florida corporation, as shown by the records of this office.

The document number of this corporation is P05000003361.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Twentieth day of June, 2006

GREAT SEAL OF THE STATE OF FLORIDA
IN GOD WE TRUST

Sue M. Cobb
Sue M. Cobb
Secretary of State

CR2EO22 (01-06)

# State of Florida

## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of E & B HOUSE MAINTENANCE INC, a Florida corporation, filed on January 6, 2005, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H05000003460. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this corporation is P05000003361.

Authentication Code: 205A00001332-010705-P05000003361-1/1

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Seventh day of January, 2005

Glenda E. Hood

Glenda E. Hood
Secretary of State

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 7, 2005

E & B HOUSE MAINTENANCE INC
5821 STARCHER AVENUE
FORT PIERCE, FL 34947

The Articles of Incorporation for E & B HOUSE MAINTENANCE INC were filed on January 6, 2005, and assigned document number P05000003361. Please refer to this number whenever corresponding with this office.

Enclosed is the certification requested. To be official, the certification for a certified copy must be attached to the original document that was electronically submitted and filed under FAX audit number H05000003460.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file/effective date year. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have questions regarding corporations, please contact this office at the address given below.

Claretha Golden
Document Specialist
New Filings Section
Division of Corporations

Letter Number: 205A00001332

# ARTICLES OF INCORPORATION
# OF

## E & B House Maintenance Inc.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

E & B House Maintenance Inc

The principal place of business of this corporation shall be:

5821 Starcher Ave
Ft Pierce FL 34947

The Mailing Address of this corporation shall be:

5821 Starcher Ave
Ft Pierce FL 34947

## ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

## ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

500 (FIVE HUNDRED)

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold officer the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

*President:* Earl Gaines
5821 Starcher Ave
Ft Pierce FL 34947

*Secretary-Treasurer* Beverly Gaines
5821 Starcher Ave
Ft Pierce FL 34947

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporators(s) to this articles of incorporation is(are):

Beverly Gaines
5821 Starcher Ave
Ft Pierce FL 34947

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES OR INCORPORATION THIS 5th DAY OF JANUARY 2005.

SIGNATURE(S) OF INCORPORATOR(S)

Beverly D. Gaines

Bukr-- 2

LITHO IN U.S.A

NUMBER 1

SHARES

INCORPORATED UNDER THE LAWS OF FLORIDA

# E & B Elite Services, Inc.

500 SHARES COMMON STOCK $1.00 PAR VALUE

This Certifies that EARL GAINES is the registered holder of 500 (FIVE HUNDRED) Shares

E & B ELITE SERVICES, INC.

FULLY PAID AND NON-ASSESSABLE

transferable only on the books of the Corporation by the holder hereof in person or by Attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed by its duly authorized officers and its Corporate Seal to be hereunto affixed this 12TH day of JANUARY A.D. 2005

Earl L. Gaines
PRESIDENT

Beverly D. Gaines
SECRETARY

Bukr-- 2

# State of Florida
## Department of State

I certify from the records of this office that E & B ELITE SERVICES, INC. is a corporation organized under the laws of the State of Florida, filed on January 6, 2005.

The document number of this corporation is P05000003361.

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 January 5, 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 Seventh day of January, 2011*

Jennifer Kennedy

*Secretary of State*

Authentication ID: 400189963284-010711-P05000003361

To authenticate this certificate, visit the following site, enter this ID, and then follow the instructions displayed.
https://efile.sunbiz.org/certauthver.html

8:26 AM
08/25/11
Cash Basis

# E & B ELITE SERVICES, INC.
## Balance Sheet
### As of August 25, 2011

| | Aug 25, 11 |
|---|---|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| Wachovia Bank | 23,930.67 |
| Total Checking/Savings | 23,930.67 |
| Accounts Receivable | |
| Accounts Receivable | -20.00 |
| Total Accounts Receivable | -20.00 |
| Other Current Assets | |
| Undeposited Funds | 1,008.17 |
| Total Other Current Assets | 1,008.17 |
| Total Current Assets | 24,918.84 |
| Fixed Assets | |
| Equipment | 91,904.84 |
| Office Furniture & Equipment | 7,579.92 |
| Accumulated Depreciation | -98,908.16 |
| Total Fixed Assets | 576.60 |
| TOTAL ASSETS | 25,495.44 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Other Current Liabilities | |
| Payroll Liabilities | |
| Accrued FICA | 705.00 |
| SUTA | 3.60 |
| FUTA | 8.00 |
| Total Payroll Liabilities | 716.60 |
| Total Other Current Liabilities | 716.60 |
| Total Current Liabilities | 716.60 |
| Total Liabilities | 716.60 |
| Equity | |
| Capital Stock | 100.00 |
| Retained Earnings | 6,785.67 |
| S/H Distributions | -17,000.00 |
| Net Income | 34,893.17 |
| Total Equity | 24,778.84 |
| TOTAL LIABILITIES & EQUITY | 25,495.44 |

8:31 AM
08/25/11
Cash Basis

# E & B ELITE SERVICES, INC.
## Profit & Loss
### January 1 through August 25, 2011

| | | Jan 1 - Aug 25, 11 |
|---|---|---|
| Ordinary Income/Expense | | |
| Income | | |
| Landscape Maintenance | | 1,328.84 |
| Dumspter/Container | | 5,648.89 |
| Repair Income | | 56,725.14 |
| Services | | 71,231.49 |
| Total Income | | 134,934.36 |
| Expense | | |
| Employee Leasing Expense | | 307.00 |
| Contract Labor | | 42,864.50 |
| Dues and Subscriptions | | 61.00 |
| Dump Fees | | 2,750.00 |
| Equipment Rental | | 1,071.37 |
| Field Supplies | | 319.28 |
| Fuel | | 4,562.37 |
| Insurance | | |
| Automobile | 687.72 | |
| Health Insurance | 2,801.00 | |
| Liability Insurance | 611.48 | |
| Trailer Insurance | 273.50 | |
| Total Insurance | | 4,373.70 |
| Licenses and Permits | | 2,551.12 |
| Maintenance | | |
| Truck | 431.99 | |
| Total Maintenance | | 431.99 |
| Materials & Supplies | | 31,557.26 |
| Office Expense | | 193.83 |
| Office Supplies | | 668.52 |
| Payroll Expenses | | |
| Officer Salary | 4,000.00 | |
| Payroll Tax Expense | 755.90 | |
| Total Payroll Expenses | | 4,755.90 |
| Postage and Delivery | | 97.80 |
| Printing and Reproduction | | 8.49 |
| Professional Fees | | |
| Exterminator | 95.00 | |
| Surveyors | 475.00 | |
| Accounting | 1,291.25 | |
| Total Professional Fees | | 1,861.25 |
| Repairs | | |
| Equipment Repairs | 591.61 | |
| Total Repairs | | 591.61 |
| Taxes | | |
| Federal Unemployment Tax | 8.00 | |
| SS & Medicare | 153.00 | |
| State | 3.60 | |
| Total Taxes | | 164.60 |
| Telephone | | |
| Cellular Phone | 902.66 | |
| Phone | 464.95 | |
| Total Telephone | | 1,367.61 |
| Tools | | 318.44 |
| Travel & Ent | | |
| Meals | 328.80 | |

# E & B ELITE SERVICES, INC.
## Profit & Loss
### January 1 through August 25, 2011

| | | Jan 1 - Aug 25, 11 |
|---|---|---|
| Travel | | |
| Lodging | 89.99 | |
| Total Travel | | 89.99 |
| Total Travel & Ent | | 418.79 |
| Uniforms | | 144.76 |
| Voided Checks | | 0.00 |
| Total Expense | | 101,441.19 |
| Net Ordinary Income | | 33,493.17 |
| Other Income/Expense | | |
| Other Income | | |
| Other Income | | 1,400.00 |
| Total Other Income | | 1,400.00 |
| Net Other Income | | 1,400.00 |
| Net Income | | 34,893.17 |

00219 E & B Elite Services, Inc.
20-2148648
FYE: 12/31/2010

# Federal Asset Report
## Form 1120S, Page 1

02/02/2011 2:28 PM

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 | Bonus | Basis for Depr | Per | Conv Meth | Prior | Current |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Section 179 Expense:** | | | | | | | | | | | |
| 26 | Kyocera Copier Fax Scan Printer | 11/16/10 | 1,092 | | X | X | N/A | 5 | HY 200DB | 0 | 1,092 |
| 27 | Chair | 7/18/10 | 190 | | X | X | N/A | 7 | HY 200DB | 0 | 190 |
| | | | 1,282 | | | | N/A | | | 0 | 1,282 |
| **5-year GDS Property:** | | | | | | | | | | | |
| 26 | Kyocera Copier Fax Scan Printer | 11/16/10 | N/A* | | X | X | 0 | 5 | HY 200DB | 0 | 0 |
| | | | 0 | | | | 0 | | | 0 | 0 |
| **7-year GDS Property:** | | | | | | | | | | | |
| 27 | Chair | 7/18/10 | N/A* | | X | X | 0 | 7 | HY 200DB | 0 | 0 |
| | | | 0 | | | | 0 | | | 0 | 0 |
| **Prior MACRS:** | | | | | | | | | | | |
| 1 | Dumpster | 12/03/05 | 3,035 | | X | | 0 | 7 | HY 200DB | 3,035 | 0 |
| 2 | Dumpster | 4/26/05 | 2,556 | | X | | 0 | 7 | HY 200DB | 2,556 | 0 |
| 3 | Dumpster | 1/25/05 | 4,800 | | X | | 0 | 7 | HY 200DB | 4,800 | 0 |
| 4 | Heavy Truck | 1/18/05 | 43,258 | | X | | 0 | 5 | HY 200DB | 43,258 | 0 |
| 5 | Trailer | 1/28/05 | 12,907 | | X | | 0 | 5 | HY 200DB | 12,907 | 0 |
| 6 | Copier | 2/19/05 | 400 | | X | | 0 | 7 | HY 200DB | 400 | 0 |
| 7 | Office Furnitures | 4/22/05 | 1,237 | | X | | 0 | 7 | HY 200DB | 1,237 | 0 |
| 8 | Bookshelf | 4/27/05 | 201 | | X | | 0 | 7 | HY 200DB | 201 | 0 |
| 9 | Files | 5/05/05 | 91 | | X | | 0 | 7 | HY 200DB | 91 | 0 |
| 10 | Generator | 6/12/05 | 1,000 | | X | | 0 | 7 | HY 200DB | 1,000 | 0 |
| 11 | Equip | 1/31/06 | 415 | | X | | 0 | 7 | HY 200DB | 415 | 0 |
| 12 | Equip | 4/08/06 | 521 | | X | | 0 | 7 | HY 200DB | 521 | 0 |
| 13 | Emerson Dump Trailer | 6/03/06 | 12,722 | | X | | 0 | 5 | HY 200DB | 12,722 | 0 |
| 14 | Equip | 8/02/06 | 722 | | X | | 0 | 7 | HY 200DB | 722 | 0 |
| 15 | Welder | 9/02/06 | 347 | | X | | 0 | 7 | HY 200DB | 347 | 0 |
| 16 | Equip | 10/02/06 | 289 | | X | | 0 | 7 | HY 200DB | 289 | 0 |
| 17 | Drill - heavy duty | 12/09/06 | 299 | | X | | 0 | 7 | HY 200DB | 299 | 0 |
| 18 | Water Pump | 2/26/06 | 231 | | X | | 0 | 7 | HY 200DB | 231 | 0 |
| 19 | Equip | 3/05/06 | 1,106 | | X | | 0 | 7 | HY 200DB | 1,106 | 0 |
| 20 | Trailer | 6/13/07 | 5,229 | | X | | 0 | 5 | HY 200DB | 5,229 | 0 |
| 21 | Tools | 4/23/07 | 1,039 | | X | | 0 | 7 | HY 200DB | 1,039 | 0 |
| 22 | Self Dumping Hopper | 8/08/07 | 995 | | X | | 0 | 7 | HY 200DB | 995 | 0 |
| 23 | Dumpster | 9/02/07 | 2,769 | | X | | 0 | 7 | HY 200DB | 2,769 | 0 |
| 24 | Dell | 9/16/09 | 987 | | X | X | 0 | 5 | HY 200DB | 987 | 0 |
| 25 | Credenza | 10/07/09 | 471 | | X | X | 0 | 7 | HY 200DB | 471 | 0 |
| | | | 97,627 | | | | 0 | | | 97,627 | 0 |
| | Grand Totals | | 98,909 | | | | 0 | | | 97,627 | 1,282 |
| | Less: Dispositions and Transfers | | 0 | | | | 0 | | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | | 0 | | | 0 | 0 |
| | Net Grand Totals | | 98,909 | | | | 0 | | | 97,627 | 1,282 |

*Because this asset has 179 expense, its cost has been included in the Section 179 Property cost total

AC# 4978277

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10052900217

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 05/29/2010 | 098167967 | CGC1517445 |

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

GAINES, EARL LAWRENCE
E & B ELITE SERVICES INC
5821 STARCHER AVENUE
FORT PIERCE FL 34947

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

*L.H. Construction, Inc.*

**Ft. Pierce Branch:** 110 S 2nd St., Ft. Pierce, FL 34950, Ph: (772) 429-5454 Fx: (772) 429-5262

**To whom it may concern**

This is to certify that E&B Elite Services provided the garbage disposal services for the Renaissance project in Ft. Pierce.
The disposal included handling the bins with the crane from the slab to the street level and from there to the disposal grounds.
Their services were always timely, safe and professional.

By LH Construction, Inc.

Eduardo Paris
Project Manager

EP/ep

List of Contracts for the past two years

2011

Lettie Walker

213 NE Floresta Drive

Port St. Lucie, FL 34983

(772) 359-0406

Dave Melnick

120 NE Estia Lane

Port St. Lucie, FL 34983

(772) 824-0282

2010

Tony & Alicia Solomon

915 SE 9th Street

Stuart, FL 34994

(772) 283-4069

Ronald Daniels

2005 SW Sunset Drive

Vero Beach, FL 32962

(772) 766-0237

Israel & Erika Ramirez

David Ramirez (Son)

409 Oleander Avenue

Port St. Lucie, FL 34952

(772) 359-7567 David/Son

**Donald McGarry**

1907 SW Beekman Street

Port St. Lucie, FL 34953

(772) 359-1040

**LC & Eliza Miller**

308 North 20th Street

Fort Pierce, FL 34950

(772) 464-9903

**Mary Hendricks**

8005 Lakeside Way

Fort Pierce, FL 34951

(772) 342-6317

**Christa Miller**

4900 NW Gimlet Avenue

Port St. Lucie, FL 34983

(772) 323-1011

**St. Lucie Habitat for Humanity**

702 South 6th Street

Fort Pierce, FL 34950

(772) 464-1117

**Melissa Thompson**

2601 Avenue R

Fort Pierce, FL 34947

(772) 462-7665

**Wayne & Karen Pittman**

530 NW 23rd Avenue

Okeechobee, FL 34945

(863) 763-2268

**Sylvia Betts**

2109 North 21st Street

Fort Pierce, FL

(772) 464-0806

**Charles & Sharon Smith**

2683 Mohawk Avenue

Fort Pierce, FL 34946

(772) 595-6486

**Department of Environmental Protection**

Florida Park Service

Attn: Steve Eibl

905 Shorewinds Drive

Fort Pierce, FL 34949

(772) 460-3646 fax

E & B Elite Services, Inc.
5821 Starcher Ave • Ft. Pierce, FL. 34947 • Tel: 772-577-0826 • Email: erlgaines@comcast.net

August 25, 2011

Re: Workforce Pool in Absence of Employees

To Whom It May Concern:

I have a small business with no employees. When I have jobs that require two or more people I have several people that I can call to help. There are times that I use other companies as sub-contractors, depending on the job and the skill level required.

Also, I have spoken with an employment agency that can give me additional staff as needed. The agency offers staff at three levels, laborers, semi-skilled and skilled. Per the agreement, the agency will be responsible for paying workers' compensation on all employees. For construction workers, the agency will provide a hard hat, gloves and work boots. Payroll will also be handled by the agency.

My contract is with the agency and not the individual.

If you have any questions or concerns, please feel free to contact me at (772) 577-0826.

Sincerely,

Earl L. Gaines BD

Earl L. Gaines, President/Owner
E & B Elite Services, Inc.

Form **W-9**
(Rev. January 2011)
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)
E & B Elite Services, Inc.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☑ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
5821 Starcher Avenue

Requester's name and address (optional)

City, state, and ZIP code
Fort Pierce, FL 34947

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.

**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
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
2 0 – 2 1 4 8 6 4 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 ▶ Beverly D. Gaines Date ▶ 8/31/11

## 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.

# DRUG-FREE WORKPLACE FORM

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

**E & B Elite Services, 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.

Earl L Gaines
Proposer's Signature

9/1/11
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: **E & B Elite Services, Inc.**

Authorized By: Earl L. Gaines (Sign) **Earl L. Gaines** (Print Name)

Title: **President/Owner** Date: 9/1/11

**(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 Saint Lucie }

Earl L. Gaines, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of E & B Elite Services, 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) Earl L Gaines

(Title) President/Owner

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

The foregoing instrument was acknowledged before me this 8/30/11
(Date)

by: Earl L Gaines who is personally known to me or who has produced

FDL as identification and who did (did not) take an oath.

NOTARY PUBLIC-STATE OF FLORIDA
Deborah McCollister
Commission #DD839833
Expires: JAN. 05, 2013
BONDED THRU ATLANTIC BONDING CO., INC.

Deborah McCollister
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: **E & B Elite Services Inc.**

Corporate Title: **E & B Elite Services, Inc.**

Address: **5821 Starcher Avenue**
**Fort Pierce, FL 34947**

By: **Earl L. Gaines** **President/Owner**
(Print name) (Print title)

Earl L. Gaines
(Authorized Signature)

Telephone: **( 772 ) 577-0826**

Fax: **(772 ) 465-2351**

State License # **CGC1517445** **(ATTACH COPY)**

County License # **N/A** **(ATTACH COPY)**

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

Type of License: **Certified General Contractor**

Unlimited **Yes** (yes/no)

If "NO", Limited to what trade? _____

# E-RFP #20110066
# 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 award 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: AAA Lath + Stucco Inc.

Authorized By: Robert Scarpati (Sign) ROBERT SCARPATI (Print Name)

Title: President Date: 8/26/11

(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.

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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: AL & Linda's Tile Inc.

Authorized By: Linda Franklin (Sign) Linda Franklin (Print Name)

Title: Vice president Date: Aug 30 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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Company Name: DESIGN KITCHENS

Authorized By: [signature] (Sign) HEATHER BUSH-MERSON (Print Name)

Title: SECRETARY Date: 3/30/11

**(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 3801, *et seq., apply* to this certification and disclosure, if any.

Company Name: Garage Door Sales, INC.

Authorized By: Karen Episcopo (Sign) Karen Episcopo (Print Name)

Title: Administration Date: 8-26-11

**(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 3801, *et seq., apply* to this certification and disclosure, if any.

Company Name: Steve Smith Air Conditioning, Inc

Authorized By: _____ Steve A Smith
(Sign) (Print Name)

Title: President Date: 8/26/11

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

# E-RFP #20110068
# CERTIFICATION REGARDING LOBBYING

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[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: Patricio Enterprises Inc.

Authorized By: [signature] (Sign) Raquel Patricio (Print Name)

Title: President Date: 9-1-11

(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 3801, *et seq., apply* to this certification and disclosure, if any.

Company Name: The GoHer Smith

Authorized By: [signature] Frank McLaud
(Sign) (Print Name)

Title: Manager Date: 8/29/11

**(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 3801, *et seq., apply* to this certification and disclosure, if any.

Company Name: S & W Electric Inc

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

Title: Owner / Pres Date: 8-30-11

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

# E-RFP #20110068
# CERTIFICATION REGARDING LOBBYING

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(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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(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: Wolf Air Conditioning

Authorized By: [signature] Logan Winn
(Sign) (Print Name)

Title: President Date: 8-26-11

**(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.

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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: FLORIDA COAST ELECTRIC INC.

Authorized By: [signature] JAMES MARTYKA
(Sign) (Print Name)

Title: PRESIDENT Date: 8/29/2011

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

# E-RFP #20110068
# CERTIFICATION REGARDING LOBBYING

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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: Advanced Masonry Specialists Inc

Authorized By: Jon Seefeld (Sign) Jon Seefeld (Print Name)

Title: President Date: 8-27-2011

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

# E-RFP #20110068
# CERTIFICATION REGARDING LOBBYING

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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: Intracoastal Enterprises Corp.

Authorized By: Kevin Fuscello (Sign) Kevin Fuscello (Print Name)

Title: Pres. Date: 8/25/11

**(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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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: PATRICK Exterminating

Authorized By: Colleen D. PATRICK
(Sign) (Print Name)

Title: Mgr. Date: 9-1-11

**(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: Earl L. Gaines / E & B Elite Services, 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 13th day of September, 2011.

Phoenix Building Company, LLC
Name of Organization / Proposer

Submitted by: Judith A. Robertson/ 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 6/15/2010
In what State Florida
Name of Officers:
President Judith A. Robertson
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:
Phoenix Building Company, LLC
5190 Harkley Runyan Rd. St. Cloud, FL 34771
Office: (407)709-0456 Fax: (407)420-7571
judy@robertsonhomes.us
Contact person: Judith Robertson

5. Firm's previous names (if any) What year(s) 10/19/1989 and 5/02/2000
TRG Builders, Inc. / Robertson Homes, Inc.

6. Area of expertise: General Contractor (Residential and Commercial)

7. How many years has your organization been in business? 22 years

8. Describe organization profile, including the size, range of activities, licenses, etc.
Phoenix Building Company, LLC is a general construction company that specializes in residential, commercial, and rehabilitation construction. (CGC1504695) Phoenix Building Company currently has 5 employees to perform the necessary activities.
(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|---|---|---|---|
| a. Partners | 1 | | |
| b. Managers | 2 | | |
| c. Supervisors Senior Staff | 1 | | |
| d. Other Professional Staff | 1 | | |
| g. Total number of full time personnel | 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 |
|---|---|---|---|---|
| Judith Robertson | President | 25 | 100 | Lead |
| Charles Robertson | Super. | 25 | 100 | Super. |
| Christian Robertson | Bus. Dev. | 7 | 100 | Super. |
| Steven Robertson | Super. | 12 | 50 | Super. |

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 |
|---|---|---|
| (11 homes | Osceola County BCC | NSP Developer(Judith, Charles, Christian) |
| $4.7 mill. | The New Amer. Home 08 | Owner,Contractor(Judith, Charles, Christian, Steve |
| $ 55,000 | 1st Baptist Church Renovation- Gen. Contractor | (Judith,Charles,Steven) |
| $607,000 | Harmony Lot31 residential Model home/Contractor | (Judith, Charles,Steven) |
| $ 30,000 | Digiacomo Home Renovation- Contractor | (Judith,Charles,Steven) |

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:
Phoenix Building Company, LLC will perform all necessary construction related activities in a timely and efficient manner and in accordance with all state and federal laws.

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

| Name | Current and Projected Workloads |
|---|---|
| Judith Robertson | Osceola County NSP(Selling 1 existing unit) |
| Charles Robertson | Construction of home in Harmony, FL |
| Christian Robertson | No current workload |
| Steven Robertson | No current workload |
| Sherie Wooldridge | Current Office Manager |

15. State your firm's ability to meet budget and schedule:
Our company has a proven track record of completing projects within or below estimated budget and always delivers our projects on time or ahead of proposed schedule. This ability was shown with the successful completion of The New American Home 2008 for the 2008 International Builder's Show in Orlando, FL.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
We continually utilize all cost effective measures in order to provide our clients with the highest level of service. Because our estimating and project drawings are completed within our company, we are able to have better control over cost related issues that may arise throughout the construction process.

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 |
|---|---|---|
| Mike's Tile, Inc. | 422 Missouri Ave St. Cloud, FL | (Flooring) |
| Action Air and Electric | 1321 Vermont Ave St. Cloud, FL | (Electrician) |
| CT Lilly Plumbing,Inc. | 7 E 17th St. St. Cloud, FL | (Plumbing) |
| Mike Egitto Stucco, Inc. | 1323 Connecticut Ave. St. Cloud,FL | (Stucco) |
| Will use any and all local subcontractors upon request by city | | |

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:
Principal was forced into personal bankruptcy based upon the inability to refinance a commercial strip center in which the loan was sold to a third party (non-bank). Because of the state of the economy in 2008, the principal was unable to refinance the loan within the 1 yr allowed and was foreclosed on. No construction related issues or damages.
(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 ( X ) No ( )

If yes, please explain:
Principal was forced into personal bankruptcy because of the reason detailed in Question #18. This action was necessary because the principal personally guaranteed the loan. Phoenix Building Company, LLC nor Robertson Homes, INc. were party to this action.

20. List any lawsuits / litigations pending or completed involving the corporation, partnership or individuals with more than ten percent (10 %) interest:
The lawsuit relating to the commercial strip center is completed.

21. List any judgments from lawsuits in the last five (5) years:
There were no judgments related to Phoenix Building Company, LL C. The judgement related to the commercial strip center was resolved through the personal bankruptcy of the principal.

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 Vicinty 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.

# Accomplishments

Phoenix Building Company, LLC is a family owned and operated custom home and commercial building company, located in St. Cloud, FL. Our company has built custom homes and commercial projects throughout Central Florida since 1986. Company principal, Judith Robertson, along with her husband, sons and associates, take great pride in providing a top quality product at a fair price, earning them a reputation for constructing homes and commercial buildings that are built for long-lasting beauty, comfort and value. Their philosophy regarding custom homes is "We build our homes as though we were going to live in them".

Phoenix Building Company, LLC has designed and built a wide array of housing types and commercial buildings. Their residential division offers a diverse portfolio of homes that embraces every style from traditional to contemporary, and includes homes ranging from entry level to the grand luxurious. With the selection of Phoenix Building Company, LLC as an ENERGY STAR custom homebuilder in the Town of Harmony, FL, the traditional neighborhood design style has been added to their home selections. In their commercial division, Phoenix Building Company, LLC has designed and constructed a wide variety of retail, office and industrial projects.

Phoenix Building Company, LLC (under the previous name Robertson Homes, Inc.) has received many awards over the last several years for not only their workmanship in the construction industry, but also for their community involvement. Some of those awards are:

-1st Place in the Parade of Homes – 2006

-Builder of the Year for Central Florida - 2005

-Proclamation by the Board of County Commissioners of Osceola County proclaiming February 21, 2006 to be known as CHARLES "CHARLIE" ROBERTSON DAY

-HBA Presidential Citation for Outstanding service and leadership - 2005

-1st Place in the Parade of Homes – 2004

-St. Cloud Chamber of Commerce Community Image Award - 2004

-HBA Community Builders Award – 2003

-Aurora Award as the best solar energy home in the S.E. United States – 2003

As Robertson Homes, Inc., our company was named by the National Association of Home Builders as the builder of THE NEW AMERICAN HOME for 2008. This multi-million dollar showcase home was on display during the International Builders Show in February 2008 and viewed by approximately 10,000 builders, architects, etc. over a four day period. The home was then opened to the public for two weeks with entry fees being donated to a charity. This was the first home built on the north shore of Lake Nona within the gated community of Waters Edge at Lake Nona, and required a review process for Robertson Homes to become one of Lake Nona's preferred builders.

Charlie Robertson's involvement in the construction community has continually grown over the last nine years. He is a past president of the Home Builders Association of Metro Orlando; sits on the Boards of Directors for the Home Builders Association of Metro Orlando, the Florida Home Builders Association (FHBA) and the National Association of Home Builders (NAHB); and is currently the Area Vice President for the FHBA, representing Flagler, Volusia, Seminole, Orange, Lake, and Osceola counties. In this position he also sits on the Executive Committee for the FHBA.

Judith has spent many years volunteering in the community and served eight years on the Osceola County School Board. During her tenure on the school board, she served two consecutive years as Chairman.

Sons, Steven & Clinton are also licensed builders in the state of Florida. Clint recently served as Chairman of the Osceola Chapter of the Home Builders Association of Metro Orlando. Third son, Christian, currently serves as Vice-Chairman on the Housing Board for the Osceola Council on Aging.

Although many of the achievement awards are directly associated with the home building industry and community involvement, Phoenix Building Company, LLC has also built a solid reputation as a commercial builder in Osceola County. In 2004, our company was the owner/developer/general contractor of a 23,000 retail shopping complex. This complex was home to many types of businesses that included the offices of Robertson Homes, a USPS Post Office Contract Unit, wine bar, restaurant, real estate office, martial arts facility, and many other businesses. The principal of Phoenix Building Company, LLC continues to own and operate the USPS Post Office Contract Unit.

In 2010, Judith Robertson was hired as a developer for the Osceola County Neighborhood Stabilization Program and has successfully purchased, rehabilitated, and sold 6 homes to NSP qualified clients. Christian Robertson was also hired as a developer for the Osceola County Neighborhood Stabilization Program and has successfully purchased, rehabilitated, and sold 5 homes to NSP qualified clients. Prior to this, Christian was employed with a real estate company who was hired by the City of Deltona to purchase 35 homes on behalf of the City of Deltona Neighborhood Stabilization Program. Because of the successful completion of this project, this company was then hired by the City of Deltona to sell the homes after they were rehabilitated.

# Jobsite Employee List

Judith A. Robertson, President-Phoenix Building Company, LLC

Charles Robertson, Superintendant- Phoenix Building Company, LLC

Christian Robertson, Superintendant- Phoenix Building Company, LLC

Steven Robertson, Superintendant- Phoenix Building Company, LLC

Sherie Wooldridge, Office Manager- Phoenix Building Company, LLC

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.

Phoenix Building Company believes in the "Buy Local Policy" that is in effect in many communities and makes a promise to utilize as many qualified sub-contractors as possible. This will be done by our company performing thorough background and business qualification checks of numerous local sub-contractors.

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

| Addendum Number | Date Issued |
|---|---|
| None | None |
| | |
| | |
| | |

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

**CERTIFICATION:**

This RFP is submitted by: Name (print) Judith A. Robertson 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:**

Judith A. Robertson — 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:**

Leonteen Gillis

**If Partnership:**

Print Name of Firm

By: _____

(General Partner)

**If Individual:**

Signature

Print Name

**If Corporation:**

Phoenix Building Company, LLC

Print Name of Corporation

By: (President)

Attest: (Secretary)

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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: Phoenix Building Company, LLC

Reference: Osceola County Board of County Commissioners Fax #: 407.742.2391
Email: bkni@osceola.org Telephone #: (407)742-2275
Person to contact: Beth Knight

**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 10:36
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 10:36 |
| FAX NO./NAME | 914077422391 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: Phoenix Building Company, LLC

Reference: HBA of Metro Orlando The New American Home 2008 Fax #: (407)539-2013
Email: Beth@HBAofMetroOrlando.com Telephone #: (407)691-2183
Person to contact: Beth McGee, Executive V.P.

**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 10:39
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 10:38 |
| FAX NO./NAME | 914075392013 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: Phoenix Building Company, LLC

Reference: Home Renovation-Digiacomo Fax #: 407.943.7909
Email: digiacoj@osceola.k12.fl.us Telephone #: (407)908-0362
Person to contact: Jim Digiacomo

**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 11:40
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 11:40 |
| FAX NO./NAME | 914079437909 |
| DURATION | 00:00:26 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD |

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: Phoenix Building Company, LLC

Reference: Harmony Development Company Fax #: 407.891.1620
Email: stome@harmonyfl.com Telephone #: (407)891-8358
Person to contact: Shad Tome, President

**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 11:47
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 11:47 |
| FAX NO./NAME | 914078911620 |
| DURATION | 00:00:25 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: Phoenix Building Company, LLC

Reference: First Baptist Church Renovation Fax #: 407-892-7519
Email: Telephone #: (407)892-7125
Person to contact: Pastor Steve Rymer

**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 multiple jobs for our Church. The latest was constructing our Children's facility.

What was the total project amount? $100,000.00
Was the project completed on time and within budget? Yes both - on time and under budget
What was the project completion date? April 2010
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 | 10 | Final Product | 10 |
| Qualifications | 10 | Cooperation | 10 |
| Budget Control | 10 | Reliability | 10 |

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

Thank you.

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

DATE (MM/DD/YYYY) 08/11/2011

# ACORD CERTIFICATE OF LIABILITY INSURANCE

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 Phone: (386) 734-9642 Fax: (386) 734-6701
PAGE INSURANCE AGENCY
PO BOX 1209
500 E NEW YORK AVE
DELAND FL 32721-1209
Agency Lic#: R010619

CONTACT NAME: Marsha Royle
PHONE (A/C, No, Ext): (386) 734-9642 FAX (A/C, No): (386) 734-6701
E-MAIL ADDRESS: mroyle@pageinsuranceagency.com
PRODUCER CUSTOMER ID: 9724

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: ASSOCIATION INSURANCE COMPANY | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

INSURED
ROBERTSON HOMES, LLC & PHOENIX BLDG CO LLC &
C/O MAGNOLIA SQUARE CPU LLC
PO BOX 700031
SAINT CLOUD FL 34770

CERTIFICATE NUMBER: 57531 REVISION NUMBER:

COVERAGES

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 | ADD'L INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | CLAIMS-MADE / OCCUR | | | | | | MED. EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | POLICY / PRO-JECT / LOC | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | SCHEDULED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | HIRED AUTOS | | | | | | | $ |
| | NON-OWNED AUTOS | | | | | | | $ |
| | UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DEDUCTIBLE | | | | | | | $ |
| | RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WCV002570006 | 08/10/11 | 08/10/12 | X WC STATU-TORY LIMITS / OTH-ER | $ |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) 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

Attention:

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

Michelle S. Delaney
Michelle S. Delaney

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The ACORD name and logo are registered marks of ACORD

**Auto-Owners** INSURANCE COMPANY
6101 ANACAPRI BLVD., LANSING, MI 48917-3999



55040 (11/87)
Issued 02-14-2011

TAILORED PROTECTION POLICY DECLARATIONS

Renewal Effective 04-01-2011

AGENCY FORD INSURANCE AGENCY
12-0003-00 MKT TERR 051 (407) 847-5892 POLICY NUMBER 862382-72255600-11

INSURED CHARLES B ROBERTSON
SEE FORM 59270

ADDRESS PO BOX 700031

SAINT CLOUD, FL 34770-0031

Company Bill

POLICY TERM
12:01 a.m. 04-01-2011 to 12:01 a.m. 04-01-2012

In consideration of payment of the premium shown below, this policy is renewed. Please attach this Declarations and attachments to your policy. If you have any questions, please consult with your agent.

## COMMERCIAL GENERAL LIABILITY COVERAGE

**LIMITS OF INSURANCE**

| | | |
|---|---|---|
| General Aggregate (Other Than Products-Completed Operations) | $2,000,000 | |
| Personal Injury And Advertising Injury | 1,000,000 | |
| Each Occurrence | 1,000,000 | |
| Damage to Premises Rented to You (Fire Damage) | 50,000 | Any One Premises |
| Medical Payments | 5,000 | Any One Person |

Twice the "General Aggregate Limit", shown above, is provided at no additional charge for each 12 month period in accordance with form 55300.

**AUDIT TYPE:** Annual Audit

**FORMS THAT APPLY TO THIS COVERAGE:** 59350 (01-08) 55068 (08-89) IL0021 (11-85) IL0017 (11-85) 55157 (07-96) CG2104 (11-85) 55188 (09-04) 55238 (06-04) 55300 (07-05) 55371 (01-07) 55376 (02-07) CG2149 (09-99) 55296 (09-09)

**LOCATION OF PREMISES YOU OWN, RENT OR OCCUPY**

LOC 001 BLDG 001 5190 Harkley Runyan Rd
St Cloud, FL 34771

**TERRITORY:** 006 **COUNTY:** Osceola

| Classification | Subline | Premium Basis | Rates | Premium |
|---|---|---|---|---|
| CODE 47050<br>Real Estate Agents Including Products And/Or Completed Operations | Prem/Op | Payroll If Any | Each 1000 7.341 | |
| CODE 91340<br>Carpentry - Construction Of Residential Property Not Exceeding Three Stories In Height | Prem/Op | Payroll 15,900 | Each 1000 24.148 | |
| CODE 91580<br>Contractors - Executive Supervisors Or Executive Superintendents Including Products And/Or Completed Operations | Prem/Op | Payroll If Any | Each 1000 136.006 | |

Agency Code 12-0003-00

Policy Number 862382-72255600



## NAMED INSURED SCHEDULE

59270 (2-97)

CHARLES B ROBERTSON
&/OR ROBERTSON HOMES INC
SCOTTYBUG PROPERTIES LLC AND
PHOENIX BUILDING COMPANY LLC

# Organizational Chart

Phoenix Building Company, LLC-Certified General Contractor

Judith A. Robertson, President-Phoenix Building Company, LLC

Charles Robertson, Superintendant- Phoenix Building Company, LLC

Christian Robertson, Superintendant- Phoenix Building Company, LLC

Steven Robertson, Superintendant- Phoenix Building Company, LLC

Sherie Wooldridge, Office Manager- Phoenix Building Company, LLC

Sub-contractors

Mike's Tile, Inc.- Flooring

Action Air and Electric, Inc.- HVAC and Electric

CT Lilly Plumbing, Inc.- Plumbing

Mike Egitto Stucco, Inc.- Stucco

Focus Renovation Services, LLC- Painting

*Other local sub-contractors that will be used while performing work for the City of Port St. Lucie.

**STATE OF FLORIDA**

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

ROBERTSON, CHARLES BRADLEY
PHOENIX BUILDING COMPANY, LLC
P.O. BOX 700031
ST CLOUD FL 34770-0031

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 AC# 5194417
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CGC1504695 09/14/2010 1900118957
CERTIFIED GENERAL CONTRACTOR
ROBERTSON, CHARLES BRADLEY
PHOENIX BUILDING COMPANY, LLC
IS CERTIFIED UNDER THE PROVISIONS OF CH 489 FS
EXPIRATION DATE AUG 31, 2012 L1009140318

DETACH HERE

AC# 5194417 STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L1009140318

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 09/14/2010 | 1900118957 | CGC1504695 |

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

ROBERTSON, CHARLES BRADLEY
PHOENIX BUILDING COMPANY, LLC
P.O. BOX 700031
ST CLOUD FL 34770-0031

CHARLIE CRIST
GOVERNOR

CHARLIE LUM
SECRETARY

DISPLAY AS REQUIRED BY LAW

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

DOCUMENT# L10000063763

**Entity Name:** PHOENIX BUILDING COMPANY, LLC

**Current Principal Place of Business:**

5190 HARKLEY RUNYAN RD.
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 700031
ST. CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 27-2855432 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBERTSON, JUDITH A
5190 HARKLEY RUNYAN RD.
ST. CLOUD, FL 34771 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: ROBERTSON, JUDITH A
Address: P.O. BOX 700031
City-St-Zip: ST. CLOUD, FL 34770

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: JUDITH A. ROBERTSON MGRM 04/05/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

2012
EXPIRES SEPTEMBER 30, 2012

# PATSY HEFFNER, TAX COLLECTOR
OSCEOLA COUNTY, STATE OF FLORIDA
LOCAL BUSINESS TAX RECEIPT

ACCOUNT NO.
120827

BUSINESS TYPE 6180 GENERAL CONTR (DBPR/CMPCRD)

BUSINESS
Phoenix Building Company, LLC
5190 Harkley Runyan Rd.
St. Cloud, FL 34771

OSCEOLA COUNTY

MAILING ADDRESS Phoenix Building Company, LLC
P.O. Box 700031
St. Cloud, FL 34770

CGC1504695

PATSY HEFFNER
Tax Collector
126861
0700498
07/27/2011
Oper AH
Till 07
Paid 30.00

| | |
|---|---|
| RENEWAL | |
| NEW LICENSE | |
| TRANSFER | 0.00 |
| ORIGINAL TAX | 30.00 |
| AMOUNT NONEXEMPT | 0.00 |
| PENALTY | 0.00 |
| COLLECTION COST | 0.00 |
| TOTAL | 30.00 |

Patsy Heffner

PATSY HEFFNER, TAX COLLECTOR
P.O. BOX 422105, KISSIMMEE FL 34742-2105
407-742-4000

THIS RECEIPT IS IN ADDITION AND NOT IN LIEU OF ANY OTHER LICENSE REQUIRED BY LAW OR MUNICIPAL ORDINANCE AND IS SUBJECT TO REGULATIONS OF ZONING, HEALTH, AND ANY OTHER LAWFUL AUTHORITY.

**THIS LOCAL BUSINESS TAX RECEIPT IS FURNISHED PURSUANT TO CHAPTER 205 LAWS OF FLORIDA AND OSCEOLA COUNTY ORDINANCE 95-10, AS AMENDED**

The law requires this Local Business Tax Receipt to be displayed conspicuously at the place of business in such manner that it can be open to the view of the public and subject to inspection by all duly authorized officers of the County.

Pursuant to State Law, all Local Business Tax Receipts 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 Receipt for the delinquent establishment. A 25% penalty shall be imposed on any person engaged in any new business, occupation or profession without first obtaining an Osceola County Local Business Tax Receipt. PLUS: if delinquent more than 150 days, subject to civil actions and penalties, and a penalty of up to $250.

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, nor does it exempt the licensee from any other license or permits that may be required by law.

This form becomes a receipt when validated by the Tax Collector. Note: Display in accordance with the county ordinance.

Local Business Tax Receipts are subject to change according to law.

Phoenix Building Company, LLC
P.O. Box 700031
St. Cloud, FL 34770

**NONCOLLUSION AFFIDAVIT OF PRIME BIDDER**
E-RFP #20110068

State of Florida }

County of Orange }

Judith A. Robertson, being first duly sworn, disposes and says that:
(Name/s)

1. They are Managing Member of Phoenix Bldg. Co. 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) Judith A. Robertson

(Title) Managing Member

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

The foregoing instrument was acknowledged before me this Sept. 15, 2011
(Date)

by: Judith Robertson who is personally known to me or who has produced

FLDL as identification and who did (did not) take an oath.

LEONTEEN GILLIS
Notary Public - State of Florida
My Comm. Expires Aug 14, 2012
Commission # DD 814804
Bonded Through National Notary Assn.

Leonteen Gillis
Notary (print & sign name)

Commission No. DD 814804

# 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: Phoenix Building Company LLC

Authorized By: Judith A. Robertson (Sign) Judith A. Robertson (Print Name)

Title: Managing Member Date: 9/15/11

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

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)
Judith A. Robertson

Business name, if different from above
Phoenix Building Company, LLC

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

Address (number, street, and apt. or suite no.)
5190 Harkley Runyan Rd.

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
St. Cloud, FL 34771

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
2 7 2 8 5 5 4 3 2

## 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 ▶ Judith A. Robertson Date ▶ 9/15/11

## 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,

**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: Phoenix Building Company, LLC

Corporate Title: President

Address: 5190 Harkley Runyan Rd.

St. Cloud, FL 34771
(Zip Code)

By: Judith A. Robertson (Print name) President (Print title)

Judith A. Robertson
(Authorized Signature)

Telephone: (407) 709-0456

Fax: (407) 420-7571

State License # CGC1504695 **(ATTACH COPY)**

County License # Osceola County Acct#120827 **(ATTACH COPY)**

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

Type of License: 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 Phoenix Building Co 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.

Martha A. Robertson
Proposer's Signature

9/15/11
Date

# CHECKLIST
# E-RFP #20110068

## Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Phoenix Building Company, LLC

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.

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

# BlackStreet Enterprises, LLC

*'Building Satisfaction Through Performance'*

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BSE BLACKSTREET ENTERPRISES, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

# Section 1 - Checklist

BSE BLACKSTREET ENTERPRISES, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

# CHECKLIST
# E-RFP #20110068

## Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: BlackStreet Enterprises, 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.

X Each Addendum (when issued) is acknowledged on the E-RFP Questionnaire.

X Required W-9 as per Section 1.16.1 uploaded to Demandstar.

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X Copy of all required licenses and certifications to do work in the City of Port St. Lucie uploaded to Demandstar.

X Reviewed the Contract and accept all City Terms and Conditions.

X Contractor's Questionnaire uploaded to Demandstar (pages 14 - 22).

X 5 completed Reference Check Forms uploaded to Demandstar (page 23).

X List of all sub-contractors (list on the Questionnaire).

X Copy of the Checklist uploaded to Demandstar.

NA Section 3 Business Certification uploaded to Demandstar.

NA Vicinity Hiring Certification uploaded to Demandstar.

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

# Section 2 – Proposer's Questionnaire

BlackStreet Enterprises, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

## 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 23rd day of August, 2011.

**BlackStreet Enterprises, LLC**
Name of Organization / Proposer

Submitted by: Lionel J. Dunbar, President
Name and Title

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

1. Type of Organization: Corporation, Partnership, Joint Venture, Individual or other? Sub-Chapter "S"

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

   Name of Officers:
   President _____
   Vice President _____
   Secretary _____
   Treasurer _____

3. If a Partnership, answer the following: Not Applicable
   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:
   Firm's Name: BlackStreet Enterprises, LLC.
   Address: 535 Northwest Mercantile Place # 107
   Port St. Lucie, Florida 34986
   Office: (772) 344-8201
   Fax: (772) 344-8203
   E-Mail Address: Lionel.dunbar@BlackStreetenterprises.com
   Contact Person: Lionel Dunbar

5. Firm's previous names (if any) What year(s) Not Applicable

6. Area of expertise: General Contracting/ Property Maintenance

7. How many years has your organization been in business? 4

8. Describe organization profile, including the size, range of activities, licenses, etc.
We specialize in renovation and restoration of residential and commercial properties damaged due to fire and/or water, new home construction and small commercial projects. We offer several services to include but not limited to procurement consulting, construction management and budget forecasting. We have the capabilities of handling multiple units as required by your needs. Within our company we hold licensure in the state of Florida as certified general contractors, real estate broker and recognition of registered GREEN certifying agent and professional as well we are a certified minority business in the state. The company's affiliations include National Association of Home Builders, Florida Home Builders Association, Gold Coast Builders Association, Construction Association of South Florida and National Association of Minority Contractors.
(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|---|---|---|---|
| a. Partners | 0 | 0 | 0 |
| b. Managers | 2 | 6 | 0 |
| c. Supervisors Senior Staff | 1 | 6 | 2 |
| d. Other Professional Staff | 3 | 6 | 2 |
| g. Total number of full time personnel | 6 | 18 | 6 |

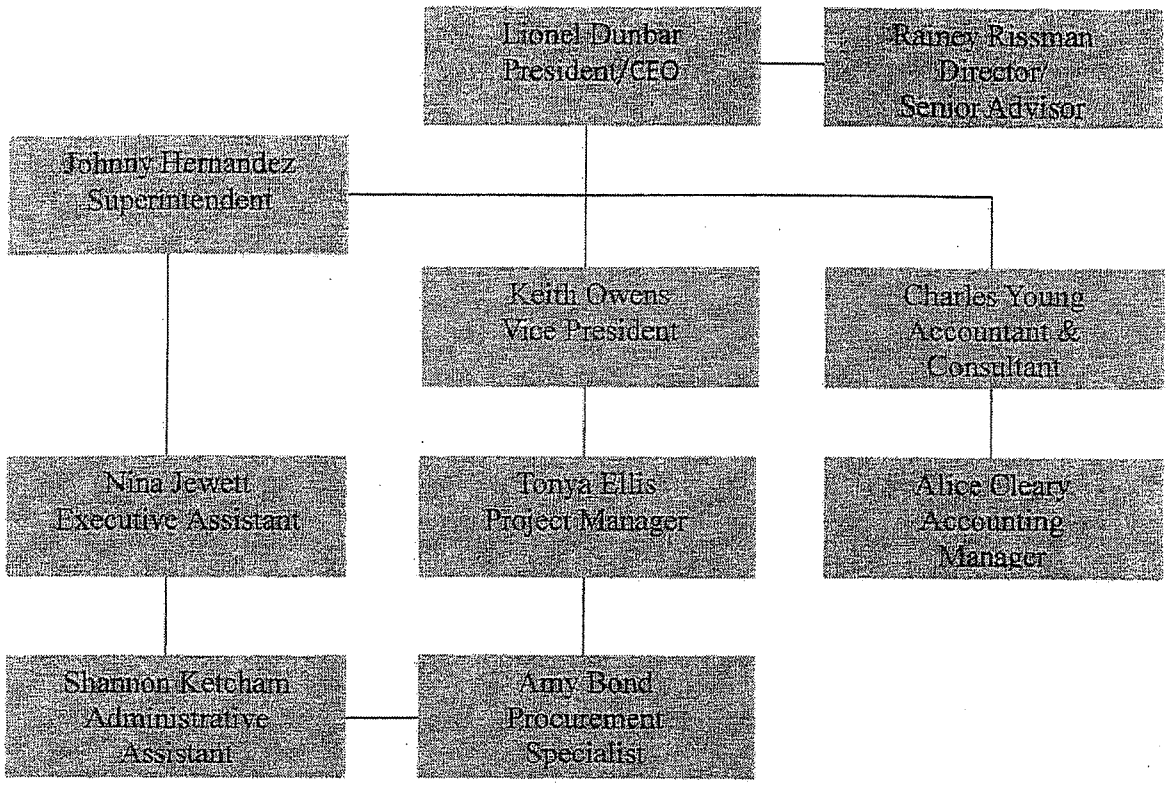
10. What is the residential construction experience of the principals and supervisory personnel of your organization?

| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|---|---|---|---|---|
| Lionel J. Dunbar | President | 20 | 50% | Organizer – Employees & City Personnel |
| Rainey Rissman | Director/ Senior Advisor | 40 | 50% | Director/ Senior Advisor - Employees, Trades & City Personnel |
| Keith Owens | Vice President | 18 | 50% | Manager – Employees, Trades & City Personnel |
| Johnny Hernandez | Superintendent | 10 | 50% | Manager - Employees, Trades & City Personnel |
| Alice Cleary | Accounting | 30 | 50% | Accounts Payable |

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 |
|---|---|
| Lionel J. Dunbar | Single family home rehabilitation on privately acquired properties funded via grants from different agencies/municipalities. Scope of work included but not limited to: Foundation and structural components, roofing, window replacement, drywall, painting, electric, plumbing, HVAC, finish carpentry, flooring and cabinetry. |
| Keith Owens | Single family and multi-family home rehabilitation of privately acquired properties funded via grants from City of Orlando, Lake County private financing. Scope of work included but not limited to: Foundation and structural components, roofing, window replacement, drywall, painting, electric, plumbing, HVAC, finish carpentry, flooring and cabinetry. |
| Rainey Rissman | Single family home rehabilitation on privately acquired properties funded via grants from different agencies/municipalities. Scope of work included but not limited to: Foundation and structural components, roofing, window replacement, drywall, painting, electric, plumbing, HVAC, finish carpentry, flooring and cabinetry. Maintenance and repair of REO properties for Rissman Group. |
| Johnny Hernandez | Maintenance and repair of REO properties for Angler Realty. Scope of work included but not limited to: securing & repairing windows and doors, kitchen and bathroom repairs, drainage systems, plumbing, pavement, swales, sod, correction of pending code violations. |

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:
Our guiding principles are to bring our projects in on time and under budget while delivering the highest level of quality. For every project a CPM is prepared using MS Project and incorporated into each subcontractor's agreement showing specific descriptions of work to be preformed and time limits to complete each task described.

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

| Name | Current and Projected Workloads |
|---|---|
| Lionel J. Dunbar | **Current Workload:** Custom Home Addition/Renovation: Estimated completion date 12/11; Weatherization Project (multiple units): Estimated completion date 4/12; Rehabilitation Project CDBG/SHIP Martin County: Estimated Completion date 12/12; Rehabilitation Project CDBG/SHIP Indiantown Nonprofit: Estimated completion date 6/12.<br>**Projected Workload:** Condo Renovation (multiple units): Projected start date 07/12; 264 Townhome units located in Orlando, FL: Projected start date 7/13 |
| Johnny Hernandez | **Current Workload:** Weatherization Project (multiple units): Estimated completion date 4/12; Rehabilitation Project CDBG/SHIP Martin County: Estimated Completion date 12/12; Rehabilitation Project CDBG/SHIP Indiantown Nonprofit: Estimated completion date 6/12.<br>**Projected Workload:** Commercial build-out located in Vero Beach, FL: Projected start date TBD |
| Rainey Rissman | **Current Workload:** Addition/Renovation of single family custom home located in Lantana, Florida: Estimated completion date 07/12.<br>**Projected Workload:** Renovation of two townhouses located in Miami and Coral Springs, Florida. Projected start date TBD; Kitchen remodel in West Palm Beach. |
| Keith Owens | **Current Workload:** Home Renovation in Stuart, Florida; Indiantown Non-Profit Housing, Inc.: Estimated completion date On-Going; State Attorney Bldg Demolition in Sanford, Florida: Estimated completion date 2/12<br>**Projected Workload:** Condo Renovation (multiple units): Projected start date 07/12; 264 Townhome units located in Orlando, FL: Projected start date 7/13 |

15. State your firm's ability to meet budget and schedule:
For each project awarded a detailed cost profile will be generated and monitored through the completion of said contract. During the bidding and contracting process detailed scopes of work are drafted to identify what each trade is responsible for.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
The practices that have worked for our company and for companies we have worked for as it relates to favorable cost containment are as follows:
1. Entering into a contracted agreement with either a supplier or subcontractor clearly identifying the required scope of work
2. Using subcontractors with an extensive track record in their field of expertise

3. Creating new relationships with suppliers and subcontractors
4. Taking advantage of supplier discounts if they are paid in a timely fashion
5. Mandating all employees to follow the company's policies and procedures manual.

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 |
|---|---|---|
| Florida Builders | P.O. Box 212949<br>Royal Palm Beach, FL 33411 | 21 years in business; Extensive knowledge of the construction industry; Licensed and Insured as well as bonded |
| Bellwether Electric | 617 Biltmore Street<br>Port St. Lucie, FL 34983 | 9 years in business; Extensive knowledge of the construction and electrical profession; Licensed and Insured as well as bonded |
| Buckeye Plumbing | 310 Business Parkway<br>West Palm Beach, FL 33413 | 30 years in business; Extensive knowledge of the construction and plumbing industries; Licensed and Insured as well as bonded |
| A/C Mann | 1050 SW Biltmore Street<br>Port St. Lucie, Florida 34983 | 8 years in business; Extensive knowledge of the construction industry; Licensed and Insured as well as bonded |
| Treasure Coast Roofing | 1814 SW Biltmore Street<br>Port St. Lucie, FL 34984 | 12 years in business; Extensive knowledge of the construction and roofing industry; Licensed and Insured as well as bonded |
| Certified Builders | 747 S.W. S. Macedo Blvd.<br>Port St Lucie, FL 34983 | 47 years in business; Extensive knowledge of the construction industry; Licensed and Insured as well as bonded |

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:
Not Applicable

21. List any judgments from lawsuits in the last five (5) years:
Not Applicable

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
Not Applicable

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)
As a minority company, we have had the unique opportunity to work closely with both city and county municipalities directly relating to federally granted NSP, CDBG and SHIP programs. We are a company whose values begin with honesty, integrity and compassion towards our staff, clients, sub-contractors, suppliers, professional associates, municipality officials and the community. We promote a disciplined yet fair business environment and adhere to construction industry standards and practices.

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.

| Name and Title | General Job Description |
|---|---|
| Lionel Dunbar<br>President | Scheduling, Construction Procedures |
| Rainey Rissman<br>Director/ Senior Advisor | Scheduling, Construction Procedures |
| Johnny Hernandez<br>Superintendant | Scheduling, Oversee Work Crews, Monitor Project Quality & Cost Control |
| Amy Bond<br>Procurement Specialist | Contract Management |
| Alice Cleary<br>Accounting Manager | Book Keeping |
| Nina Jewett<br>Executive Assistant | Permitting, Sub Contractor Management, Cost Containment |
| Shannon Ketcham<br>Administrative Assistant | Sub Contractor Management, Relationship Development, Reglulatory Compliance |

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.
See Attached

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

| Addendum Number | Date Issued |
|---|---|
| Not Applicable | |
| | |
| | |
| | |

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

**CERTIFICATION:**
This RFP is submitted by: Name (print) Lionel J. Dunbar 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)

**If Corporation:**

_____
Print Name of Corporation

By: _____
(President)

Attest: _____
(Secretary)

**If Individual:**

_____
Signature

_____
Print Name

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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: BlackStreet Enterprises, LLC

Corporate Title: Not Applicable

Address: 535 Northwest Mercantile Place # 107
Port St. Lucie, Florida 34986

By: Lionel J. Dunbar (Print name) President (Print title)

(Authorized Signature)

Telephone: (772) 344-8201

Fax: (772) 344-8203

State License # CGC1509119 **(ATTACH COPY)**

County License # L07000078542 **(ATTACH COPY)**

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

Type of License: Occupational License

Unlimited Yes

If "NO", Limited to what trade? _____

Competency Card (See Attached)

## NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of Florida}

County of St. Lucie}

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

1. They are President of BlackStreet Enterprises, 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) _____

(Title) PRESIDENT

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

The foregoing instrument was acknowledged before me this 13th of September, 2011
(Date)

by: Lionel Dunbar who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

NINA JEWETT
MY COMMISSION # DD995983
EXPIRES June 01, 2014
(407) 398-0153 FloridaNotaryService.com

_____
Notary (print & sign name)

Commission No. DD 995983

# 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: BlackStreet Enterprises, LLC

Authorized By: _____ LIONEL J. DUNBAR
(Sign) (Print Name)

Title: PRESIDENT Date: 9/15/11

**(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 BlackStreet Enterprises, 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

9/15/11
**Date**

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: | Lionel J. Dunbar | | |
| Reference: | Indiantown Nonprofit Housing Inc. | Fax #: | (772) 597-4635 |
| Email: | jblack@inphi.org | Telephone #: | (772) 597-3667 ext.12 |
| Person to contact: | Joann 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.
Remodels under NSP Program, 2 jobs complete, 2 in progress

What was the total project amount? 119,528.17
Was the project completed on time and within budget? Yes. owner approved extensions
What was the project completion date? 5/20/2011 and 7/27/2011, Two jobs scheduled to complete w/in 2 weeks
How many remodeling projects has this Contractor completed for you within the past 5 years? TWO
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 | 10 | Final Product | 10 |
| Qualifications | 10 | Cooperation | 10 |
| Budget Control | 10 | Reliability | 10 |

Would you contract with this Contractor again? Yes [X] 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: | Lionel J. Dunbar | | |
| Reference: | Custom Home Addition/Renovation | Fax #: | (954) 345-8430 |
| Email: | tidbitsw@aol.com | Telephone #: | (954) 345-2062 |
| Person to contact: | Mike Ruggie | | |

**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, building a Second Floor Addition to my home And Remodeling the REST of the House

What was the total project amount? $450,000
Was the project completed on time and within budget? ON Going - Still working on IT
What was the project completion date? thanksgiving this year
How many remodeling projects has this Contractor completed for you within the past 5 years? Just current 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 | 9 | Final Product | N/A |
| Qualifications | 9 | Cooperation | 9 |
| Budget Control | 9 | Reliability | 8 |

Would you contract with this Contractor again? Yes [ ] No [ ] Maybe [X] - Better Answer once work is completed. So far great!
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: | Lionel J. Dunbar | | |
| Reference: | Fort Pierce Housing Authority | Fax #: | (772) 466-0663 |
| Email: | ed.kiley@efpha.org | Telephone #: | (772) 429-6439 |
| Person to contact: | Ed 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.
Property renovations for a senior development & fire mitigation work & replacement of windows & doors with impact ~~resident~~ resistant windows & doors

What was the total project amount? Property renovations 88,000 fire mitigation - varied cost based on damage windows & doors $1,414,928.00
Was the project completed on time and within budget? All on-going
What was the project completion date? Thus far on target for completion
How many remodeling projects has this Contractor completed for you within the past 5 years? 3
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 | 9 | Final Product | 9 |
| Qualifications | 9 | Cooperation | 9 |
| Budget Control | 9 | Reliability | 9 |

Would you contract with this Contractor again? Yes [X] 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: | Lionel J. Dunbar | | |
| Reference: | Martin County | Fax #: | (772) 288-5960 |
| Email: | jlindstr@martin.fl.us | Telephone #: | (772) 220-7099 |
| Person to contact: | Jerry 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 08:56
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 08:56 |
| FAX NO./NAME | 92885960 |
| DURATION | 00:00:27 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>ECM |

# TRANSMISSION VERIFICATION REPORT

TIME : 09/20/2011 09:05
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 09:04 |
| FAX NO./NAME | 914072463055 |
| DURATION | 00:00:30 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: | Lionel J. Dunbar | | |
| Reference: | City of Orlando Housing Department | Fax #: | (407) 246-3055 |
| Email: | phillip.wilkes@citvoforlando.net | Telephone #: | (407) 246-2188 |
| Person to contact: | Phillip Wilkes | | |

**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 : 09/30/2011 10:57
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/30 10:57 |
| FAX NO./NAME | 917725974635 |
| DURATION | 00:00:27 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD<br>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: | Lionel J. Dunbar | | |
| Reference: | Indiantown Nonprofit Housing Inc. | Fax #: | (772) 597-4635 |
| Email: | jblack@inphi.org | Telephone #: | (772) 597-3667 ext.12 |
| Person to contact: | Joann 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 : 09/20/2011 09:16
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

| | |
|---|---|
| DATE,TIME | 09/20 09:16 |
| FAX NO./NAME | 913054609911 |
| DURATION | 00:00:38 |
| PAGE(S) | 01 |
| RESULT | OK |
| MODE | STANDARD |

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: | Lionel J. Dunbar | | |
| Reference: | The Related Group: Residential Property | Fax #: | (305) 460-9911 |
| Email: | jhoyos@relatedgroup.com | Telephone #: | (954) 520-1270 |
| Person to contact: | Jeffery Hoyos | | |

**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.
Renovation of Residential Property including Concrete, window replacement, HVAC, Plumbing, electrical, interior framing and drywall.

What was the total project amount? Approx $120,000
Was the project completed on time and within budget? yes
What was the project completion date? on-going
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? 2

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.

JEFFERY HOYOS
Vice President

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

# Section 3 – Licenses & Certifications

BlackStreet Enterprises, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

(850) 487-1395

DUNBAR, LIONEL JEFFERSON
BLACK STREET ENTERPRISES LLC
8323 CALUMET COURT
PORT ST LUCIE FL 34986

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 AC# 5097353
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1509119 08/16/10 090477381

CERTIFIED GENERAL CONTRACTOR
DUNBAR, LIONEL JEFFERSON
BLACK STREET ENTERPRISES LLC

IS CERTIFIED under the provisions of Ch.489 F
Expiration date: AUG 31, 2012 L10081601203

DETACH HERE

AC# 5097353

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10081601203

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 08/16/2010 | 090477381 | CGC1509119 |

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

DUNBAR, LIONEL JEFFERSON
BLACK STREET ENTERPRISES LLC
8323 CALUMET COURT
PORT ST LUCIE FL 34986

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

BLACK STREET ENTERPRISES LLC
8323 CALUMET COURT
PORT ST LUCIE FL 34986

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 AC# 44873
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

QB59785 07/30/09 09005667

QUALIFIED BUSINESS ORGANIZATION
BLACK STREET ENTERPRISES LLC

(NOT A LICENSE TO PERFORM WORK. ALLOWS COMPANY TO DO BUSINESS I IT HAS A LICENSED QUALIFIER.)
IS QUALIFIED under the provisions of Ch.489
Expiration date: AUG 31, 2011 L09073000776

DETACH HERE

AC# 4489241

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L09073000776

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 07/30/2009 | 090056671 | QB59785 |

The BUSINESS ORGANIZATION
Named below IS QUALIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2011
(THIS IS NOT A LICENSE TO PERFORM WORK. THIS ALLOWS THE COMPANY TO DO BUSINESS ONLY IF IT HAS A QUALIFIER.)
BLACK STREET ENTERPRISES LLC
8323 CALUMET COURT
PORT ST LUCIE FL 34986

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLES W. DRAGO
SECRETARY

State of Florida

# Certification

## Blackstreet Enterprises, LLC

is certified as a Minority Business Enterprise under the provisions of Chapter 287, Florida Statutes for a one year period from:

August 19, 2008 to August 19, 2009

*Executive Director*

*Florida Department of Management Services*
*Office of Supplier Diversity*

Office of Supplier Diversity 4050 Esplanade Way, Suite 380 Tallahassee, FL 32399-0950 850.487.0915 www.osd.dms.state.fl.us

2010 / 2011 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT NUMBER 1004751

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

EXPIRES SEPTEMBER 30, 2011

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 1

TYPE OF BUSINESS 1500 BUILDING CONTRACTOR (GENERAL

BUSINESS NAME Blackstreet Enterprises LLC
Lionel J Dunbar

DBA NAME

MAILING ADDRESS Blackstreet Enterprises LLC
Lionel J Dunbar
8323 Calumet Ct
Port St Lucie, Fl 34986

BUSINESS LOCATION 8323 Calumet Ct
Port St Lucie, Fl 34986

St Lucie County

3328-701-0015-000/6

CGC1509119
L07000078542

NONEXEMPT

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

Paid 08/12/2010 12.35 21-20100812-005373

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.

CITY OF PORT ST. LUCIE LOCAL BUSINESS TAX RECEIPT

TERM: October 1, 2011 to September 30, 2012

RECEIPT FOR TAX PAID ONLY
THIS RECEIPT DOES NOT GIVE HOLDER
THE AUTHORITY TO OPEN THIS BUSINESS
WITHOUT ALL STATE AND LOCAL
REQUIREMENTS

RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

BUSINESS ADDRESS ONLY

Business Tax 134724 / 12-1064872

Business Address: 535 NW MERCANTILE PL STE 107
Classification: CONT CONTRACTOR
Issued to: BLACK STREET ENTERPRISES LLC
535 NW MERCANTILE PL STE 107

PORT ST LUCIE, FL 34986

Fee: 127.63
Discount: 0.00

Mary L Masters
BUSINESS TAX AUTHORITY

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE Ireid

REPRINT/COPY

TERM: October 1, 2011 to September 30, 2012

# RECEIPT FOR PAYMENT

Business Tax 134724 / 12-1064872

Business Address: 535 NW MERCANTILE PL STE 107
Classification: CONT CONTRACTOR

Fee: 127.63
Discount: 0.00

Issued to: BLACK STREET ENTERPRISES LLC
535 NW MERCANTILE PL STE 107

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE

PORT ST LUCIE, FL 34986

Ireid

CITY OF PORT ST. LUCIE
BUILDING DEPARTMENT
COMPUTER SERVICE MEMBER
EXPIRE: 09/30/11

110581

DUNBAR, LIONEL J
BLACK STREET ENTERPRISES LLC
8323 CALUMET CT
PORT ST LUCIE, FL 34986

SIGNATURE _____

GENERAL CONTRACTOR

FL#: CGC1509119 PSL11*10891

# Section 4 – Insurance

BlackStreet Enterprises, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

OP ID: BH

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/27/11

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
W.F Roemer Insurance Agency
William F. Dowd
P.O. Box 190669
Fort Lauderdale, FL 33319
William F. Dowd III
954-731-5566
954-731-8438

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: BLACK-4

INSURED
Blackstreet Enterprises, LLC
8323 Calumet Ct.
Port St. Lucie, FL 34986

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Vinings Insurance Company | 16632 |
| INSURER B : Association Insurance Co. | 11240 |
| 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 | | |
|---|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY X PRO-JECT LOC | | | GLP002296003 | 04/22/11 | 04/22/12 | EACH OCCURRENCE | $ | 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ | 100,000 |
| | | | | | | | MED EXP (Any one person) | $ | Excluded |
| | | | | | | | PERSONAL & ADV INJURY | $ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ | 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ | 2,000,000 |
| | | | | | | | | $ | |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ | |
| | | | | | | | BODILY INJURY (Per person) | $ | |
| | | | | | | | BODILY INJURY (Per accident) | $ | |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ | |
| | | | | | | | | $ | |
| | | | | | | | | $ | |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DEDUCTIBLE<br>RETENTION $ | | | | | | EACH OCCURRENCE | $ | |
| | | | | | | | AGGREGATE | $ | |
| | | | | | | | | $ | |
| | | | | | | | | $ | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | N / A | WCV050077904 | 04/22/11 | 04/22/12 | X WC STATUTORY LIMITS 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)

CERTIFICATE HOLDER

PORTSTL

City of Port St. Lucie
Building / Permits
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

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ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 6/9/2011

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
Michael Demmie
One GEICO Boulevard
Fredericksburg, VA 22412

63529

CONTACT NAME: LIONEL DUNBAR & JOHNNY HERNANDEZ
PHONE A/C, No, Ext: (954)931-5707 | Fax A/C, No: (772)468-7126
Email Address: LIONEL.DUNBAR@BLACKSTREETENTERPRISES.COM

INSURED
BLACKSTREET ENTERPRISES, LLC
5323 CALUMET CT
PORT SAINT LUCIE FL 34986-3127

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: GOVERNMENT EMPLOYEES INSURANCE COMPANY | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |
| INSURER F: | |

## 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 LTR | TYPE OF INSURANCE | ADD'L INSRD | SUBR WVD | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | | EACH OCCURRENCE | $ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | CLAIMS MADE / OCCUR | | | | | | MED. EXPENSE (Any one person) | $ |
| | | | | | | | PERSONAL & ADV. INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | | | | | | | PRODUCTS - COMP/OP AGG. | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PROJECT / LOC | | | | | | | |
| A | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | X | | 910001613800 | 4/27/2011 | 4/27/2012 | BODILY INJURY (Per person) | $ 100,000 |
| | ALL OWNED AUTOS / X SCHEDULED AUTOS | X | | | | | BODILY INJURY (Per accident) | $ 300,000 |
| | HIRED AUTOS / NON-OWNED AUTOS | X | | | | | PROPERTY DAMAGE (Per accident) | $ 50,000 |
| | | | | | | | | $ |
| | UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED / RETENTION $ | | | | | | | $ |
| | WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | WC STATUTORY LIMITS / OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N | N / A | | | | | E.L. EACH ACCIDENT | $ |
| | If yes, describe under SPECIAL PROVISIONS below | | | | | | E.L. DISEASE-POLICY LIMIT | $ |
| | | | | | | | E.L. DISEASE-EACH EMPLOYEE | $ |

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

CITY OF ORLANDO IS LISTED AS ADDITIONAL INSURED

| CERTIFICATE HOLDER | CANCELLATION |
|---|---|
| CITY OF ORLANDO<br>PO BOX 4990<br>ORLANDO, FL 32802-4990 | 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 |

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# Section 5 – W-9 Form

BlackStreet Enterprises, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

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)
Blackstreet Enterprises, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☑ Other ▶ Sub-chapter S ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
8323 Calumet Court

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
Port Saint Lucie, FL 34986

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
2 6 - 1 1 9 0 2 6 7

## 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 ▶ [signature] Date ▶ 9/15/2011

## 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:

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,

# Section 6 – Affirmation Action Plan

BlackStreet Enterprises, LLC

*Our Company values begin with honesty, integrity, and compassion toward our staff, clients, subcontractors, suppliers, professional associates and community.*

## CONTRACTOR SECTION 3 UTILIZATION AND AFFIRMATIVE ACTION PLAN

**Lionel J. Dunbar of Black Street Enterprises, LLC (Name of Contractor) agrees to utilize, and to implement the following specific affirmative action steps directed at increasing the utilization of lower income residents and businesses within the Section 3 covered area for this project as specified in these bid documents.**

A. To list on Table A, the following information related to subcontracts to be awarded:
   1. An approximate number and dollar amount of contracts to be awarded over the duration of the Section 3 covered project (this estimate should be broken down by type of business or profession); and
   2. Base on an analysis of the estimated contract needs, a target number and value of contracts to be awarded to Section 3 business concerns (these targets should concede the availability of Section 3 business concerns within the categories identified in the initial estimate of contract needs). **No Section 3 definite businesses have been located. Two possible companies have been enlisted.**

B. To provide a program of strategy for achieving the targets established for awards to Section 3 business concerns which would include the following steps:
   1. * To insert this Section 3 plan in all requests for subcontractor Bids, and to require all bidders on subcontracts to submit a Section 3 affirmative action plan to the general contractor including utilization goals and the specific steps planned to accomplish these goals; **Advertisements will be placed in the neighborhoods and the local newspaper to announce job opportunities.**
   2. * To insure that subcontractors which are typically let on a negotiated rather than a bid basis in areas other than Section 3 covered project areas, are also let on a negotiated basis, whenever feasible, when let in a Section 3 covered project area;
   3. To formally contact unions, subcontractors and trade associations to secure their cooperation for this program; and
   4. To insure that all appropriate project area business concerns are notified of pending sub contractual opportunities. **This will be handled by Mr. Lionel J. Dunbar.**

*Loans, Grants, contracts and subsidies for less than $10,000 will be exempt.

C. To list on Table B all projected trainee and employee workforce needs for all phases of this project by occupation, trade, skill level and number

of positions. An estimated number of Section 3 area residents to be utilized in these areas must be included on Table B. Steps directed at meeting these goals are as follows:

1. To attempt to recruit from within the City, the necessary number of lower income residents through: Local advertising media, signs placed at the proposed site of the project, and community organizations and public or private institutions operating within or serving the project area such as Service Employment and Redevelopment (SER), Opportunities Industrialization Center (OIC), Urban League Concentrated Employment Service, or the Private Industry Council; and
2. To maintain records, including copies of correspondence, memoranda, etc., which document that all of the above affirmative action steps have been taken.

**D.** To appoint or recruit an executive official of a company or agency as Equal Opportunity Officer to coordinate the implementation of this Section 3 plan. **Ms. Nina Jewett and Mrs. Shannon Ketcham will serve as the equal opportunity officer(s) should the project be awarded to Black Street Enterprises, LLC.**

CONTACTOR SECTION 3 UTILIZATION AND AFFIRMATIVE ACTION PLAN TABLE A

## PROPOSED SECTION 3 SUBCONTRACTS: UTILIZATION BREAKDOWN

| Type of Contact (Business or Professional) | Name of Subcontractor | Total Number | Total Approx. Dollar Amount | Est. No, of Contracts to Section 3 Businesses | Est. Dollar Amt. To Section 3 Businesses |
|---|---|---|---|---|---|
| Steps have been taken to seek Section 3 contractors, but none have been identified at this time. However minority subcontractors will be utilized. | | | | | |
| Business | E & B Elite Services | 1 | TBD | 1 | None at this time. |
| Business | Sams New Development, LLC | 1 | TBD | 1 | None at this time |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Blackstreet Enterprises
Company

City of Port St. Lucie
Project

RFP 20110068
Project Number

Lionel J. Dunbar
Person Completing Form

09/13/11
Date

## CONTRACTOR SECTION 3 UTILIZATION TABLE B

# ESTIMATED PROJECT WORK FORCE UTILIZATION BREAKDOWN

| Job Category | Total Estimated Positions Needed for Project | No. Positions Occupied by Permanent Employees | No. of Positions Not Occupied | No. of Positions To be filled with Section 3 Residents |
|---|---|---|---|---|
| Officer/Supervisors | 2 | 3 | 0 | 0 |
| Professionals | 1 | 2 | 0 | 0 |
| Technical Hsg. Sales/Rental Mgmt. | | | | |
| Office/Clerical | 2 | 1 | 1 | 1 – Part Time |
| Service Workers | | | | |
| Others | | | | |
| **Trade:** | | | | |
| Journeymen | | | | |
| Helpers | 2 | 2 | | |
| Apprentices | | | | |
| Trainees | 1 | 0 | 1 | 1 |
| Others | | | | |
| **Trade:** | | | | |
| Journeymen | | | | |
| Helpers | | | | |
| Apprentices | | | | |
| Trainees | | | | |
| Others | | | | |

### Section 3 Resident

Individual residing within the Section 3 area whose family income does not exceed 90% of the median income in the Metropolitan Statistical Area or the county if not within a MSA in which the Section 3 covered project is located.

In addition to hiring one (1) part-time clerk for book keeping, Blackstreet Enterprises, LLC anticipates conducting training on weathering and will donate to any fund (s) in place to assist resident students in furthering their education in a secondary environment.

Blackstreet Enterprises
Company

City of Port St. Lucie
Project

RFP 20110068
Project Number

Lionel J. Dunbar
Person Completing Form

09/13/11
Date

## 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 __13th__ day of __September_____, 2011.

Liberty Home Builders, Inc
Name of Organization / Proposer

Submitted by: Jeffrey M. Walsh, 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 __2002_____
In what State __Florida_____
Name of Officers:
President __Jeffrey M. Walsh_____
Vice President _____
Secretary _____
Treasurer _____

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:
Liberty Home Builders, Inc. Fax (772) 324-8578
257 SE Monterey Road Phone (772) 324-8277
Stuart Florida 34994 Email jeff@homesbyliberty.com, Contact Jeffrey M. Walsh

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

N/A

6. Area of expertise: _Home Building/Re-Modeling_____

7. How many years has your organization been in business?___10 years_____

8. Describe organization profile, including the size, range of activities, licenses, etc.
Previously built over 150 homes in Port Saint Lucie. We have worked with the N.S.P. Program. Remodel. Commercial. Residential. CGC1504157.
(This is a Word document – add lines if needed)

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|---|---|---|---|
| a. Partners | 1 | 1 | 1 |
| b. Managers | 1 | 3 | 1 |
| c. Supervisors Senior Staff | 1 | 3 | 1 |
| d. Other Professional Staff | 3 | 8 | 3 |
| g. Total number of full time personnel | 5 | | |

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

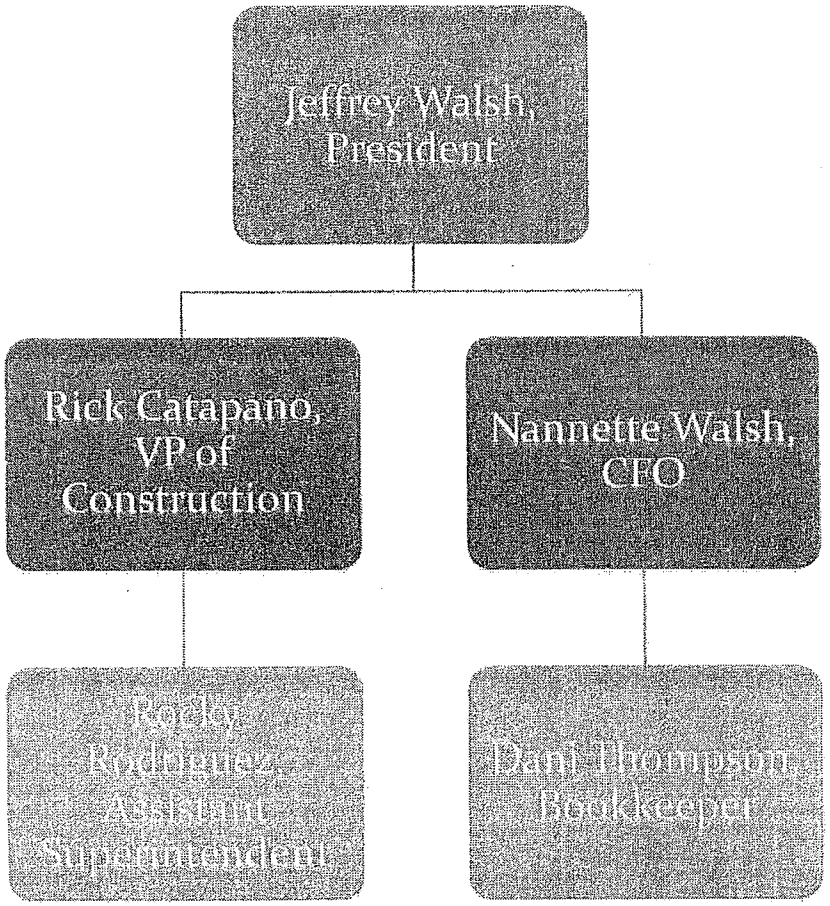
| Name | Title | Years of Construction Experience | % of Time to be Spent on City Projects | In What Capacity and With Whom |
|---|---|---|---|---|
| Jeffrey M. Walsh | Pres | 15 | 100 | Mgr |
| Rick Catapano | VP of Const | 20 | 100 | Mgr |
| | | | | |
| | | | | |

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 |
|---|---|
| Jeffrey M. Walsh | First N.S.P Program |
| Rick Catapano | Has worked on N.S.P. Program |
| | |
| | |
| | |

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

# Liberty Home Builders, Inc. Organization Chart



13. State your firm's commitment to perform in a timely fashion:
We have previously worked with N.S.P. and understand how the program works and how important it is to get the project done in a timely manner.

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

| Name | Current and Projected Workloads |
|---|---|
| Jeffrey M. Walsh | Currently working on N.S.P. and other remodels |
| Rick Catapano | Currently working on N.S.P. and other remodels |
| Dani Thompson | Office Staff in charge of procurement |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
With our years of construction experience we understand how budgets work. Every project starts with a budget and is reviewed weekly. The schedule is discussed at our weekly meetings with Supervisors and Subcontractors.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
We purchase all our kitchen cabinets, tile and carpet direct from the manufacturer.

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 Electric | 2126 SE Morningside Blvd, Port Saint Lucie, FL 34952 | State Licensed Electrical |
| Tourino Plumbing | 221 SE Whitmore Dr, Port Saint Lucie, FL 34984 | State Licensed Plumbing |
| Quad AC | 5053 NE 13th Avenue Fort Lauderdale, FL 33334 | State Licensed HVAC |
| | | |
| | | |

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:
_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 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)
We have completed 3 N.S.P. Houses :
362 SW Duxbury Avenue
522 SW Duxbury Avenue
2089 SE Parrot Street

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 Vicinty 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.
Rick Catapano – Supervisor, Rocky Rodriguez – Assistant Superintendent

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 will work with the City's Job Fairs

**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)_Jeffrey M. Walsh_____ 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:**

_____ __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:**

__Liberty Home Builders, Inc._____
Print Name of Corporation

**If Individual:**

_____
Signature

_____
Print Name

By: _____ (President)

Attest: _____ (Secretary)

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: Liberty Home Builders, Inc.

Reference: CJ Design Fax #:
Email: Telephone #: (310) 600-8972
Person to contact: Chris

**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.
general contractor. Oversees Kitchens + laundry rooms.

What was the total project amount? $500,000
Was the project completed on time and within budget? yes
What was the project completion date? currently working
How many remodeling projects has this Contractor completed for you within the past 5 years? 20-30
What problems were encountered (claims)? no
How many change orders were requested by this Contractor? no

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: always willing to work w/ company. Hands on company.

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: Liberty Home Builders, Inc.

Reference: Kevin Arbor Fax #:
Email: tradewindhomes@aol.com Telephone #: (772) 708-0975
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.
Cabinet install

What was the total project amount? $20,000 +
Was the project completed on time and within budget? yes
What was the project completion date? 1 week ago
How many remodeling projects has this Contractor completed for you within the past 5 years? couple
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 | 9 | Final Product | 9 |
| Qualifications | 9 | Cooperation | 9 |
| Budget Control | 9 | Reliability | 9 |

Would you contract with this Contractor again? Yes [✓] No [ ] Maybe [ ]
Comments: would recommend them again.

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: _Liberty Home Builders, Inc._____

Reference: Grace Gallant_____ Fax #: _____
Email: _____ Telephone #: (772) 834-2455_____
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 | |

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: Liberty Home Builders, Inc.

Reference: Marie Bates Fax #:
Email: Telephone #: (772) 214-6971
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.
Retiled bath

What was the total project amount? $1350
Was the project completed on time and within budget? yes
What was the project completion date? done by 9/23
How many remodeling projects has this Contractor completed for you within the past 5 years? 1
What problems were encountered (claims)? no
How many change orders were requested by this Contractor? no

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 | |

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: Liberty Home Builders, Inc.

Reference: Bob Bennett Fax #:
Email: Telephone #: (732) 241-7700
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.
Yes. Kitchen, 2 bathrooms, removed & replaced tile & put a new roof on.

What was the total project amount? $50,000
Was the project completed on time and within budget? absolutely
What was the project completion date? Dec. 2010
How many remodeling projects has this Contractor completed for you within the past 5 years? 4
What problems were encountered (claims)? none
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 | 9 or 10 | Final Product | 9 or 10 |
| Qualifications | 9 or 10 | Cooperation | 10 |
| Budget Control | 10 | Reliability | 10 |

Would you contract with this Contractor again? Yes [✓] No [ ] Maybe [ ]
Comments: I've recommended to my friends. I highly recommend them!

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: _Liberty Home Builders, Inc._____

Reference: Grace Gallant_____ Fax #: _____
Email: _____ Telephone #: (772) ~~[illegible]~~ 485-8364
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 | |

LIBER-1 OP ID: AS

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/07/11

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 772-335-8804
PIF - PSL Blvd South Location
Katherine E. Post
1250 SE Port St. Lucie Blvd #B
Port St. Lucie, FL 34952
Katherine Post

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Mid-Continent Casualty Co | |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Liberty Home Builders Inc.
Walsh & Sons Inc
Jeff Walsh
257 SE Monterey Rd
Stuart, FL 34994

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<br>X COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE X OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>POLICY PRO-JECT LOC | | | 04GL000821500 | 05/24/11 | 05/24/12 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ EXCLUDED |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | $ 2,000,000 |
| | | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | | | | | | | | $ |
| | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR<br>EXCESS LIAB CLAIMS-MADE<br>DED RETENTION $ | | | | | | EACH OCCURRENCE | $ |
| | | | | | | | AGGREGATE | $ |
| | | | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | | | | WC STATU-TORY LIMITS / OTH-ER | |
| | | | | | | | 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

INFOR-1

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 E Post

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St. Lucie County

Building & Code Regulation Division
2300 Virginia Avenue
Ft Pierce, FL 34982
Phone: (772) 462-1673 Fax: (772) 462-1148
http://www.stlucieco.org/public_works/contract_licen.htm
http://airs.slcfl.vetrol.com/AIRSweb.php

# Contractor Certification Data Entry

## Company Information

Add Contractor

| | | | |
|---|---|---|---|
| Company Name | LIBERTY HOME BUILDERS INC | Phone | (772) 324-8277 ext |
| | | Fax | (772) 324-8578 |
| DBA | LIBERTY HOME BUILDERS INC | Mobile | ( ) - |
| | | Pager | ( ) - |
| Address | 257 SE MONTEREY | Email | JEFF@HOMESBYLIBERTY.COM |
| City / State / Zip | STUART FL 34994 | | |
| Ownership Type | | arent Company Name | |

## Qualifier Information

Add Qualifier

Qualifier Nam

WALSH, JEFFREY M

WALSH, JEFFREY M

Cert # 20593 (County Registration/Certification Number)

| | |
|---|---|
| State # | CGC1504157 |
| Address | 581 SW BILTMORE ST |
| City / State / Zip | PORT ST LUCIE FL 34983 |
| Phone | (772) 873-1122 |
| Fax | (772) 873-0032 |
| Email | |

Certification Comment Should Be Reviewed for Permit

## Certification Information

Add Registration

| Reg. Type | Expiration Date | Status |
|---|---|---|
| County Certificate | 08/31/2012 | Active |
| State Certificate | 09/31/2012 | Active |
| County Certificate | 08/31/2012 | Active |

*Competency Card and Wallet Card*

| | |
|---|---|
| Class Code | General — Certified |
| Date Applied | 09/29/2003 |
| Date Start | 01/01/1900 |
| Date Renewed | |

Renewal ☐ active Fee Applied ☐

Comment

9/15/11 RECD RENEWAL AND FEE. DW
9/7/10 RECV RENEWAL FEE MVB
9/28/09 RCV RENEWAL FEE; CB
9/16/08 RECV RENEWAL AND FEE MB
8/17/07 RECV RENEWAL FEE S.H.
9/1/06 RECV RENEWAL FEE S.H.

CITY OF PORT ST. LUCIE
BUILDING DEPARTMENT
COMPUTER SERVICE MEMBER
EXPIRE: 09/30/12

106092

WALSH, JEFFREY
LIBERTY HOME BUILDERS INC
585 SW BILTMORE ST
PORT ST LUCIE, FL 34983

SIGNATURE _____

GENERAL CONTRACTOR

FL#: CGC 1504157

PSL12*6790

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

WALSH, JEFFREY MALLORY
LIBERTY HOME BUILDERS INC
4305 SW BIRMINI CIR S
PALM CITY FL 34983

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 AC# 5142191
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1504157 08/30/10 0904492009

CERTIFIED GENERAL CONTRACTOR
WALSH, JEFFREY MALLORY
LIBERTY HOME BUILDERS INC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2012 L1008300C2459

DETACH HERE

AC# 5142191

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD
SEQ# L1008300C2459

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 08/30/2010 | 0904492009 | CGC1504157 |

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

WALSH, JEFFREY MALLORY
LIBERTY HOME BUILDERS INC
4305 SW BIRMINI CIR S
PALM CITY FL 34983

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

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)
Jeffrey M. Walsh

Business name, if different from above
Liberty Home Builders, Inc.

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

Address (number, street, and apt. or suite no.)
257 SE Monterey Road

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
Stuart, Florida 34994

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
5 9 - 3 7 5 5 5 5 0

## 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 ▶ 9-13-11

## 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:

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,

# 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: Liberty Home Builders, Inc.

Authorized By: _____ (Sign)

Jeffrey M. Walsh (Print Name)

Title: President

Date: 9-13-11

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

Subcontractor to be determined

# DRUG-FREE WORKPLACE FORM

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

9-13-11
Date

## NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110068

State of __Florida_____)

County of _St Lucie_____)

_____Jeffrey M. Walsh_____, being first duly sworn, disposes and says that:
(Name/s)

1. They are _President_____of _Liberty Home 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) _____

(Title) President

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

The foregoing instrument was acknowledged before me this Sept. 15th, 2011
(Date)

by: Jeffrey M. Walsh who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

KIMBERLY S. MORROW
Notary Public - State of Florida
My Comm. Expires Jan 20, 2015
Commission # EE 56751

_____
Notary (print & sign name)

Commission No. EE56751

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: Liberty Home Builders, Inc.

Corporate Title: President

Address: 257 SE Monterey Road

Stuart, Florida 34994
(Zip Code)

By: Jeffrey M. Walsh (Print name) President (Print title)

(Authorized Signature)

Telephone: (772) 324-8277

Fax: (772) 324-8578

State License # CGC1504157 (ATTACH COPY)

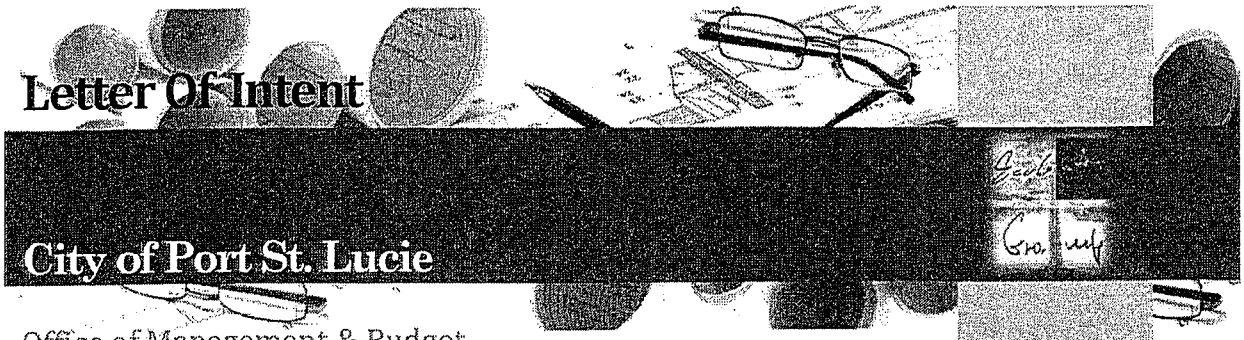
County License # 20593 (ATTACH COPY)

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

Type of License: General Contractor

Unlimited Yes (yes/no)

If "NO", Limited to what trade?




Office of Management & Budget
121 SW Port St. Lucie Boulevard
Port S.t Lucie, FL 34984

Table of Contents

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2. *Organizational Structure*
3. *Project Team & Qualifications*
4. *Insurance; License; Lead Certification; MBE*
5. *References*
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# GENERAL CONTRACTORS FOR THE NEIGHBORHOOD STABILIZATION PROGRAM RFP #20010068

Submitted by

M. R. McIntosh Building & Roofing Contractors
*Robert Eccleston*

Wednesday, September 14, 2011

Mailing Address:
P. O. Box 590727
Fort Lauderdale FL 33359
T. 954 497 3166
F. 954 234 2613
gc@eccgroup.net
www.eccgroup.net

'Intelligent Building with Life Long Warranties'

M. R. MCINTOSH BUILDING & ROOFING CONTRACTORS
*"Intelligent Building with Life-Long Warranties"*
www.mrmContractors.com

September 14, 2011

Office of Management & Budget
121 SW Port St. Lucie Boulevard
Port S.t Lucie, FL 34984

Dear Sir/Madam,

Letter of Intent in response to RFP #20110068

We acknowledge with thanks receipt of your invitation to participate in the selection process for construction services. This letter is indicative of our interest in this project; we have outlined and attached for your perusal and subsequent consideration the request documentation:

1. *Company Profile*
2. *Organizational Structure*
3. *Project Team & Qualifications*
4. *Insurance; License; Lead Certification; MBE*
5. *References*
6. *Solicitation Forms pg. 1-16*

**Company Overview**
We are a licensed roofing and building company with a highly qualified professional project team and excellent service track record of over eighteen years. By working extensively with commercial and governmental organizations we have acquired an unparalleled advantage and an uncompromised edged that has allowed us continued growth and success.

**Our Mission**
We strive to be a unique technical builder with a passion for building our clients' vision; always on quality time. We aim to be ranked with the top twenty general contractors in the state of Florida. We aim to grow with our customers by delivering measurable more value while efficaciously contributing to the growth of our staff, the community and the economy.



Mailing Address:
P. O. Box 590727,
Ft. Lauderdale FL 33359
t. 954 497 3166
f. 954 234 2612
email: gc@eccgroup.net

M. R. MCINTOSH BUILDING
& ROOFING CONTRACTORS
*"Intelligent Building with Life Long Warranties"*
www.mrmContractors.com

**Our Motto**
Intelligent Building with Life Long Warrantee

**Product and Service Description**
Full service general contractor serving the state of Florida – property management; project administrative management, property maintenance; retail/commercial build-out; new construction; renovations; electrical; plumbing; roof installation; roof restoration.

**LET US MAKE YOU OUR SATISFIED CUSTOMER**

Yours sincerely
***M. R. McIntosh Building & Roofing Contractors***

*Robert Eccleston, COO/Chief Estimator*



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t. 954 497 3166
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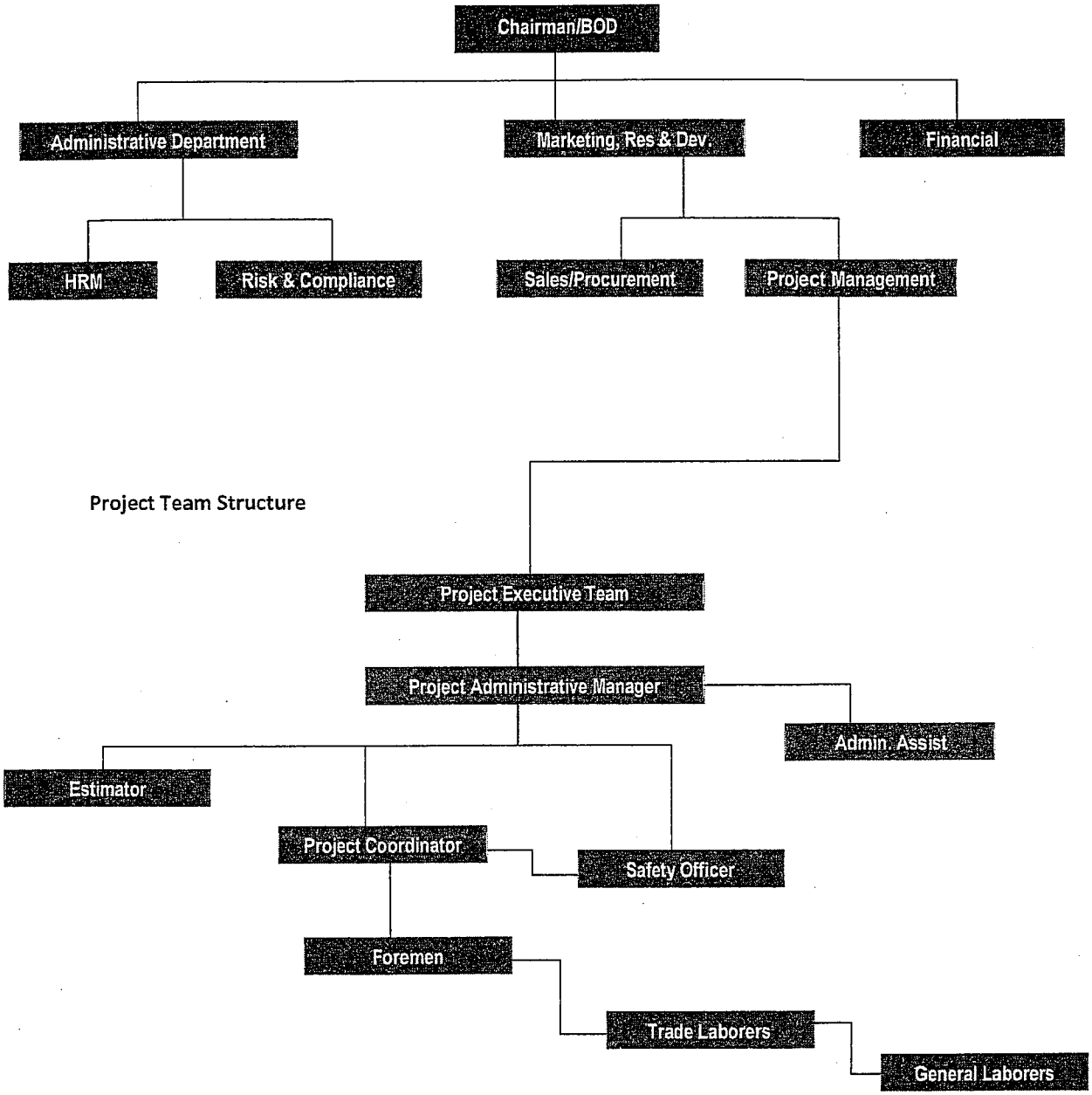
email: gc@eccgroup.net

M. R. MCINTOSH BUILDING & ROOFING CONTRACTORS

*'Intelligent Building with Life-Long Warranties'*

www.mrmContractors.com

## Organizational Structure




## Project Team Structure



Mailing Address:
P. O. Box 590727,
Ft. Lauderdale FL 33359
t. 954 497 3166
f. 954 234 2612
email: gc@eccgroup.net

M. R. MCINTOSH BUILDING & ROOFING CONTRACTORS
*Intelligent Building with Life-Long Warranties*
www.mrmContractors.com

*PROJECT TEAM RESUME*

*(A)*
*Michael R. McIntosh*
*Building & Roofing Contractor*
*Licensed in Florida since 1993*
*Worked with the City of Fort Lauderdale Housing Authority 2003-04*
*Lead Certified*
*CBC 057033 (Building); CCC 057410 (Roofing)*
*e-mail: mrm@eccgroup.net*

*(B)*
*Carl G. Forbes PE (Engineer)*
*PE #20699*
*e-mail: carl@eccgroup.net*

*(C)*
*Richard S. Lookshin*
*Architect*
*Lic#AR13088*
*e-mail: richard@eccgroup.net*

*(D)*
*Robert Eccleston; GC/COO/Chief Estimator*
*Fifteen years experience in the CT Construction and Marketing Industry*
*Three years experience in the FL Construction Industry*
*BSc. Marketing*

*(E)*
*P. Elaine Eccleston: SVP/Chief Project Administrative Manager*
*twenty years experience in the Administrative and Project Management Industry*
*BSc in Business Administration – Accounts Major*
*BSc in Office Administration and Technology*
*Certified Project Manager*
*Certified Event Coordinator*
*e-mail: svp@eccgroup.net*



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M. R. MCINTOSH BUILDING & ROOFING CONTRACTORS
*Intelligent Building with Life-Long Warranties*
www.mrmContractors.com

CLIENT REFERENCES

| Name and Address | Service Performed | Contact Person | Contacts | Current or Past Client? |
|---|---|---|---|---|
| Griffin Apartments<br>Griffin Gardens<br>4811 Griffin Road<br>Davie FL 33314 | Ceiling Installation | C. L. Jackson<br>Property Manager | 954 739 1114 | Past & Current |
| City of Pompano Beach<br>Emma Lou Civic Center<br>1801 NE 6th Street<br>Pompano Beach FL | Floor Installation | Melanie Torrillo<br>Property Manager | 954 786 4572 | Past |
| J & J Productions<br>3420 NW 121 Avenue<br>Sunrise | Interior Build-Out | John Laggy | 306 481 0607 | Past |
| Christian Community<br>Church of God<br>2052 NW 49th Avenue<br>Lauderhill FL | Roof Restoration | Deacon Smith | 954 484 7739 | Past |
| City of Lauderdale Lakes<br>4300 NW 36th Street<br>Lauderdale Lakes FL | Home Restoration | Freddy Scott | 954 746 8744 | Past |
| 3840 Pinehurst Drive<br>Hialeah FL 33015 | Enclosure of Property Parameter | Trevor Stewart | 786 269 0541 | Past |
| City of Miami Gardens<br>1515 NW 167th Street<br>Miami Gardens FL<br>33169 | Home Rehabilitation | NSP Team | 305 622 8027 | Current |



Mailing Address:
P. O. Box 590727,
Ft. Lauderdale FL 33359
t. 954 497 3166
f. 954 234 2612
email: gc@eccgroup.net

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/22/2011

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
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
Impact Staff Leasing, Inc.
250 West Indiantown Road
Suite 108
Jupiter FL 33458

COVERAGES CERTIFICATE NUMBER: 10944405 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 | | | | | | EACH OCCURRENCE | $ |
| | COMMERCIAL GENERAL LIABILITY | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | CLAIMS-MADE OCCUR | | | | | | MED EXP (Any one person) | $ |
| | | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | | | | GENERAL AGGREGATE | $ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | PRODUCTS - COMP/OP AGG | $ |
| | POLICY PRO-JECT LOC | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | ALL OWNED AUTOS / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS / NON-OWNED AUTOS | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED RETENTION $ | | | | | | | $ |
| | | | | | | | | $ |
| | | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N | | | WCPEO000004602 | 8/15/2011 | 8/15/2012 | ✓ WC STATUTORY LIMITS / OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | WCPEO000004601 | 8/15/2010 | 8/15/2011 | E.L. EACH ACCIDENT | $ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | 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 leased employees but not subcontractors of: M. R. McIntosh Building & Roofing Contractors
The Eccleston Group Incorporated
Client Effective: 5/26/2011

CERTIFICATE HOLDER
106
City of Deerfield Beach

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
Douglas Lilak

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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/12/2011

PRODUCER
INSURANCE TO GO, INC. Phone# 305-826-0224
10651 W OKEECHOBEE RD SUITE #203
HIALEAH GARDENS, FL 33018

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.

| INSURERS AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A: GRANADA INSURANCE | |
| INSURER B: | |
| INSURER C: | |
| INSURER D: | |
| INSURER E: | |

INSURED
M. R. MCINTOCH BUILDING AND ROOFING CONTRACTORS
Eccleston Group Incorporated
1844 NW 38th AVENUE
LAUDERHILL FL 33311

## COVERAGES

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 | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| A | | GENERAL LIABILITY<br>✔ COMMERCIAL GENERAL LIABILITY<br>CLAIMS MADE / OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC | APPL4589877 | 05/13/2011 | 05/13/2012 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | DAMAGE TO RENTED PREMISES (Ea occurence) | $ 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 |
| | | AUTOMOBILE LIABILITY<br>ANY AUTO<br>ALL OWNED AUTOS<br>SCHEDULED AUTOS<br>HIRED AUTOS<br>NON-OWNED AUTOS | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | | | | | BODILY INJURY (Per person) | $ |
| | | | | | | BODILY INJURY (Per accident) | $ |
| | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | GARAGE LIABILITY<br>ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | $ |
| | | | | | | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | | AGG | $ |
| | | EXCESS/UMBRELLA LIABILITY<br>OCCUR / CLAIMS MADE<br>DEDUCTIBLE<br>RETENTION $ | | | | EACH OCCURRENCE | $ |
| | | | | | | AGGREGATE | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| | | | | | | | $ |
| | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below | | | | WC STATU-TORY LIMITS / OTH-ER | |
| | | | | | | 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

## CERTIFICATE HOLDER

## 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

© ACORD CORPORATION 1988

PROGRESSIVE

Progressive
PO Box 94739
Cleveland, OH 44101
800-895-2886

**Policy number: 07935139-0**
Underwritten by:
Progressive Express Ins Company
June 28, 2011


# Certificate of Insurance

| Certificate Holder | Insured | Agent |
|---|---|---|
| Additional Insured<br>BROWARD CT HOUSING AUTHORITY<br>4780 N STATE RD 7<br>LAUDERDALE LAKES, FL 33319 | M.R. MCINTOSH BUILDING &<br>ROOFING CONTRACTOR INC.<br>3890 W COMMERICAL BL<br>TAMARAC, FL 33309 | PROG COMMERCIAL<br>PO BOX 94739<br>CLEVELAND, OH 44101 |

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Apr 19, 2011 — Policy Expiration Date: Apr 19, 2012

| Insurance coverage(s) | Limits |
|---|---|
| Bodily Injury/Property Damage | $100,000/$300,000/$50,000 |
| Uninsured Motorist | $100,000/$300,000 Non-Stacked |
| Personal Injury Protection | $10,000 w/$0 Ded - Named Insured Only |

## Description of Location/Vehicles/Special Items

**Scheduled autos only**

| | |
|---|---|
| 1998 FORD ECON VN SUPR E2 1FTNS24L7WHA80956 | |
| Medical Payments | $5,000 |
| Comprehensive | $500 Ded |
| Collision | $500 Ded |
| Rental Reimbursement | $50 Per Day ($1,500 Max) |
| Roadside Assistance | Selected |
| 2001 GMC SIERRA C1500 2GTEC19V611174971 | |
| Medical Payments | $5,000 |
| Comprehensive | $500 Ded |
| Collision | $500 Ded |
| Rental Reimbursement | $50 Per Day ($1,500 Max) |
| Roadside Assistance | Selected |

Continued

**Certificate number**

17911DSU139

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

# Solicitation Forms 13-23

## 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 14TH day of September, 2011.

M. R. McIntosh Building & Roofing Contractors
Name of Organization / Proposer

Submitted by: Robert Eccleston, COO/Chief Estimator
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 November 2007
   In what State Florida
   Name of Officers:
   President Michael McIntosh
   Vice President Robert Eccleston
   Secretary P. Nelson
   Treasurer E. Hudson

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:
   M. R. McIntosh Building and Roofing Contractors
   1844 NW 38th Avenue
   Lauderhill FL 33311
   T. 954 497 3166 F. 954 234 2613 email: gc@eccgroup.net
   Contact Person: Robert Eccleston

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

6. Area of expertise: Full Service Building & Roofing Contractors; Project Management; Property Maintenance

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

8. Describe organization profile, including the size, range of activities, licenses, etc.
We are a licensed roofing and building company with a highly qualified professional project team and excellent service track record of over eighteen years. By working extensively with commercial and governmental organizations we have acquired an unparalleled advantage and an uncompromised edged that has allowed us continued growth and success. Our Project Executive Team comprises of a Project Administrative Manager; Estimator; Project Coordinator; Architect; Administrative Assistant. Service offerings encompass Retail/Commercial Build-Out; New Construction; Renovations; Electrical; Plumbing; Project Management; Property Maintenance; Windows & Doors (product & installation); Roof Installation & Restoration

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

9. Number of full time personnel:

| | Current | Maximum | Minimum |
|---|---|---|---|
| a. Partners | | | |
| b. Managers | 3 | 3 | 3 |
| c. Supervisors Senior Staff | 2 | | |
| d. Other Professional Staff | 2 | 2 | 2 |
| g. Total number of full time personnel | 7 | | |

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 |
|---|---|---|---|---|
| M. McIntosh | President | 25 | 70% | Project Mgr |
| R. Eccleston | Director | 25 | 70% | Project Mgr./Estimator |
| P. Nelson | SVP | 25 | 90% | Project Admin 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 |
|---|---|
| M. McIntosh | On site project coordination |
| R. Eccleston | Estimating and on site project coordination |
| P. Nelson | Project Management; Quality Assurance |
| R. Benjamin | Architect - Blue Prints according to specifications |
| | |

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 strive to be a unique technical builder with a passion for building our clients' vision; always on quality time. We aim to be ranked with the top twenty general contractors in the state of Florida. We aim to grow with our customers by delivering measurable more value while efficaciously contributing to the growth of our staff, the community and the economy

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

| Name | Current and Projected Workloads | |
|---|---|---|
| Project Team: M. McIntosh; R. Eccleston; P. Nelson; R. Benjamin; E. Eccleston | Current Workload: There are currently four projects being manned by the project team as it relates to their respective positions (see 11 above) | Projected Workloads: We anticipate a steady flow of approximately four - ten project at any given point in time. Leased employees are recruited as needed |
| | | |
| | | |

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

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

Strategic alliances with reputable manufacturers has afforded us the ability to purchase material at a discount
Our executive team is well trained in trade areas and are at times placed on projects to do the task of basic laborers in order to cut cost and meet deadlines

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 |
|---|---|---|
| Paul Jackson Plumbing Inc | 801 NW 2nd Avenue, Hallandale FL | Plumber |
| Altron Electrical Services | 3941 NW 45th Terrace, Lauderdale Lakes | Electrician |
| Touch of Class Landscaping Inc | 1400 NW 67th Ave, Margate | Landscaping |
| Kool Flow | 7021 SW 30th Street, Miramar | AC Specialist |
| | | |

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:

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 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 Vicinty Hiring, go to www.citvofpsl.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.

R. Eccleston - Project Coordinating



Foreman - leased as needed
Laborers - leased as needed

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 - by posting job vacancies; scheduling and running interviews; hire on a part-time basis utilizing a staff leasing company.

**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) Robert Eccleston 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

COO/Chief Estimator
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:**

M. R. McIntosh Building & Roofing Contractor
Print Name of Corporation

**If Individual:**

_____
Signature

_____
Print Name

By: _____
(President)

Attest: _____
(Secretary)

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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: M. R. McIntosh Building & Roofing Contractor

Corporate Title: _____

Address: 1844 NW 38th Avenue, Lauderhill FL 33311

_____ (Zip Code)

By: Robert Eccleston (Print name) COO/Chief Estimator (Print title)

_____ (Authorized Signature)

Telephone: ( 954 ) 497 3166

Fax: ( 954 ) 234 2613

State License # CBC57033; CCC057410 (ATTACH COPY)

County License # _____ (ATTACH COPY)

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

Type of License: Building & Roofing

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

11:31:54 AM 9/20/2011

**Data Contained In Search Results Is Current As Of 09/20/2011 11:30 AM.**

**Search Results**

**Please see our glossary of terms for an explanation of the license status shown in these search results.**

**For additional information, including any complaints or discipline, click on the name.**

| License Type | Name | Name Type | License Number/ Rank | Status/Expires |
|---|---|---|---|---|
| Certified Building Contractor | MC INTOSH, MICHAEL RICHARD | Primary | CBC057033 Cert Building | Current, Active 08/31/2012 |
| | **License Location Address*:** 8541 N W 54TH CT LAUDERHILL, FL 33351<br>**Main Address*:** 8541 N W 54TH CT LAUDERHILL, FL 33351<br>**Mailing Address*:** 8541 NW 54TH CT LAUDERHILL, FL 33351 | | | |
| Certified Roofing Contractor | MC INTOSH, MICHAEL RICHARD | Primary | CCC057410 Cert Roofing | Current, Active 08/31/2012 |
| | **License Location Address*:** 8541 N W 54TH CT LAUDERHILL, FL 33351<br>**Main Address*:** 8541 N W 54TH CT LAUDERHILL, FL 33351<br>**Mailing Address*:** 8541 NW 54 CT LAUDERHILL, FL 33351 | | | |
| Real Estate Broker or Sales | MC INTOSH, MICHAEL RICHARD | Primary | 543712 Sales Associate | Null and Void 03/31/1995 |
| | **Main Address*:** 5640 NW 12TH COURT FT LAUDERDALE, FL 33313 | | | |

Back New Search

*** denotes**
Main Address - This address is the Primary Address on file.
Mailing Address - This is the address where the mail associated with a particular license will be sent (if different from the Main or License Location addresses).
License Location Address - This is the address where the place of business is physically located.

Contact Us :: 1940 North Monroe Street, Tallahassee FL 32399 :: Call.Center@dbpr.state.fl.us :: Customer Contact Center: 850.487.1395

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# BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000

**VALID OCTOBER 1, 2010 THROUGH SEPTEMBER 30, 2011**

DBA: M R MCINTOSH (BUILDING AND
Business Name: ROOFING CONTRACTOR)

Receipt #: 180-3383
Business Type: GENERAL CONTRACTOR (BUILDING CONTRACTOR)

Owner Name: M R MCINTOSH (BUILDING AND ROOFING
Business Location: 8541 NW 54 CT
LAUDERHILL

Business Opened: 06/03/1996
State/County/Cert/Reg: CBC057033
Exemption Code: NONEXEMPT

Business Phone: 754-214-1491

Rooms | Seats | Employees | Machines | Professionals

For Vending Business Only

Number of Machines: | Vending Type:

| Tax Amount | Transfer Fee | NSF Fee | Penalty | Prior Years | Collection Cost | Total Paid |
|---|---|---|---|---|---|---|
| 27.00 | 0.00 | 0.00 | 0 | 0.00 | 0.00 | 29.70 |

**THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS**

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:
PO BOX 590727
FORT LAUDERDALE, FL 33359.

Receipt #01A-10-00000056
Paid 10/01/2010 29.70

**2010 - 2011**

BROWARD COUNTY
FLORIDA

# Office of Economic and Small Business Development

Governmental Center Annex
115 S. Andrews Avenue, Room A680 • Fort Lauderdale, Florida 33301 • 954-357-6400 • FAX 954-357-6010 • TTY 954-357-5664

*This Certificate is Awarded to:*

**MICHAEL R. MCINTOSH d/b/a MR McIntosh, Inc.**

As set forth in the Business Opportunity Act of 2004 and/or the County Business Enterprise Act of 2009, the certification requirements have been met for:

**Small Business Enterprise**

Small Business Development Manager

**BC - SBE – Certificate Expires: 09/30/2013**

The Office of Economic and Small Business Development must be notified within 30 days of any material changes in the business which may affect ownership and control. Failure to do so may result in the revocation of this certificate and/or imposition of other sanctions.

A service of the Broward County Board of County Commissioners
www.broward.org/smallbusiness

CERTIFIED RENOVATOR

**Michael R. McIntosh**

8541 NW 54 Ct., Lauderhill, FL 33351

Date of Birth: February 21, 1959

*has successfully completed an English*

*8 Hour Initial Renovation, Repair, & Painting Course*

From: September 20, 2010 To: September 20, 2010

*And has passed an examination on September 20, 2010*

**Seagull Environmental Management Company, Inc.**

**certifies that this course complies with**

**40 CFR PART 745.225**

R-J-16349-09-0544

Course No. SE1038 Certificate # 144549

**Certification Expires:**

**September 20, 2015**

Training Address:

900 Northwest Fifth Ave, Fort Lauderdale, Fl, 3331[illegible]

# Reference Check Forms (5)

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: M. R. McIntosh Building and Roofing Contractors

Reference: City of Pompano Beach Fax #: _____
Email: melanie.torrillo@copbfl.com Telephone #: 954 786 4572
Person to contact: Melanie Torrillo

**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: M. R. McIntosh Building and Roofing Contractors

Reference: Broward Housing County Authority Fax #: _____
Email: cljackson@bchafl.org Telephone #: 954 739 1114
Person to contact: C. L. Jackson

**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: M. R. McIntosh Building and Roofing Contractors

Reference: City of Lauderdale Lakes
Fax #: 954-746-2109
Email: freddyscott@bellsouth.net
Telephone #: ~~954-749-8744~~ 954-746-8744
Person to contact: Freddy Scott

**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.
HAVING BEEN A QUALIFIED CONTRACTOR WITH THE CITY OF LAUDERDALE LAKES FOR MORE THAN 15 YEARS, McINTOSH HAS COMPLETED REMODELING PROJECTS UNDER CDBG AND DRI

What was the total project amount? AVERAGE CDBG $18,500, DRI $25,000
Was the project completed on time and within budget? YES
What was the project completion date? VARIES
How many remodeling projects has this Contractor completed for you within the past 5 years? APPROX 30
What problems were encountered (claims)? NONE
How many change orders were requested by this Contractor? LESS THAN 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 | 10 |
| Budget Control | 10 | Reliability | 10 |

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

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

Thank you.

Freddy Scott

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: M. R. McIntosh Building and Roofing Contractors

Reference: Christian Community Church of God Fax #: 954. 206. 0714
Email: christiancommunity@bellsouth.net Telephone #: 954 484 7739
Person to contact: Deacon Smith

**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 roof repairs

What was the total project amount? $22,000
Was the project completed on time and within budget? Yes
What was the project completion date? 9/03/11
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 | 8 | Final Product | 8 |
| Qualifications | 8 | Cooperation | 8 |
| Budget Control | 7 | Reliability | 8 |

Would you contract with this Contractor again? Yes [X] 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: M. R. McIntosh Building and Roofing Contractors

Reference: Trevor Stewart Fax #: 305.639.9972
Email: THBStewart@hotmail.com Telephone #: 786 269 0541
Person to contact: Trevor Stewart

**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 | |

## NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110068

State of Florida }

County of Broward }

Robert Eccleston, being first duly sworn, disposes and says that:
(Name/s)

1. They are COO/Chief Estimator of M. R. McIntosh Building & Roofing Contractors 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) COO/Chief Estimator

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

The foregoing instrument was acknowledged before me this 9-14-2011
(Date)

by: Robert Eccleston who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

NOTARY PUBLIC COMMISSION # DD936426 EXPIRES November 17, 2015

_____
Notary (print & sign name)

Commission No. _____

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

# 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: M. R. McIntosh Building & Roofing Contractors

Authorized By: _____ Robert Eccleston
(Sign) (Print Name)

Title: COO/Chief Estimator Date: 9-14-2011

**(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 M. R. McIntosh Building & Roofing Contractors 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**

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)
Eccleston Group Inc

Business name, if different from above
M. R. McIntosh Building & Roofing Contractors

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

Address (number, street, and apt. or suite no.)
1844 NW 38th Avenue

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
Lauderhill FL 33311

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**
3 7 1 6 0 7 1 6 9

## 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 ▶ September 14, 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:

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,

NON-RESPONSIVE

## 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 14th day of September, 2011.

Jeff Pederson Construction, Inc
Name of Organization / Proposer

Submitted by: Jeffery A. Pederson Presidnet / 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 December 19, 2003
In what State Florida
Name of Officers: President Jeffery A. Pederson
Vice President N/A
Secretary N/A
Treasurer N/A

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:
Jeff Pederson Construction, Inc.
5794 NW Belwood Circle Pt. St. Lucie, FL 34986
(772) 370-5015
(772) 878-6202
jpederson0911@yahoo.com

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

6. Area of expertise: All areas of Residential Construction

7. How many years has your organization been in business? 23 years

8. Describe organization profile, including the size, range of activities, licenses, etc.
Residential Contractor, framing, painting, window and door installation, trim, wood flooring, cabinets, countertops, tile, concrete work, bathroom repair and remodeling etc.

(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 | | | |
| d. Other Professional Staff | | | |
| g. Total number of full time personnel | 1 | | |

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 |
|---|---|---|---|---|
| Jeff Pederson | Pres/Owner | 36 | 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 |
|---|---|
| | |
| | |
| | |
| | |
| | |

12. Provide an organizational chart identifying relationship of entity and sub-contractors (if any) and the role description of key personnel proposed.
Jeff Pederson Construction, Inc.
Jeff Pederson
Project Management
All phases of construction with the exception of sub contractors listed in Section 17

13. State your firm's commitment to perform in a timely fashion:
It has been the policy and histroy of this company to complete all work on time ..

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

| Name | Current and Projected Workloads |
|---|---|
| Jeff Pederson | 669 Banyan Rd Vero Beach, New construction 90% complete |
| Jeff Pederson | 909 Gopher Ridge, Addition and remodeling, in permitting |
| Jeff Pederson | 545 Hampton, Bathroom remodels, in progress |
| | |
| | |

15. State your firm's ability to meet budget and schedule:
It has been this company's policy in 23 years of business to meet all budgeting and scheduling on all projects.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
I personally perform as much of the work as possible, while remaining within time constraints. When necessary my hand picked list of subcontractors have proven to provide the most cost effective and quality service.

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, Inc | P. O. Box 7866<br>PSL, FL 34985 | Electrical Contractor |
| Treasure Coast Heating & A/C | 343 NW Cornell Ave PSL, FL 34983 | Heating & Air Conditioning Contractor |
| South Park Plumbing | 6941 Heritage Dr.<br>PSL, FL 34952 | Plumbing Contractor |
| Taylor Roofing | 302 Melton Dr.<br>Ft. Pierce, FL | Roofing 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 ( 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:

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 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 Vicinty 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.

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) Jeffery A. Pederson 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:**

_____ President / Owner

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:**

Jeff Pederson Construction, Inc.
Print Name of Corporation

**If Individual:**

_____
Signature

_____
Print Name

By: _____
(President)

Attest: _____
(Secretary)

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**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: Jeff Pederson Construction, Inc.

Corporate Title: Jeff Pederson Construction, Inc.

Address: 5794 NW Belwood Cir.

Pt. St. Lucie, FL 34986
(Zip Code)

By: Jeffery A. Pederson (Print name) President / Owner (Print title)

_____
(Authorized Signature)

Telephone: (772 ) 370-5015

Fax: ( 772) 878-6202

State License # CRC1327747 **(ATTACH COPY)**

County License # _____ **(ATTACH COPY)**

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

Type of License: Residential 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 }

Jeffery A. Pederson, being first duly sworn, disposes and says that:
(Name/s)

1. They are President / Owner of Jeff Pederson Construction, 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) _____

(Title) President / Owner

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

The foregoing instrument was acknowledged before me this _____
*(Date)*

by: _____ who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

_____
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 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: Jeff Pederson Construction, Inc

Authorized By: _____ Jeffery A. Pederson
(Sign) (Print Name)

Title: President / Owner Date: 9/14/2011

**(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
Jeff Pederson Construction, 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**

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: __Jeff Pederson Construction, Inc_____

Reference: _Edward Reed_____ Fax #: _____
Email: _____ Telephone #: __(772) 370-0185_____
Person to contact: ___Eddie Reed_____

**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 | |

# 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***

NON-RESPONSIVE

## 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 **14** day of **September**, 2011.

**Atlas Development and Construction Company DBA Atlas Hurricane Shutters**
Name of Organization / Proposer

Submitted by: **Limor Elazar, 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: **1992**
In what State: **Florida**
Name of Officers:
President **Limor Elaza**
Vice President _____
Secretary _____
Treasurer _____

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:
**Atlas Development and Construction Company 251 NW 171st Street, Miami, Fl 33169**
**305-493-4366, Fax 305-675-6206 Limor Elazar sales@atlasdevcon.com**

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

_____

6. Area of expertise: _____

7. How many years has your organization been in business? **19 years**
8. Describe organization profile, including the size, range of activities, licenses, etc.

_____
_____
_____
_____

(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 | 1 | | |
| d. Other Professional Staff | 2 | | |
| 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 |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 |
|---|---|
| **City of Miami Gardens** | **HUD'S Housing Quality Standards and Miami Dade** |
| **City of Miami Dade** | **Building Code; including and not limited to Remodeling** |
| **City of Hollywood** | **and Renovations, Roofing, Plumbing, Electrical, Air** |
| **City of Hallandale** | **Conditioning Repair/Replacement, Windstorm Rated** |
| **City of Port St Lucie** | **Windows, Doors and Hurricane Shutters.** |

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:

Job will be done within the time required.

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

| Name | Current and Projected Workloads |
|---|---|
| City of Miami Dade County | 8 Employees |
| | 2 Sub Contractors |
| | |
| | |
| | |

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

Atlas will meet project budget and schedule in timely matter

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

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 |
|---|---|---|
| J&K Roofing | 2010 Sherman Street, Hollywood, Fl | Roofers |
| Steven Elbaz | 224 SE 9th Ct, Hallandale, Fl | Pluming |
| Mizpah Electrical | 506 Richmond Ave, Lehigh Acres, Fl | Electricans |
| King Air of Miami | 2000 NW 194th Street, Miami, Fl | HVAC |
| | | |

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: **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 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 ( )

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 Vicinty 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. Will hire 5-10 Employees

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.

_____

_____

_____

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

| Addendum Number | Date Issued |
|---|---|
| NSP Targeted Area MAP | |
| W9 Form | |
| | |
| | |

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

**CERTIFICATION:**

This RFP is submitted by: Name (print)_____**Limor Elazar**_____ 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:**

Limor Elazar _____ **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:**

**Atlas Development and Construction Company**
Print Name of Corporation

**If Individual:**

Limor Elazar
Signature

Limor Elazar
Print Name

By: LIMOR ELAZAR
(President)

Attest: _____
(Secretary)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

**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: Atlas Development and Construction Company
Corporate Title: Atlas Development and Construction Company

Address: 251 NW 171st Street, Miami, Fl 33169

Miami, Fl 33169

By: Limor Elazar (Print name) — President (Print title)

Limor Elazar
(Authorized Signature)

Telephone: 305-493-4366
Fax: 305-675-6206

State License # CGC 1510253 **(ATTACH COPY)**

County License # Tax 65-0363483 **(ATTACH COPY)**

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

Type of License: _General License and Tax License

Unlimited _____ (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 Atlas Development and Construction Company 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.

Limor Elazar
Proposer's Signature

9/15/11
Date

**NONCOLLUSION AFFIDAVIT OF PRIME BIDDER**
E-RFP #20110068

State of Florida }

County of Miami Dade }

Limor Elazar, being first duly sworn, disposes and says that:
(Name/s)

1. They are Limor Elazar President (Title) of Atlas Development and Construction Co. (Name of Company) the Bidder that 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) Limor Elazar
President
(Title) _____

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

The foregoing instrument was acknowledged before me this Sept. 15. 2011
(Date)

by: LIMOR ELAZAR who is personally known to me or who has produced

_____ as identification and who did (did not) take an oath.

Bouman
Notary (print & sign name)

Commission No. DD884851

FELA BOUMAN
MY COMMISSION # DD884851
EXPIRES: June 10, 2013
FL Notary Discount Assoc. Co.
1-800-3-NOTARY

# 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: Atlas Development and Construction Company

Authorized By: Limor Elazar (Sign) **Limor Elazar** (Print Name)

Title: **President** Date: 9/15/11

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

Form **W-9**
(Massachusetts Substitute W-9 Form)
Rev. April 2009

# Request for Taxpayer Identification Number and Certification

**Completed form should be given to the requesting department or the department you are currently doing business with.**

Please print or type

**Name** ( List legal name, if joint names, list first & circle the name of the person whose TIN you enter in Part I-**See Specific Instruction** on page 2)
Limor Elazar

**Business name**, if different from above. (**See Specific Instruction** on page 2)
Atlas Development and Construction Company

Check the appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ▶

**Legal Address**: number, street, and apt. or suite no.
251 NW 171st Street

**Remittance Address**: if different from legal address number, street, and apt. or suite no.

**City, state and ZIP code**
Miami FL 33169

**City, state and ZIP code**

Phone # ( ) Fax # ( ) Email address:

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instruction 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 2.
**Note**: *If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.*

**Social security number**
☐☐☐-☐☐-☐☐☐☐
**OR**
**Employer identification number**
65-0363483

**Vendors:**
**Dunn and Bradstreet Universal Numbering System (DUNS)**

**DUNS**
☐☐☐☐☐☐☐☐☐

## 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 Services (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 an U.S. person (including an U.S. resident alien).
4. I am currently a Commonwealth of Massachusetts's state employee: (check one): No____ Yes _____ If yes, **in compliance with** the State Ethics Commission **requirements.**

**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.

Sign Here | **Authorized Signature ▶** Limor Elazar **Date ▶** 9/15/2011

## Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or 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 give your correct TIN to the person requesting it (the requester) and , when applicable, to:

1. Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify you are not subject to backup withholding

**If you are a foreign person, use the appropriate Form W-8.** See Pub 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

**What is backup withholding?** Persons making certain payments to you must withhold a designated percentage, currently 28% and pay to the IRS of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 2 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions on page 2.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

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: **Atlas Development and Construction Company**
Limor Elazar 305-675-6206
Reference: _____ Fax #: _____
Email: sales@atlasdevcom.com Telephone #: 305-493-4366
Person to contact: Limor Elazar

**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 | |

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

KNOWLES, WILLIAM I
ATLAS HURRICANE SHUTTERS
251 N.W. 171ST STREET
MIAMI FL 33169

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 AC# 5154257
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1510253 09/01/10 107012779

CERTIFIED GENERAL CONTRACTOR
KNOWLES, WILLIAM I
ATLAS HURRICANE SHUTTERS

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2012 L10090103553

DETACH HERE

AC# 5154257

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

SEQ# L10090103553

| DATE | BATCH NUMBER | LICENSE NBR |
|---|---|---|
| 09/01/2010 | 107012779 | CGC1510253 |

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

KNOWLES, WILLIAM I
ATLAS HURRICANE SHUTTERS
251 N.W. 171ST STREET
MIAMI FL 33169

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

MIAMI-DADE COUNTY
TAX COLLECTOR
140 W. FLAGLER ST.
1st FLOOR
MIAMI, FL 33130

2010 LOCAL BUSINESS TAX RECEIPT 2011
MIAMI-DADE COUNTY - STATE OF FLORIDA
EXPIRES SEPT. 30, 2011
MUST BE DISPLAYED AT PLACE OF BUSINESS
PURSUANT TO COUNTY CODE CHAPTER 8A - ART. 9 & 10

FIRST-CLASS
U.S. POSTAGE
PAID
MIAMI, FL
PERMIT NO. 231

THIS IS NOT A BILL – DO NOT PAY

623363-9 RENEWAL

BUSINESS NAME / LOCATION RECEIPT NO. 600143-2

ATLAS HURRICANE SHUTTERS STATE# CGC1510253
251 NW 171 ST
33169 NORTH MIAMI BEACH

OWNER
ATLAS DEVELOPM & CONSTRUCTION CO

Sec. Type of Business WORKER/S
196 GENERAL BUILDING CONTRACTOR 1

THIS IS ONLY A LOCAL BUSINESS TAX RECEIPT. IT DOES NOT PERMIT THE HOLDER TO VIOLATE ANY EXISTING REGULATORY OR ZONING LAWS OF THE COUNTY OR CITIES. NOR DOES IT EXEMPT THE HOLDER FROM ANY OTHER PERMIT OR LICENSE REQUIRED BY LAW. THIS IS NOT A CERTIFICATION OF THE HOLDER'S QUALIFICATIONS.

PAYMENT RECEIVED
MIAMI-DADE COUNTY TAX COLLECTOR
01/31/2011
09010350001
000056.25

SEE OTHER SIDE

DO NOT FORWARD

ATLAS HURRICANE SHUTTERS
LIMOR ELZAR PRES
251 NW 171 ST
NORTH MIAMI BEACH FL 33169

15

ACORD®

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/07/11

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
Action Insurance Group
7124 South Military Trail
Lake Worth, FL 33463
Phone (561)296-1771 Fax (561)296-1772

CONTACT NAME:
PHONE (A/C, No, Ext): (561)296-1771 FAX (A/C, No): (561)296-1772
E-MAIL ADDRESS: actioninsgrp@aol.com

INSURER(S) AFFORDING COVERAGE — NAIC #
INSURER A: National Contractors Insurance Company
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Atlas Development and Construction Company d/b/a Atlas Hurricane Shutter
251 NW 171st Street
Miami, FL 33169- (305-493-4366

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 | |
|---|---|---|---|---|---|---|---|
| | GENERAL LIABILITY | | | | | EACH OCCURRENCE | $ 1,000,000.00 |
| | ☑ COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 50,000.00 |
| A | ☐ CLAIMS-MADE ☑ OCCUR | | GLF000013589-01 | 06/27/2011 | 06/27/2012 | MED EXP (Any one person) | $ 5,000.00 |
| | | | | | | PERSONAL & ADV INJURY | $ 1,000,000.00 |
| | | | | | | GENERAL AGGREGATE | $ 2,000,000.00 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC | | | | | PRODUCTS - COMP/OP AGG | $ 1,000,000.00 |
| | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ☐ ANY AUTO | | | | | BODILY INJURY (Per person) | $ |
| | ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS | | | | | BODILY INJURY (Per accident) | $ |
| | ☐ HIRED AUTOS ☐ NON-OWNED AUTOS | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | $ |
| | ☐ UMBRELLA LIAB ☐ OCCUR | | | | | EACH OCCURRENCE | $ |
| | ☐ EXCESS LIAB ☐ CLAIMS-MADE | | | | | AGGREGATE | $ |
| | ☐ DED ☐ RETENTION $ | | | | | | $ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | Y / N | | | | ☐ WC STATUTORY LIMITS ☐ OTHER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | ___ N / A | | | | 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

City of Port St Lucie
121 S.W. Port St Lucie Boulevard

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
Melanie R. Shepherd

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# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/12/2011

PRODUCER (954) 315-1748
Miller & Associates Insurance Group, Inc.
2881 East Oakland Park Blvd
Ft. Lauderdale FL 33305-

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.

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

INSURED
Atlas Development & Construction Company
DBA Atlas Hurricane Shutters
251 NW 171 Street
Miami FL 33169-

## 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 LTR | ADD'L INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS | |
|---|---|---|---|---|---|---|---|
| | | GENERAL LIABILITY | | / / | / / | EACH OCCURRENCE | $ |
| | | COMMERCIAL GENERAL LIABILITY | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ |
| | | CLAIMS MADE OCCUR | | / / | / / | MED EXP (Any one person) | $ |
| | | | | | | PERSONAL & ADV INJURY | $ |
| | | | | / / | / / | GENERAL AGGREGATE | $ |
| | | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | PRODUCTS - COMP/OP AGG | $ |
| | | POLICY PRO-JECT LOC | | / / | / / | | |
| | | AUTOMOBILE LIABILITY | | / / | / / | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | | ANY AUTO | | | | | |
| | | ALL OWNED AUTOS | | / / | / / | BODILY INJURY (Per person) | $ |
| | | SCHEDULED AUTOS | | | | | |
| | | HIRED AUTOS | | / / | / / | BODILY INJURY (Per accident) | $ |
| | | NON-OWNED AUTOS | | | | | |
| | | | | / / | / / | PROPERTY DAMAGE (Per accident) | $ |
| | | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | $ |
| | | ANY AUTO | | / / | / / | OTHER THAN AUTO ONLY: EA ACC | $ |
| | | | | | | AGG | $ |
| | | EXCESS/UMBRELLA LIABILITY | | / / | / / | EACH OCCURRENCE | $ |
| | | OCCUR CLAIMS MADE | | | | AGGREGATE | $ |
| | | | | | | | $ |
| | | DEDUCTIBLE | | / / | / / | | $ |
| | | RETENTION $ | | | | | $ |
| B | | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | 31000000480110 | 07/09/2011 | 07/09/2012 | X WC STATU-TORY LIMITS / OTH-ER | |
| | | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? | | / / | / / | E.L. EACH ACCIDENT | $ 100,000 |
| | | If yes, describe under SPECIAL PROVISIONS below | | | | E.L. DISEASE - EA EMPLOYEE | $ 100,000 |
| | | | | | | E.L. DISEASE - POLICY LIMIT | $ 500,000 |
| | | OTHER | | / / / / / / | / / / / / / | | |

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

## CERTIFICATE HOLDER

( ) - ( ) -

City of Port St Lucie
121 S.W. Port St Lucie Boulevard

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

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# 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***