PORT ST. LUCIE CITY COUNCIL
AGENDA ITEM REQUEST

COUNCIL ITEM 13A
DATE 11/14/11

Meeting Date: November 14, 2011

Public Hearing ____ Ordinance ____ Resolution ____ Motion X

Legal Advertisement: August 22, 2011 & August 30, 2011 Broadcast Date: August 16, 2011

Item: RFP #20110114 – Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Recommended Action:

1) Approval of Award and Contract Documents with Decon Environmental & Engineering, Lang Environmental, Inc., TLC Experts, Certified Property Restoration, LLC, Servpro of Martin County and De La Hoz Builders, Inc. for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program. Contract period is twenty-four months with an option to renew for an additional twenty-four month period.

2) Approval to issue purchase orders as budget allows up to $500,000.00 without additional Council action.

Exhibits: Department memo attached [X] yes [ ] no
Copies of the RFP Specifications and all Addenda, Responses from proposers, tabulation report, and related documents.

Summary Explanation/Background Information: Six (6) proposals were received on September 22, 2011 for the Asbestos, Lead, Mold & Water Remediation Services for the NSP Program. Contractors who were licensed in one or more of the disciplines were encouraged to submit a proposal. The Evaluation Committee met on October 12, 2011 at 2:00 pm to discuss the proposals. The Committee voted unanimously to select the all six (6) Contractors to be placed on the Master Contract List for the various remediation services. Two (2) of the Contractors that submitted were licensed for Asbestos Abatement and they will be placed on a separate Master Contract List. All six (6) of the Contractors will be placed on the Lead, Mold & Water Remediation master Contract List. The selected Contractors are:

Asbestos Abatement Master Contract List: Decon Environmental & Engineering and Lang Environmental, Inc.
Lead, Mold & Water Remediation Master Contract List: TLC Experts,Certified Property Restoration, LLC, Decon Environmental & Engineering, Lang Environmental, Inc., De La Hoz Builders, Inc. and Servpro of Martin County

Contractors will be used for both the NSP-1 Program and the NSP-3 Program. The Contract period will be twenty-four (24) months with an option to renew for an additional twenty-four (24) months. The Community Services Department recommends City Council approval of the six (6) Contractors for the various services.

Purchase is budgeted in the 114 & 116 Fund.

Expenditure Purchase Orders will be issued for individual projects as budget allows.

RECEIVED
OCT 18 2011
City Manager's Office

Department requests expenditure from the following:

Fund	114 116	NSP-3 Fund NSP-1 Fund
Cost Center	5500	Neighborhood Stabilization
Object Code	549111	Repair & Rehabilitation
Project	00000	Various Project Numbers

Director of OMB concurs with award: _____ City Manager concurs with award: _____

Department requests __-0-___ minutes to make a presentation.

Submitted by: __Tricia Swift-Pollard_____ Date Submitted: ___10-18-11_____

Title: __Community Services Director_____

Memo

To: ROBYN HOLDER, OMB

From: TRICIA SWIFT-POLLARD, DIRECTOR, COMMUNITY SERVICES

Date: OCTOBER 14, 2011

Re: ASBESTOS, LEAD, MOLD AND WATER REMEDIATION MASTER LIST

Please proceed to Council for approval of the two (2) qualified Asbestos Abatement companies:

- Decon Environmental and Engineering, and
- Lang Environmental, Inc.

and the six (6) qualified Lead, Mold and Water Remediation companies:

- Decon Environmental and Engineering
- Lang Environmental, Inc.
- TLC Experts
- Certified Property Restoration, LLC
- Servpro of Martin County
- De La Hoz Builders, Inc.

These companies are to be placed on a Master Contract list and are approved to issue contracts for the Neighborhood Stabilization Program in the following funds.

114-5500-549111
116-5500-549111

If you have any questions or require additional information please contact me.

CITY OF PORT SAINT LUCIE
CONTRACT #20110114

This CONTRACT, executed this _____ day of _____, 2011, by and between the CITY OF PORT ST. LUCIE, FLORIDA, a municipal corporation, duly organized under the laws of the State of Florida, hereinafter called "City" party of the first part, and name of contractor, address, Telephone No. ( ) ____ Fax No. ( ) _____, hereinafter called "Contractor", party of the second part.

RECITALS

In consideration of the below agreements and covenants, the parties agree as follows:

NOTICES

City Project Manager: Tricia Swift-Pollard, Community Services Director
City of Port St. Lucie
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
Telephone: 772-871-5264 Fax: 772-344-4340
Email: triciap@cityofpsl.com

City Contract Administrator: Robyn Holder, CPPB
City of Port St. Lucie
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
Telephone: 772-871-5223 Fax: 772-871-7337
Email: rholder@cityofpsl.com

SECTION I
DESCRIPTION OF SERVICES TO BE PROVIDED

The specific work, which the Contractor has agreed to perform pursuant to the Request for Proposal which is incorporated herein by this reference, is for Asbestos, Lead, Mold and Water Remediation Services for the purpose of repairing and rehabilitating foreclosed properties for the Neighborhood Stabilization Program.

Awards for individual projects under this Master Contract will be as follows:

Award of Individual Projects – An E-bid will be broadcast on Demandstar with the specifications listed for each project and will be in an Excel format. All responses will be received electronically in an Excel format. Each individual project will be classified as a NSP-1 or NSP-3 residence. The award of each individual project will be based on the lowest responsive responsible bid with consideration for the projected time submitted for the project and credit will be given for Section 3 and/or Vicinity Hiring Certifications as follows:

All Neighborhood Stabilization Program (NSP) 1 and 3 project E-Bid awards shall adhere to the following requirements:

1. Section 3 Compliance
    a. To ensure compliance with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u), and implementing regulations at 24 CFR part 135 the City shall give preference for project awards to Contractors who are certified as Section 3 business concerns.
    b. Credit for meeting Section 3 eligibility criteria shall be incorporated into the evaluation of the award as follows: The eligible contractor will be determined to have the lowest responsive bid if that bid is not more than 5% higher than the total bid price of the lowest responsive bid from any responsible bidder. All other evaluation criteria remain unchanged.
    c. Contractors shall to the greatest extent feasible assist in informing Section 3 businesses and residents (low and very low income persons in Port St. Lucie) of employment opportunities made available through NSP funding.
    d. The Contractor is strongly encouraged to provide a listing of job availability at the job site and to provide door hangers of job availability for the neighborhood residents to better target local Section 3 residents in hiring.

All Neighborhood Stabilization Program (NSP) 3 project E-Bid awards shall adhere to the following requirements:

1. Vicinity Hiring Compliance

    a. The City is required to the maximum extent feasible to provide for hiring of employees who reside in the vicinity of NSP 3 funded projects or contract with small businesses that are owned and operated by persons residing in the "vicinity." For NSP3 the vicinity is described as follows:

        Census Tract 2005, Block Group 2: Bordered on the West by Florida's Turnpike, on the North by Eyerly Ave., on the East by Airoso Blvd. and on the South by Port St. Lucie Blvd.
    b. To ensure compliance with NSP3 vicinity hiring the City shall give preference to project awards to Contractors who live in the above described area and has been certified by the Vicinity Hiring Certification.
    c. Credit for contractor's who live in the vicinity and are certified with the Vicinity Hiring certification shall be incorporated into the evaluation of the award as follows: The eligible contractor will be determined to have the lowest responsive bid if that bid is not more than 7% higher than the total bid price of the lowest responsive bid for any responsible bidder. All other evaluation criteria remain unchanged. If the Contractor is certified under Section 3 and Vicinity Hiring, the total bid price is limited to not more than 7% higher than the total bid price of the lowest responsive bid from any responsible Bidder.

d. Contractors shall to the greatest extent feasible assist the City in providing for hiring of employees or contracting with small business owned and operated by persons residing in the vicinity.
e. The Contractor is strongly encouraged to provide a listing of job availability at the job site and to provide door hangers of job availability for the neighborhood residents to better target local residents in hiring.

To obtain information on Section 3 eligibility and Vicinity Hiring Certification go to the City's web site at www.cityofpsl.com and click on the blue button entitled "Neighborhood Stabilization – 3. Scroll down to "Hiring of Contractors for Repair of Homes" and choose Section 3 Compliance and/or Vicinity Hiring for NSP-3. Information sheets are located in the respective areas.

SECTION II
TIME OF PERFORMANCE

Contract period shall commence upon _____ and continue for a period of twenty-four (24) months. The Contract will terminate on _____. In the event all work required in the Proposal has not been completed by the specified date for each event, the Contractor agrees to provide work as authorized by the Contract Supervisor until all work for the event specified has been rendered

SECTION III
COMPENSATION

The total amount to be paid by the City to the Contractor will be determined by the lump sum E-Bid on each individual residential property. Payments will be disbursed in the following manner:

Progress Payments- Partial payments may be made calculated from the percentage of work completed and in place will be made Net thirty (30) days after the receipt of the Pay Request. Partial Release of Liens from all contractors, subcontractors, suppliers for materials and sub-sub contractors are to be attached to each invoice.

Acceptance and Final Payment - Upon receipt of written notice that the work is ready for final inspection and acceptance, the City will promptly make such inspection. When City finds the work acceptable under the terms of the Contract and the work is fully performed, City will promptly issue a final certificate stating that the work provided for in the Contract has been completed, and that the City's final acceptance of the Contractor's work under the terms and the conditions of the Contract is recommended, and the entire balance due the Contractor, and subject to any liquidated damages, if any assessed against the Contractor, will be paid to the Contractor Net thirty (30) calendar days after the date of the City's issuance of said final certificate of work completion and acceptance.

Before the City issues the final certificate of work completion and acceptance, the Contractor shall submit evidence that all payrolls, material bills and other indebtedness connected with the work have been paid. Final Release of Liens from all contractors, subcontractors, suppliers for materials and sub-sub contractors are to be attached to the final invoice.

The Contractor shall not be paid additional compensation for any loss, and/or damage arising out of the nature of the work, from the action of the elements, or from any delay or unforeseen obstruction or difficulties

encountered in the prosecution of the work, or for any expenses incurred by, or as a consequence of the suspension or discontinuance of the work.

Invoices for services shall be submitted once a month, by the 10th day of each month, and payments shall be made net thirty (30) days unless Contractor has chosen to take advantage of the Purchasing Card Program, which guarantees payment within several days. Payments shall be made provided the submitted invoice is accompanied by adequate supporting documentation and approved by the Contract Supervisor as provided in Section XII.

No payment for projects involving improvements to real property shall be due until Contractor delivers to City a complete release of all claims arising out of the Contract or receipts in full in lieu thereof, and an affidavit asserting personal knowledge that the releases and receipts include labor and materials for which a lien could be filed.

All invoices and correspondence relative to this Contract must contain the Contract number, Purchase Order number or Visa Authorization number appearing herein.

SECTION IV
CONFORMANCE WITH PROPOSAL

It is understood that the materials and/or work required herein are in accordance with the proposal made by the Contractor pursuant to the Request for Proposal and Specifications on file in the Office of Management and Budget of the City. All documents submitted by the Contractor in relation to said proposal, and all documents promulgated by the City for inviting proposals are, by reference, made a part hereof as if set forth herein in full.

SECTION V
INDEMNIFICATION/INSURANCE

The Contractor agrees to indemnify, defend, and hold harmless the City, its officers and employees, from liabilities, damages, losses and costs, including but not limited to, reasonable attorney's fees, to the extent caused by the negligent acts, recklessness, or intentional wrongful misconduct of the Contractor and persons employed or utilized by the Contractor in the performance of the construction contract. As consideration for this indemnity provision the Contractor shall be paid the sum of ten dollars ($10.00), which will be added to the contract price, and paid prior to commencement of work.

The Contractor shall, on a primary basis and at its sole expense, agree to maintain in full force and effect at all times during the life of this Contract, insurance coverage, limits, including endorsements, as described herein. The requirements contained herein, as well as City's review or acceptance of insurance maintained by Contractor are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Contractor under the Contract.

The parties agree and recognize that it is not the intent of the City of Port St. Lucie that any insurance policy/coverage that may be obtained pursuant to any provision of this Contract will provide insurance coverage to any entity, corporation, business, person, or organization, other than the City of Port St. Lucie and the City shall not be obligated to provide any insurance coverage other than for the City of Port St. Lucie or extend its sovereign immunity pursuant to Section 768.28, Florida Statutes, under its self insured program. Any provision contained herein to the contrary shall be considered void and unenforceable by any party. This provision does not apply to

any obligation imposed on any other party to obtain insurance coverage for this project, or any obligation to name the City of Port St. Lucie as an additional insured under any other insurance policy, or otherwise protect the interests of the City of Port St. Lucie as specified in this Contract.

The Contractor shall agree to maintain Workers' Compensation Insurance & Employers' Liability in accordance with Section 440, Florida Statutes. Employers' Liability must include limits of at least $100,000 each accident, $100,000 each disease/employee, $500,000 each disease/maximum. A Waiver of Subrogation endorsement must be provided. Coverage should apply on a primary basis. Should scope of work performed by Contractor qualify its employee for benefits under Federal Workers' Compensation Statute (example, U.S. Longshore & Harbor Workers Act or Merchant Marine Act), proof of appropriate Federal Act coverage must be provided.

Commercial General Liability insurance issued under an Occurrence form basis, including Contractual liability, to cover the hold harmless agreement set forth herein, with limits of not less than:

Each occurrence	$1,000,000
Personal/advertising injury	$1,000,000
Products/completed operations aggregate	$2,000,000
General aggregate	$3,000,000
Fire damage	$100,000 any 1 fire
Medical expense	$10,000 any 1 person

An Additional Insured endorsement **must** be attached to the certificate of insurance and must include coverage for Completed Operations (should be ISO CG20101185 or CG20371001 & CG20100704) under the General Liability policy. Products & Completed Operations coverage to be provided for a minimum of 5 years from the date of possession by owner or completion of contract. Coverage is to be written on an occurrence form basis and shall apply as primary. A per project aggregate limit endorsement should be attached. Defense costs are to be in addition to the limit of liability. A waiver of subrogation is to be provided in favor of the City. Coverage for the hazards of explosion, collapse and underground property damage (XCU) must also be included when applicable to the work performed. Coverage shall extend to independent contractors and fellow employees. Contractual Liability is to be included. Coverage is to include a cross liability or severability of interests provision as provided under the standard ISO form separation of insurers clause. There shall be no exclusion for Mold, Silica or Respirable Dust or Bodily Injury or Property Damage arising out of heat, smoke, fumes or ash from a hostile fire.

Environmental Impairment Liability with limit of not less than $1,000,000 per occurrence. For policies written on a claims made basis, Contractor shall maintain a retroactive date prior to or equal to the effective date of this Contract. In the event the policy is canceled, non-renewed, switched to an occurrence form or there is a change in the retroactive date, Contractor must purchase an extended reporting period rider during the life of this Contract of not less than three (3) years.

Except as to Workers' Compensation and Employers' Liability, said Certificate(s) and policies shall clearly state that coverage required by the Contract has been endorsed to include the City of Port St. Lucie, a political subdivision of the State of Florida, its officers, agents and employees as Additional Insured with a CG 2026-Designated Person or Organization endorsement, or similar endorsement, added to its Commercial General Liability policy and Business Auto policy. The name for the Additional Insured endorsement issued by the insurer shall read "**City of Port St. Lucie, political subdivision of the State of Florida, its officers, employees and agents, and Contract #20110114 for Asbestos, Lead, Mold and Water Remediation Services for the**

Neighborhood Stabilization Program (NSP) shall be listed as additionally insured." The Certificate of Insurance and policy shall unequivocally provide thirty- (30) day written notice to the City prior to any adverse changes, cancellation, or non-renewal of coverage thereunder. Said liability insurance must be accepted by and approved by the City as to form and types of coverage. In the event that the statutory liability of the City is amended during the term of this Contract to exceed the above limits, the Contractor shall be required, upon receipt of thirty - (30) days written notice from the City, to provide coverage at least equal to the amended statutory limit of liability of the City. Copies of the Additional Insured endorsements including Completed Operations coverage should be attached to the Certificate of Insurance. All independent contractors and subcontractors utilized in this project must furnish a Certificate of Insurance to the City in accordance with the same requirements set forth herein.

The Contractor shall agree to maintain Business Automobile Liability at a limit of liability not less than $1,000,000 each accident covering any auto, owned, non-owned and hired automobiles. In the event, the Contractor does not own any automobiles; the Business Auto Liability requirement shall be amended allowing Contractor to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto Coverage form. Certificate holder must be listed as additional insured. A waiver of subrogation must be provided. Coverage should apply on a primary basis and include a Pollution Liability endorsement for the hauling of hazardous waste.

The Contractor shall agree by entering into this Contract to a Waiver of Subrogation for each required policy. When required by the insurer, or should a policy condition not permit an Insured to enter into a pre-loss Contract to waive subrogation without an endorsement then Contractor shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy where a condition to the policy specifically prohibits such an endorsement, or voids coverage should Contractor enter into such a Contract on a pre-loss basis.

It shall be the responsibility of the Contractor to ensure that all subcontractors comply with the same insurance requirements referenced above.

All deductible amounts shall be paid for and be the responsibility of the Contractor for any and all claims under this Contract.

The Contractor may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employers' Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employers' Liability. When required by the insurer, or when Umbrella or Excess Liability is written on Non-Follow Form, the City shall be endorsed as an "Additional Insured."

SECTION VI
PROHIBITION AGAINST FILING OR MAINTAINING LIENS AND SUITS

Subject to the laws of the State of Florida and of the United States, neither Contractor nor any subcontractor, supplier of materials, laborer or other person shall file or maintain any lien for labor or materials delivered in the performance of this Contract against the City. The right to maintain such lien for any or all of the above parties is hereby expressly waived.

SECTION VII
WORK CHANGES

The City reserves the right to order work changes in the nature of additions, deletions or modifications without invalidating the Contract, and agrees to make corresponding adjustments in the Contract price and time for completion. Any and all changes must be authorized by a written change order signed by the Director of OMB, City Manager or their designee as representing the City. Work shall be changed and the Contract price and completion time shall be modified only as set out in the written change order. Any adjustment in the Contract price resulting in a credit or a charge to the City shall be determined by mutual agreement of the parties before starting the work involved in the change.

SECTION VIII
FIELD CHANGES

The Contract Supervisor shall have the authority to order minor changes in amounts up to $25,000.00 or accumulated change orders totaling less than $25,000.00, or minor extensions of the Contract Time. Such changes shall be effected by written order and signed by both the Contract Supervisor and the Contractor. The Contractor shall carry out such written orders promptly. Change orders in amounts exceeding $25,000.00 require City Council approval.

SECTION IX
COMPLIANCE WITH LAWS

The Contractor shall give all notices required by all applicable laws, ordinances and codes. Further, Contractor shall, at Contractor's sole cost and expense secure and pay the fees and charges for all permits required for the performance of the Contract. All materials furnished and work performed pursuant to the Contract, and any Amendments or Change Orders thereto shall comply with all local, state and federal laws and regulations.

SECTION X
CLEANING UP

The Contractor shall, during the performance of this Contract, remove and properly dispose of resulting dirt and debris, and keep the work area reasonably clear. Upon completion of the work, Contractor shall remove all of Contractor's equipment and all excess materials, and put the work area in a neat, clean, sanitary and safe condition.

SECTION XI
NOTICE OF PERFORMANCE

Following the delivery of materials and Contractor's performance of work required under this Contract, Contractor shall submit a written request for inspection to the Contract Supervisor. Such written request for inspection is the Contractor's Notice of Performance, which is further addressed in Section XIII of this Contract.

SECTION XII
INSPECTION AND CORRECTION OF DEFECTS

In order to determine whether the required work was performed in accordance with the terms and conditions of the Contract Documents, the Contract Supervisor shall conduct inspection as soon as practicable after receipt of the Contractor's of a Notice of Performance. If such inspection shows that the required work performed in accordance with the terms and conditions of the Contract Documents and that the work is entirely satisfactory, the Contract Supervisor shall approve the invoice when it is received. Thereafter the Contractor shall be entitled to payment, as described in Section III of this Contract. If the inspection conducted by the Contract Supervisor reveals that the work performed is not satisfactory, or substandard, then the Contract Supervisor shall, as soon as practicable, inform the representatives or contact persons of the respective parties hereto, of the specific findings of the inspection. The City shall provide Contractor with the opportunity to correct, remedy, or fix, within a reasonable time but no longer than thirty (30) days from the date of being informed of the unfavorable inspection, the items deemed unsatisfactory or substandard, at no additional charge to the City. Such examination, inspection, or tests made by the Contract Supervisor, at any time, shall not relieve Contractor of the responsibility or obligation to remedy any deviation, deficiency, or defect in the materials used or work performed.

SECTION XIII
ADDITIONAL REQUIREMENTS

In the event of any conflict between the terms and conditions, appearing on any purchase order issued relative to this Contract, and those contained in this Contract and the Specifications herein referenced, the terms of the Contract Documents shall apply.

SECTION XIV
LICENSING

The Contractor warrants that he possesses all licenses and certificates necessary to perform required work and is not in violation of any laws. Contractor warrants that his license and certificates are current and will be maintained throughout the duration of the Contract.

SECTION XV
SAFETY PRECAUTIONS

Precaution shall be exercised at all times for the protection of persons, including employees and members of the public, and property. The safety provisions of all applicable laws and building and construction codes shall be observed.

SECTION XVI
ASSIGNMENT

The Contractor shall not delegate or subcontract any part of the work required to be performed under this Contract or assign any monies due Contractor hereunder without first obtaining the written consent of the City.

SECTION XVII
TERMINATION, DELAYS AND LIQUIDATED DAMAGES

A. Termination of Contract. If the Contractor refuses or fails to deliver material as required and/or prosecute the work with such diligence as will insure its completion within the time specified in this Contract, or as modified as provided in this Contract, the City by written notice to the Contractor, may terminate Contractor's rights to proceed. Upon such termination, the City may take over the work and prosecute the same to completion, by Contract or otherwise, and the Contractor and his sureties shall be liable to the City for any additional costs incurred by the City in its completion of the work. The City may also, in the event of termination obtain undelivered materials, by Contract or otherwise, and the Contractor and his sureties shall be liable to the City for any additional cost incurred for such material. Contractor and his sureties shall also be liable to the City for liquidated damages for any delay in the completion of the work as provided below. If the Contractor's right to proceed is so terminated, the City may take possession of and utilize in completing the work such materials, tools, equipment and facilities as may be on the site of the work, and therefore necessary to accomplish the work.

B. Liquidated Damages for Delays. If material is not provided or work is not completed within the time specified in this Contract, including any extensions of time for excusable delays as herein provided, (it being impossible to determine the actual damages occasioned by the delay) the Contractor shall provide to the City the amount of **$500.00** for each calendar day of delay until the work is completed. The Contractor and his sureties shall be liable to the City for the total amount thereof that is due to the City as a result of said delay of work completion.

C. Excusable Delays. The right of the Contractor to proceed shall not be terminated nor shall the Contractor be charged with liquidated damages for any delays in the completion of the work or delivery of materials due to: (1) any adverse acts of the Federal Government, including controls or restrictions or requisitioning of materials, equipment, tools or labor by reason of war, national defense or any other national emergency, (2) any willful or wrongful acts of the City, (3) causes not reasonably foreseeable by the parties at the time of the execution of the Contract that are beyond the control and without the fault or negligence of the Contractor, including but not restricted to, acts of God, acts of the pubic enemy, acts of another Contractor in the performance of some other Contract with the City, fires, floods, epidemics, quarantine, restrictions, strikes, freight embargos and weather of unusual severity such as hurricanes, tornadoes, cyclones and other extreme weather conditions, and (4) any delay of any subcontractor occasioned by any of the above mentioned causes. However, the Contractor must promptly notify provide written notice to the City of the delay in performing work. Contractor shall provide such written notice of delay within two (2) days of the event that caused the delay. the City in writing within two (2) days of the cause of delay. If, on the basis of the facts and the terms of this Contract, the delay is properly excusable, then the City shall extend the time for completing the work for a period of time commensurate with the period of excusable delay.

D. The City may terminate this Contract with or without cause by giving the Contractor thirty (30) days notice in writing. Upon delivery of said notice and upon expiration of the thirty (30) day period, the Contractor shall discontinue all services in connection with the performance of this Contract and shall proceed to cancel promptly all related existing third party Contracts. Termination of the Contract by the City pursuant to this paragraph shall terminate all of the City's obligations hereunder.

SECTION XVIII
LAW

This Contract is to be construed as though made in and to be performed in the State of Florida and is to be governed by the laws of Florida in all respects without reference to the laws of any other state or nation. The venue of any action taken pursuant to this Contract shall be in St. Lucie County, Florida.

SECTION XIX
APPROPRIATION APPROVAL

The Contractor acknowledges that the City of Port Saint Lucie's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the City Council. The Contractor agrees that, in the event such appropriation is not forthcoming, the City may terminate this Contract and that no charges, penalties or other costs shall be assessed against the City.

SECTION XX
RENEWAL OPTION

The Contract period will be for twenty-four (24) months with an option to renew for one (1) additional twenty-four (24) month period. In the event Contractor offers in writing at least three (3) months, prior to the termination of this Contract, to provide the identical services required in this Contract for the identical period of time in the subsequent calendar period, then the City, without additional bidding or negotiation, may, with the mutual agreement of the Contractor, extend this Contract for an additional twenty-four (24) month period.

NOTE: Contractor may exercise the option to continue the contract by submitting a written submission three (3) months prior to the end of the twenty-four (24) month period.

SECTION XXI
ENTIRE AGREEMENT

The written terms and provisions of this Contract shall supersede and take precedence over any and all prior and contemporaneous verbal or written statements of any official or other representative of the City. Any such statements shall not be effective or be construed as entering into, or forming a part of, or altering in any manner whatsoever, this Contract or Contract documents. .

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IN WITNESS WHEREOF, the parties have executed this Contract at Port St. Lucie, Florida, the day and year first above written.

CITY OF PORT ST. LUCIE FLORIDA
By:

_____
City Manager

ATTEST:
By:

_____
City Clerk

By:_____
Authorized Representative of (company name)

State of:_____

County of:_____

Before me personally appeared: _____
(*please print*)

Personally known _____

Produced Identification: _____
(type of identification)

Identification No. _____

and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.
(he/she)

WITNESS my hand and official seal, this _____ day of _____, 2011.

_____
Notary Signature

Notary Public-State of _____ at Large

My Commission Expires _____.

(*seal*)

E-Bid Documents

- E-Bid Specifications
- Addendum #1
- Legal Advertisement

CITY OF PORT ST. LUCIE

E-RFP #20110114

ELECTRONIC REQUEST FOR PROPOSALS FOR ASBESTOS, LEAD, MOLD & WATER REMEDIATION SERVICES FOR THE NEIGHBORHOOD STABILIZATION PROGRAM

Prepared By: Robyn Holder, CPPB
Office of Management & Budget
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984-5099
772-344-4293
rholder@cityofpsl.com

ELECTRONIC REQUEST FOR PROPOSALS FOR ASBESTOS, LEAD, MOLD & WATER REMEDIATION SERVICES FOR THE NEIGHBORHOOD STABILIZATION PROGRAM

Electronic RFP (E-RFP) #20110114 for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program will be received in the Office of Management & Budget, of the City of Port St. Lucie, 3rd Floor, Suite 390, Building "A" of the Municipal Complex located at 121 SW Port St. Lucie Boulevard, Port St. Lucie, FL 34984-5099, no later than **3:00:00 pm on September 22, 2011.**

The Federal Government has issued various Grants to the City of Port St. Lucie for the Neighborhood Stabilization Program. These programs will allow the City to purchase foreclosed properties and rehabilitate each of them for resale. Once the properties have been identified and purchased, the City will inspect each residence to assess, if any, repairs that are required. The Contractors selected will be placed on the Master Contract List and will be required to submit an electronic bid for each identified residence.

Firms must be a Licensed Asbestos Abatement Contractor in the State of Florida, have a Lead-Safe Certification from the Environmental Protection Agency (EPA) and have experience in Mold and Water Remediation following the guidelines issued by the EPA for Mold Remediation in Schools and Commercial Buildings.

Electronic replies will be the **only** method allowed for Proposers to respond to this solicitation. All submittals must be compatible with Microsoft Office 2003. Submittals will be done through a secure locked box. Proposers can only view/submit their Electronic Proposal and will not have access to any other Proposer's submittal. The Proposer's submittal may be changed at the Proposer's discretion until the due date and time have been reached at which time the Proposer will no longer change or have access to the electronic submittal. The City will then open the E-RFPs. Proposers who are electronically submitting for the first time are strongly encouraged to contact Demandstar at (800) 771-1712 or obtain assistance by e-mailing questions to supplierservices@onvia.com

All proposals must be received by the date and time specified above. The proposal time must be and shall be scrupulously observed. Under no circumstances shall proposals submitted after the time specified be accepted or considered. Such proposals will be rejected. It is the sole responsibility of the Proposer to ensure that his or her proposal is uploaded to Demandstar on or before the closing date and time. The City shall in no way be responsible for delays caused by any occurrence. No exceptions will be made.

The City of Port St. Lucie reserves the right to reject any and all proposals, to waive any and all informalities or irregularities, to negotiate with any qualified bidders, and to accept or reject all or any part of any proposal as it may deem to be in the best interest of the citizens of the City.

For the purpose of this RFP, the term Proposer and Contractor may be used interchangeably.

Robyn Holder, CPPB
Office of Management and Budget

CAUTION

It is suggested that you upload your response in adequate time to assure that it will be posted on the day prior to the closing date.

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1. NSP-3 TARGETED AREA (not included in E-RFP Specifications)
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OVERVIEW

The City of Port St. Lucie, Florida solicits proposals from qualified Contractors licensed in the State of Florida as an Asbestos Abatement Contractor, have a Lead-Safe Certification from the Environmental Protection Agency (EPA) and have experience in Mold and Water Remediation following the guidelines issued by the EPA for Mold Remediation in Schools and Commercial Buildings for the purpose of repairing and rehabilitating foreclosed properties purchased by the City under the Neighborhood Stabilization Program. The Contractors that qualify will be placed on the Master Contract list for the Neighborhood Stabilization Program. The Contract period will be for twenty-four (24) months with a renewal option of one (1) additional twenty-four (24) month period.

INTENT

It is the intent of the City to enter into Master Contracts with one or more qualified firms that are regularly engaged in residential remodeling services. The Contractors shall provide, with the submittal package, verification that they have been engaged in residential remodeling services for a minimum of two (2) years and that they are licensed in the State of Florida as an Asbestos Abatement Contractor, have a Lead-Safe Certification from the Environmental Protection Agency (EPA) and have experience in Mold and Water Remediation following the guidelines issued by the EPA for Mold Remediation in Schools and Commercial Buildings.

Firms under contract will be asked to submit an electronic bid for each identified residence. Each project will require the appropriate insurance as identified in the Master Contract.

NOTE: The City will not accept proposals from firms, that have or have had adversarial relationships with the City or firms that have represented entities that have or have had adversarial relationships with the City. This includes the firm, employees and financial or legal interests.

INQUIRIES

All questions related to the Request for Proposal must be directed to Robyn Holder, CPPB in the Office of Management & Budget Department. She can be reached at (772) 344-4293. Questions shall be submitted in writing no later than seven (7) days prior to the bid opening date. To ensure fair consideration for all proposers, it must be clearly understood that Ms. Holder is the only individual who is authorized to represent the City. Questions submitted to any other person in any other department will not be addressed. Additionally, the City prohibits communications initiated by a proposer to **any** City Official or employee evaluating or considering the proposals **(up to and including the Mayor and City Council)**, prior to the time an award decision has been made.

RESPONSES

Proposers are requested to submit the following information:

VERY IMPORTANT: All respondents shall submit their proposals in this same order. All submittals shall be uploaded to Demandstar. No hard copies will be accepted.

a) Proposer's Questionnaire - Each Proposer is required to submit the attached questionnaire located on pages 13 – 18 (including the Contractor Verification form, Non-Collusion Affidavit, Certification Regarding Lobbying form and the Drug Free Workplace form).

b) References - This section of the proposal should include five (5) recent, preferably during the past five (5) years, residential building and remodeling construction projects. Please use the form provided on page 23 for the submittal of these references.

c) Certificate of Insurance – Each Proposer is required to submit a Certificate of Insurance currently held by the firm. Once the Proposer has been awarded a Master Contract, the required insurance listed in the Contract Form must be obtained prior to the execution of the Contract.

d) Licenses – Each Proposer is required to submit a copy of their Contractor's license issued by the State of Florida to perform Asbestos Abatement, a copy of their Lead-Safe Certification issued by the EPA and any Certifications in Mold and Water Remediation services.

e) W-9 Form – Each Proposer is required to submit a W-9 form (provided as an Attachment).

Proposers are required to submit all documents electronically. **No hard copies will be accepted.**

Responses must be uploaded to Demandstar no later than **3:00:00 pm on September 22, 2011.**

ORAL PRESENTATION

Proposers that have been selected for the final short list may be expected to render an oral presentation based on past achievements, staff qualifications, and overall capabilities.

TENTATIVE SCHEDULE

The following projected timetable should be used as a working guide for planning purposes. The City reserves the right to adjust this timetable as required during the course of the RFP process.

Review and Selection Process:

August 22 & August 30, 2011	Advertisement
September 22, 2011 @ 3:00:00 pm	Proposals due
October 6, 2011 @ 2:00 pm	Evaluation Committee*
TBD	Presentations from Proposers
TBD	Proposed City Council Contract Approval

*Committee will meet in the Conference Room in the Office of Management & Budget Department, at 2:00 pm.

EVALUATION AND AWARD

Responses will be scored in the following manner:

CRITERION	MAXIMUM SCORE
a) Qualifications of firm in residential remodeling projects involving asbestos abatement, lead paint abatement, mold & water remediation	20 points
b) Experience & expertise of staff & subcontractors	25 points

c) Past Performance..... 40 points
d) Section 3 Certification (St. Lucie County) ..... 5 points
e) Business Owner lives in NSP-3 project area ..... 5 points
f) Minority Business Enterprise..... 5 points

Total Maximum Points 100

1. GENERAL REQUIREMENTS

1.1 Request for Proposal - All requirements contained in the RFP are hereby incorporated in this specification.

1.2 Cost of Preparation of Proposal - The City will not be responsible for any cost incurred by any Proposer in the preparation of his/her proposal.

1.3 Award of Master Contract - The award of the contract, if it is awarded, will be to the most responsive, responsible Proposers whose qualifications indicate the award will be to the best interest of the City and whose proposals shall comply with the requirements of the Proposal Specifications. No award will be made until all necessary investigations have been made into the responsibility of the Proposers and the City is satisfied that the Proposers are qualified to do the work. The City's intent is to select multiple Proposers to be retained under a Master Contract for residential building and rehabilitation services.

1.3.1 Award of Individual Projects – An E-bid will be broadcast on Demandstar with the specifications listed for each project and will be in an Excel format. All responses will be received electronically in an Excel format. Each individual project will be classified as a NSP-1 or NSP-3 residence. The award of each individual project will be based on the lowest responsive responsible bid with consideration for the projected time submitted for the project and credit will be given for Section 3 and/or Vicinity Hiring Certifications as follows:

All Neighborhood Stabilization Program (NSP) I and 3 project E-Bid awards shall adhere to the following requirements:

1. Section 3 Compliance
   a. To ensure compliance with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u), and implementing regulations at 24 CFR part 135 the City shall give preference for project awards to Contractors who are certified as Section 3 business concerns.
   b. Credit for meeting Section 3 eligibility criteria shall be incorporated into the evaluation of the award as follows: The eligible contractor will be determined to have the lowest responsive bid if that bid is not more than 5% higher than the total bid price of the lowest responsive bid from any responsible bidder. All other evaluation criteria remain unchanged.
   c. Contractors shall to the greatest extent feasible assist in informing Section 3 businesses and residents (low and very low income persons in Port St. Lucie) of employment opportunities made available through NSP funding.

d. The Contractor is strongly encouraged to provide a listing of job availability at the job site and to provide door hangers of job availability for the neighborhood residents to better target local Section 3 residents in hiring.

All Neighborhood Stabilization Program (NSP) 3 project E-Bid awards shall adhere to the following requirements:

1. Vicinity Hiring Compliance

a. The City is required to the maximum extent feasible to provide for hiring of employees who reside in the vicinity of NSP 3 funded projects or contract with small businesses that are owned and operated by persons residing in the "vicinity." For NSP3 the vicinity is described as follows:
Census Tract 2005, Block Group 2: Bordered on the West by Florida's Turnpike, on the North by Eyerly Ave., on the East by Airoso Blvd. and on the South by Port St. Lucie Blvd.
b. To ensure compliance with NSP3 vicinity hiring the City shall give preference to project awards to Contractors who live in the above described area and has been certified by the Vicinity Hiring Certification.
c. Credit for contractor's who live in the vicinity and are certified with the Vicinity Hiring certification shall be incorporated into the evaluation of the award as follows: The eligible contractor will be determined to have the lowest responsive bid if that bid is not more than 7% higher than the total bid price of the lowest responsive bid for any responsible bidder. All other evaluation criteria remain unchanged. If the Contractor is certified under Section 3 and Vicinity Hiring, the total bid price is limited to not more than 7% higher than the total bid price of the lowest responsive bid from any responsible Bidder.
d. Contractors shall to the greatest extent feasible assist the City in providing for hiring of employees or contracting with small business owned and operated by persons residing in the vicinity.
e. The Contractor is strongly encouraged to provide a listing of job availability at the job site and to provide door hangers of job availability for the neighborhood residents to better target local residents in hiring.

To obtain information on Section 3 eligibility and Vicinity Hiring Certification go to the City's web site at www.cityofpsl.com and click on the blue button entitled "Neighborhood Stabilization – 3. Scroll down to "Hiring of Contractors for Repair of Homes" and choose Section 3 Compliance and/or Vicinity Hiring for NSP-3. Information sheets are located in the respective areas.

1.3.3 Default - If the selected Proposer to whom the Master Contract is awarded does not execute the contract and furnish the required insurance and other required documentation within **ten (10) days** of the date of Notice of Award, the Proposer shall be considered in default and the City shall have the right to award the contract to an alternative Proposer.

1.4 Timeliness of Submittal - All proposals must be uploaded to Demandstar by the date and time specified above. The proposal time must be and shall be scrupulously observed. Under no

circumstances shall proposals be uploaded after the time specified be considered. It is the sole responsibility of the Proposer to ensure that his/her proposal be posted to Demandstar on or before the closing date and time. The City shall in no way be responsible for delays caused by any occurrence. **NOTE:** Responses by telephone, telegram or facsimile shall not be accepted. No hard copies will be accepted.

1.4.1 Right to Reject -The City Council reserves the right to waive irregularities, rejects and/or accepts any and all proposals, in whole or in part, or take other such action as serves the best interests of the City.

1.4.2 Proposal Opening Extension - The City reserves the right to extend the proposal opening date when no responses or only one (1) response is received. The City will return the received response unopened.

1.4.3 Checklist - Proposers are requested to return the attached Checklist that is contained in the proposal package with the Proposal Reply Sheet.

1.5 Execution of Contract - After the recipients of the award have been determined and necessary approvals obtained, the City will prepare the Contract to be executed by all selected Proposers. The Contract will be in substance the same as the Sample Contract given to the Proposer in the Request for Proposals. The selected Proposers will be required to execute the Standard City Contract within ten (10) days after notification by the City that contract is available and thereafter comply with the terms and conditions contained therein. No contract shall be considered binding upon the City until it has been properly executed by all parties.

NOTE: The selected Contractor will be required to accept the terms and conditions of the City's contract. If proposer cannot accept these terms and conditions do not submit a bid.

1.6 Failure to Execute Contract -Failure on the part of the selected Proposer to execute the Contract and/or punctually deliver the required Insurance Certificates and other documentation as required will be just cause for the annulment of the award.

1.7 Subcontracting or Assigning of the Contract - The selected Proposer shall not subcontract, sell, transfer, assign or otherwise dispose of the contract or any portion thereof, or of the work provided for therein, or of his right, title or interest therein, to any person, firm or corporation without the written consent of the City. Each Proposer shall list all subcontractors and the work provided by the suppliers with the proposal submitted.

1.8 Time of Award - The City reserves the right to hold proposals for a period not to exceed 90 days after the date of the proposal opening stated in the Request for Proposal before awarding the contract. Contract award constitutes the date that City Council votes to approve the RFP award.

1.9 Public Entity Statement - A person or affiliate who has been placed on the convicted vendor list following a conviction for public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not submit a proposal on a contract with a public entity for the construction or repair of a public building or public work, may not submit proposals on leases of real property to public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statute, Section

287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

1.9.1 Discrimination - An entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases or real property to a public entity, may not award or perform work as a contractor, supplier, subcontractor, or consultant under contract with any public entity, and may not transact business with any public entity.

1.10 City's Public Relations Image – The selected Proposer's personnel shall at all times handle complaints and any public contact with due regard to the City's relationship with the public. Any personnel in the employ of the selected Proposer involved in the execution of work that is deemed to be conducting themselves in an unacceptable manner shall be removed from the project at the request of the City Manager, or his/her designee.

1.11 Patent Fees, Royalties, and Licenses - If the selected Proposer requires or desires to use any design, trademark, device, material or process covered by letters of patent or copyright, the selected Proposer and his surety shall indemnify and hold harmless the City from any and all claims for infringement by reason of the use of any such patented design, device, trademark, copyright, material or process in connection with the work agreed to be performed and shall indemnify the City from any cost, expense, royalty or damages which the City may be obligated to pay by reason of any infringement at any time during the prosecution of or after completion of the work.

1.12 Tie Proposal Statement - In accordance with Section 287.087, Florida Statutes, preference shall be given to businesses with drug-free workplace programs. Please submit the form that is enclosed with your proposal response if your company has a drug-free workplace program.

1.13 Cooperative Purchasing Agreement - This proposal may be expanded to include other governmental agencies provided a cooperative Purchasing Agreement exists or an Inter-local Agreement for joint purchasing exists between the City of Port St. Lucie and other public agencies. Vendor may agree to allow other public agencies the same items at the same terms and conditions as this proposal, during the period of time that this proposal is in effect. Each political entity will be responsible for execution of its own requirements with the selected Proposers.

1.14 Material Safety Data Sheets – Proposers shall provide MSDS's and description literature for each chemical/compound/mixture used in the performance of the Contract to the City before the commencement of any work. All MSDS's shall be of the latest version and comply with 29 CFR 1910.1200. Hazardous products shall not be used except with prior approval of the City, and must be disposed of properly by the Proposer in accordance with U.S. Environmental Protection Agency 40-CFR 260-265. The Proposer shall maintain and have readily accessible on-site a complete MSDS book of all chemicals, compounds/mixtures used in the execution of the Contract.

1.15 Personal Protective Equipment (PPE) - All personnel are required to wear PPE in the process of the work including eye protection, hearing protection, respiratory protection as necessary, gloves, approved safety boots with steel or composite toes, reflective vests and any other PPE as necessary for the work.

1.16 Permits – The Proposer shall be responsible for obtaining all permits, licenses, certifications, etc., required by federal, state, county, and municipal laws, regulations codes, and ordinances for the performance of the work required in these specifications and to conform to the requirements of said legislation.

1.16.1 The Proposers shall be required to complete a **W-9 Taxpayer Identification Form** provided with theses specifications.

1.17 Familiarity with Laws – The Proposer is assumed to be familiar with all federal, state and local laws, ordinances, rules and regulations that may affect the work. Ignorance on the part of the Proposer will in no way relieve him/her from responsibility. The Proposer will submit all proposals in compliance with the 28 C.F.R. § 35.151.

1.18 Damage to Property – The Proposer shall preserve from damage all property along the line of work, or which is in the vicinity of or is in any way affected by the work, the removal, or destruction of which is not called for by the plans. This applies to public and private property, public and private utilities, trees, shrubs, crops, signs, monuments, fences, guardrail, pipe and underground structures, public highways, etc. Whenever such property is damaged due to the activities of the Proposer, it shall be immediately restored to a condition equal to or better than existing before such damage or injury was done by the Proposer, and at the Proposer's expense. The Proposer's special attention is directed to protection of any geodetic monument, horizontal, vertical or property corner, located within the limits of construction.

National Geodetic Vertical Datum 1929 (NGVD '29) or North American Vertical Datum 1988 (NAVD '88) monuments shall be protected. If in danger of damage, notify:

Geodetic Information Center
6001 Executive Boulevard
Rockville, MD 20852
Attn: Mark Maintenance Center
(301) 443-8319

City of Port St. Lucie vertical or horizontal datum shall also be protected. In case of damage or if relocation is needed, notify:

City of Port St. Lucie
Engineering Department
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984-5099
(772) 871-5175

2. SPECIFIC REQUIREMENTS

2.1 Proposer's Questionnaire – Proposers are required to complete the Proposer's Questionnaire located on pages 14 - 22 and submit them with their proposal package. This includes the Contractor Verification form, Non-Collusion Affidavit, Certification Regarding Lobbying form and the Drug Free Workplace form.

2.2 Proposer's References - Proposers are required to complete the Proposer's References located on page 23 and submit it with their proposal package. The City of Port St. Lucie may not be used as a reference.

2.3 Sub-Contractors – Proposers shall list all sub-contractors on the Proposer's Questionnaire that they intend to use. The City reserves the right to reject the successful proposer's selection of sub-contractors.

2.4 Scope of Services – The exact scope of work under this contract will be determined on a per project basis. An E-Bid will be issued for each project with a list of specifications listed in an Excel format.

2.5 Job Fair - The selected Proposers that are retained under a Master Contract will attend a Job Fair conducted by the City and make a presentation outlining any current or future job opportunities with their company.

2.6 Implied Warranty of Merchantability - It is understood that the implied warranty of merchantability and fitness for the specified purpose are not disclaimed not withstanding any representation to the contrary.

2.7 Warranty and Guarantee – Proposers shall warrant that all materials are to be free of defects in workmanship and substance for a period of not less than 365 days; said warranty period shall commence on the date materials are installed, or accepted by the City, whichever is the latter of the two (2) dates.

2.7.1 Repair or Replacement - Should any defect appear during this warranty period, the Proposer shall, at Proposer's sole cost and expense, repair or replace any and all defective items upon receipt of written notice from the City of said defect. Said repair or replacement must be accomplished within seven (7) days after receipt of notification from the City of the defect.

2.8 Emergencies - In the event of emergencies affecting the safety of persons, the work, or property, at the site or adjacent thereto, the Proposer, or his designee, without special instruction or authorization from the City, is obligated to act, at the Proposer's discretion, to prevent threatened damage, injury or loss. In the event such actions are taken, the Proposer shall promptly give to the Contract Supervisor written notice of any significant changes in work or deviations from the Contract documents caused thereby, and if such action is deemed appropriate by the Contract Supervisor a written authorization signed by the Contract Supervisor covering the approved changes and deviations will be issued. Appropriate compensation adjustments will be approved, provided the cause of the emergency was beyond the control of the Proposer.

2.9 Deductions - In the event the City deems it expedient to perform work which has not been done by the Proposer as required by these Specifications, or to correct work which has been improperly and/or inadequately performed by the Proposer as required in these Specifications, all expenses thus incurred by the City, at the City's option, will be invoiced to the Proposer and/or deducted from payments due to the Proposer. Deductions thus made will not excuse the Proposer from other penalties and conditions contained in the Contract.

3. INSURANCE REQUIREMENTS –Proposers are required to submit a copy of their current insurance certificates with the E-RFP. The Proposers shall maintain insurance coverage reflecting the minimum amounts and conditions as required by the City. **Insurance requirements are defined in the Contract Form.**

3.1 Indemnification – The Proposer shall indemnify and hold harmless the City, and its Officers and their employees, from liabilities, damages, losses, and costs, including but not limited to, reasonable attorney's fees, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the Proposer and all persons employed or utilized by the Proposer in the performance of the Contract. As consideration for this indemnity provision the Proposer shall be paid the sum of $10.00 (ten dollars), which will be added to the Contract price and paid prior to commencement of work.

3.2 Right to Review - The City by and through its Risk Management Department reserves the right, but not the obligation, to review and reject any insurer providing coverage.

4. ADDITIONAL INFORMATION

4.1 Collusion - The City reserves the right to disqualify proposals, upon evidence of collusion with intent to defraud or other illegal practices upon the part of the Proposer. More than one (1) proposal from an individual, partnership, corporation, association, firm, or other legal entity under the same or different names will not be considered. Reasonable grounds for believing that a Proposer is interested in more than one (1) proposal for the same work will be cause for rejection of all proposals in which such Proposers are believed to be interested. Any or all proposals will be rejected if there is any reason to believe that collusion exists among the Proposers.

4.2 Withdrawal of Proposals - A Proposer may withdraw his proposal without prejudice to himself no later than the day and hour set in the "Electronic Request for Proposal" by removing the documents from Demandstar.

4.3 Proposal Information - For information concerning procedures for responding to this E-RFP, contact Robyn Holder, CPPB at (772) 344-4293 or rholder@cityofpsl.com. Such contact is to be for clarification purposes only. Material changes, if any, to the scope of services, or proposal procedures will be transmitted only by Addendum by DemandStar.com. The Proposer, in turn, shall acknowledge receipt of the addendum by submitting a sheet acknowledging the Addendum number and the date of issuance. It is the responsibility of the Proposer to receive any and all E-RFP information and documents. The City will not be responsible for any interpretation, other than those transmitted by Addendum to the E-RFP, made or given prior to the E-RFP award. The Proposer is responsible for verifying they have received all E-RFP Addenda.

The City of Port St. Lucie shall not be responsible for providing said addenda to potential Proposers who receive a proposal package from other sources.

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5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114

Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 _____ day of _____, 2011.

_____
Name of Organization / Proposer

Submitted by: _____
Name and Title

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

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

2. If a Corporation answer the following:
When incorporated_____
In what State _____
Name of Officers:
President_____
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:
_____
_____
_____

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

6. Area of expertise: _____

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

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			
c. Supervisors Senior Staff			
d. Other Professional Staff			
g. Total number of full time personnel			

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

Name	Title	Years of 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

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:

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

Name	Current and Projected Workloads

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:

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

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:

(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:

_____

_____

_____

(N/A is not an answer – add lines if needed)

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

_____

_____

_____

(N/A is not an answer – add lines if needed)

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

_____

_____

_____

(N/A is not an answer – add lines if needed)

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

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

Yes ( ) No ( )

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

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

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

_____

_____

_____

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

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.

_____

_____

_____

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)_____ 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 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:

_____
Print Name of Corporation

By: _____
(President)

Attest: _____
(Secretary)

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CITY OF PORT ST. LUCIE
E-RFP # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: _____

Corporate Title: _____

Address: _____

_____
(Zip Code)

By: _____
(Print name) (Print title)

_____
(Authorized Signature)

Telephone: ( ) _____

Fax: ( ) _____

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

Asbestos Abatement License # _____ **(ATTACH COPY)**

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

Lead-Safe Certification # _____ **(ATTACH COPY)**

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

Type of Licenses: _____

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110114

State of _____}

County of _____}

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

1. They are _____ of _____ the Bidder that
(Title) (Name of Company)

has submitted the attached bid/PROPOSAL;

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

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

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

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

(Signed) _____

(Title) _____

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

The foregoing instrument was acknowledged before me this_____
(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 #20110114
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:_____

Authorized By:_____
(Sign) (Print Name)

Title:_____ Date:_____

(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 _____ 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

_____
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: __20110114_____

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: _____

Reference: _____ Fax #: _____
Email: _____ Telephone #: _____
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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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	

(THIS IS A SAMPLE ONLY - DO NOT EXECUTE)

CITY OF PORT SAINT LUCIE
CONTRACT #20110114

This CONTRACT, executed this _____ day of _____, 2011, by and between the CITY OF PORT ST. LUCIE, FLORIDA, a municipal corporation, duly organized under the laws of the State of Florida, hereinafter called "City" party of the first part, and name of contractor, address, Telephone No. ( ) ____ Fax No. ( ) _____, hereinafter called "Contractor", party of the second part.

RECITALS

In consideration of the below agreements and covenants, the parties agree as follows:

As used herein the Contract Supervisor shall mean _____, at (772) _____ or his/her designee.

NOTICES

City Project Manager: Tricia Swift-Pollard, Community Services Director
City of Port St. Lucie
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
Telephone: 772-871-5264 Fax: 772-344-4340
Email: triciap@cityofpsl.com

City Contract Administrator: Robyn Holder, CPPB
City of Port St. Lucie
121 SW Port St. Lucie Blvd.
Port St. Lucie, Florida 34984
Telephone: 772-871-5223 Fax: 772-871-7337
Email: rholder@cityofpsl.com

SECTION I
DESCRIPTION OF SERVICES TO BE PROVIDED

The specific work, which the Contractor has agreed to perform pursuant to the Request for Proposal which is incorporated herein by this reference, is for Asbestos, Lead, Mold and Water Remediation Services for the purpose of repairing and rehabilitating foreclosed properties for the Neighborhood Stabilization Program.

Awards for individual projects under this Master Contract will be as follows:

Award of Individual Projects – An E-bid will be broadcast on Demandstar with the specifications listed for each project and will be in an Excel format. All responses will be received electronically in an Excel format. Each individual project will be classified as a NSP-1 or NSP-3 residence. The award of each individual project will

be based on the lowest responsive responsible bid with consideration for the projected time submitted for the project and credit will be given for Section 3 and/or Vicinity Hiring Certifications as follows:

All Neighborhood Stabilization Program (NSP) 1 and 3 project E-Bid awards shall adhere to the following requirements:

2. Section 3 Compliance
    a. To ensure compliance with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u), and implementing regulations at 24 CFR part 135 the City shall give preference for project awards to Contractors who are certified as Section 3 business concerns.
    b. Credit for meeting Section 3 eligibility criteria shall be incorporated into the evaluation of the award as follows: The eligible contractor will be determined to have the lowest responsive bid if that bid is not more than 5% higher than the total bid price of the lowest responsive bid from any responsible bidder. All other evaluation criteria remain unchanged.
    c. Contractors shall to the greatest extent feasible assist in informing Section 3 businesses and residents (low and very low income persons in Port St. Lucie) of employment opportunities made available through NSP funding.
    d. The Contractor is strongly encouraged to provide a listing of job availability at the job site and to provide door hangers of job availability for the neighborhood residents to better target local Section 3 residents in hiring.

All Neighborhood Stabilization Program (NSP) 3 project E-Bid awards shall adhere to the following requirements:

2. Vicinity Hiring Compliance

    a. The City is required to the maximum extent feasible to provide for hiring of employees who reside in the vicinity of NSP 3 funded projects or contract with small businesses that are owned and operated by persons residing in the "vicinity." For NSP3 the vicinity is described as follows:

        Census Tract 2005, Block Group 2: Bordered on the West by Florida's Turnpike, on the North by Eyerly Ave., on the East by Airoso Blvd. and on the South by Port St. Lucie Blvd.

    b. To ensure compliance with NSP3 vicinity hiring the City shall give preference to project awards to Contractors who live in the above described area and has been certified by the Vicinity Hiring Certification.
    c. Credit for contractor's who live in the vicinity and are certified with the Vicinity Hiring certification shall be incorporated into the evaluation of the award as follows: The eligible contractor will be determined to have the lowest responsive bid if that bid is not more than 7% higher than the total bid price of the lowest responsive bid for any responsible bidder. All other evaluation criteria remain unchanged. If the

Contractor is certified under Section 3 and Vicinity Hiring, the total bid price is limited to not more than 7% higher than the total bid price of the lowest responsive bid from any responsible Bidder.

d. Contractors shall to the greatest extent feasible assist the City in providing for hiring of employees or contracting with small business owned and operated by persons residing in the vicinity.
e. The Contractor is strongly encouraged to provide a listing of job availability at the job site and to provide door hangers of job availability for the neighborhood residents to better target local residents in hiring.

To obtain information on Section 3 eligibility and Vicinity Hiring Certification go to the City's web site at www.cityofpsl.com and click on the blue button entitled "Neighborhood Stabilization – 3. Scroll down to "Hiring of Contractors for Repair of Homes" and choose Section 3 Compliance and/or Vicinity Hiring for NSP-3. Information sheets are located in the respective areas.

SECTION II
TIME OF PERFORMANCE

Contract period shall commence upon _____ and continue for a period of twenty-four (24) months. The Contract will terminate on _____. In the event all work required in the Proposal has not been completed by the specified date for each event, the Contractor agrees to provide work as authorized by the Contract Supervisor until all work for the event specified has been rendered

SECTION III
COMPENSATION

The total amount to be paid by the City to the Contractor will be determined by the lump sum E-Bid on each individual residential property. Payments will be disbursed in the following manner:

Progress Payments- Partial payments may be made calculated from the percentage of work completed and in place will be made Net thirty (30) days after the receipt of the Pay Request. Partial Release of Liens from all contractors, subcontractors, suppliers for materials and sub-sub contractors are to be attached to each invoice.

Acceptance and Final Payment - Upon receipt of written notice that the work is ready for final inspection and acceptance, the City will promptly make such inspection. When City finds the work acceptable under the terms of the Contract and the work is fully performed, City will promptly issue a final certificate stating that the work provided for in the Contract has been completed, and that the City's final acceptance of the Contractor's work under the terms and the conditions of the Contract is recommended, and the entire balance due the Contractor, and subject to any liquidated damages, if any assessed against the Contractor, will be paid to the Contractor Net thirty (30) calendar days after the date of the City's issuance of said final certificate of work completion and acceptance.

Before the City issues the final certificate of work completion and acceptance, the Contractor shall submit evidence that all payrolls, material bills and other indebtedness connected with the work have been

paid. Final Release of Liens from all contractors, subcontractors, suppliers for materials and sub-sub contractors are to be attached to the final invoice.

The Contractor shall not be paid additional compensation for any loss, and/or damage arising out of the nature of the work, from the action of the elements, or from any delay or unforeseen obstruction or difficulties encountered in the prosecution of the work, or for any expenses incurred by, or as a consequence of the suspension or discontinuance of the work.

Invoices for services shall be submitted once a month, by the 10th day of each month, and payments shall be made net thirty (30) days unless Contractor has chosen to take advantage of the Purchasing Card Program, which guarantees payment within several days. Payments shall be made provided the submitted invoice is accompanied by adequate supporting documentation and approved by the Contract Supervisor as provided in Section XII.

No payment for projects involving improvements to real property shall be due until Contractor delivers to City a complete release of all claims arising out of the Contract or receipts in full in lieu thereof, and an affidavit asserting personal knowledge that the releases and receipts include labor and materials for which a lien could be filed.

All invoices and correspondence relative to this Contract must contain the Contract number, Purchase Order number or Visa Authorization number appearing herein.

SECTION IV
CONFORMANCE WITH PROPOSAL

It is understood that the materials and/or work required herein are in accordance with the proposal made by the Contractor pursuant to the Request for Proposal and Specifications on file in the Office of Management and Budget of the City. All documents submitted by the Contractor in relation to said proposal, and all documents promulgated by the City for inviting proposals are, by reference, made a part hereof as if set forth herein in full.

SECTION V
INDEMNIFICATION/INSURANCE

The Contractor agrees to indemnify, defend, and hold harmless the City, its officers and employees, from liabilities, damages, losses and costs, including but not limited to, reasonable attorney's fees, to the extent caused by the negligent acts, recklessness, or intentional wrongful misconduct of the Contractor and persons employed or utilized by the Contractor in the performance of the construction contract. As consideration for this indemnity provision the Contractor shall be paid the sum of ten dollars ($10.00), which will be added to the contract price, and paid prior to commencement of work.

The Contractor shall, on a primary basis and at its sole expense, agree to maintain in full force and effect at all times during the life of this Contract, insurance coverage, limits, including endorsements, as described herein. The requirements contained herein, as well as City's review or acceptance of insurance maintained by Contractor are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by Contractor under the Contract.

The parties agree and recognize that it is not the intent of the City of Port St. Lucie that any insurance policy/coverage that may be obtained pursuant to any provision of this Contract will provide insurance coverage to any entity, corporation, business, person, or organization, other than the City of Port St. Lucie and the City shall not be obligated to provide any insurance coverage other than for the City of Port St. Lucie or extend its sovereign immunity pursuant to Section 768.28, Florida Statutes, under its self insured program. Any provision contained herein to the contrary shall be considered void and unenforceable by any party. This provision does not apply to any obligation imposed on any other party to obtain insurance coverage for this project, or any obligation to name the City of Port St. Lucie as an additional insured under any other insurance policy, or otherwise protect the interests of the City of Port St. Lucie as specified in this Contract.

The Contractor shall agree to maintain Workers' Compensation Insurance & Employers' Liability in accordance with Section 440, Florida Statutes. Employers' Liability must include limits of at least $100,000 each accident, $100,000 each disease/employee, $500,000 each disease/maximum. A Waiver of Subrogation endorsement must be provided. Coverage should apply on a primary basis. Should scope of work performed by Contractor qualify its employee for benefits under Federal Workers' Compensation Statute (example, U.S. Longshore & Harbor Workers Act or Merchant Marine Act), proof of appropriate Federal Act coverage must be provided.

Commercial General Liability insurance issued under an Occurrence form basis, including Contractual liability, to cover the hold harmless agreement set forth herein, with limits of not less than:

Each occurrence	$1,000,000
Personal/advertising injury	$1,000,000
Products/completed operations aggregate	$2,000,000
General aggregate	$3,000,000
Fire damage	$100,000 any 1 fire
Medical expense	$10,000 any 1 person

An Additional Insured endorsement **must** be attached to the certificate of insurance and must include coverage for Completed Operations (should be ISO CG20101185 or CG20371001 & CG20100704) under the General Liability policy. Products & Completed Operations coverage to be provided for a minimum of 5 years from the date of possession by owner or completion of contract. Coverage is to be written on an occurrence form basis and shall apply as primary. A per project aggregate limit endorsement should be attached. Defense costs are to be in addition to the limit of liability. A waiver of subrogation is to be provided in favor of the City. Coverage for the hazards of explosion, collapse and underground property damage (XCU) must also be included when applicable to the work performed. Coverage shall extend to independent contractors and fellow employees. Contractual Liability is to be included. Coverage is to include a cross liability or severability of interests provision as provided under the standard ISO form separation of insurers clause. There shall be no exclusion for Mold, Silica or Respirable Dust or Bodily Injury or Property Damage arising out of heat, smoke, fumes or ash from a hostile fire.

Environmental Impairment Liability with limit of not less than $1,000,000 per occurrence. For policies written on a claims made basis, Contractor shall maintain a retroactive date prior to or equal to the effective date of this Contract. In the event the policy is canceled, non-renewed, switched to an occurrence form or there is a change in the retroactive date, Contractor must purchase an extended reporting period rider during the life of this Contract of not less than three (3) years.

Except as to Workers' Compensation and Employers' Liability, said Certificate(s) and policies shall clearly state that coverage required by the Contract has been endorsed to include the City of Port St. Lucie, a political subdivision of the State of Florida, its officers, agents and employees as Additional Insured with a CG 2026-Designated Person or Organization endorsement, or similar endorsement, added to its Commercial General Liability policy and Business Auto policy. The name for the Additional Insured endorsement issued by the insurer shall read **"City of Port St. Lucie, political subdivision of the State of Florida, its officers, employees and agents, and Contract #20110114 for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program (NSP) shall be listed as additionally insured."** The Certificate of Insurance and policy shall unequivocally provide thirty- (30) day written notice to the City prior to any adverse changes, cancellation, or non-renewal of coverage thereunder. Said liability insurance must be accepted by and approved by the City as to form and types of coverage. In the event that the statutory liability of the City is amended during the term of this Contract to exceed the above limits, the Contractor shall be required, upon receipt of thirty - (30) days written notice from the City, to provide coverage at least equal to the amended statutory limit of liability of the City. Copies of the Additional Insured endorsements including Completed Operations coverage should be attached to the Certificate of Insurance. All independent contractors and subcontractors utilized in this project must furnish a Certificate of Insurance to the City in accordance with the same requirements set forth herein.

The Contractor shall agree to maintain Business Automobile Liability at a limit of liability not less than $1,000,000 each accident covering any auto, owned, non-owned and hired automobiles. In the event, the Contractor does not own any automobiles; the Business Auto Liability requirement shall be amended allowing Contractor to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto Coverage form. Certificate holder must be listed as additional insured. A waiver of subrogation must be provided. Coverage should apply on a primary basis and include a Pollution Liability endorsement for the hauling of hazardous waste.

The Contractor shall agree by entering into this Contract to a Waiver of Subrogation for each required policy. When required by the insurer, or should a policy condition not permit an Insured to enter into a pre-loss Contract to waive subrogation without an endorsement then Contractor shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of Rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy where a condition to the policy specifically prohibits such an endorsement, or voids coverage should Contractor enter into such a Contract on a pre-loss basis.

It shall be the responsibility of the Contractor to ensure that all subcontractors comply with the same insurance requirements referenced above.

All deductible amounts shall be paid for and be the responsibility of the Contractor for any and all claims under this Contract.

The Contractor may satisfy the minimum limits required above for either Commercial General Liability, Business Auto Liability, and Employers' Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest "Each Occurrence" limit for either Commercial General Liability, Business Auto Liability, or Employers' Liability. When required by the insurer, or when Umbrella or Excess Liability is written on Non-Follow Form, the City shall be endorsed as an "Additional Insured."

SECTION VI
PROHIBITION AGAINST FILING OR MAINTAINING LIENS AND SUITS

Subject to the laws of the State of Florida and of the United States, neither Contractor nor any subcontractor, supplier of materials, laborer or other person shall file or maintain any lien for labor or materials delivered in the performance of this Contract against the City. The right to maintain such lien for any or all of the above parties is hereby expressly waived.

SECTION VII
WORK CHANGES

The City reserves the right to order work changes in the nature of additions, deletions or modifications without invalidating the Contract, and agrees to make corresponding adjustments in the Contract price and time for completion. Any and all changes must be authorized by a written change order signed by the Director of OMB, City Manager or their designee as representing the City. Work shall be changed and the Contract price and completion time shall be modified only as set out in the written change order. Any adjustment in the Contract price resulting in a credit or a charge to the City shall be determined by mutual agreement of the parties before starting the work involved in the change.

SECTION VIII
FIELD CHANGES

The Contract Supervisor shall have the authority to order minor changes in amounts up to $25,000.00 or accumulated change orders totaling less than $25,000.00, or minor extensions of the Contract Time. Such changes shall be effected by written order and signed by both the Contract Supervisor and the Contractor. The Contractor shall carry out such written orders promptly. Change orders in amounts exceeding $25,000.00 require City Council approval.

SECTION IX
COMPLIANCE WITH LAWS

The Contractor shall give all notices required by all applicable laws, ordinances and codes. Further, Contractor shall, at Contractor's sole cost and expense secure and pay the fees and charges for all permits required for the performance of the Contract. All materials furnished and work performed pursuant to the Contract, and any Amendments or Change Orders thereto shall comply with all local, state and federal laws and regulations.

SECTION X
CLEANING UP

The Contractor shall, during the performance of this Contract, remove and properly dispose of resulting dirt and debris, and keep the work area reasonably clear. Upon completion of the work, Contractor shall remove all of Contractor's equipment and all excess materials, and put the work area in a neat, clean, sanitary and safe condition.

SECTION XI
NOTICE OF PERFORMANCE

Following the delivery of materials and Contractor's performance of work required under this Contract, Contractor shall submit a written request for inspection to the Contract Supervisor. Such written request for inspection is the Contractor's Notice of Performance, which is further addressed in Section XIII of this Contract.

SECTION XII
INSPECTION AND CORRECTION OF DEFECTS

In order to determine whether the required work was performed in accordance with the terms and conditions of the Contract Documents, the Contract Supervisor shall conduct inspection as soon as practicable after receipt of the Contractor's of a Notice of Performance. If such inspection shows that the required work performed in accordance with the terms and conditions of the Contract Documents and that the work is entirely satisfactory, the Contract Supervisor shall approve the invoice when it is received. Thereafter the Contractor shall be entitled to payment, as described in Section III of this Contract. If the inspection conducted by the Contract Supervisor reveals that the work performed is not satisfactory, or substandard, then the Contract Supervisor shall, as soon as practicable, inform the representatives or contact persons of the respective parties hereto, of the specific findings of the inspection. The City shall provide Contractor with the opportunity to correct, remedy, or fix, within a reasonable time but no longer than thirty (30) days from the date of being informed of the unfavorable inspection, the items deemed unsatisfactory or substandard, at no additional charge to the City. Such examination, inspection, or tests made by the Contract Supervisor, at any time, shall not relieve Contractor of the responsibility or obligation to remedy any deviation, deficiency, or defect in the materials used or work performed.

SECTION XIII
ADDITIONAL REQUIREMENTS

In the event of any conflict between the terms and conditions, appearing on any purchase order issued relative to this Contract, and those contained in this Contract and the Specifications herein referenced, the terms of the Contract Documents shall apply.

SECTION XIV
LICENSING

The Contractor warrants that he possesses all licenses and certificates necessary to perform required work and is not in violation of any laws. Contractor warrants that his license and certificates are current and will be maintained throughout the duration of the Contract.

SECTION XV
SAFETY PRECAUTIONS

Precaution shall be exercised at all times for the protection of persons, including employees and members of the public, and property. The safety provisions of all applicable laws and building and construction codes shall be observed.

SECTION XVI
ASSIGNMENT

The Contractor shall not delegate or subcontract any part of the work required to be performed under this Contract or assign any monies due Contractor hereunder without first obtaining the written consent of the City.

SECTION XVII
TERMINATION, DELAYS AND LIQUIDATED DAMAGES

A. Termination of Contract. If the Contractor refuses or fails to deliver material as required and/or prosecute the work with such diligence as will insure its completion within the time specified in this Contract, or as modified as provided in this Contract, the City by written notice to the Contractor, may terminate Contractor's rights to proceed. Upon such termination, the City may take over the work and prosecute the same to completion, by Contract or otherwise, and the Contractor and his sureties shall be liable to the City for any additional costs incurred by the City in its completion of the work. The City may also, in the event of termination obtain undelivered materials, by Contract or otherwise, and the Contractor and his sureties shall be liable to the City for any additional cost incurred for such material. Contractor and his sureties shall also be liable to the City for liquidated damages for any delay in the completion of the work as provided below. If the Contractor's right to proceed is so terminated, the City may take possession of and utilize in completing the work such materials, tools, equipment and facilities as may be on the site of the work, and therefore necessary to accomplish the work.

B. Liquidated Damages for Delays. If material is not provided or work is not completed within the time specified in this Contract, including any extensions of time for excusable delays as herein provided, (it being impossible to determine the actual damages occasioned by the delay) the Contractor shall provide to the City the amount of **$500.00** for each calendar day of delay until the work is completed. The Contractor and his sureties shall be liable to the City for the total amount thereof that is due to the City as a result of said delay of work completion.

C. Excusable Delays. The right of the Contractor to proceed shall not be terminated nor shall the Contractor be charged with liquidated damages for any delays in the completion of the work or delivery of materials due to: (1) any adverse acts of the Federal Government, including controls or restrictions or requisitioning of materials, equipment, tools or labor by reason of war, national defense or any other national emergency, (2) any willful or wrongful acts of the City, (3) causes not reasonably foreseeable by the parties at the time of the execution of the Contract that are beyond the control and without the fault or negligence of the Contractor, including but not restricted to, acts of God, acts of the pubic enemy, acts of another Contractor in the performance of some other Contract with the City, fires, floods, epidemics, quarantine, restrictions, strikes, freight embargos and weather of unusual severity such as hurricanes, tornadoes, cyclones and other extreme weather conditions, and (4) any delay of any subcontractor occasioned by any of the above mentioned causes. However, the Contractor must promptly notify provide written notice to the City of the delay in performing work. Contractor shall provide such written notice of delay within two (2) days of the event that caused the delay. the City in writing within two (2) days of the cause of delay. If, on the basis of the facts and the terms of this Contract, the delay is properly excusable, then the City shall extend the time for completing the work for a period of time commensurate with the period of excusable delay.

D. The City may terminate this Contract with or without cause by giving the Contractor thirty (30) days notice in writing. Upon delivery of said notice and upon expiration of the thirty (30) day period, the Contractor shall discontinue all services in connection with the performance of this Contract and shall

proceed to cancel promptly all related existing third party Contracts. Termination of the Contract by the City pursuant to this paragraph shall terminate all of the City's obligations hereunder.

SECTION XVIII
LAW

This Contract is to be construed as though made in and to be performed in the State of Florida and is to be governed by the laws of Florida in all respects without reference to the laws of any other state or nation. The venue of any action taken pursuant to this Contract shall be in St. Lucie County, Florida.

SECTION XIX
APPROPRIATION APPROVAL

The Contractor acknowledges that the City of Port Saint Lucie's performance and obligation to pay under this Contract is contingent upon an annual appropriation by the City Council. The Contractor agrees that, in the event such appropriation is not forthcoming, the City may terminate this Contract and that no charges, penalties or other costs shall be assessed against the City.

SECTION XX
RENEWAL OPTION

The Contract period will be for twenty-four (24) months with an option to renew for one (1) additional twenty-four (24) month period. In the event Contractor offers in writing at least three (3) months, prior to the termination of this Contract, to provide the identical services required in this Contract for the identical period of time in the subsequent calendar period, then the City, without additional bidding or negotiation, may, with the mutual agreement of the Contractor, extend this Contract for an additional twenty-four (24) month period.

NOTE: Contractor may exercise the option to continue the contract by submitting a written submission three (3) months prior to the end of the twenty-four (24) month period.

SECTION XXI
ENTIRE AGREEMENT

The written terms and provisions of this Contract shall supersede and take precedence over any and all prior and contemporaneous verbal or written statements of any official or other representative of the City. Any such statements shall not be effective or be construed as entering into, or forming a part of, or altering in any manner whatsoever, this Contract or Contract documents. .

Balance of page left intentionally blank

IN WITNESS WHEREOF, the parties have executed this Contract at Port St. Lucie, Florida, the day and year first above written.

CITY OF PORT ST. LUCIE FLORIDA
By:

_____
City Manager

ATTEST:
By:

_____
City Clerk

By:_____
Authorized Representative, company name

State of:_____

County of:_____

Before me personally appeared: _____
(*please print*)

Personally known _____

Produced Identification: _____
(type of identification)

Identification No. _____

and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.
(he/she)

WITNESS my hand and official seal, this _____ day of _____, 2011.

_____
Notary Signature

Notary Public-State of _____ at Large

My Commission Expires _____.

(*seal*)

Sample

CHECKLIST
E-RFP #20110114

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

Addendum #1
E-Bid #20110114
Asbestos, Lead, Mold & Water Remediation Services for the NSP Program
August 17, 2011

Corrections:

All Contractors submitting proposals for Mold Remediation must hold a license issued by the State of Florida in order to qualify.

Clarifications:

The City will accept proposals for each of the disciplines listed. Contractors do not have to hold all licenses and certifications in order to qualify.

- For example – A Contractor that holds a license issued by the State of Florida for Mold Remediation will qualify even if they do not hold a license issued by the State of Florida for Asbestos Abatement.

The City will split the awards into the various disciplines to create a Master Contract list for each discipline.

Short Listed Contractors:

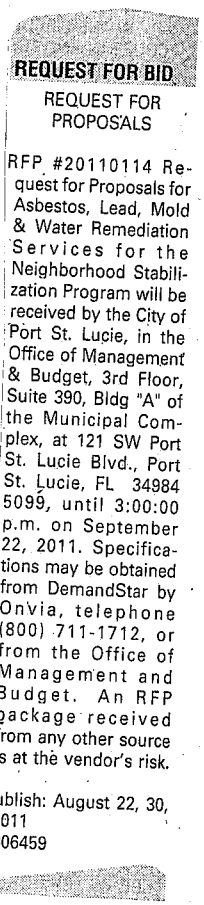
All proposals will be evaluated, scored and ranked by the Evaluation Committee. The top ranked firms will be offered a Master Contract with the City. The Master Contract list may contain three or more Contractors.

The bid opening date has not been changed.

Instructions to Bidder:
Each bidder must acknowledge receipt of any addenda on the Bid Reply Sheet in order to have his/her bid or proposal to be accepted.

REQUEST FOR PROPOSALS

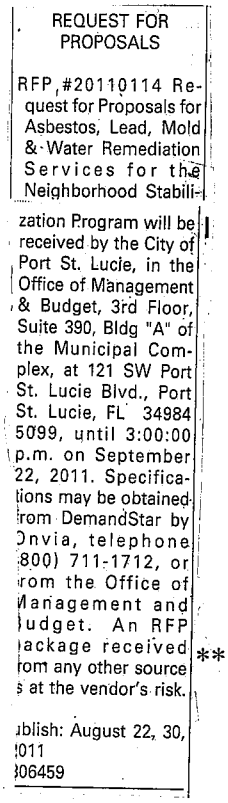
RFP #20110114 Request for Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program will be received by the City of Port St. Lucie, in the Office of Management & Budget, 3rd Floor, Suite 390, Bldg "A" of the Municipal Complex, at 121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984-5099, until 3:00:00 p.m. on September 22, 2011. Specifications may be obtained from DemandStar by Onvia, telephone (800) 711-1712, or from the Office of Management and Budget. An RFP package received from any other source is at the vendor's risk.


REQUEST FOR BID

REQUEST FOR PROPOSALS

RFP #20110114 Request for Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program will be received by the City of Port St. Lucie, in the Office of Management & Budget, 3rd Floor, Suite 390, Bldg "A" of the Municipal Complex, at 121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984 5099, until 3:00:00 p.m. on September 22, 2011. Specifications may be obtained from DemandStar by Onvia, telephone (800) 711-1712, or from the Office of Management and Budget. An RFP package received from any other source is at the vendor's risk.

Publish: August 22, 30, 2011
2306459


REQUEST FOR PROPOSALS

RFP #20110114 Request for Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabili-

zation Program will be received by the City of Port St. Lucie, in the Office of Management & Budget, 3rd Floor, Suite 390, Bldg "A" of the Municipal Complex, at 121 SW Port St. Lucie Blvd., Port St. Lucie, FL 34984 5099, until 3:00:00 p.m. on September 22, 2011. Specifications may be obtained from DemandStar by Onvia, telephone (800) 711-1712, or from the Office of Management and Budget. An RFP package received from any other source is at the vendor's risk.

ublish: August 22, 30, 011
306459

Billing for this advertisement must be sent to:

City of Port St. Lucie
Office of Management & Budget
121 SW Port St. Lucie Boulevard
Port St. Lucie, FL 34984-5099

This advertisement is to run on:

Monday, August 22, 2011 & Tuesday, Au

****

This section for Office of Management & Budget use only

Advertisement placed by: Robyn Holder, CPPB

Telephone Number: 772-344-4293 Fax Number: 772

(place an 'x' in the box below for the appropriate newspaper)

Tribune	Date:	1st Ad
Post	Date:	1st Ad

Fax to 600-1450 or
E-mail to: stlucielegals@scripps.com

E-Bid Documents

- Evaluation Committee Meeting Summary
- Sign In Sheet from the Committee Meeting
- CD of the Evaluation Committee Meeting
- Committee Individual Scoring Report
- Individual Scoring Sheets
- Notice of Change or Meeting Date

Evaluation Committee Meeting

E-Bid #20110114

General Contractors for the Neighborhood Stabilization Program

October 12, 2011 - 2:00 pm

The Evaluation Committee Meeting was called to order at 2:05 pm on October 12, 2011. It was announced that the meeting was being recorded and no objections were noted. A sign in sheet was distributed. The individual scores were also distributed for review.

There were six (6) proposals received. The Committee members discussed the proposals that had variations in the scoring. Upon review of the proposals a motion was made to accept the individual scoring and ranking. The Committee voted unanimously that rescoring was not needed and to proceed with the selection of the Contractors to be placed on the Master Contract List. As identified in Addendum #1 issued August 17, 2011, the City will split the awards into the various disciplines to create a Master Contract list for each discipline. All Contractors will be offered a Master Contract with the City. There will be two Master Contract lists, one for Asbestos Abatement and the other will be for all other disciplines.

Asbestos Abatement Master Contract List

- Decon Environmental & Engineering
- Lang Environmental, Inc.

Lead, Mold & Water Remediation Master Contract List

- Decon Environmental & Engineering
- Lang Environmental, Inc.
- TLC Experts
- Certified Property Restoration, LLC
- Servpro of Martin County
- De La Hoz Builders, Inc.

This recommendation will be presented to the City Council on October 24, 2011 for approval.

With no further business, the meeting was adjourned.

Evaluation Committee Meeting
E-BID #20110114
Proposals for Asbestos, Lead, Mold & Water Remediation Services
For the Neighborhood Stabilization Porgram
October 12, 2011 @ 2:00:00 pm

	Name (Please PRINT legibly)	Company Name	E-Mail Address	Telephone # & FAX #
1.	Robyn Holder	City of PSL - OMB	rholder@cityofpsl.com	T 871-5223
				F 871-7337
2.	DAVID HALL	City of PSL	D HALL @ City of PSL.com	T 528-8736
				F
3.	Patti Tobin	City of PSL	ptobin@cityofpsl.com	T 873.6350
				F
4.	DOROthy SINAN	A ULTIMATE HOME INSP.	AULTIMATEH@COMCAST.NET	T 8790093
				F
5.				T
				F
6.				T
				F
7.				T
				F

10/12/2011

Committee Individual Scoring
for RFP # 20110114

Firm	Total	Ranking
Decon Environmental	209	**2**
De La Hoz Builders	159	**5**
Lang Environmental	231	**1**
TLC Experts	201	**4**
Certified Property Restoration	202	**3**
Servpro of Martin Co.	209	**2**

RFP #20110114 - Proposals for Asbestos, Lead, Mold Water Remediation Serivces
for the Neighborhood Stabilization Program
Committee Individual Scoring

Criteria	Weight	Decon Environmental	Total	De La Hoz Builders	Total	Lang Environmental	Total	TLC Experts	Total	Certified Property Restoration	Total	Servpro of Martin Co.	Total	Total by Criteria	
Qualifications of firm in Residential Building Projects	4	5	20	5	20	5	20	4	16	5	20	4	16	112	
Experience & Expertise of Staff & Subcontractors	5	5	25	5	25	5	25	4	20	5	25	4	20	140	
Past Performance	8	3	24	3	24	3	24	3	24	3	24	4	32	152	
Section 3 Certification (St. Lucie County)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Business Owner lives in NSP-3 Project Area	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Minority Business Enterprise	1	5	5	0	0	0	0	0	0	0	0	0	0	5	
Total	P.T.		74		69		69		60		69		68	409	409
Qualifications of firm in Residential Building Projects	4	5	20	3	12	5	20	3	12	4	16	4	16	96	
Experience & Expertise of Staff & Subcontractors	5	5	25	4	20	5	25	4	20	5	25	5	25	140	
Past Performance	8	4	32	3	24	4	32	3	24	4	32	5	40	184	
Section 3 Certification (St. Lucie County)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Business Owner lives in NSP-3 Project Area	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Minority Business Enterprise	1	5	5	0	0	0	0	0	0	0	0	0	0	5	
Total	D.H.		82		56		77		56		73		81	425	425
Qualifications of firm in Residential Building Projects	4	5	20	4	16	5	20	5	20	4	16	4	16	108	
Experience & Expertise of Staff & Subcontractors	5	4	20	2	10	5	25	5	25	4	20	4	20	120	
Past Performance	8	1	8	1	8	5	40	5	40	3	24	3	24	144	
Section 3 Certification (St. Lucie County)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Business Owner lives in NSP-3 Project Area	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
Minority Business Enterprise	1	5	5	0	0	0	0	0	0	0	0	0	0	5	
Total	D.S.		53		34		85		85		60		60	377	377
Total All Points			209		159		231		201		202		209	1211	1211

Notice of Meeting Change
E-Bid #20110114
Asbestos, Lead, Mold & Water Remediation Services for the NSP Program
September 30, 2011

Change of Meeting:

The Evaluation Committee Meeting is being moved to October 12, 2011 at 2:00 PM and will be held in the Office of Management Conference Room #390 located at City Hall.

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Decon Environmental & Engineering

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:		5	
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:		5	
C. Past Performance	8	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:		4	
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	0 (5)	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Loren David Hall (*please print*) Dept.: Bldg

Signature: Loren D Hall Date: 10-10-11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Lang Environmental

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Loren O. Hall (*please print*) Dept.: Building

Signature: Loren O Hall Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: TLC Experts

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments: WEAK in ASBESTOS & LEAD			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 (3) (4) 5	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Loren O. Hall (*please print*) Dept.: Buildings

Signature: Loren O Hall Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Certified Property Restoration, LLC

A Criterion	B Weight Factor	C Maximum Points Independent Review	D Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4)	0 1 2 3 4 5
Comments: WEAK in Asbestos			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Loren David Hall (*please print*) Dept.: Building

Signature: Loren D Hall Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Servpro of Martin County

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4) ~~5~~	0 1 2 3 4 5
Comments: WEAK in Asbestos ABATEMENT			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Loren David Hall (*please print*) Dept.: Building

Signature: Loren D Hall Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: De La Hoz Builders, Inc.

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 (3) 4 ~~(5)~~	0 1 2 3 4 5
Comments: WEAK IN ASBESTOS & LEAD			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments: NO CERTIFICATE Attached			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Loren David Hall (*please print*) Dept.: Building

Signature: Loren D. Hall Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Certified Property Restoration, LLC

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments: 2 yrs new co			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments: Green Chemistry 50 yr worker			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments: TBD — 3 refs #20 - lawsuit MC Schools			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: Dorothy Swan (*please print*) Dept.: Project Mgr NSP

Signature: Dorothy Swan Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Lang Environmental

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments: asbestos for 7 yrs			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments: all 15 yrs +			
C. Past Performance	8	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments: excellent refs			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: DOROTHY SINAN (*please print*) Dept.: PROJECT MGR NSP

Signature: Dorothy Sinan Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: TLC Experts

A Criterion	B Weight Factor	C Maximum Points Independent Review	D Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments: no asbestos 25yrs.			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments: VP-25 super-7yrs			
C. Past Performance	8	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments: NSP excellent refs			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: DOROTHY SINAN (*please print*) Dept.: PROJECT MGT NSP

Signature: Dorothy Sinan Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: De La Hoz Builders, Inc.

A Criterion	B Weight Factor	C Maximum Points Independent Review	D Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments: 13 yrs owner 4.5 yrs no asbestos			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 (2) 3 4 5	0 1 2 3 4 5
Comments: ? staff yrs – subs in area			
C. Past Performance	8	0 (1) 2 3 4 5	0 1 2 3 4 5
Comments: no refs filled out –			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments: No certificate was submitted			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: DOROTHY SINAN (*please print*) Dept.: Project MGR NSP

Signature: Dorothy Sinan Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Decon Environmental & Engineering

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 5	0 1 2 3 4 5
Comments: 24 yrs + asbestos/lead			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 5	0 1 2 3 4 5
Comments: 20% on PSL [illegible]			
C. Past Performance	8	0 1 2 3 4 5	0 1 2 3 4 5
Comments: no ref's filled out ← ? lawsuits			
D. Section 3 Certification (St. Lucie County)	1	0 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	0 5	0 5
Comments:			
F. Minority Business Enterprise	1	0 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: DOROTHY SINAN (please print) Dept.: PROJECT MGR NSP

Signature: Dorothy Sinan Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Servpro of Martin County

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments: 9 yrs no asbestos			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments: supervisor all tasks 10 yrs 5, 4, 1 yrs exp no subs			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments: Ref - NSP			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: DOROTHY SINAN (please print) Dept.: Project Mgr NSP

Signature: Dorothy Sinan Date: 10/10/11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Decon Environmental & Engineering

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	0 (5)	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: PATRICIA A. TOBIN (*please print*) Dept.: Comm. Services

Signature: Patricia A. Tobin Date: 10.11.11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: De La Hoz Builders, Inc.

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments: No certificate was submitted			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: PATRICIA A. TOBIN (*please print*) Dept.: Comm. Services

Signature: Patricia A. Tobin Date: 10.11.11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Lang Environmental

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: PATRICIA A. TOBIN (please print) Dept.: Comm. Services

Signature: Patricia A. Tobin Date: 10.11.11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: TLC Experts

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: PATRICIA A. TOBIN Dept.: Comm. Services
(please print)

Signature: Patricia A. Tobin Date: 10.11.11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Certified Property Restoration, LLC

A Criterion	B Weight Factor	C Maximum Points Independent Review	D Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 4 (5)	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 (3) 4 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: PATRICIA A. TOBIN (*please print*) Dept.: Comm. Services

Signature: Patricia A. Tobin Date: 10.11.11

RFP #20110114 Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program:

Respondent: Servpro of Martin County

A	B	C	D
Criterion	Weight Factor	Maximum Points Independent Review	Maximum Points Review with Panel
A. Qualifications of Firm in Residential Building Projects	4	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
B. Experience & Expertise of Staff & Subcontractors	5	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
C. Past Performance	8	0 1 2 3 (4) 5	0 1 2 3 4 5
Comments:			
D. Section 3 Certification (St. Lucie County)	1	(0) 5	0 5
Comments:			
E. Business Owner lives in NSP-3 Project Area	1	(0) 5	0 5
Comments:			
F. Minority Business Enterprise	1	(0) 5	0 5
Comments:			

Instructions to Evaluator: Complete a separate evaluation form for each proposal reviewed. Each criterion must be assigned a score unless you are instructed otherwise on the form. Make additional notes in the "Comments" section for reference and discussion during meetings of the full evaluation panel.

The point values entered above reflect my best independent judgement of the merits of the identified respondent's proposal.

Committee Member: PATRICIA A. TOBIN Dept.: Comm. Services

(*please print*)

Signature: Patricia A. Tobin Date: 10.11.11

E-Bid Documents

- E-Bid Tabulation Report
- Sign In Sheet from the Bid Opening

E-Bid Awarded Proposals from Contractors:

- Decon Environmental & Engineering
- Lang Environmental, Inc.
- TLC Experts
- Certified Property Restoration, LLC
- De La Hoz Builders, Inc.
- Servpro of Martin County

CITY OF PORT ST. LUCIE
OFFICE OF MANAGEMENT & BUDGET
RFP TABULATION REPORT

RFP #20110114
OPENED: September 22, 2011 TIME: 3:00:00 PM

RFP Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

The following vendor(s) submitted a response in accordance with specifications:

Name	Question-naire	Submitted 5 References	Lawsuits >than 10%	Judgments from Lawsuits in last 5 yrs.	Addenda Acknow-ledged	Qualified under NSP3 Hiring requirements	HUD Section 3 Business	Do you plan to hire Section 3 residents/sub -contractors	Copy of Insurance Certificate	Certified Minority Business Enterprise	Proper Licenses	Submitted Noncollusion , Lobbying, W-9, Contractor Verification, & Drug Free forms
De La Hoz Builders, Inc. (Asbestos Abatement, Mold Remediator & Lead Safe Certified)	Yes	Yes	None	None	Yes	No	No	No	Yes	Yes	Yes	Yes
Certified Property Restoration, LLC Mold Remediator & Lead Safe Certified)	Yes	Yes	1 as the Plaintiff	None	Yes	No	No	Yes	Yes	No	Yes	Yes
Decon Environmental & Engineers (Asbestos Abatement, Mold Remediator & Lead-Safe Certified)	Yes	Yes	All listed	None	Yes	No	No	No	Yes	Yes	Yes	Yes
Lang Environmental, Inc. (Asbestos Abatement, Mold Remediator & Lead Safe Certified)	Yes	Yes	N/A	N/A	Yes	No	No	Yes	Yes	No	Yes	Yes
Servpro of Martin County (Mold Remediator & Lead Safe Certified)	Yes	Yes	None	1 as the Plaintiff	Yes	No	No	No	Yes	No	Yes	Yes
TLC Experts (Mold Remediator & Lead Safe Certified)	Yes	Yes	None	None	Yes	No	No	No	Yes	No	Yes	Yes

Number of Companies Notified: 653
Number of Bid Documents Distributed: 33
Number of Bids Received: 6

NOTE: Offers from vendors listed herein are the only offers received timely as of the above opening date and time. All other offers submitted in response to this solicitation, if any, are hereby rejected as late.

E-Bid Opening
E-BID #20110114
Proposals for Asbestos, Lead, Mold & Water Remediation Services
For the Neighborhood Stabilization Porgram
September 22, 2011 @ 3:00:00 pm

	Name (Please PRINT legibly)	Company Name	E-Mail Address	Telephone # & FAX #
1.	Robyn Holder	City of Port St. Lucie OMB	rholdero CITY of PSL.com	T 871-5223
				F 871-7337
2.				T
				F
3.				T
				F
4.				T
				F
5.				T
				F
6.				T
				F
7.				T
				F

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114
Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 22nd day of September, 2011.

DECON ENVIRONMENTAL & ENGINEERING, INC.
Name of Organization / Proposer

Submitted by: ALON LEVIN, VICE 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 OCTOBER 13, 1987
In what State FLORIDA
Name of Officers:
President SARA LEVIN
Vice President DAN MULLER, LESLEY GILLESPIE, ALON LEVIN,JAY MARTIN
Secretary LESLEY GILLESPIE
Treasurer DAN MULLER

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:
Decon Environmental & Engineering, Inc. 954-485-8800 fax 954-485-8809; 2652 N. W. 31st Avenue, Ft. Lauderdale, FL 33311 Alon Levin – alevin@decon.com

5. Firm's previous names (if any) What year(s) None

6. Area of expertise: General Contracting, Asbestos, Lead, Mold Abatement, Water and Smoke Damage Mitigation, Bio-Hazardous Waste Clean-Up

7. How many years has your organization been in business? 24

8. Describe organization profile, including the size, range of activities, licenses, et Woman owned business entity certified by state of Forida,; small sized business, per federal guidelines. Offices in Ft Lauderdale and Sanford (Central Florida). State licensed General Contractor, Asbestos, Mold Remediation Contractor; EPA certified for lead based paint remediation and for lead based paint renovations, repair and painting. Florida Department of Health certified Bio-hazardous waste operations.
(This is a Word document – add lines if needed)

9. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners or Officers	5	5	5
b. Managers	5	7	5
c. Supervisors Senior Staff	11	15	11
d. Other Professional Staff	8	12	8
g. Total number of full time personnel	30	39	30

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

Name	Title	Years of Experience	% of Time to be Spent on City Projects	In What Capacity and With Whom
Alon Levin	VP/Ops	16	20	Estimation
Angel Magobet	Ops Mgr	13	20	Mgr. Ops Est
Jay Martin	VP Ops	20	20	Mgr Ops & Est.
Ulric Lam	Sr. Super.	13	20	On Site Mgmt

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 Ft. Lauderdale	Asbestos, Mold, Water Damage Mitigtaion, Lead abatement Term Contract – 3rd year renewal of Term Contract
Miami-Dade Co. Public Schools	Asbestos, Mold, Lead Abatement – 2nd Year renewal of Term Contract
Stiles Constr. & Property Manageent	Master Contract for all on call environmental and water damage problems at commercial properties
Orange Co. Public Schools	Asbestos, Mold abatement.
Fairfield Properties	Master Contract for all on call environmental problems at multi family residential units

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

See Attached

13. State your firm's commitment to perform in a timely fashion:
Projects for asbestos, notwithstandig required EPA notifications and post abatement air clearance protocols, will have expedited abatement with maximum feasible labor and a permanently on site supervisor per regulations. Water intrusion with flooding will be subject to immediate emergency response and mitigation. All lead projects will be performed by EPA trained supervisors and certified workers experienced in numerous prior projects. Similarly experienced teams of supervisors and workers have a past track record in swift mobilization and effective work practices which eliminate wasted work hours and delays.

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

Name	Current and Projected Workloads
Mia-Dade Public Schools	Term Contract with work orders issued routinely on a regular as needed basis
City of Fort Lauderdale	Term Contract with projects ordered on an as needed basis.
Broward County School Board	Term Contract with work orders issued routinely on a regular basis
Stiles Property Management	Emergency services under a master contract for water damage and mold in various locations, as needed.
Fairfield Properties	Various environmental remediation in residential properties, issued on a frequent basis.

15. State your firm's ability to meet budget and schedule:
Careful site and survey inspections for accurate estimation and pre-project planning of procedures, personnel, materials and equipment needs. Use of communication equipment, computerized tracking of man hours with daily progress reviews vis a vis projected time schedules. All these factors enable prompt or early completion of work and compliance with budget.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
24 years of industry experience and the expertise of field management and supervision with numerous years of abatement projects translate into efficient use of labor and materials. Cost effectiveness and savings are augmented by control of labor hours by computerized finger print scanning and daily reviews of project progress. Adherence with pertinent regulations and industry standards facilitates inspection procedures and avoids delays which impact costs.

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

Name	Address	Qualifications
Waste Management	P. O. Box 105453, Atlanta, GA 30348	Regulated and Licensed Special Waste Transporter & Disposal Subcontractor
Cumberland Env. Services	7106 Crossroads Blvd. #204, Brentwood, TN 37027	Supply of temporary certified laborers

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:
See attached.
(N/A is not an answer – add lines if needed)

21. List any judgments from lawsuits in the last five (5) years:
NONE
(N/A is not an answer – add lines if needed)

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
NONE
(N/A is not an answer – add lines if needed)

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) See Attached

25. Is firm claiming to be a HUD Section 3 Business as defined under the 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.
(If you are not certified but think you might qualify or need information on Section 3, go to www.citvofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring of Contractors for Repair of Homes.")

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

ATTACHMENT TO #20

DECON ENVIRONMENTAL & ENGINEERING, INC.
LITIGATION

1.
Case # 0713034 Filed 6/2007
Circuit Court /17th Judicial District – Broward County, Florida.

Constant Electrical Service, Inc. v. Decon Environmental & Engineering, Inc. and Lincoln General Insurance Company (bond underwriter).

Constant Electrical Service has filed suit for $13,910.57, representing services performed at Miramar High School. Decon received invoices for only $11,782.22 of which $10,604.00 was paid on 10/17/07. (See copy of signed release from Constant). Constant does not acknowledge receipt of these funds. Due to the delay in payment of pay applications and retainage on this project, Decon has only recently received final payment for the contract from The School Board. On August 16, 2007 a final release for the $1,178.22 retainage, which Decon understands to be the actual and final amount owed to Constant, was transmitted via counsel to Constant in late 2007. Pending mediation in May 2008.. **SETTLED IN MAY 2008.**

2.
Case #0715022 Filed 7/2007
Circuit Court/17th Judicial District – Broward County, Florida.

Constant Electrical Service, Inc. v. Decon Environmental & Engineering, Inc. and Lincoln General Insurance Company (bond underwriter).

Constant Electrical Service has filed suit claiming unpaid invoices amounting to $42,207.74 from a project at Pioneer Middle School. They have arrived at this amount using a base contract amount of $46,250.00 and change orders of $16,374.49 and $15,923.08, of which only one was partially acceptable and approved by The School Board. A payment of $26,887.05 was paid to Constant in July 2006, for their first payment requisition and subsequently a check was paid to them in August 2006 for the initial change order Constant had submitted in the amount of $16,374.49, of which $14,809.12 was approved, the balance was disallowed since it was part of the original scope of Constant's bid. Payment for that change order, less retainage, was in the amount of $13,328.66. In total, Constant has received $40,215.71 to date. This leaves a balance of $38,331.86. Deducting the portion of the change order that was not approved ($1,564.87) further reduces the unpaid balance to $36,766.99. As to Constant's claim for a further change order in the amount of $15,923.08, it was pointed out to them that the work claimed as "extra to the scope of work" was in fact within the scope of work and included in the Plans for the Project upon which Constant predicated their bid. The unauthorized change order was not submitted to The School Board. Eliminating this charge then brings the undisputed balance down to $20,843.91. Having only recently received final payments on this project, Decon has every intention of paying the undisputed balance. In order to expedite the resolution of this matter, our

attorney is requesting that the case be sent to mediation. Mediation has been agreed upon and is pending May 2008 date. **SETTLED IN MAY 2008.**

3.
Case 0706406 Filed March 22, 2007
Circuit Court of the 17th Judicial Circuit/Broward County, Florida.

Constant Electrical Service, Inc. is seeking payment of $6,599.80 for work performed, and claimed as work outside the scope of the contract, at a project at Shalimar Village in Broward County. They have presented invoices totaling $5,897.00. The original contract for

$18,716.00 has been paid in full. The work claimed as change orders is in dispute for the following reasons: 1) Decon maintains that the work was, in fact, part of the original scope of work defined in Constant's proposal for the project. 2) Constant did not adhere to the terms of its own proposal and request signed authorization for the work prior to its execution, at which time the fact of it being part of the contracted scope of work would have been established. This case is pending a mediation date in May 2008. **SETTLED IN MAY 2008.**

4.
Case 502004CA011663 (MB) Filed December, 2004.
Circuit Court of the 15th Judicial Court, Palm Beach County, Florida.

Decon instituted suit against Marjory and Mitchell Dobbin for non-payment of an outstanding invoice for mold remediation services at the Dobbin residence in the amount of $26,787.50. This matter is still pending.

Meanwhile, Dobbin had sued various parties, including an air conditioning contractor, a roofing contractor and Allstate Insurance Co. in regard to indoor air quality, roof leaks and refusal of coverage, none of which matters involved Decon. However, as result of Decon's attempts to collect payment for the mold remediation, and more than one year after project completion, the Dobbins countersued Decon, claiming negligence in the remediation performed by Decon, adding Decon to its suit against the other parties. Litigation and discovery in all matters is ongoing and defense against Dobbin's counter claims is being handled by our insurer, Zurich Insurance Co. This matter was settled on April 14, 2008 and Decon has received payment in full for its services. **SETTLED IN APRIL 2008.**

5.
Case 08-40463CA13 - Served October 27, 2008. Circuit Court of the 11th Judicial District for Miami-Dade County, Florida.

Decon filed a lien against Richard Holmes, a homeowner for whom Decon performed mold remediation and restoration services in February 2008. Mr. Holmes paid only a portion of the services and the lien represented the unpaid portion of $6,404.50.
Mr. Holmes counter sued Decon, claiming failure to complete the project in a timely fashion. This complaint arises from the fact that, when interior wallboard was removed in the mold abatement process, it revealed damages to the electrical and plumbing systems. A change order was submitted to Mr. Holmes. Mr. Holmes desired to engage his own unlicensed and uninsured subcontractors to furnish the repairs, working under Decon's permit. Decon refused to allow this and withdrew from the change order work. The unpaid balance applies only to the original work which was completed. **SETTLED IN SEPTEMBER 2010 DUE TO HOLMES' PERSONAL BANKRUPTCY. ALL CLAIMS DISMISSED.**

6.
Case 11017051 Circuit Court of the 17th Judicial Circuit in and for Broward County, Florida

Civil Action Summons. Filed 7/26/11. Individual claims she tripped over a piece of 2x4 near jobsite on October 7, 2009.. Discovery in process.

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.citvofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring of Contractors for Repair of Homes.")

27. Provide a listing of all employees you plan to have on the job site, full or part time, and indicate their principal occupation/job.
Angel Magobet, Operations Manager; Ulric Lam, Certified Supervisor; Jessy Chow, Certified Supervisor; Pedro Castillo,, Certified Supervisor; Jean Pierre, Certified Supervisor; Ramiro Herandez,, Certified Supervisor; Pedro Lopez, Certfied Foreman; Certified and Trained Laborers. .

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

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
One	8//17/11

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

CERTIFICATION:
This RFP is submitted by: Name (print) ALON LEVIN 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 Vice 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 Individual:

_____
Signature

_____
Print Name

If Partnership:

_____
Print Name of Firm

By: _____
(General Partner)

If Corporation:

DECON ENVIRONMENTAL & ENGINEERING, INC.
Print Name of Corporation

By: _____
Vice (President)

Attest: _____
(Secretary)

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

DECON ENVIRONMENTAL & ENGINEERING, INC.

2652 N. W. 31st Ave. – Ft. Lauderdale, FL 33311 – Tel: (954) 485-8800 – FAX (954) 485-8809

ATTACHMENT TO QUESTIONNAIRE #24

In its 24 years of operation, DECON has responded to various situations of emergency response where contamination or other major damage was caused to buildings as a result of flooding, fire and storms. With a 24/7 operation serving south and central Florida by two branches, DECON was able to provide the necessary man power, equipment and other logistics to mitigate the damage in accordance within all applicable guidelines and regulations.

We have picked the following project to represent the magnitude and effectiveness of our service for your review:

St. Lucie County Schools, Various Schools, Hurricane Frances 2004:

Scope: Provide labor, equipment and materials to conduct emergency cleanup in various schools that were water/wind damaged during the storm. Responsibilities included removal of interior building components, HEPA vacuuming and disinfecting surfaces.

Capacity: DECON dispatched and managed the operation of over 100 workers, 3 project managers and 8 supervisors for a duration of approx.60 days. All activities were coordinated and were subject to the inspection of the Owner's Environmental Consultant. DECON staged 4 trucks of equipment that included: generators, HEPA air scrubbers, carpet fans, vacuums, and all necessary remediation supplies.

Achievement: The School buildings (over 15) that were assigned to the DECON work force were completed within time to allow opening of the schools in time for the Fall Semester with no delays.

Trump Towers, Sunny Isles, Florida

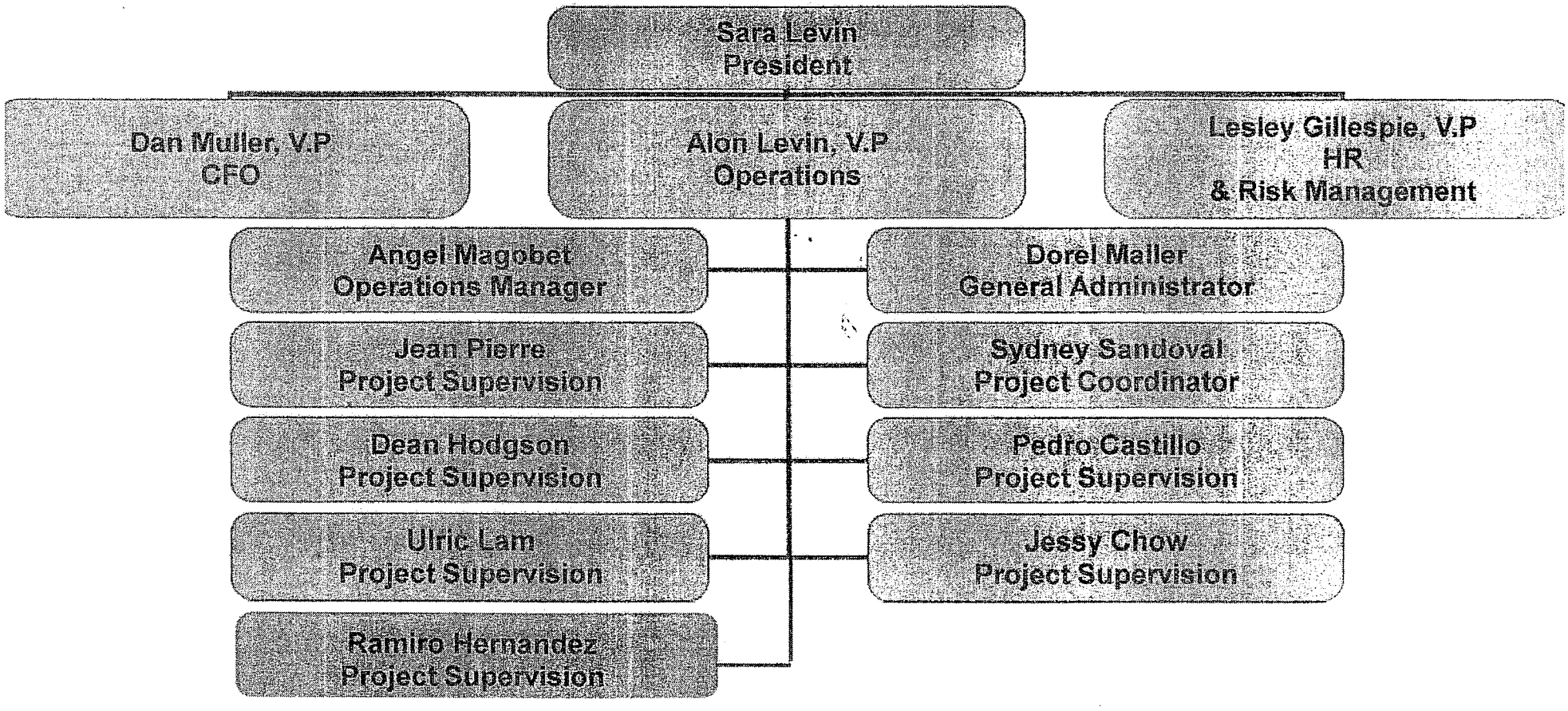
Scope: Perform Mold Remediation in 316 condominium units and remove hundreds of SF of affected wallboard from bathrooms, kitchens and living rooms. Work procedures were prescribed by 2 leading national environmental consultants. Each unit was visually inspected by consultants prior to containment, to verify negative containment, after gross material removal and air clearance was achieved upon completion.

Capacity: DECON's workforce included 2 project Managers, 6 supervisors and 120 workers. Work was performed around the clock (2 x 12 hour shifts), 6 days a week for a duration of 75 days.

Achievement: As this luxury building was scheduled for closing on all owners' units by the target completion date, the intensive schedule and effective management was able to meet the Owner's timeline and remediation budget.

These project demonstrate DECON'S ability to effectively deliver, on-time and within budget, fast track, large scale environmental mitigation services and to meet the highest standards of quality control and third party inspections.

DECON ENVIRONMENTAL & ENGINEERING, INC.



State of Florida

Minority, Women & Service-Disabled Veteran

Business Certification

Decon Environmental & Engineering, Inc.

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

09/06/2011 to 09/06/2013

John P Miles

John P Miles, Secretary

Florida Department of Management Services
Office of Supplier Diversity

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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DECON ENVIRONMENTAL & ENGINEERING, INC.

Reference: CITY OF OAKLAND PARK, FL Fax #: 954-561-6202
Email: www.oaklandparkfl.org Telephone #:
Person to contact: KENNETH LEE RESOR, ASST. DIRECTOR OF PUBLIC WORKS

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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 : 09/23/2011 15:11
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:10
FAX NO./NAME	919545616202
DURATION	00:00:32
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DECON ENVIRONMENTAL & ENGINEERING, INC.

Reference: MIAMI INTERNATIONAL AIRPORT Fax #: 305-876-0948
Email: _____ Telephone #: 305-876-7000
Person to contact: FOSTER MACK, CONSTRUCTION MANAGER III, CIVIL ENV. ENG. DIV.

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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 : 09/23/2011 15:12
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:12
FAX NO./NAME	913058760948
DURATION	00:00:32
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DECON ENVIRONMENTAL & ENGINEERING, INC

Reference: GRUBB & ELLIS (PROPERTY SOLUTIONS) Fax #: 561-995-2290
Email: _____ Telephone #: 561-995-5150
Person to contact: CARY M. FRONSTIN, RPA SR PROPERTY MANAGER

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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 : 09/23/2011 15:13
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:13
FAX NO./NAME	915619952290
DURATION	00:00:33
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

CITY OF PORT ST LUCIE

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DECON ENVIRONMENTAL & ENGINEERING, INC.

Reference: CITY OF FT. LAUDERDALE, FL Fax #: 954-828-5074
Email: _____ Telephone #: 954-828-5215
Person to contact: TOM TERRELL, FACILITIES MANAGER

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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 : 09/23/2011 15:20
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:19
FAX NO./NAME	919548285074
DURATION	00:00:41
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DEON ENVIRONMENTAL & ENGINEERING, INC

Reference: KIMBERLY A DELLASTATIOUS, P.A. Fax #: 561-582-5623
Email: kimdell@mindspring.com Telephone #: 561-582-5622
Person to contact: KIMBERLY A. DELLASTATIOUS

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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 : 09/23/2011 15:15
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:14
FAX NO./NAME	915615825623
DURATION	00:00:41
PAGE(S)	01
RESULT	OK
MODE	STANDARD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/15/2010

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	CONTACT NAME: Alan Bressler
Ames and Gough 450 Northridge Parkway Suite 102 Atlanta GA 30350	PHONE (A/C, No, Ext): (703) 827-2277 FAX (A/C, No): E-MAIL ADDRESS: abressler@amesgough.com PRODUCER CUSTOMER ID #: 00001788

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
DECON Environmental & Engineering, Inc. DECON Worldwide, Inc. 2652 NW 31st Avenue Ft. Lauderdale FL 33311	INSURER A: Zurich American Insurance	16535
	INSURER B: Steadfast Insurance Company	26387
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2010-2011 **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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Blanket Add'l Ins. X BI/PD Deduct. $5,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT X LOC			GLO5868226-06	10/20/2010	10/20/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $			SEO9005089-07	10/20/2010	10/20/2011	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC5434752-06	10/20/2010	10/20/2011	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
B	Contractors Poll. Liab./ Professional Liability			PEC9004997-07	10/20/2010	10/20/2011	Per Claim Aggregate	$1,000,000 $2,000,000

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

CERTIFICATE HOLDER

Proof of Insurance

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

Joshua Howell/NOYOLA

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The ACORD name and logo are registered marks of ACORD

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/20/2011

PRODUCER	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.	
MMZ Associates Inc. 1133 Westchester Ave. , Suite S219 White Plains, NY 10604 931445 / 0C60224 www.mmz.net 914-332-9000 914-332-9109	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Decon Environmental & Engineering, Inc. Decon Worldwide, Inc. ID 320118 2652 North West 31st Avenue Fort Lauderdale FL 33311	INSURER A: The Insurance Company of the State of PA	
	INSURER B: RLI Insurance Company	
	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/YYYY)	POLICY EXPIRATION DATE (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	$
		GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	$
		POLICY ☐ PRO-JECT ☐ LOC				PRODUCTS - COMP/OP AGG	$
A		AUTOMOBILE LIABILITY	CA-3377068	7/14/2011	7/14/2012	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
		✓ ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS					
		SCHEDULED AUTOS					
		✓ HIRED AUTOS				BODILY INJURY (Per accident)	$
B		✓ NON-OWNED AUTOS	CAP9501771-Scheduled Auto	7/14/2011	7/14/2012		
B		✓ Comp $1,000 Ded	CAP9501771-Scheduled Auto	7/14/2011	7/14/2012	PROPERTY DAMAGE (Per accident)	$
		✓ Coll $1,000 Ded					
		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 $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N				WC STATU-TORY LIMITS ☐ OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)				E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

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

Evidence Only

CERTIFICATE HOLDER

Evidence Only

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. * 10 Days for Non-Payment of Premium.

AUTHORIZED REPRESENTATIVE

Mark Zettl

Mark Zettl

ACORD 25 (2009/01)

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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

This Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

AC# 5207046

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASBESTOS LICENSING UNIT

SEQ# L10091801407

DATE	BATCH NUMBER	LICENSE NBR
09/18/2010	100116891	CJC056715

The ASBESTOS CONTRACTOR
Named below IS LICENSED
Under the provisions of Chapter 469 FS.
Expiration date: NOV 30, 2012
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

LEVIN, ALON
2652 NW 31 AVENUE
FT LAUDERDALE FL 33311

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM
SECRETARY

AC# 5024310

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10070600655

DATE	BATCH NUMBER	LICENSE NBR
07/06/2010	107000372	CGC044418

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

SAELINGER, JAY D
DECON ENVIRONMENTAL & ENGINEERING INC
2652 NW 31 AVE
FT LAUDERDALE FL 33311

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 5356268

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ# L10112900436

DATE	BATCH NUMBER	LICENSE NBR
11/29/2010	100239253	MRSR173

The MOLD REMEDIATOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

LEVIN, ALON
2652 NW 31ST AVENUE
FORT LAUDERDALE FL 33311

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM
SECRETARY

United States Environmental Protection Agency

This is to certify that

Decon Environmental & Engineering, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires February 5, 2015

NAT-1912-1
Certification #

January 26, 2010
Issued On

Michelle Price, Chief
Lead, Heavy Metals, and Inorganics Branch

United States Environmental Protection Agency

This is to certify that

Decon Environmental & Engineering, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402(a)(1), and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226.

In the Jurisdiction of:

Florida

This certification is valid from the date of issuance and expires January 8, 2012

FL-1912-2
Certification #

DEC - 9 2009
Issued On

Jeaneanne M. Gettle, Chief

Pesticides and Toxic Substances Branch

FLORIDA DEPARTMENT OF HEALTH

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Operating Permit

DIVISION OF Environmental Public Health

59-64-1352475

Biomedical Waste - Other

59-BID-1721481

Issued To: Decon Environmental & Engineering, Inc
230 Power Court
Sanford, FL 32771

Mail To: Decon Environmental & Engineering, Inc
2652 NW 31st Avenue
Fort Lauderdale, FL 33311

County: **Seminole**
Amount Paid: $ 85.00
Date Paid: 08/25/2011
Issue Date: 10/01/2011

Permit Expires On: 09/30/2012

Seminole County Health Department
400 W Airport Boulevard
Sanford, FL 32773

(407) 665-3604

Original Customer: Decon Environmental & Engineering, Inc (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

DECON ENVIRONMENTAL & ENGINEERING, INC.
2652 NW 31ST. Ave. Ft. Lauderdale – Ph (954) 485-8800 Fax (954) 485-8809
CJC056715 - CGC044418

LIST OF SUBCONTRACTORS

Special Waste Transportation and Disposal

WASTE MANAGEMENT
Atlanta, GA 30348
George Cubas (305)793-2558
e-mail GCubas@wm.com

Temporary trained and certified laborers

CUMBERLAND ENVIRONMENTAL RESOURCES CO
7106 Crossroads Boulevard, #204
Lesbia Martiez (615)423-9643 lesbia@celabor.com

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)
DECON ENVIRONMENTAL & ENGINEERING, INC.

Business name, if different from above

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

Address (number, street, and apt. or suite no.)
2652 N.W. 31ST AVENUE

City, state, and ZIP code
FT. LAUDERDALE, FL 33311

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

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

or

Employer identification number
6	5	0	0	0	9	9	3	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 ► Derek K. Sullivan Date ► 9/22/11

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 # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: DECON ENVIRONMENTAL & ENGINEERING, INC.

Corporate Title SAME

Address: 2652 NW 31ST AVENUE,

FT. LAUDERDALE, FL 33311 (Zip Code)

By: ALON LEVIN (Print name) VICE PRESIDENT (Print title)

(Authorized Signature)

Telephone: (954) 485-8800

Fax: (954) 485-8809

State License # GENERAL CONTRACTOR CGC 044418 **(ATTACH COPY)**

Asbestos Abatement License # CJC 056715 **(ATTACH COPY)**
Mold License # MRSR173

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

Lead-Safe Certification # NAT-1912-1 FL-1912-2 **ATTACH COPY)**

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

Type of Licenses: _____

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 DECON ENVIRONMENT & ENGINEERING, 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.

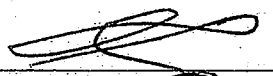
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).

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
SEPTEMBER 22, 2011
Date

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110114

State of FLORIDA }

County of BROWARD }

ALON LEVIN being first duly sworn, disposes and says that:

1. He is Vice President of Decon Environmental & Engineering, inc. the Bidder that
(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) Vice Preisent

STATE OF FLORIDA }
COUNTY OF BROWARD }SS:

The foregoing instrument was acknowledged before me this 22ND DAY OF SEPTEMBER 2011
(Date)

by: ALON LEVIN who is personally known to me or who has produced

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

Notary Public State of Florida
Lesley K Gillespie
My Commission DD762783
Expires 03/15/2012

_____
Notary (print & sign name)

Commission No. _____

E-RFP #20110114
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: DECON ENVIRONMENTAL & ENGINEERING, INC.

Authorized By: _____ ALON LEVIN
(Sign) (Print Name)

Title: VICE PRESIDENT Date: SEPTEMBER 22, 2011

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

E-RFP #20110114
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.*)]

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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: WASTE MANAGEMENT INC. OF FLORIDA

Authorized By: _____ GEORGE CUBAS
(Sign) (Print Name)

Title: INDUSTRIAL SALES ACCOUNT MGR Date: 4/22/11

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

E-RFP #20110114
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: Cumberland Environmental Resources Co.

Authorized By: _____ Lesbia Martinez
(Sign) (Print Name)

Title: Coo Date: 9/22/11

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

CHECKLIST
E-RFP #20110114

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.

___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.

___X__ Required forms: Non-collusion Affidavit of Prime Bidder, Contractor Verification form & Certification Regarding Lobbying form uploaded to Demandstar.

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

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114
Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 21st day of September, 2011.

Lang Environmental, Inc.
Name of Organization / Proposer

Submitted by: Gregory J. Godec, Vice President
Name and Title

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

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

2. If a Corporation answer the following:
When incorporated May 5, 1987
In what State Florida
Name of Officers:
President Charles W. Mowat
Vice President Gregory J. Godec
Secretary Hilde Villalon
Treasurer Hilde Villalon

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

(Attach additional pages if necessary)

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:
Lang Environmental, Inc.,
6418 Badger Drive, Tampa, FL 33610 Phone: (813) 622-8311, Fax: (813) 623-6012,
Main Contact: Greg Godec, E-Mail: gregorygodec@msn.com, Cell: (813) 217-2613

5. Firm's previous names (if any) What year(s) 1987 - 2000
Lang Engineering, Inc., Lang Engineering & Environmental, Inc.

6. Area of expertise: Asbestos Abatement, Lead-Based Paint Abatement, and Mold Remediation Services

7. How many years has your organization been in business? twenty four (24)

8. Describe organization profile, including the size, range of activities, licenses, etc.
Founded in 1987 by our current CEO, Robert A. Lang, P.E., Lang Environmental, Inc. (LE) maintains the distinction of being one of the oldest owner-operated full service asbestos abatement and environmental contractor firms in continuous business in the State of Florida (24 Years). LE is also one of the most well-established abatement and environmental firms licensed throughout the southeastern United States.

Our corporate office is centrally located in Tampa, Florida with three (3) other branch offices located in Sarasota, Tallahassee and Jacksonville. More specific to this term contract, Mr. Greg Godec (a 5 plus year employee of Lang Environmental) will be assigned as Project Manager and be responsible for servicing the needs of the City of Port St. Lucie from our corporate office located in Tampa, Florida. With multiple offices, all of our own equipment, and a consistent work force of up to 60 full-time certified and experienced workers, supervisors, operators, managers and administrative staff, we have the capability and experience to guarantee superior asbestos abatement, lead abatement and mold remediation services to our clients.

We are submitting this proposal as a prime contractor. We are fully licensed to provide all services requested under this contract including the following; Licensed General Contractor (CGC-A23888), Licensed Asbestos Abatement Contractor (CJC-046268), Lead Abatement Contractor ((FL-2232-1), Mold Remediation Contractor (FL-MRSR-87), and Mechanical Contractor (CMC-056805). Copies of each of State of Florida licenses are attached and included as an attachment to this RFP response.

Specializing in asbestos abatement since the inception of the company in 1987, Lang Environmental is especially qualified to perform all of the services required under this two-year term contract due to our previous experience as an asbestos abatement term contractor with several other public entities including but not limited to; University of South Florida, Florida State University, Florida A&M University, Pinellas County Schools, Duval County Schools, Sarasota County Schools, Hernando County Schools, the City of St. Petersburg, and the City of Tallahassee.

9. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners	4	4	4
b. Managers	5	5	5
c. Supervisors Senior Staff	12	14	12
d. Other Professional Staff	4	4	4
g. Total number of full time personnel	67	87	67

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

Name	Title	Years of Experience	% of Time to be Spent on City Projects	In What Capacity and With Whom
Robert Lang, P.E.	CEO	40	5%	Sr. Consultation with Greg Godec
Charles W. Mowat	President	25	5%	Sr. Consultation with Greg Godec
Gregory J. Godec	Vice President	26	90%	Estimator & Sr. Project Manager with City Representatives
Ronnie Wilson	Project Manager	18	10%	Project & Operations Manager
Dave Koopman	Project Manager	15	5%	Project Manager & Estimator
David Blankenship	Project Manager	18	5%	Project Manager
Dwight Reed	Project Supervisor	15	90%	Asbestos/Lead & Mold Projects Supervisor
Ronel Joseph	Project Supervisor	15	50%	Asbestos/Lead & Mold Projects Supervisor
Eliphete Joseph	Project Supervisor	15	20%	Asbestos/Lead & Mold Projects Supervisor
Antonello Baker	Project Supervisor	15	20%	Asbestos/Lead & Mold Projects Supervisor
Dane Dixon	Project Supervisor	15	20%	Asbestos/Lead & Mold Projects Supervisor
Eleazor Solomon	Project Supervisor	15	20%	Asbestos/Lead & Mold Projects Supervisor

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 Delray Beach (2010)	LBP Abatement of Residential Structure as Part of Overall Rehab by others (CJ Contracting), Project Manager: Greg Godec, Project Supervisor: Ronel Joseph
Pinellas County Schools (1987 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Ronnie Wilson, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker

University of South Florida (1990 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Charley Mowat, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
Sarasota County Schools (1995 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Dave Koopman, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
Florida State University (1998 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Ronnie Wilson, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
City of Tallahassee (1998 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Ronnie Wilson, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
City of St. Petersburg (2009 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Greg Godec, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
State of Florida Department of Management Services (1995 – 2007)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Ronnie Wilson, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
Duval County Schools (2000 – 2004)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: David Blankenship, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker
Florida A & M University (2010 – 2011)	Asbestos Abatement, Lead Paint Abatement, and IAQ/Mold Remediation, Project Manager: Ronnie Wilson, Project Supervisors: Dwight Reed, Ronel Joseph, Elephete Joseph, Antonello Baker

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

See attached page.

13. State your firm's commitment to perform in a timely fashion:
Lang Environmental is committed to the following Response Plan to performing requests for services in a timely fashion (i.e. we can mobilize and be on-site within 3 hours of the initial call). It is anticipated that most requests for asbestos/lead abatement and/or mold remediation services will be received between normal work hours (i.e. Monday – Friday; 8:00 AM – 5:00 PM), however, we realize that the potential exists for after hours and/or emergency response. As a result, we have established the following call list for representatives of City of Port St. Lucie to always be able to reach a qualified representative of Lang Environmental.

- Greg Godec, Vice President: Senior Project Manager/Main Point of Contact: Cell Phone: (813) 217-2613, Home Phone:(813) 210-1748
- Ronnie Wilson, Project/Operations Manager: (813) 376-2190
- Charlie Mowat, President: (813) 376-2172
- Toll Free Company 24/7 Answering Service: (800) 330-8311

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

Name	Current and Projected Workloads
Greg Godec, Sr. Project Manager	Blake Medical Center, Bradenton, Florida (phased work over 2011 – 2012)
Ronnie Wilson Operations & Sr. Project Manager	Pinellas County Schools & Florida State University (various on-going and upcoming projects through 2012)
Charley Mowat Sr. Project Manager	University of South Florida (potential upcoming projects through 2012)
David Blankenship Project Manager	City of Tallahassee (upcoming projects in 2011)

15. State your firm's ability to meet budget and schedule:
Based upon the information provided to us by the City of Port St. Lucie Point-of-Contact, Lang Environmental anticipates that firm lump sum price estimates and corresponding schedules will be provided on a project-by-project basis. We will adhere to the approach of a not-to-exceed estimate based on incorporation of all asbestos, lead-based paint and/or mold identified by others in the independent assessment reports. Correspondingly, we will provide all required manpower, materials and supplies necessary to complete the project within the proposed and promised timeframes. Our ability to stand behind this statement can be verified and validated by the other term contract entities we have provided for reference.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
Lang Environmental has been involved in numerous residential and commercial type rehabilitation projects since 1987. During that time, we have been asked by our clients to provide "value engineering" approaches to those project, wherever feasible. Some examples of those services include stabilization of "non-intact" lead-based painted surfaces (i.e. wet scraping and encapsulation), as opposed completely stripping the paint back to a bare substrate. Another example of cost reduction is where we have performed component removal and replacement, as opposed to incurring the cost of stripping the lead-based paint. Additionally, since we are licensed and certified in asbestos, lead and mold, we have demonstrated cost containment and reduction for other clients by addressing both or all three environmental issues in one mobilization with the same work crew.

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
None Applicable		

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 (none of the above).

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:
N/A

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.
Lang Environmental has earned an unsurpassed reputation in our industry for consistently providing quality workmanship, competitive pricing and timely completion of our projects. We have successfully completed asbestos abatement projects within all types of facilities including residential, industrial facilities, power plants, airports, hospitals, manufacturing plants, commercial offices, institutional facilities, governmental offices, retail stores, high-rise buildings, universities, and public and private schools (K-12).

Currently, Lang Environmental offers a multitude of environmental contracting services including asbestos abatement, lead abatement, IAQ/mold remediation, HVAC/duct cleaning, contaminated site remediation, interior/selective demolition, and general construction, "put-back" and restoration. As a Class "A" General Contractor, LEI takes pride in our ability to serve our clients with turnkey services regardless of the size or complexity of the project. This includes all types of planned and emergency abatement, remediation, renovation and demolition projects.

Lang Environmental prides itself on the education, qualifications, and knowledge and of our leadership, and key project and office personnel. More than 50 percent of all of our Project Management, Estimating, and Administrative employees have college degrees and 15 years of experience or more. Within our existing organization, we have key personnel with accredited Bachelor of Science and/or Graduate Degrees, Professional Licenses (P.E.) and 25 years each or more of experience in the asbestos abatement industry (Robert Lang, CEO, Charlie Mowat, President, and Greg Godec, Vice President).

More specific to the question, we have had several unique accomplishments within the auspices of our existing and previous term contracts. Our largest contract ever was in the amount of $6,500,000 at the Naval Air Station, in Key West, Florida. This contract involved asbestos abatement and mold remediation as part of the Hurricane Wilma disaster cleanup. We worked for more than six (6) months and furnished more than 100 full-time EPA and State of Florida Asbestos Certified Project Supervisors and Workers.

Another excellent example of our unique capabilities is with Pinellas County Schools, who we have a 25 year relationship and current term contract for asbestos abatement, lead-based paint abatement, and IAQ/mold remediation. The length of this relationship in and of itself is unique, but the reason for the longevity lies in our responsiveness and our ability to perform up to 15 different projects simultaneously during the peak summer season.

These two contracts represent three unique characteristics; 1) our ability to successfully perform multi-million dollar projects, 2) our ability to main a 25 year relationship demonstrating longevity unique to this business and 3) our ability to successfully perform numerous simultaneous projects.

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

Yes ( ) No (X)

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

Yes ( ) No (X)

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.

Gregory J. Godec	Vice President	Estimator & Sr. Project Manager with City Representatives
Ronnie Wilson	Project Manager	Project & Operations Manager
Dave Koopman	Project Manager	Project Manager & Estimator
David Blankenship	Project Manager	Project Manager
Dwight Reed	Project Supervisor	Asbestos/Lead & Mold Projects Supervisor
Ronel Joseph	Project Supervisor	Asbestos/Lead & Mold Projects Supervisor
Eliphete Joseph	Project Supervisor	Asbestos/Lead & Mold Projects Supervisor
Antonello Baker	Project Supervisor	Asbestos/Lead & Mold Projects

		Supervisor
Dane Dixon	Project Supervisor	Asbestos/Lead & Mold Projects Supervisor
Eleazor Solomon	Project Supervisor	Asbestos/Lead & Mold Projects Supervisor

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, we have a plan to advertise for local asbestos, lead and/or mold workers from the Section 3 residents, upon successfully landing a contract with the City of Port St. Lucie.

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

Addendum Number	Date Issued
#1	August 17, 2011

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

CERTIFICATION:
This RFP is submitted by: Name Gregory J. Godec 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

Vice 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 Individual:

_____
Signature

_____
Print Name

If Partnership:

_____
Print Name of Firm

By: _____
(General Partner)

If Corporation:

Lang Environmental, Inc.
Print Name of Corporation

By: _____
(Charlie Mowat, President)

Attest: _____
(Secretary, Hilde Villalon)

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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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: Lang Environmental, Inc.

Reference: Carl Fleury; CJ Contracting, LLC Fax #: (561) 228-1354
Email: cjcontracting@aol.com Telephone #: (561) 662-4514
Person to contact: Carl Fleury

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
The above contractor performed a lead abatement in one of my projects , removed existing windows that were contaminated with lead and cleaned up the property per the EPA guidelines , I was very happy with their professionalism .

What was the total project amount? $13,150.00
Was the project completed on time and within budget? yes
What was the project completion date? April26th 2011
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 1
What problems were encountered (claims)? None
How many change orders were requested by this Contractor? None

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

Professionalism	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	

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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: Lang Environmental, Inc.

Reference: Bill Robinson Pinellas County Schools Fax #: (727) 547-7241
Email: robinsonb@pcsb.org Telephone #: (727) 547-7199
Person to contact: Bill Robinson

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

Has the above Contractor performed residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Lang Environmental sole source vendor for Pinellas County Schools. They have performed all remediations services list above.

What was the total project amount? $528,932.13 since 7-1-10
Was the project completed on time and within budget? Yes
What was the project completion date? Yes
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? over 50 projects
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	10
Qualifications	9	Cooperation	10
Budget Control	10	Reliability	10

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

Thank you.

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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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: Lang Environmental, Inc.

Reference: Ivy Fradin; The BG Group, Inc. Fax #: (561) 998-8815
Email: ivy@thebggroup.com Telephone #: (561) 715-0530
Person to contact: Ivy Fradin

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.

Yes - asbestos abatement

What was the total project amount? $ 4125 - most recent project
Was the project completed on time and within budget? yes.
What was the project completion date? June 2011 - most recent project.
How many remodeling projects involving abatement services 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? 0

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	9

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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: Lang Environmental, Inc.

Reference: Bari Shepard Florida A&M University Fax #: (850) 599-8024
Email: bari.shepard@famu.edu Telephone #: (850) 599-8021
Person to contact: Bari Shepard

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Asbestos, lead, mold Remediation Services have been performed on numerous FAMU Facilities, on time, and on budget for over 15 years.

What was the total project amount? Varied from $5,000 to $50,000
Was the project completed on time and within budget? Yes
What was the project completion date? typically 30 days
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 10
What problems were encountered (claims)? None
How many change orders were requested by this Contractor? None. All change orders were due to owners scope of work expansion 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 [X] No [ ] Maybe [ ]
Comments:

Thank you.

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Clerk Checked	

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

REFERENCE CHECK FORM

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: Lang Environmental, Inc.

Reference: Bob Norton; Tampa Bay Contractors, Inc. Fax #: (727) 518-7915
Email: nortontampa@aol.com Telephone #: (727) 243-1597
Person to contact: Bob Norton

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Removed, loaded and disposed of Asbestos cementious Shingles off a one and two story structure.

What was the total project amount? $4500.00
Was the project completed on time and within budget? yes
What was the project completion date? June 28, 2011
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 1
What problems were encountered (claims)? NONE
How many change orders were requested by this Contractor? NONE

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

Professionalism	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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: Lang Environmental, Inc.

Reference: Jim Standley; Florida State University Fax #: (850) 644-0905
Email: jhstandley@admin.fsu.edu Telephone #: (850) 591-8414
Person to contact: Jim Standley

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Yes, we are a university, and we have used this company many times, with excellent results.
What was the total project amount? We do an annual service contract PO that is approximately $75,000
Was the project completed on time and within budget? yes
What was the project completion date? We have multiple projects at one time
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? Too many to count, probably at least 10 jobs a year
What problems were encountered (claims)? None
How many change orders were requested by this Contractor? Not many, probably 1 or 2 a year

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 8	Reliability 10

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

Thank you.

For OMB Use Only	
Reference Checked	
Clerk Checked	

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)
Lang Environmental, 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.)
6418 Badger Drive

Requester's name and address (optional)

City, state, and ZIP code
Tampa, FL 33610

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
5	9	-	2	8	0	2	0	1	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. 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 ▶ Paul K. Kelly — Date ▶ 7-19-11

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 Lang Environmental, 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

9/22/11
Date

E-RFP #20110114
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: Lang Environmental, Inc.

Authorized By: _____ Charles W. Mowat
(Sign) (Print Name)

Title: President Date: 9/22/11

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

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110114

State of Florida }

County of Hillsborough }

Charles W. Mowat, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of Lang Environmental, 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 22nd day September 2011
(Date)

by: Charles Mowat who is personally known to me or who has produced

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

Michelle R. Boylen
Notary (print & sign name)

Commission No. 019591

MICHELLE R. BOYLEN
MY COMMISSION # EE 019591
EXPIRES: December 21, 2014
Bonded Thru Notary Public Underwriters

CITY OF PORT ST. LUCIE
E-RFP # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: Lang Environmental, Inc.

Corporate Title: _____

Address: 6418 Badger Drive

Tampa, FL 33610
(Zip Code)

By: Gregory J. Godec (Print name) Vice President (Print title)

(Authorized Signature)

Telephone: (813) 622-8311

Fax: (813) 623-6012

State License # CGCA23888 **(ATTACH COPY)**

Asbestos Abatement License # CJC046268 **(ATTACH COPY)**

County License # 97413.0000 **(ATTACH COPY)**

Lead-Safe Certification # FL-2232-3 **(ATTACH COPY)**

City License: Obtain upon award of contract and submitting permit applications.

Type of Licenses: General, Asbestos, and Lead Contractor, and Mold Remediator

Unlimited No (yes/no)

If "NO", Limited to what trade? _____

OP ID: DI

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/05/11

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 Bouchard-Clearwater 101 Starcrest Drive P O Box 6090 Clearwater, FL 33758-6090 Adam J. Bouchard 727-447-6481 727-449-1267	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: LANGE-1
INSURED Lang Environmental, Inc. 6418 Badger Drive Tampa, FL 33610-2004	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Great Divide Insurance Company — 25224 INSURER B : Nautilus Insurance Company — 17370 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	
B	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR X Lead Paint Abatem X Asbestos Abatem GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [X] PRO-JECT LOC			GPL5966527-02 POLLUTION INCLUDED	03/31/11	03/31/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			BAP1527186-10	04/01/11	04/01/12	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
B	UMBRELLA LIAB X OCCUR X EXCESS LIAB CLAIMS-MADE DEDUCTIBLE X RETENTION $ 10,000			FFX1527184-10	03/31/11	03/31/12	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCA1527185-10	04/01/11	04/01/12	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

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

CERTIFICATE HOLDER

FORINFO

FOR INFORMATIONAL PURPOSES ONLY

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD

United States Environmental Protection Agency

This is to certify that

Lead Safe CERTIFICATION

Lang Environmental Inc

has fulfilled the requirements of the Toxic Substances Control Act Section 402(a)(1) and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

Florida

This certification is valid from the date of issuance and expires July 25, 2012

FL-2232-3
Certification #

Issued On

Jeanne M. Gettle, Chief
Pesticides and Toxic Substances Branch

EPA FLORIDA LEAD BASED PAINT CERTIFICATION FL-2232-3

ACF 5267742

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING UNIT

SEQ# L11100700302

DATE	LICENSE NBR
10/07/2010	MRSR87

The MOLD REMEDIATOR
Named below IS CERTIFIED
Under the provisions of Chapter [illegible] FS
Expiration date: JUL 31, 2012

GODEC, GREGORY JAMES
6418 BADGER DRIVE
TAMPA FL 33610

CHARLIE CRIST
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM
SECRETARY

MOLD REMEDIATOR CONTRACTOR MRSR87

AC# 5221876

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASBESTOS LICENSING UNIT

SEQ# L10092303852

DATE	BATCH NUMBER	LICENSE NBR
09/23/2010	100150831	CJC1154142

The ASBESTOS CONTRACTOR
Named below IS LICENSED
Under the provisions of Chapter 469 FS.
Expiration date: NOV 30, 2012
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING IN ANY AREA)

MOWAT, CHARLES WAYNE
LANG ENVIRONMENTAL INC
6418 BADGER DR
TAMPA FL 33610-2004

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

ASBESTOS CONTRACTOR CJC1154142

AC# 4673140

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASBESTOS LICENSING UNIT

SEQ# L09101502717

DATE	BATCH NUMBER	LICENSE NBR
10/15/2009	090188672	ZA0000023

The ASBESTOS BUSINESS ORGANIZATION
Named below IS LICENSED
Under the provisions of Chapter 469 FS.
Expiration date: NOV 30, 2011

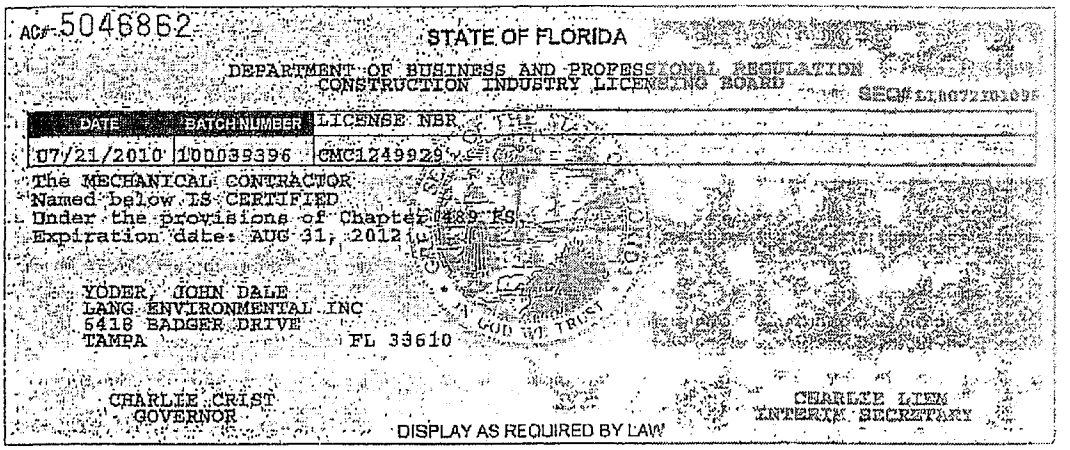
LANG ENVIRONMENTAL INC
ROBERT A LANG
6418 BADGER DRIVE
TAMPA FL 33610-2004

CHARLIE CRIST
GOVERNOR

CHARLES W. DRAGO
SECRETARY

DISPLAY AS REQUIRED BY LAW

ASBESTOS BUSINESS ORGANIZATION LICENSE ZA0000023



AC# 5046862

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/21/2010	100039396	CMC1249929

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

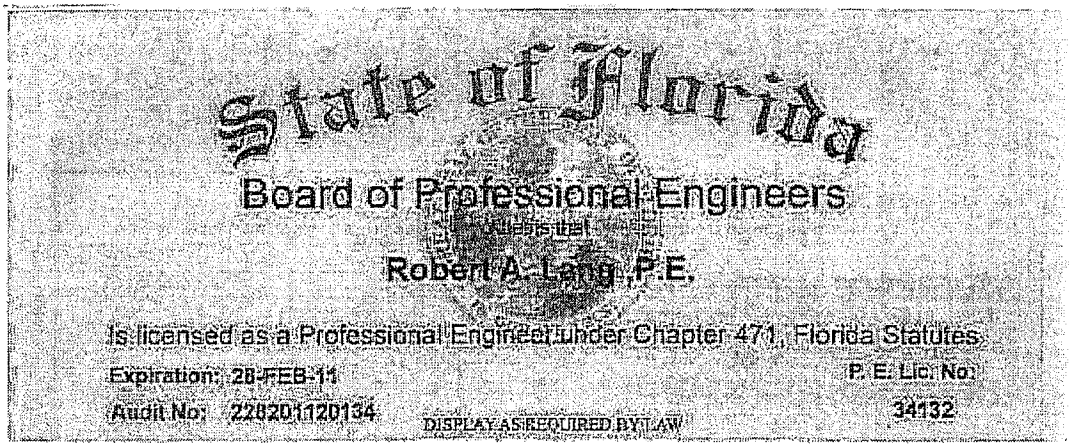
YODER, JOHN DALE
LANG ENVIRONMENTAL INC
5418 BADGER DRIVE
TAMPA FL 33610

CHARLIE CRIST
GOVERNOR

CHARLIE LIEN
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

MECHANICAL CONTRACTOR CMC1249929



State of Florida

Board of Professional Engineers

Robert A. Lang, P.E.

Is licensed as a Professional Engineer under Chapter 471, Florida Statutes.

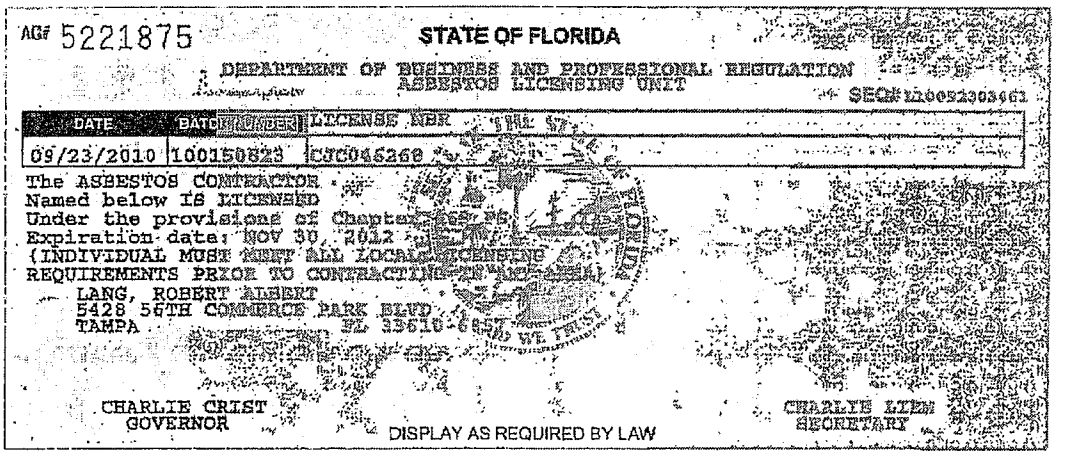
Expiration: 28-FEB-11

P. E. Lic. No:
34132

Audit No: 228201120134

DISPLAY AS REQUIRED BY LAW

BOARD OF PROFESSIONAL ENGINEERS P.E. NUMBER 34132



AC# 5221875

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ASBESTOS LICENSING UNIT

DATE	BATCH NUMBER	LICENSE NBR
09/23/2010	100150823	CJC046268

The ASBESTOS CONTRACTOR
Named below IS LICENSED
Under the provisions of Chapter 469 FS
Expiration date: NOV 30, 2012
(INDIVIDUAL MUST MEET ALL LOCAL LICENSING
REQUIREMENTS PRIOR TO CONTRACTING BUSINESS)

LANG, ROBERT ALBERT
5428 56TH COMMERCE PARK BLVD
TAMPA FL 33610-6857

CHARLIE CRIST
GOVERNOR

CHARLIE LIEN
SECRETARY

DISPLAY AS REQUIRED BY LAW

ASBESTOS CONTRACTOR CJC046268

2010-2011 HILLSBOROUGH COUNTY BUSINESS TAX RECEIPT EXPIRES 9-30-2011 FOLIO NO

TRANSFER	FACSIMILE OR MACHINES	HOUSE	SEATS	EMPLOYEES		
	0	0	0	10	RENEWAL	97413.0000

OCC. CODE	BUSINESS TYPE	H. WASTE SURCHARGE	TAX
090.010	GENERAL CONTRACTOR	40.00	18.00

2010-2011

BUSINESS LOCATION: 6418 BADGER DR
TAMPA 33610-2004

NAME: LANG ROBERT A D/B/A LANG ENVIRONMENTAL INC
MAILING ADDRESS: 6418 BADGER DRIVE
TAMPA FL 33610-2004

BUSINESS TAX RECEIPT

HAS HEREBY PAID A PRIVILEGE TAX TO ENGAGE IN BUSINESS, PROFESSION, OR OCCUPATION SPECIFIED HEREON

DOUG BELDEN, TAX COLLECTOR
813-635-5200
THIS BECOMES A TAX RECEIPT WHEN VALIDATED.

PAID - 21020 - 85
08/13/2010 *** 58.00

HILLSBOROUGH COUNTY GC OCCUPATIONAL LICENSE

AC# 5046758

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/21/2010	100039397	CGCA23888

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

LANG, ROBERT ALBERT
LANG ENVIRONMENTAL INC
5428 56TH COMMERCE PARK BLVD
TAMPA FL 33610-6857

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

GENERAL CONTRACTOR CGCA23888

AC# 5046787

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

DATE	BATCH NUMBER	LICENSE NBR
07/21/2010	100039395	CGC1508523

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

MOWAT, CHARLES WAYNE
LANG ENVIRONMENTAL INC
6418 BADGER DR
TAMPA FL 33610-2004

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

GENERAL CONTRACTOR CGC1508523

ATTACHMENTS:

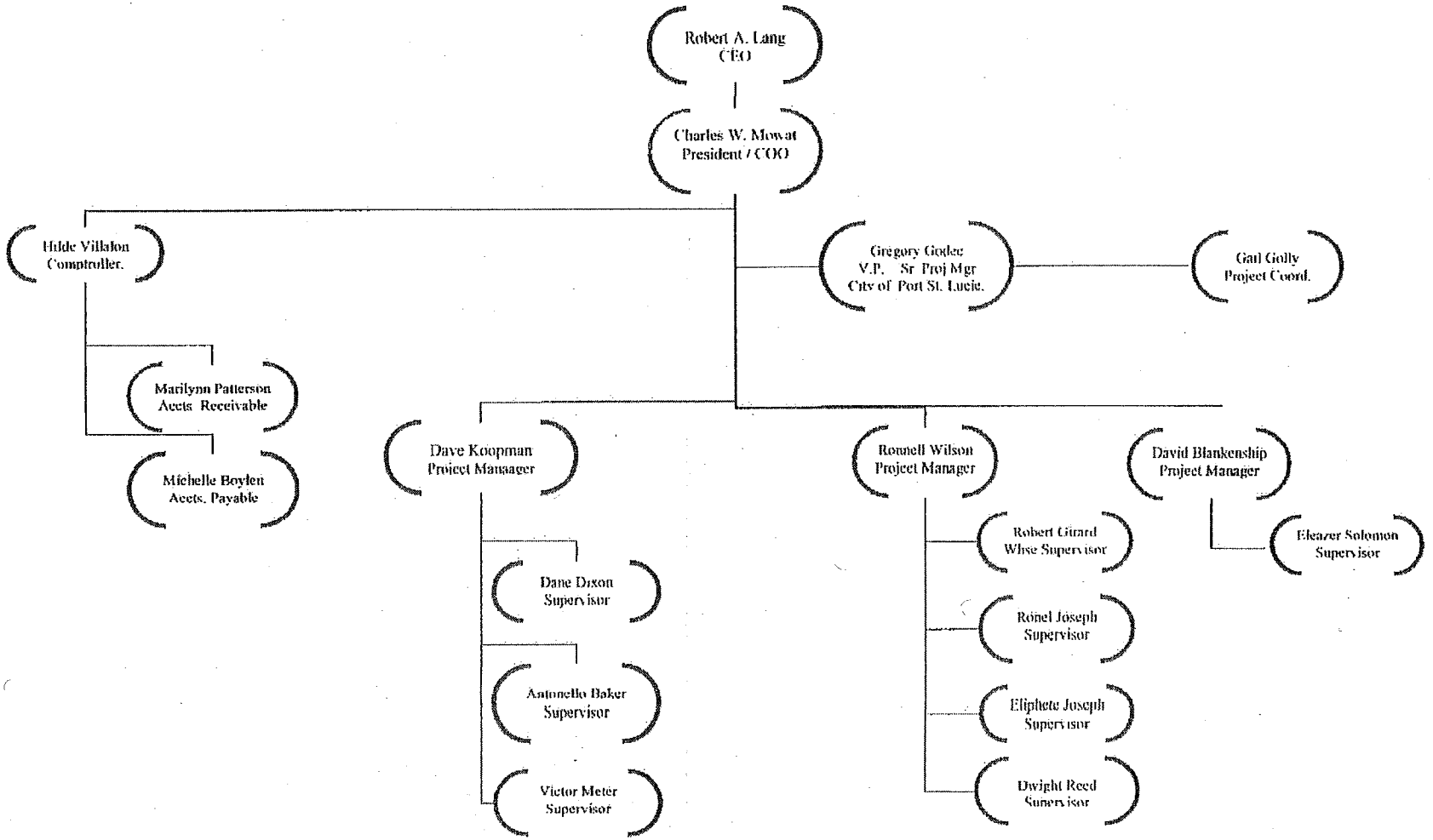
Organizational Chart for Lang Environmental

Company Licenses

W-9 Form

Proof of Certificate of Insurance

LANG ENVIRONMENTAL, INC.
ORGANIZATIONAL CHART



CHECKLIST
E-RFP #20110114

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Lang Environmental, 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.
- N/A Section 3 Business Certification uploaded to Demandstar.
- N/A Vicinity Hiring Certification uploaded to Demandstar.
- ✓ Required forms: Non-collusion Affidavit of Prime Bidder, Contractor Verification form & Certification Regarding Lobbying form uploaded to Demandstar.

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

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114
Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 ___21_____ day of _____September_____, 2011.

___TLC Cleaning Restoration Remodel Inc DBA TLC Experts
Name of Organization / Proposer

Submitted by: _*Linda M. Sampson President*_
Name and Title

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

1. Type of Organization: *Corporation,*

2. If a Corporation answer the following:
   When incorporated__*6/2/1989*__
   In what State __*Florida*_____
   Name of Officers:
   President__Linda M. Sampson
   Vice President_Paul N. Sampson
   Secretary Linda Sampson
   Treasurer_Paul Sampson

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:
   TLC Experts
   1237 Delaware Ave.
   FT. Pierce, Fl. 34950
   Main Phone:772-466-7626 Fax: 772-465-1655

Contact Person: Linda M. Sampson Email : TLClin@tlcexperts.com

Paul Sampson Email Paul@tlcexperts.com

5. Firm's previous names (if any) What year(s) 1989-2010
TLC Carpet Upholstery Care + TLC Restoration

6. Area of expertise: *Mold Remediation*

7. How many years has your organization been in business? *25*

8. Describe organization profile, including the size, range of activities, licenses, etc.
TLC IS a full service Restoration Contractor.

Insurance rebuilds, mold remediation, fire/smoke damage, Remodels
State Licensed Certified Building Contractor #CBC1258197

State Licensed Mold Remediator
MRSR#24

Number of full time personnel:

	Current	Maximum	Minimum
a. Partners			
b. Managers	2	2	2
c. Supervisors Senior Staff	2	2	2
d. Other Professional Staff	5	5	5
g. Total number of full time personnel	9	9	9

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

Name	Title	Years of Experience	% of Time to be Spent on City Projects	In What Capacity and With Whom
Paul Sampson	V PRes	25	100	Oversite
Robert Gawsert	Supervisor	7	100	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
Paul Sampson	Rehab for Saint Lucie County NSP

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

TLC Experts → A/C Contractor (Air Duct cleaning)

13. State your firm's commitment to perform in a timely fashion:
_Due to the nature of insurance work such as mold remediation it is important to complete these jobs a quickly as possible because they are inhabited homes. It is our goal to complete all work as quickly as possible while also making sure that we will pass clearance testing on the first try.

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

Name	Current and Projected Workloads
Paul Sampson	3 projects currently with 3 expected in the next few weeks
Robert Gansert	Same as above

15. State your firm's ability to meet budget and schedule:
We have no problem meeting budgets or schedules. All NSP Projects for the county were done on time and within budget.

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
Miller Air	20 West Interlake Blvd. Lake Placid Fl. 33852	A/C 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:

no_____

_____

_____

(N/A is not an answer – add lines if needed)

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

__none_____

_____

_____

(N/A is not an answer – add lines if needed)

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

none_____

_____

_____

(N/A is not an answer – add lines if needed)

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

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

Yes ( ) No (X)

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

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

Robert Gansert supervisor mold remediation,
Jesse Rodriguez-technician mold remediation,
Gary Keffer- technician mold remediation,
Tim Price-tecnician and estimator mold remediation.
Jon Cillifo –technician mold remediation

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
Addendum #1	8/17/2011

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

CERTIFICATION:
This RFP is submitted by: Name (print) Linda M. Sampson__ 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 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:

T.I.C. Cleaning, Restoration, Remodel, Inc.
Print Name of Corporation

By: _____
(President)

Attest: _____
(Secretary)

If Individual:

_____
Signature

_____
Print Name

BALANCE OF PAGE LEFT INTENTIONALLY BLANK

CITY OF PORT ST LUCIE

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

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: [redacted]

Reference: Jane E Anderson Water Plant Fax #: 772-429-2152
Telephone #: 871-7330
Email:
Person to contact: Darryl Kelly

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
YES. REMOVAL OF MOLDY DRYWALL, FOLLOWING 11 CFC 5560 STANDARDS, AIR SCRUBBERS USED, CLEARANCE TESTED BY INDEPENDANT CERTIFIED INSPECTOR, CEMENT BOARD, DRYWALL INSTALLED. TILE INSTALLED - DRYWALL PAINTED.

What was the total project amount? $4,981.85
Was the project completed on time and within budget? YES
What was the project completion date? 3/10/2011
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? ONE (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	9
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	

Proposals for Asbestos, Lead, Mold & Water Remediation Services 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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: TLC Experts

Reference: Helen Penkosky Fax #: 340.2144
Email: Telephone #: 340-2144
Person to contact: Helen Penkosky

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
CHINESE DRYWALL REMEDIATION - REMOVED CONTAMINATED DRYWALL DOWN TO STUDS TREATED WALLS BEFORE INSTALLING NEW DRYWALL RESTORING ENTIRE INSIDE OF HOUSE INCLUDING TREATING CONTENTS OF HOUSE.
What was the total project amount? 70,574.61 (EXCLUDING A/C)
Was the project completed on time and within budget? N/A
What was the project completion date? OCT. 2009
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 1
What problems were encountered (claims)? EXTENT OF CONTAMINATION NOT KNOWN
How many change orders were requested by this Contractor? 5 DUE TO THE NATURE OF CONTAMINATION

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	

Proposals for Asbestos, Lead, Mold & Water Remediation Services 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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: TLC Experts

Reference: Treasure Coast Realty Fax #: 225-6282
Email: Telephone #: 225-6242
Person to contact: Steve

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Mold and water Remediation, carpet cleaning and Stretching.

What was the total project amount? not sure - we have work with them 4 years
Was the project completed on time and within budget? yes
What was the project completion date? not sure - always on-time
How many remodeling projects involving abatement services 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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: TIC Experts

Reference: Gerry Hoeffner Fax #:
Email: [illegible] Telephone #: 463-9212
Person to contact: Gerry Hoeffner

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
FLOODED FIRST FLOOR OF TWO STORY HOUSE DURING TROPICAL STORM FAYE. REPLACED DRYWALL, FLOORING, CABINETS FOR FIRST FLOOR.

What was the total project amount? $85,000 - $90,000
Was the project completed on time and within budget? YES.
What was the project completion date? I DO NOT RECALL. I THINK NOV. 2008
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 1
What problems were encountered (claims)? MINOR CHANGES TO PLAN. ALL TAKEN CARE OF IN A TIMELY MANNER.
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 MADE SUGGESTIONS TO IMPROVE LOOK OF THE HOUSE.
Qualifications	10	Cooperation	10
Budget Control	10	Reliability	10

Would you contract with this Contractor again? Yes [X] No [ ] Maybe [ ]
Comments: PAUL MADE SOME SUGGESTIONS TO THE ORIGINAL PLAN THAT WE STILL APPRECIATE TODAY. IT INCREASED THE VALUE OF THE HOUSE W/O INCREASE IN COST.
NO MOLD PROBLEMS SINCE THE FLOOD.

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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: TC Experts

Reference: Jessica Diaz Fax #: 380-9319
Email: _____ Telephone #: [redacted]
Person to contact: Jessica Diaz

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Complete water extraction, Remediation, Mold testing and remodeled an entire home that had termite damage.

What was the total project amount? $45,000
Was the project completed on time and within budget? Yes
What was the project completion date? 9/10/2010
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 1
What problems were encountered (claims)? Water heater broke in condo unit.
How many change orders were requested by this Contractor? two

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	

UNIVERSITY OF FLORIDA
TREEO CENTER

Center for Training, Research and Education for Environmental Occupations

Certificate of Attendance and Successful Completion

Lead: Renovation, Repair & Painting

Renovator Initial – English

Per 40 CFR Part 745.225 (Accreditation # NAT-RV-I-839-1-EN)

Paul N. Sampson

TLC Cleaning, Restoration, Remodel Inc.1237 Delaware Ave. Ft. Pierce, FL 34950

Certificate Number: 100803-R-I-8391-10-00048
Course Date: 01/25/2010
Examination Date: 01/25/2010
Expiration Date: *01/25/2015*

William T. Engel, Jr., Ph.D.
Director

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

SAMPSON, PAUL N
TLC EXPERTS
1237 DELAWARE AVENUE
FORT PIERCE FL 34950

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# 5027299
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CBC1258197 07/08/10 100008041

CERTIFIED BUILDING CONTRACTOR
SAMPSON, PAUL N
TLC EXPERTS

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date: AUG 31, 2012 L10070800295

DETACH HERE

AC# 5027299

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10070800295

DATE	BATCH NUMBER	LICENSE NBR
07/08/2010	100008041	CBC1258197

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

SAMPSON, PAUL N
TLC EXPERTS
1237 DELAWARE AVENUE
FORT PIERCE FL 34950

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
INTERIM SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING UNIT (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

Received 8/30/10

SAMPSON, PAUL N
1237 DELAWARE AVENUE
FORT PIERCE FL 34950

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!

AC# 5107612
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MRSR24 08/20/10 100062913
MOLD REMEDIATOR
SAMPSON, PAUL N
IS CERTIFIED under the provisions of Ch.468 FS
Expiration date: JUL 31, 2012 L10082000270

DETACH HERE

AC# 5107612

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING UNIT
SEQ# L10082000270

DATE	BATCH NUMBER	LICENSE NBR
08/20/2010	100062913	MRSR24

The MOLD REMEDIATOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

SAMPSON, PAUL N
1237 DELAWARE AVENUE
FORT PIERCE FL 34950

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/21/2011

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
Sunz Insurance Company
PO Box 1777
St Petersburg, FL 33731

www.ins4biz.com

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
Employee Staff, LLC
First Financial Employee Leasing IV, Inc.
11400 Parkside Drive, Suite 500
Knoxville TN 37934

COVERAGES CERTIFICATE NUMBER: 11170485 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							
	☐ COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
								$
	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			WCPEO000005601	10/29/2010	10/29/2011	✓ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ N / A						E.L. EACH ACCIDENT	$ 1,000,000
	(Mandatory in NH) 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: TLC Cleaning, Restoration, Remodel, Inc.
Location Effective: 1/1/2011
TLC Cleaning Restoration, Remodel Inc. dba TLC Experts

CERTIFICATE HOLDER
4984

City of Port St. Lucie City Hall
121 SW Port St. Lucie Boulevard
Port St. Lucie FL 34984-5099

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Glen J Distefano

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ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 09/21/2011

ER
REPUBLIC INSURANCE SERVICES, INC.
P.O.BOX 322
LARGO, FLORIDA 33779-0322
(800) 752-1123

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: GEMINI INSURANCE COMPANY	10833
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

URED
TLC CLEANING, RESTORATION, REMODEL, INC.
DBA TLC EXPERTS
1237 DELAWARE AVENUE.
FORT PIERCE, FL 34950

OVERAGES

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 POLICES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

R	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	$ 1,000,000
		[X] COMMERCIAL GENERAL LIABILITY	BGR0001311-01	1/29/11	1/29/12	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 50,000
		[ ] CLAIMS MADE [X] OCCUR				MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 2,000,000
		[X] 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 $					$
		WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				[ ] WC STATU-TORY LIMITS [ ] OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				EL EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				EL DISEASE - EA EMPLOYEE	$
						EL DISEASE - POLICY LIMIT	$
A		OTHER FUNGI & BACTERIAL LIABILITY - CLAIMS MADE FORM CONTRACTOR'S POLLUTION LIABILITY - OCCURRENCE FORM.	BGR0001311-01	1/29/11	1/29/12	EACH INCIDENT - $1,000,000 EACH INCIDENT - $1,000,000	

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

PROJECT LOCATION: "ALL PROJECTS DONE DURING THE CAPTIONED POLICY TERM"

CERTIFICATE HOLDER 11106

CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, 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 JERE WEILAND

ACORD 25 (2001/08)

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CITY OF PORT ST. LUCIE
E-RFP # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: TLC Experts

Corporate Title: TLC Cleaning, Restoration, Remodel Inc.

Address: 1237 Delaware Ave.

Ft. Pierce FL 34950
(Zip Code)

By: Linda M Simpson President
(Print name) (Print title)

(Authorized Signature)

Telephone: (772) 466-7626

Fax: (772) 466-1655

State License # CBC 1258197 (ATTACH COPY)

~~Asbestos Abatement~~ Mold License # MRSR 24 (ATTACH COPY)

County License # _____ (ATTACH COPY)

Lead-Safe Certification # 100803-R-E8391-10-00048 (ATTACH COPY)

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

Type of Licenses: Certified Building & Mold

Unlimited Yes (yes/no)

If "NO", Limited to what trade? _____

E-RFP #20110114
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: TLC Rp Exports

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

Title: Pres Date: 9/20/11

(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 TLC Experts 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

9/20/11
Date

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110114

State of Florida }

County of St. Lucie }

Linda M Sampson, being first duly sworn, disposes and says that:
(Name/s)

1. They are President of TLC Experts 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) Pres.

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

The foregoing instrument was acknowledged before me this 9-21-11
(Date)

by: Linda Sampson who is personally known to me or who has produced

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

SARA JOHNSON MY COMMISSION EXPIRES September 11, 2012 #DD 821991 Bonded thru Notary Public Underwriters NOTARY PUBLIC, STATE OF FLORIDA

Sara Johnson
Notary (print & sign name)

Commission No. DD821991

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)
TLC Cleaning, Restoration, Remodel Inc.

Business name/disregarded entity name, if different from above
TLC Experts

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.)
1237 Delaware Ave.

Requester's name and address (optional)

City, state, and ZIP code
FT. Pierce Fl. 34950

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
6	5	-	0	1	3	6	1	0	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. 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 ▶ [signature] Date ▶ 9/20/11

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.

CHECKLIST
E-RFP #20110114

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: TLC Experts

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.
- ✓ Required forms: Non-collusion Affidavit of Prime Bidder, Contractor Verification form & Certification Regarding Lobbying form uploaded to Demandstar.

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

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114
Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 Seventeenth day of September, 2011.

Certified Property Restoration, LLC
Name of Organization / Proposer

Submitted by: **Garret Grabowski MPA, LEED AP - Managing Member**
Name and Title

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

2. If a Corporation answer the following:
When incorporated _____
In what State _____
Name of Officers:
President _____
Vice President _____
Secretary _____
Treasurer _____

3. If a Partnership, answer the following:
Date of organization **January, 2010**
General Limited Partnership
Name and address of each partner:
Javier Suarez, 3074 SE East Blackwell Drive, Port Saint Lucie, FL 34952
Garret Grabowski, 1164 SW Arrowhead Court, Palm City, FL 34990

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:
Certified Property Restoration LLC
179 SW Port Saint Lucie Blvd. Port Saint Lucie FL 34984
772-237-5852 Phone, 772-237-5854 Fax,
Garret@CPRDRY.com - Garret Grabowski

5. Firm's previous names (if any) NONE What year(s) _____

6. Area of expertise: **Restoration, Mold Remediation, General Contracting, Green Building**

7. How many years has your organization been in business? **2 Years**

8. Describe organization profile, including the size, range of activities, licenses, etc.
Certified Property Restoration LLC was created to service the need of the community to restore blighted housing. It is owned by Javier Suarez and Garret Grabowski MPA LEED AP. The company has performed restoration services for many REO properties in PSL and the surrounding areas usually working directly for the REO or the REO Real Estate Agent. CPR is a full service General Contractor and maintains the CGC 060781 license. CPR has performed the full range of activities required to keep residential housing to neighborhood standard condition. This includes but is not limited to: Landscaping, Screen Enclosure Repairs, Demolition of Structures, Roofing, Window and Door Replacement, Hurricane Hardening of Structures, Complete Remodeling Services for Kitchens and Baths, Drywall and Painting. CPR also provides Mold Assessment and Mold Remediation and holds the following licenses, Certified Mold Premeditator MRSR 1276 and Certified Mold Assessor MRSA 1149. CPR belongs to the nonprofit organization NORMI (National Association Of Remediators and Mold Inspectors) and follows the NORMI protocol for mold assessment and mold remediation. CPR is also the only area Authorized Service Contractor for Microbloc products manufacturer of the Mold Proof system that utilizes only green chemistry in its products and offers the only 50 year warranty that prevents mold for growing on any of its treated surfaces. CPR also provides water restoration services including water extraction and structural drying of structures and is certified through the IICRC in Water Restoration and Applied Structural Drying.CPR is a Lead Safe Certified Firm with the EPA and the maintains the RRP Certified Renovator 40 CFR Part 745.225 Certificate No. 113680.

9. Number of full time personnel:

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

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

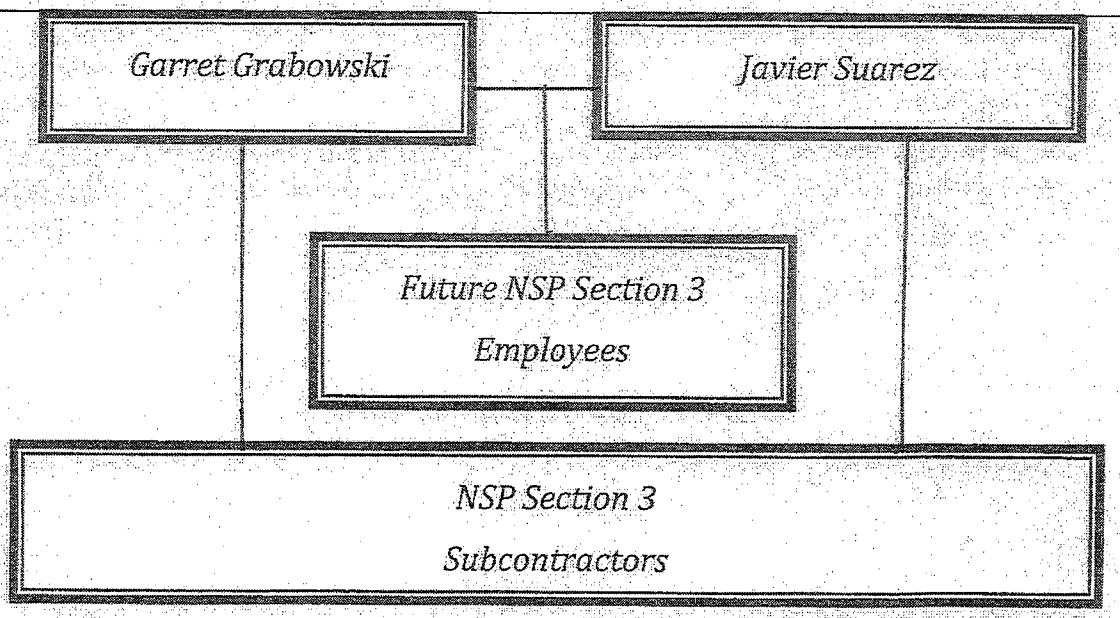
Name	Title	Years of Experience	% of Time to be Spent on City Projects	In What Capacity and With Whom
Javier Suarez	**MGR**	**25**	**100**	**Technician Miami Dade Schools**
Garret Grabowski	**MGR**	**20**	**50**	**Construction Manager – Martin County**

				School District

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
Javier Suarez	**Sub Contractor to Mechanical Contractor Mold Remediation of IRSD Elementary School Contractor to Quantum Foundation WPB Mold Assessment Services**
Garret Grabowski	**Sub Contractor to Mechanical Contractor Mold Remediation of IRSD Elementary School Mold Assessment Contract to American Heart and Lung Association for IAQ improvements Martin County School District Employee HVAC System upgrades to improve IAQ at MCHS, IMS, SMS, Warfield Elementary and all District owned facilities**

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:
CPR recognizes the need for affordable housing in our community and will deliver our services in a timely fashion as to not delay other trades from commencing with other portions of the project. During the construction sequence Asbestos, Mold and Water remediation are required prior to other trades starting work. If selected for a project we will devote all of our resources to provide the highest quality service in the least amount of time required to provide the quality service. We have well established relationships with our laboratories and suppliers to be able to expedite testing or materials as required to complete the project on schedule.

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

Name	Current and Projected Workloads
Javier Suarez	**Readily available to commence work on this project**
Garret Grabowski	**Completing existing home renovation scheduled completion 10-07-11**

15. State your firm's ability to meet budget and schedule:
CPR has always delivered projects on time and within budget. We do this by performing our due diligence prior to award of the contract. CPR will perform a detailed review of the scope and the site take air and bulk samples and have analyzed by a laboratory for the types of mold and then formulate a plan using the NORMI protocol to stop the source of moisture dry the affected area(s) and then remediate using "Green Chemistry" to eliminate the problem. We utilize computer software to schedule the project, cellular telephones with email and web capability to assist us in expediting the project. We maintain cost control by computerized software budget tracking software to maintain our costs on a per project basis. However, our most effective form of cost control is identifying what needs to be performed during the due diligence phase and this is how we can avoid change orders during the project.

16. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you:
CPR purchases chemicals, materials and equipment in bulk and this allows us to negotiate better pricing than our competitors thus allowing CPR to be more competitive in the marketplace. CPR utilizes Microbloc products that are more effective than others allowing us to use less product with better results. CPR will also perform detailed work scheduling on a per day basis and ensure that the schedule is met by the workforce through good management techniques based on performance incentives to our employees.

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 Based on NSP 3 Section Requirements		

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

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

Yes ( ) No (X)

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:
Pending Lawsuit – Javier Suarez vs. Martin County School Board

21. List any judgments from lawsuits in the last five (5) years: **None**

22. List any criminal violations and/or convictions of the Proposer and/or any of its principals:
None

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

Yes ( ) No (X)

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

24. Describe any significant or unique accomplishment in previous contracts. Include any additional data pertinent to firm's capabilities.
Received exceptional satisfaction from the Indian River School District for completing mold assessment and remediation work in less than 2 days allowing for the scheduled opening. CPR continually completes all projects on time and within budget.

25. Is firm claiming to be a HUD Section 3 Business as defined under the 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.
(If you are not certified but think you might qualify or need information on Section 3, go to www.citvofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring of Contractors for Repair of Homes.")

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

Yes ( ) No (X)

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

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

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

Javier Suarez, General Contractor, Mold Assessor, Mold Remediator,
Garret Grabowski, Mold Assessor, Mold Remediator, Water Restoration Technician, Applied Structural Drying Technician.
Additional employees as required - Applying for NSP-3 Certification as our office is located within the target area.

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, CPR will advertise for positions/subcontractors in the local newspaper and on our website listing the preference for NSP Section 3 candidates and will perform community out reach by holding a job fair at churches and or other community groups within the NSP 3 Section target area. Advertisement for job fairs will be advertised in the local paper and on our web site. www.CPRDRY.com

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

Addendum Number	Date Issued
1	August 17, 2011

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

CERTIFICATION:
This RFP is submitted by: Name (print) **Garret Grabowski** 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 — **Managing Member** (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:

Kathryn D'Amato

If Partnership:

Certified Property Restoration, LLC

By: _____
Garret Grabowski

If Corporation:

Print Name of Corporation

By: _____
(President)

Attest: _____
(Secretary)

If Individual:

_____
Signature

_____
Print Name

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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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: **Certified Property Restoration, LLC**

Reference: **1200 SW Arrowhead Court, Palm City, FL** Fax #: _____
Email: **LNKBerry@aol.com** Telephone #: **772-486-8282**
Person to contact: **Lisa Berry**

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Found water leaking in our window. Removed mold in wall & on floor. Replaced wall + tile floor

What was the total project amount?
$ 7,135.

Was the project completed on time and within budget?
yes

What was the project completion date?
4/2011

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

What problems were encountered (claims)?
mold in walls

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: Certified property restoration was very helpful in solving our problem, and they did a great job!!

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: __20110114_____

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: **Certified Property Restoration, LLC**

Reference: **2440 SE Charleston Drive, Port St. Lucie, FL** Fax #: _____
Email: **SandyM354@yahoo.com** Telephone #: **772-971-6156**
Person to contact: **Sandy Martinez**

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: **Certified Property Restoration, LLC**

Reference: **108 Segura Street, Royal Palm Beach, FL** Fax #: _____
Email: **Logangordon417@yahoo.com** Telephone #: **561-727-9032**
Person to contact: **Logan Gordon**

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
Mold and water remediation in two bathrooms and kitchen.

What was the total project amount?
22,223.26

Was the project completed on time and within budget?
Yes

What was the project completion date?
September 1, 2011

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

What problems were encountered (claims)?
Water damage, mold damage. Kitchen and Bathroom rebuild.

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: Very professional and reliable service. I highly recommend CPR.

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: __20110114_____

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: **Certified Property Restoration, LLC**

Reference: **4578 SW Hammock Creek Drive, Palm City, FL** Fax #: _____
Email: **ColTel@aol.com** Telephone #: **772-220-1850**
Person to contact: **Terence Feeney**

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: **Certified Property Restoration, LLC**

Reference: **Various Locations Throughout St. Lucie & Martin Counties** Fax #: _____
Email: **askmancini@yahoo.com** Telephone #: **954-326-0820**
Person to contact: **Greg Mancini**

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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
I SELL FORECLOSURES IN 3 COUNTIES + CPR DOES MOST OF THE NEEDED WORK. RECENT MOLD REMEDIATION PROJECTS COMPLETE (2) AND PENDING (2)

What was the total project amount? (Remediation Jobs)
COMPLETE (1K + 1.5K) PENDING (12K + 9.5K)
Was the project completed on time and within budget?
YES
What was the project completion date?
LAST COMPLETE WAS LAST WEEK.
How many remodeling projects involving abatement services has this Contractor completed for you within the past 5 years? 6 (1 YEAR OLD BUSINESS RELATIONSHIP)
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: I AM USING CPR NOW ON MULTIPLE PROJECTS BEYOND REMEDIATION.
Thank you.

For OMB Use Only	
Reference Checked	
Clerk Checked	

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 MEETING ALL STATE AND LOCAL
REQUIREMENTS

Business Tax 133757 / 12-1062057
Fee: 127.63
Discount: 0.00

Business Address: 3074 SE EAST BLACKWELL DR
Classification: CONT CONTRACTOR
Issued to: CERTIFIED PROPERTY RESTORATION LLC
3074 SE EAST BLACKWELL DR

PORT ST LUCIE, FL 34952

Mary B Master
BUSINESS TAX AUTHORITY

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE 3252 / 057 Ireid

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

THIS RECEIPT MUST BE EXHIBITED CONSPICUOUSLY AT YOUR PLACE OF BUSINESS

TERM: October 1, 2011 to September 30, 2012

RECEIPT FOR PAYMENT

Business Tax 133757 / 12-1062057
Fee: 127.63
Discount: 0.00

Business Address: 3074 SE EAST BLACKWELL DR
Classification: CONT CONTRACTOR

THIS IS A PAID TAX RECEIPT AND IS NOT REGULATORY IN NATURE

Issued to: CERTIFIED PROPERTY RESTORATION LLC
3074 SE EAST BLACKWELL DR

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE

PORT ST LUCIE, FL 34952

325 / 057 Ireid

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

This receipt does not warrant that the receipt holder is competent to perform the business but that the holder has paid the required fee for the business activity listed. This receipt is for this business only after all state and local regulatory trade licenses have been complied with. Expires on the last day of September each year as required by law.

TERM: October 1, 2011 to September 30, 2012

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

FILE COPY

Business Tax 133757 / 12-1062057
Fee: 127.63
Discount: 0.00

Business Address: 3074 SE EAST BLACKWELL DR
Classification: CONT CONTRACTOR
Issued to: CERTIFIED PROPERTY RESTORATION LLC
3074 SE EAST BLACKWELL DR

325 / 057 Ireid

United States Environmental Protection Agency

This is to certify that

LEAD-SAFE EPA CERTIFIED FIRM

Certified Property Restoration, LLC

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires May 21, 2015

NAT-37830-1
Certification #

May 7, 2010
Issued On

Michelle Price, Chief
Lead, Heavy Metals, and Inorganics Branch

CERTIFIED RENOVATOR

Garret Grabowski

179 SW Port St. Lucie, Port St. Lucie, FL 34984
Date of Birth: July 29, 1971
has successfully completed an English
8 Hour Initial Renovation, Repair, & Painting Course
From: April 5, 2010 To: April 5, 2010
And has passed an examination on April 5, 2010

Seagull Environmental Management Company, Inc.
certifies that this course complies with

40 CFR PART 745.225

Certification Expires:
April 5, 2015

Training Address:
200 Northwest Fifth Ave., Fort Lauderdale, FL 33311

Course No.: SE1014 Certificate # 136680

None
Guest Instructor

James F. Stump, Training Manager/Principal Instructor

(See reverse side for certificate verification information.)

INSTITUTE of INSPECTION CLEANING and RESTORATION ® CERTIFICATION

be it known that:

GARRET GRABOWSKI

Is a registrant in good standing with the INSTITUTE OF INSPECTION, CLEANING, AND RESTORATION CERTIFICATION, and has qualified by service and examination for Certification in the following areas:

WATER DAMAGE RESTORATION
APPLIED STRUCTURAL DRYING

and has pledged to perform services in these areas with skill, honesty, and integrity in order to provide the consumer with the highest degree of professionalism possible.

152054	3/2011
REGISTER NUMBER	*EXPIRATION DATE*

AC# 5103340

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10081801779

DATE	BATCH NUMBER	LICENSE NBR
08/18/2010	108036981	CGC060781

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

SUAREZ, JAVIER
CERTIFIED PROPERTY RESTORATION, LLC
179 SW PORT ST LUCIE BLVD
PORT SAINT LUCIE FL 34984

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

SUAREZ, JAVIER
3074 SE EAST BLACKWELL DRIVE
PORT ST LUCIE FL 34952

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. 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!

AC# 5496892
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MRSR1071 03/08/11 100352330

MOLD REMEDIATOR
SUAREZ, JAVIER

IS CERTIFIED under the provisions of Ch.468 FS
Expiration date: JUL 31, 2012 L11030800819

DETACH HERE

AC# 5496892

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ# L11030800819

DATE	BATCH NUMBER	LICENSE NBR
03/08/2011	100352330	MRSR1071

The MOLD REMEDIATOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

SUAREZ, JAVIER
3074 SE EAST BLACKWELL DRIVE
PORT ST LUCIE FL 34952

RICK SCOTT
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

SUAREZ, JAVIER
3074 SE EAST BLACKWELL DRIVE
PORT ST LUCIE FL 34952

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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!

AC# 5510237

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MRSA1323 03/14/11 100354963

MOLD ASSESSOR
SUAREZ, JAVIER

IS CERTIFIED under the provisions of Ch.468 FS
Expiration date: JUL 31, 2012 L11031400678

DETACH HERE

AC# 5510237

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ# L11031400678

DATE	BATCH NUMBER	LICENSE NBR
03/14/2011	100354963	MRSA1323

The MOLD ASSESSOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

SUAREZ, JAVIER
3074 SE EAST BLACKWELL DRIVE
PORT ST LUCIE FL 34952

RICK SCOTT
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 5504039

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ# L11031000698

DATE	BATCH NUMBER	LICENSE NBR
03/10/2011	100359434	MRSR1276

The MOLD REMEDIATOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

GRABOWSKI, GARRET THOMAS
1164 SW ARROWHEAD COURT
PALM CITY FL 34990

RICK SCOTT
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

AC# 5501769

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ# L11030901364

DATE	BATCH NUMBER	LICENSE NBR
03/09/2011	100359447	MRSA1149

The MOLD ASSESSOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

GRABOWSKI, GARRET THOMAS
1164 SW ARROWHEAD COURT
PALM CITY FL 34990

RICK SCOTT
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

Client#: 11476 CERTIFIPRO

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/02/2011

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	CONTACT NAME: Marybeth Mainelli
Moreton & Company 4600 South Ulster Street Suite 380 Denver, CO 80237	PHONE (A/C, No, Ext): 303 385-2100 FAX (A/C, No): 303 385-2199 E-MAIL ADDRESS: mmainelli@moreton.com PRODUCER CUSTOMER ID #: CERTIFIPRO

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
Certified Property Restoration 179 SW Port Lucie Blvd. Port Saint Lucie, FL 34984	INSURER A : Evanston Insurance Company	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			11ELFD00276	02/23/2011	02/23/2012	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$50,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	X POLICY PRO-JECT LOC						PROF/E&O	$1,000,000
	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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS OTH-ER	
	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	$
A	Pollution			11ELFD00276	02/23/2011	02/23/2012	$1,000,000	
A	Mold			11ELFD00276	02/23/2011	02/23/2012	$1,000,000	

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

This policy provides general liability and errors & omissions coverage for preliminary and post remediation mold assessment and mold remediation.

CERTIFICATE HOLDER

Evidence of Coverage Only

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marybeth Mainelli

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NATSC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/06/2011

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	CONTACT NAME:
Lockton Risk Services P.O. Box 410679 Kansas City, MO 64141-0679	PHONE (A/C, No, Ext): 888-598-8560 FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Certain Underwriter's at Lloyd's, London	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

Certified Property Restoration LLC
179 SW Port ST Lucie

Port St Lucie, FL 34984

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			SM20001053	03/20/2011	03/20/2012	EACH OCCURRENCE	$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$100,000
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	$5,000
							PERSONAL & ADV INJURY	$1,000,000
							GENERAL AGGREGATE	$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$2,000,000
	POLICY PRO-JECT X 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 $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						WC STATU-TORY LIMITS / OTH-ER	
	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)
Proof of Coverage

CERTIFICATE HOLDER

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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CITY OF PORT ST. LUCIE
E-RFP # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: **Certified Property Restoration**

Corporate Title: **Managing Member**

Address: **179 SW Port St. Lucie Boulevard, Port. St. Lucie, FL 34984**

By: **Garret Grabowski** (Print name) **Managing Member** (Print title)

(Authorized Signature)

Telephone: (772) **237-5852**

Fax: (772) **237-5854**

State License # **CGC 060781** **(ATTACH COPY)**

Mold Remediation License # **MRSR1276** **(ATTACH COPY)**

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

Lead-Safe Certification # **NAT-37830-1** **(ATTACH COPY)**

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

Type of Licenses: **Certified General Contractor/Mold Remediator**

Unlimited **Yes** (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER

E-RFP #20110114

State of Florida }

County of Martin }

Garret Grabowski, being first duly sworn, disposes and says that:
(Name/s)

1. They are Managing Member of Certified Property Restoration 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) Managing Member

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

The foregoing instrument was acknowledged before me this 19th day of September 2011
(Date)
by: Garret Grabowski who is personally known to me or who has produced
Driver License as identification and who did (did not) take an oath.

Notary Public State of Florida
Justine Ballard
My Commission #DD752513
Expires 01/27/2012

Justine Ballard
Notary (print & sign name)

Commission No. DD752513

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that Certified Property Restoration 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.

Janet Grabowski
Proposer's Signature

9-16-2011
Date

E-RFP #20110114
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: Certified Property Restoration LLC

Authorized By: Garret Grabowski / Garret Grabowski
(Sign) (Print Name)

Title: Managing Member Date: 9-16-2011

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

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)
Certified Property Restoration LLC

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.)
179 Port St. Lucie Blvd

Requester's name and address (optional)

City, state, and ZIP code
Port Saint Lucie FL 34984

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on 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: 27 - 1603035

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 ▶ Janet Grabowski Date ▶ 9-1-2011

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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

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

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

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

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

CHECKLIST
E-RFP #20110114

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: Certified Property Restoration 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.

- ✓ 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.
- N/A Section 3 Business Certification uploaded to Demandstar. Applying for
- N/A Vicinity Hiring Certification uploaded to Demandstar. Applying for
- ✓ Required forms: Non-collusion Affidavit of Prime Bidder, Contractor Verification form & Certification Regarding Lobbying form uploaded to Demandstar.

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

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114
Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 21th day of September, 2011.

ServPro of Martin County
Name of Organization / Proposer

Submitted by: **Marcos A. Vallejos- 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: **MARCOS A.VALLEJOS**
Vice President _____
Secretary _____
Treasurer _____

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

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

MARTIN COUNTY RESTORATION DBA. SERVPRO OF MARTIN COUNTY
879 N.E. DIXIE HIGHWAY # 5, JENSEN BEACH FLORIDA 34957

PHONE: 772-334-8762
FAX: 772-334-8813
EMAIL: servpromartincounty@comcast.net
DEAN GUIDARELLI / MARCOS VALLEJOS

5. Firm's previous names (if any) What year(s) _____
NONE
6. Area of expertise: **MOLD AND WATER REMEDIATION, LEAD REMEDIATION**
7. How many years has your organization been in business? **9 YEARS**

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

SERVPRO OF MARTIN COUNTY: FIRE WATER AND MOLD REMEDIATION. COMPANY PROVIDES INSURANCE RESTORATION SERVICES, WE PERFORM OUR SERVICES – NO SUBCONTRACTS, (FIRE – WATER – MOLD). ALL CERTIFICATIONS FROM THE IICRC. ALL EMPLOYEES TRAINED, UNIFORM, BACKGROUND CHECK.

9. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners			
b. Managers	1		0
c. Supervisors Senior Staff	1	1	
d. Other Professional Staff	6	10	4
g. Total number of full time personnel	7	16	

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

Name	Title	Years of Experience	% of Time to be Spent on City Projects	In What Capacity and With Whom
MARCOS VALLEJOS	**MANAGER**	**12**	**50 %**	**SUPERVISOR/ TECHNICTAN**
DEAN GUIDARELLI	**SUPERVISOR**	**10**	**70 %**	**SUPERVISOR**
PAUL CICARONNI	**TECHNICIAN**	**5**	**100 %**	**TECHNICIAN**
PETER THOMPSON	**TECHNICIAN**	**4**	**100 %**	**TECHNICIAN**
JOSHUA NEWHOUSE	**TECHNICIAN**	**1**	**100 %**	**TECHNICIAN**

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

DEAN GUIDARELLI	WATER AND MOLD REMEDIATION
PAUL CICARONI	WATER AND MOLD REMEDIATION
PETER THOMPSON	WATER AND MOLD REMEDIATION
JOSHUA NEWHOUSE	WATER AND MOLD REMEDIATION
MARCOS VALLEJOS	WATER AND MOLD REMEDIATION

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

NO SUB CONTRACTORS

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

SERVPRO OF MARTIN COUNTY IS PROUD OF OUR REPUTATION TO WORK WITH MANY NATIONAL INSURANCE COMPANIES TO COMPLETE JOBS PROPERLY AND IN A TIMELY FASHION, RESTORING RESIDENTS BACK TO PRE-LOSS CONDITIONS.

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

Name	Current and Projected Workloads
DEAN GUIDARELLI	SUPERVISOR
PAUL CICARONI	TECHNICIAN
PETER THOMPSON	TECHNICIAN
JOSHUA NEWHOUSE	TECHNICIAN
GUS FIGUEROA	TECHNICIAN
MARCOS VALLEJOS	OVERSEES PRODUCTION

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

SERVPRO OF MARTIN COUNTY WORKS WITH MANY INSURANCE CLAIMS WHICH HAVE ESTIMATE LIMITS AND SOFTWARE REQUIREMENTS WHICH SET BUDGET LIMITS, AND PRICE CONTAINMENT.

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

SERVPRO CORPORATE PROCEEDS ENSURES QUICK RESPONSE TIME WHICH REDUCES DAMAGES AND LOWERS REPLACEMENT COSTS.

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

Name	Address	Qualifications
NONE		

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

NO

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

Yes ( ) **No (X)**

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:

SERVPRO OF MARTIN COUNTY V. TAYLOR (2009)
Judgment for the plaintiff.

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 refer to page 41.)

25. Is firm claiming to be a HUD Section 3 Business as defined under the 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.
(If you are not certified but think you might qualify or need information on Section 3, go to www.cityofpsl.com, click on the blue Neighborhood Stabilization Program 3 button on the left hand side, and look for "Hiring of Contractors for Repair of Homes.")

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

Yes ( ) **No (X)**

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

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

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.

MARCOS VALLEJOS – SUPERVISOR; DEAN GUIDARELLI – JOB SITE SUPERVISOR – MAIN PRODUCTION; PAUL CICARONI – TECHNICIAN; PETER THOMPSON – TECHNICIAN; JOSHUA NEWHOUSE – TECHNICIAN; GUS FIGUEROA – TECHNICIAN.

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
#1	8/17/2011

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

CERTIFICATION:
This RFP is submitted by: Name (print) **MARCOS VALLEJOS** 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.

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

Witnesses:

_____

_____

_____

_____

If Individual:

_____
Signature

_____
Print Name

If Partnership:

_____
Print Name of Firm

By: _____
(General Partner)

If Corporation:

MARTIN COUNTY RESTORATION
Print Name of Corporation

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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: SERVPRO OF MARTIN COUNTY

Reference: BEACON 21 / JANOFF Fax #:
Email: GAJANOFF@AOL.COM Telephone #: 772-229-9265
Person to contact: GALYE JANOFF

References 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 residential remodeling work involving asbestos, lead, mold or water remediation services for you? If so, please describe the scope of work.
MOLD REMEDIATION FOR COMM & RESTORATION

What was the total project amount? 30,176.00
Was the project completed on time and within budget? ✓
What was the project completion date? 2/22/11
How many remodeling projects involving abatement services 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? LESS THAN HAVE DONE

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:
(1) PRIDE OF WORKMANSHIP
(2) ATTENTION TO DETAIL

For OMB Use Only	
Reference Checked	
Clerk Checked	

Galye A. Janoff

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: __20110114_____

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: _SERVPRO OF MARTIN COUNTY_____

Reference: CROSSROADS PROJECT_____ Fax #: 772-334-8013_
Email: _____ Telephone #: 772-334-8133_____
Person to contact: DEBBIE KLIEN_____

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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:

For OMB Use Only	
Reference Checked	
Clerk Checked	

TRANSMISSION VERIFICATION REPORT

TIME : 09/23/2011 15:23
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:22
FAX NO./NAME	93348013
DURATION	00:00:25
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

CITY OF PORT ST LUCIE

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: SERVPRO OF MARTIN COUNTY

Reference: PRIVATE RESIDENCE Fax #: 772-873-4390
Email: Telephone #: 772-873-4396
Person to contact: BRUCE ALVIGI

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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:

For OMB Use Only	
Reference Checked	
Clerk Checked	

TRANSMISSION VERIFICATION REPORT

TIME : 09/23/2011 15:24
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:24
FAX NO./NAME	98734390
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

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: __20110114_____

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: SERVPRO OF MARTIN COUNTY_____

Reference: MIDPORT PLACE I_____ Fax #: 772-337-4481_
Email: _____ Telephone #: 772-337-4482_____
Person to contact: AYSHA ESINER_____

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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:

For OMB Use Only	
Reference Checked	
Clerk Checked	

TRANSMISSION VERIFICATION REPORT

TIME : 09/23/2011 15:25
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:25
FAX NO./NAME	93374482
DURATION	00:00:00
PAGE(S)	00
RESULT	BUSY
MODE	STANDARD

BUSY: BUSY/NO RESPONSE

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: __20110114_____

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: SERVPRO OF MARTIN COUNTY_____

Reference: PORTOFINO CONDOMINIUM_____Fax #: 772-692-1140___
Email: _____ Telephone #: 772-337-3375_____
Person to contact: LYNETTE NAVARRO_____

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 involving abatement services 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:

For OMB Use Only	
Reference Checked	
Clerk Checked	

TRANSMISSION VERIFICATION REPORT

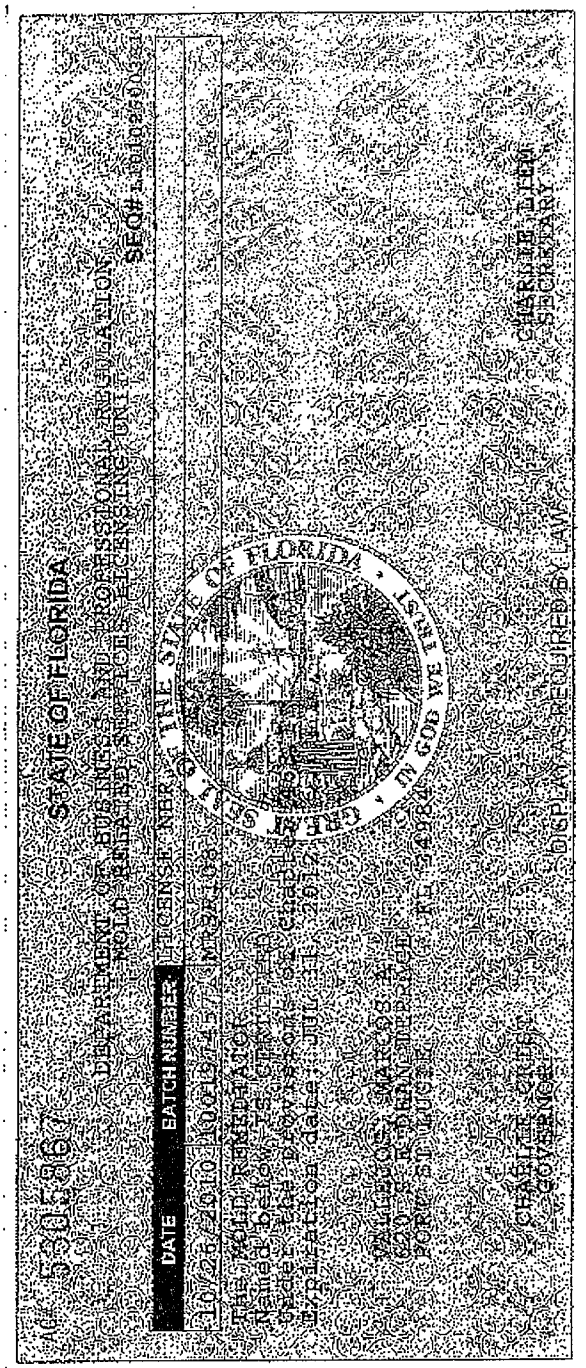
TIME : 09/23/2011 15:26
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/23 15:26
FAX NO./NAME	96921140
DURATION	00:00:29
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

Response to question # 24.

Servpro of Martin County has performed work for the City of Port St. Lucie as part of the Neighborhood Stabilization Program at : 225 SW Kentwood Road Port St. Lucie, Fl on 10/22/2010. Reference # NS 153.

The scope of the work was for a residential property for mold remediation. Competed with time limitation with no additional cost overrun.


STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD REMEDIATOR
LICENSE NUMBER
DATE
EATCH NUMBER
SEQ#
CHARLIE CRIST
GOVERNOR
CHARLIE DEAN
SECRETARY
DISPLAY AS REQUIRED BY LAW

United States Environmental Protection Agency

This is to certify that

Servpro of Marin County

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires April 29, 2015

NAT-30286-1
Certification #

April 16, 2010
Issued On

Michelle Price, Chief
Lead, Heavy Metals, and Inorganics Branch

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

2011-2012 **MARTIN COUNTY ORIGINAL**
BUSINESS TAX RECEIPT

HONORABLE RUTH PIETRUSZEWSKI CFC, TAX COLLECTOR
3485 S.E. WILLOUGHBY BLVD., STUART, FL 34994
(772) 288-5604

ACCOUNT 2002-275-0620 CERT
PHONE (772) 334-8762 SIC NO 561740
LOCATION
845 NE DIXIE HWY MAR

CHARACTER COUNTS IN MARTIN COUNTY

PREV YR.	$ .00	LIC FEE	$ 26.25
	$ .00	PENALTY	$ .00
	$ .00	COL FEE	$ .00
	$ .00	TRANSFER	$ .00
	TOTAL 26.25		

EVENS, JOHN S. (OWNER)
SERVPRO OF MARTIN COUNTY
879 NE DIXIE HIGHWAY
JENSEN BEACH, FL 34957

IS HEREBY LICENSED TO ENGAGE IN THE BUSINESS, PROFESSION OR OCCUPATION
FIRE/FLOOD/MOLD CLEAN UP
OF
AT LOCATION LISTED FOR THE PERIOD BEGINNING ON THE

28 DAY OF JULY 20 11
AND ENDING SEPTEMBER 30, 2012

11 2010 41180.0001 26.25 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

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

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

Form **W-9** (Rev. October 2007)
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)
Martin County Restoration DBA

Business name, if different from above
Servpro of Martin County.

Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
879 NE Dixie hwy # 5

Requester's name and address (optional)

City, state, and ZIP code
Jensen Beach, Fl 34957

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
48 : 1255295

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 ▶ [signature] Date ▶ 4/20/10

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.

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

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

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that **SERVPRO OF MARTIN COUNTY** 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

9-28-2011
Date

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

E-RFP #20110114
CERTIFICATION REGARDING LOBBYING

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

(0) 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.

(0) 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.*)]

(0) 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: SERVPRO OF MARTIN COUNTY

Authorized By: _____ MARCOS VALLEJOS
(Sign) (Print Name

Title: President Date: 9-21-2011

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

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110114

State of FLORIDA}

County of MARTIN}

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

1. They are PRESIDENT of SERVPRO OF MARTIN COUNTY the Bidder
(Title) (Name of Company)

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) _____

(Title) President

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

The foregoing instrument was acknowledged before me this September 21st 2011
(Date)

by: Marcos Vallejos who is personally known to me or who has produced

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

LISA E. VASQUEZ
Notary Public - State of Florida
My Comm. Expires Jan 24, 2014
Commission # DD 942502

_____
Notary (print & sign name)

Commission No. _____

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

CITY OF PORT ST. LUCIE
E-RFP # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: MARTIN COUNTY RESTORATION DBA SERVPRO OF MARTIN COUNTY

Corporate Title: _____Martin County Restoration Inc_____

Address: 879-5 NE DIXIE HIGHWAY

JENSEN BEACH, FLORIDA 34957

MARCOS VALLECOS – President
(Print name) (Print title)

_____
(Authorized Signature)

Telephone: (772) 334-8762

Fax: (772) 334- 8813

State License #: MRSR108___ **(ATTACH COPY)**

Asbestos Abatement License # ____**(ATTACH COPY)**

County License # MARTIN 2002-275-0620_ **(ATTACH COPY)**

Lead-Safe Certification # NAT-30286-1__ **(ATTACH COPY)**

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

Type of Licenses: MOLD REMEDIATOR

Unlimited _____ (yes/no)

If "NO", Limited to what trade? _____Mold Remediation_____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/20/2011

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 forms 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	CONTACT NAME: Jude Sutton
Lassiter-Nave Insurance of Tampa Bay 4401 West Kennedy Blvd Suite 200 Tampa FL 33609	PHONE (A/C, No, Ext): (800) 845-8437 FAX (A/C, No): (888) 883-8880 E-MAIL ADDRESS: jude@lassiternave.com PRODUCER CUSTOMER ID #: 00040808
INSURED Martin County Maintenance, Inc. dba: Servpro of Martin County P. O. Box 1269 Jensen Beach FL 34958	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Everest Indemnity Insurance Co — 10851 INSURER B: Travelers Indemnity Co of Amer — 25666 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 11-12 Martin Co Certs 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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			SF4GL6138Z111	8/27/2011	8/27/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			BA3G12Z3401G4EL	11/7/2010	11/7/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist combined Medical payments	$ 1,000,000 $ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N 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	$ $ $
A	CONTRACTORS POLLUTION LIABILITY COVERAGE			PPHL00012111	8/27/2011	8/27/2012	$1,000,000 EACH CONDITION $2,000,000 AGGREGATE LIMIT	

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

CERTIFICATE HOLDER	CANCELLATION
City of Port St. Lucie Attn: Renee Majoua Risk Management Office 121 S.W. Port St. Lucie Blvd. Port St. Lucie, FL 34952	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 B Schmaltz/JUDES

ACORD 25 (2009/09)
INS025 (200909)

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CHECKLIST
E-RFP #20110114

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: **SERVPRO OF MARTIN COUNTY**

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.

_X____ Required forms: Non-collusion Affidavit of Prime Bidder, Contractor Verification form & Certification Regarding Lobbying form uploaded to Demandstar.

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

5. PROPOSER'S QUESTIONNAIRE

E-RFP #20110114
Proposals for Asbestos, Lead, Mold and Water Remediation Services for the Neighborhood Stabilization Program

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 30 day of August, 2011.

DE LA HOZ BUILDERS, INC.
Name of Organization / Proposer

Submitted by: Jose De La Hoz / President
Name and Title

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

1. Type of Organization: Corporation

2. If a Corporation answer the following:
When incorporated April 30, 2007
In what State Florida
Name of Officers:
President Jose De LaHoz
Vice President Hilda De La Hoz
Secretary _____
Treasurer _____

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

4. Firm's name and main office address, telephone, fax number, and e-mail address, contact person:
DE LA HOZ BUILDERS, INC.
258 Del Monte Rd, Sebastian, FL 32958

Ph: 772-228-9723 / Fax: 772-589-8127
E-mail: hilda@delahozbuilders.com
Contact Person: Hilda De La Hoz – Cell: 772-633-5461

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

_____

6. Area of expertise: Remodeling/ Rehabilitation Projects

7. How many years has your organization been in business? 4.5 years

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

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

We have participated in several government residential rehabilitation programs to help our local houses to be stronger and better for our families. As part of the remodeling and rehabilitation projects we have been working with Lead, Mold and Water Damaged Issues. All of them have been treated using the regulations and protections establish for those kinds of jobs.

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

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

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

Licenses:

General Contractor License : CGC1514151
Mold Assesor License: MRSA1756
Mold Remediator License: MRSR2214
Home Inspector License: HI4397

9. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners	0	0	0
b. Managers	1	1	1

c. Supervisors Senior Staff	1	1	1
d. Other Professional Staff	3	15	2
g. Total number of full time personnel	5	17	3

10. What is the asbestos, lead, mold and water remediation experience of the principals and supervisory personnel of your organization?

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

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

Name	Work Performed
Our Lady of Guadalupe Church Guadalupe Center – Fellsmere, FL Contact: Carolina Cardona Phone: (772)-571-9875 Fax : (772)-571-8321	Water Remediation after Flooding Issues. Cleaning, Moving, Flooring, Drywall, and Cabinets replacement, Paint
Sebastian River Medical Center Sebastian, FL Contact: Larry Rosen Phone: (772) 581-2016	Rehabilitation of VIP patient rooms due mold issues. Flooring, Bathrooms renovation, Drywall, Ceiling Replacement, Cabinets, Paint, A/C repairs
City of Palm Bay NSP Program 2010/2011: Remodeling of foreclosure houses using Energy Efficient and Green Building Standards. Agency Representative: Bob Williams (321) 952-3429 Fax (321)733-3087	Roof / Gutters / Laminate Flooring / Windows / Energy Star Appliances / 16 Seer A/C / Remodel Baths / Remodel Kitchen / Wood Fence / Electric Upgrade 200 amp / Pavers / Plumbing & Electric Repairs / Energy Efficient Lighting Package / Landscaping / Interior & Exterior Paint
Indian River County - NSP PROGRAM – 2010/2011 Agency Representative: Brian Richardson: (772) 360-6211	Plumbing & Electric Repairs / Tile and Carpet / Landscaping / Interior & Exterior Paint / Energy Star Appliances / Roof repairs

St Lucie County Housing Rehab Program 2010/2011: Ship Program and Rehabilitation Assistance Program Agency Representative: Jennifer Hance (772) 462-2376	Demolition of existing houses that exceed the maximum percentage of rehabilitation allowed by the Housing Program. Construction of a new house per Housing Program specifications. Insulated Garage doors installation Roof repairs (deck, framing, covering) Brace gable ends. Reinforce roof-to-wall connections Window Shutters. Exterior door and Window Replacement Drywall repairs, Interior and Exterior Painting Bathroom and Kitchen repairs (Cabinets, Tub/Shower replacement) Flooring installation (Laminate, Tile and Carpet) Energy Star Appliances installation
Brevard County Housing Rehab Program 2010/2011: Repair, Replacement, Weatherization & Demolition Program Agency Representative: Roy Davis (321) 633-2076	Demo & Construction new houses Weatherization repairs to make houses energy and water efficient Upgraded Insulation and HVAC systems and Ductwork

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

Officers: Jose De La Hoz — License Holder with College Training in Construction
Hilda De La Hoz — Accounting and Financial Education

Employees are under our own payroll responsibility: The amount of employees that we use varies depending of the requirement of our jobs. We had in the past up to 20 direct employees for a period of 1 year but we have now in average 5 employees. Our employees are mainly multi-taskers: carpenters, drywall, painting, plumbing, electric are some of the trades that we handle with our employees

Trades that we can't handle by us are subcontracted using licensed and insured subcontractors in the area.

OFFICE STAF: JOSE DE LA HOZ:

Name and Title: Jose De La Hoz – President and Construction Superintendent

Job assignment: Supervise construction of contracted work, coordinate job-site workers and subcontractors. Control of job scheduling activities. Order materials and control delivery times. Schedule Permitting activities for the jobs.

Education: Building Construction Technology – Indian River Community College, FL

Active registration: General Contractor License, Mold Remediation License, Mold Assessor License, Home Inspector License

Other experience and qualification that is relevant to this project: Building experience in houses beginning from design stage up to Certificate of Completion.

OFFICE STAF: HILDA DE LA HOZ:

Name and Title: Hilda De La Hoz – Vice-President. Accounting, Estimating, Cost and Schedule Control

Job assignment: Estimating and Cost Control for construction jobs. Invoicing, Bid Documentation, Accounting duties in general.

Education: Master in Finance – Universidad del Norte, Colombia

Other experience and qualification that is relevant to this project: Grant writing experience. Auditing of government and financial projects. Budget vs. Real Cost comparison experience.

On-Site STAF: J. ASUNSION AMBRIS:

Name and Title: J. Asunsion Ambris – Construction worker

Job assignment: Carpenter, Small plumbing and electric repairs, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Drywall and Stucco patch, Small paint projects, Landscaping, Appliances installation

On-Site STAF: JOSE ALBERTO MATA:

Name and Title: Jose Alberto Mata – Construction worker
Job assignment: Window installer, Carpenter, Roof repairs, Small plumbing and electric projects, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Hanging drywall, Drywall and Stucco patch, Painting, Landscaping, Appliances installation.

On-Site STAF: JOHN JAIRO OSPINA:

Name and Title: John Jairo Ospina – Construction worker

Job assignment: Window installer, Carpenter, Small plumbing and electric repairs, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Drywall and Stucco patch, Painting, Landscaping, Appliances installation

On-Site STAF: JUAN CRUZ:

Name and Title: Juan Cruz – Construction worker

Job assignment: Tile and Granite installer, Window installer, Carpenter, Small plumbing and electric repairs, Soffit and Fascia Installer, Flooring installation, Cabinets installation, Drywall and Stucco patch, Painting, Landscaping, Appliances installation

13. State your firm's commitment to perform in a timely fashion:
De La Hoz Builders, Inc. has been a company firmly established that comply with all the contracts assigned to us in timely manner within the budget assigned. We have been building our name based of good reputation, hard working, excellent quality and completion of our jobs up to the customer satisfaction. We haven't left any job that we started without closing it or without a permit completion.

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

Name	Current and Projected Workloads
De La Hoz Builders Construction Team	Juan Venegas – Residential Construction – Percentage of Completion 70% - projected workload for employees: Drywall hang and finish, Tile installation, Cabinets and Appliances installation, Interior Trim, and Paint.

15. State your firm's ability to meet budget and schedule:
De La Hoz Builders, Inc. has been finished all their jobs within the budget and schedule established by a signed contract. You can verify this statement with a list of our latest jobs with Government Agencies (included in Item 24 of this RFQ).

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

Cost loading of schedules and cost control is the main responsibility of Hilda De La Hoz (Vice-President of De La Hoz Builders). Her background in financial, accounting and control experience comes from her education and her previous job duties.

She is the person who handles the bidding process of every job and also keeps control of the budget. Also, she is in charge of the purchasing and ordering materials required for the jobs as well as the accounting record keeping of the actual cost involved. That deep participation in the cost of a project, allow her to know the real cost of the projects and to keep a closed eye in their profitability.

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
Delta Plumbing Services, Inc.	3021 Zaharias Dr, Orlando, FL 32837	Plumbing License CFC1427313
W. Post Electric, Inc.	PO Box 33216 Indialantic, FL 32903	Electric License ER130021432
Grana Electric & A/C,	144 SW Dalton Cir,	Air Conditioning

Inc.	Port St Lucie, FL 34953	License CAC1815557
Rock Solid Roofing, Inc.	1072 Persian Ln Sebastian, FL 32958	Roofing CCC1328817

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

NO

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

Yes ( ) No (X)

If yes, please explain:

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

NONE

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

NONE

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

NONE

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

Yes (X) No ( )

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

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

Project Name	Owner's Budget	Final Actual Budget	Schedule Criteria	Impact of Firm on Final Results
City of Palm Bay NSP Program	$ 639,716.00	$ 641,311.50 Only one	Finish each rehab within 150 days of	Job finished on time and under the budget. All nine houses are

Nov-2010 to Aug-2011		change order was approved over the initial budget, due an electric upgrade required in one house	Notice to Proceed date	Energy and Water efficient ready to be sold to low-income families. Houses are move-in ready.
City of Ft Pierce Wind Mitigation Program	$3,485.00	$3,485.00	Finish by 05/10/11	Job finished on time and under the budget House is hurricane safe and with new impact sliding glass door installed.
Indian River County NSP Program Aug-2010 to Oct-2010	$39,911.00	$43,155.23 Change orders approved: New washer and dryer, Well pump repair, Additional electric repairs required	Finish each rehab within 90 days of Notice to Proceed date.	Job finished on time and under the budget. All two houses are Energy and Water efficient ready to be sold to low-income families. Houses are move-in ready.
Brevard County Housing – Replacement Home	$78,421.00	$78,421.00	Finish by Oct-2010	Job finished on time and under the budget. New CBS house, Energy and Water efficient was delivered to Mrs. Williams' family according with their needs.
St Lucie County Housing Rehab Program – Gilbert house	$91,324.00	$91,324.00	Finish by Oct-2010	Job finished on time and under the budget. New CBS house, Energy and Water efficient was delivered to Mrs. Gilbert' family according with their needs.
St Lucie County Housing Rehab Program – Casiero house	$15,182.00	$16,681.77 Change order approved: Flat roof and Fascia repairs not included in original scope of work	Finish rehab within 90 days of Notice to Proceed date	Job finished on time and under the budget. House is safe with no electric and plumbing issues. New roof and new efficient A/C was installed.

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

Yes ( ) No (X)

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

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

Yes ( ) No (X)

If "Yes" is checked, include a copy of certificate with proposal.
(If you are not certified but think you might qualify or need information on 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.

Construction workers:

J. Asuncion Ambris	Drywall
Jose Alberto Mata	Carpenter
Jon Jairo Ospina	Painter
Juan Cruz	Tile

28. Do you plan to hire additional employees or contract with a new sub-contractor(s) to complete NSP jobs?

Yes ( ) No (X)

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

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

Addendum Number	Date Issued
Addendum #1	August 17, 2011

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

CERTIFICATION:

This RFP is submitted by: Name (print) Hilda De La Hoz who is an officer of the above firm duly authorized to sign proposals and enter into contracts. I certify that this E-RFP is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, or equipment, and is in all respects fair and without

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP
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

Hilda R Deck — Signature

VICE-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:

Liliana Heller

Diane Heller

Erika Espinoza

Erika Espinoza

If Individual:

Signature

Print Name

If Partnership:

Print Name of Firm

By: (General Partner)

If Corporation:

DE LA HOZ BUILDERS, INC

Print Name of Corporation

By: (President)

Attest: Hilda R Deck (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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: SEBASTIAN RIVER MEDICAL CENTER - Engineering Dept Fax #: (772)-571-8321
Email: Larry.Rosen@hma.com Telephone #: (772)-581-2016
Person to contact: Larry Rosen

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: OUR LADY OF GUADALUPE MISSION / Guadalupe Center Fax #: (772)-571-8321
Email: olg_office@bellsouth.net Telephone #: 772-571-9875
Person to contact: Carolina Cardona

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 : 09/26/2011 14:49
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/26 14:49
FAX NO./NAME	917725718321
DURATION	00:00:30
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

CITY OF PORT ST LUCIE

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: CITY OF PALM BAY – NSP PROGRAM Fax #: 321-733-3087
Email: willir@pbfl.org Telephone #: 321-952-3429
Person to contact: Bob Williams

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

Has the above Contractor performed residential remodeling work involving asbestos, lead, mold or water remediation services 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 : 09/26/2011 14:51
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/26 14:50
FAX NO./NAME	913217333087
DURATION	00:00:24
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

CITY OF PORT ST LUCIE

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: INDIAN RIVER COUNTY – NSP PROGRAM Fax #: 772-226-1922
Email: brichardson@ircgov.com Telephone #: 772-226-1929
Person to contact: Brian Richardson

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 residential remodeling work involving asbestos, lead, mold or water remediation services 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 : 09/26/2011 14:52
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/26 14:52
FAX NO./NAME	917722261922
DURATION	00:00:25
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

CITY OF PORT ST LUCIE

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

REFERENCE CHECK FORM

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

Bid Number: 20110114

Title: Proposals for Asbestos, Lead, Mold & Water Remediation Services for the Neighborhood Stabilization Program

Bidder/Respondent: DE LA HOZ BUILDERS, INC.

Reference: BREVARD COUNTY HOUSING AUTHORITY Fax #: 321-633-2170
Email: roy.davis@brevardcounty.us Telephone #: 321-633-2076
Person to contact: Roy Davis

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

Has the above Contractor performed residential remodeling work involving asbestos, lead, mold or water remediation services 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 : 09/26/2011 14:54
NAME : OMB
FAX : 7728717337
TEL :
SER.# : BROE4J578464

DATE,TIME	09/26 14:53
FAX NO./NAME	913216332170
DURATION	00:00:25
PAGE(S)	01
RESULT	OK
MODE	STANDARD ECM

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

DE LA HOZ, JOSE
258 DEL MONTE RD
SEBASTIAN FL 32958

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

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

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

AC# 5626653
STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MRSR2214 06/09/11 100348738

MOLD REMEDIATOR
DE LA HOZ, JOSE

IS CERTIFIED under the provisions of Ch.468 FS
Expiration date: JUL 31, 2012 L11060900411

DETACH HERE

AC# 5626653

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ# L11060900411

DATE	BATCH NUMBER	LICENSE NBR
06/09/2011	100348738	MRSR2214

The MOLD REMEDIATOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

DE LA HOZ, JOSE
258 DEL MONTE RD
SEBASTIAN FL 32958

RICK SCOTT
GOVERNOR

DISPLAY AS REQUIRED BY LAW

KEN LAWSON
SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HOME INSPECTORS LICENSING PROGRAM (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

DE LA HOZ, JOSE
258 DEL MONTE RD
SEBASTIAN FL 32958

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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!

AD# 5591054

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

HI4397 04/25/11 100349673

HOME INSPECTOR
DE LA HOZ, JOSE

IS CERTIFIED under the provisions of Ch 468 FS
Expiration date: JUL 31, 2012 L11042500285

DETACH HERE

5591054

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
HOME INSPECTORS LICENSING PROGRAM

SEQ# L11042500285

DATE	BATCH NUMBER	LICENSE NBR
04/25/2011	100349673	HI4397

The HOME INSPECTOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

DE LA HOZ, JOSE
258 DEL MONTE RD
SEBASTIAN FL 32958

RICK SCOTT
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM
SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MOLD-RELATED SERVICES LICENSING PROGRAM (850) 487-1395
1940 NORTH MONROE STREET
TALLAHASSEE FL 32399-0783

DE LA HOZ, JOSE
258 DEL MONTE RD
SEBASTIAN FL 32958

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AC# 5565881

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

MRSA1756 04/01/11 100348736

MOLD ASSESSOR
DE LA HOZ, JOSE

IS CERTIFIED under the provisions of Ch.468 FS
Expiration date: JUL 31, 2012 L11040100746

DETACH HERE

AC# 5565881

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
MOLD-RELATED SERVICES LICENSING PROGRAM

SEQ#L11040100746

DATE	BATCH NUMBER	LICENSE NBR
04/01/2011	100348736	MRSA1756

The MOLD ASSESSOR
Named below IS CERTIFIED
Under the provisions of Chapter 468 FS.
Expiration date: JUL 31, 2012

DE LA HOZ, JOSE
258 DEL MONTE RD
SEBASTIAN FL 32958

RICK SCOTT
GOVERNOR

DISPLAY AS REQUIRED BY LAW

CHARLIE LIEM
SECRETARY

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

DE LA HOZ, JOSE AUGUSTO
DE LA HOZ BUILDERS INC
258 DEL MONTE RD
SEBASTIAN FL 32958

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

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STATE OF FLORIDA AC# 5081522
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1514151 08/09/10 108028439

CERTIFIED GENERAL CONTRACTOR
DE LA HOZ, JOSE AUGUSTO
DE LA HOZ BUILDERS INC

IS CERTIFIED under the provisions of Ch.489 FS
Expiration date: AUG 31, 2012 L10080901239

DETACH HERE

AC# 5081522

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L10080901239

DATE	BATCH NUMBER	LICENSE NBR
08/09/2010	108028439	CGC1514151

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

DE LA HOZ, JOSE AUGUSTO
DE LA HOZ BUILDERS INC
258 DEL MONTE RD
SEBASTIAN FL 32958

CHARLIE CRIST
GOVERNOR

CHARLIE LIEM
SECRETARY

DISPLAY AS REQUIRED BY LAW

United States Environmental Protection Agency

This is to certify that

De La Hoz Builders, Inc.

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint renovation, repair, and painting activities pursuant to 40 CFR Part 745.89

In the Jurisdiction of:

All EPA Administered States, Tribes, and Territories

This certification is valid from the date of issuance and expires May 12, 2015

NAT-34780-1
Certification #

April 28, 2010
Issued On

Michelle Price, Chief
Lead, Heavy Metals, and Inorganics Branch

City of Port St. Lucie

Type: GENERAL CONTRACTOR **State:** CGC1514151

City: PSL12*11321 **ID#:** 111042

DE LA HOZ, JOSE
DE LA HOZ BUILDERS INC
258 DEL MONTE RD
SEBASTIAN, FL 32958

DE LA HOZ BUILDERS, INC.
GENERAL CONTRACTOR - CGC 1514151
258 Del Monte Rd, Sebastian, FL 32958
(772) 228-9723

SUBCONTRACTORS LIST

Name	Address	Qualifications
Delta Plumbing Services, Inc.	3021 Zaharias Dr, Orlando, FL 32837	Plumbing License CFC1427313
W. Post Electric, Inc.	PO Box 33216 Indialantic, FL 32903	Electric License ER130021432
Grana Electric & A/C, Inc.	144 SW Dalton Cir, Port St Lucie, FL 34953	Air Conditioning License CAC1815557
Rock Solid Roofing, Inc.	1072 Persian Ln Sebastian, FL 32958	Roofing CCC1328817

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)
DE LA HOZ BUILDERS, INC.

Business name, if different from above

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

Address (number, street, and apt. or suite no.)
258 Del Monte Rd

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
Sebastian, FL 32958

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	0	–	8	9	5	5	9	3

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 ▶ Nilda R De La Hoz Date ▶ 08-25-11

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

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,

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that DE LA HOZ BUILDERS, INC does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.

2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.

3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).

4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.

5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.

6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Proposer's Signature

08-30-11
Date

Proposals for Asbestos, Lead, Mold & Water Remediation Services for NSP

CITY OF PORT ST. LUCIE
E-RFP # 20110114

PROJECT TITLE: General Contractors for the Neighborhood Stabilization Program

CONTRACTOR VERIFICATION FORM

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: DE LA HOZ BUILDERS, INC

Corporate Title: DE LA HOZ BUILDERS, INC

Address: 258 DEL MONTE RD

SEBASTIAN, FL 32958
(Zip Code)

By: HILDA DE LA HOZ VICE-PRESIDENT
(Print name) (Print title)

Hilda R DeLaHoz
(Authorized Signature)

Telephone: (772) 228-9723

Fax: (772) 589-8127

State License # CGC1514151 (ATTACH COPY)

Asbestos Abatement License # — (ATTACH COPY)

County License # _____ (ATTACH COPY)

Lead-Safe Certification # NAT-34780-1 (ATTACH COPY)

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

Type of Licenses: HOME INSPECTOR: HI4397 / MOLD REMEDIATOR: MRSR2214
MOLD ASSESSOR: MRSA1756

Unlimited YES (yes/no)

If "NO", Limited to what trade? _____

NONCOLLUSION AFFIDAVIT OF PRIME BIDDER
E-RFP #20110114

State of FLORIDA }

County of INDIAN RIVER }

HILDA DE LA HOZ, being first duly sworn, disposes and says that
(Name/s)

1. They are VICE-PRESIDENT of DE LA HOZ BUILDERS, INC the Bidder that
(Title) (Name of Company)

has submitted the attached bid/PROPOSAL;

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

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

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

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

(Signed) Hilda R De La Hoz

(Title) VICE-PRESIDENT

STATE OF FLORIDA }
COUNTY OF ~~ST. LUCIE~~ Indian River }SS:

The foregoing instrument was acknowledged before me this Aug 30 2011
(Date)

by: Hilda R De La Hoz who is personally known to me or who has produced

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

Diane Haller
Notary (print & sign name)

Commission No. DD 796499

DIANE HALLER
Notary Public, State of Florida
Commission# DD796499
My comm. expires June 10, 2012

E-RFP #20110114
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: DE LA HOZ BUILDERS, INC

Authorized By: Hilda R DeLHoz (Sign) HILDA DE LA HOZ (Print Name)

Title: VICE-PRESIDENT Date: 08-30-11

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

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/22/2011

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

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

PRODUCER	CONTACT NAME: RICARDO GAMEZ
INDIAN RIVER INSURANCE AGENCY 1924 14TH AVE VERO BEACH, FL 32960	PHONE A/C, No, Ext: 772-299-1755 FAX A/C, No: 772-299-1752 E-MAIL ADDRESS: rickinsure@aol.com PRODUCER CUSTOMER ID:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
DE LA HOZ BUILDERS INC 258 DEL MONTE RD SEBASTIAN, FL 32958	INSURER A: FCB AND I FUND	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	POLICY PROJECT LOC						PRODUCTS - COMP/OP AGG	$
	AUTOMOBILE LIABILITY							
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	$
	ALL OWNED AUTOS						BODILY INJURY (Per person)	$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	$
	NON-OWNED AUTOS							$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DEDUCTIBLE							$
	RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						WC STATU-TORY LIMITS OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y	N/A	10642888	04/01/2011	04/01/2012	E.L. EACH ACCIDENT	$ 1,000,000.00
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000.00
							E.L. DISEASE - POLICY LIMIT	$

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

General Contractor

CERTIFICATE HOLDER

City of Port St Lucie
121 SW Port St Lucie BLVD
Port ST Lucie, FL 34984-5099

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 08/22/11

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.

PRODUCER Economy Insurance Mart, Inc.
7377 Spring Hill Drive
Spring Hill, FL 34606
Phone (352) 688-0109 Fax (352) 688-6050

INSURERS AFFORDING COVERAGE — NAIC #
INSURER A: LLOYDS OF LONDON
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED De Lahoz Builders Inc
258 Del Monte Rd
sebastian, FL 32958-

COVERAGES

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

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 ☑ COMMERCIAL GENERAL LIABILITY ☐☐ CLAIMS MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☑ POLICY ☐ PROJECT ☐ LOC	AUO8242011D_1399	09/19/11	09/19/12	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	1,000,000 100,000 5,000 1,000,000 2,000,000 2,000,000
	☐	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	☐	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	
	☐	EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? 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

DOOR & WINDOW INSTALLATION/ INTERIOR CARPENTRY
"CITY OF PORT ST. LUCIE, POLITICAL SUBDIVISION OF THE STATE OF FLORIDA, IT'S OFFICERS, EMPLOYEES AND AGENTS, AND CONTRACT #20110068 FOR GENERAL CONTRACTORS FOR THE NEIGHBORHOOD STABILIZATION PROGRAM (NSP) SHALL BE LISTED AS ADDITIONALLY INSURED".

CERTIFICATE HOLDER

CITY OF PORT ST. LUCIE
121 SW PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL. 34984-5099

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE Kristine D'Acunto

ACORD 25 (2001/08) QF

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INDIAN RIVER AGENCY
1924 14TH AVE
VERO BEACH, FL 32960

003953

PROGRESSIVE

Named insured

DE LA HOZ BUILDERS
JOSE A DE LA HOZ
258 DEL MONTE RD
SEBASTIAN, FL 32958

Policy number: 06031137-3
Underwritten by
Progressive Express Ins Company
October 21, 2010
Policy Period: Oct 19, 2010 - Oct 19, 2011

progressiveagent.com
Online Service
Make payments, check billing activity, print policy documents, or check the status of a claim.

772-299-1755
INDIAN RIVER AGENCY
Contact your agent for personalized service

800-444-4487
For customer service if your agent is unavailable or to report a claim.

Commercial Auto Insurance Coverage Summary

This is your Renewal Declarations Page

Your coverage began on October 19, 2010 at 12:01 a.m. This policy expires on October 19, 2011 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (03/05). The contract is modified by forms 1652FL (08/06), 4852FL (10/04), 4881FL (10/04), Z228 (07/05) and Z435FL (12/06).

The named insured organization type is a corporation

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			$1,156
Bodily Injury and Property Damage Liability	$1,000,000 combined single limit		
Uninsured/Underinsured Motorist	Rejected		--
Basic Personal Injury Protection			245
Without Work Comp-Named Insured & Relatives	$10,000 each person	$0	
Comprehensive			133
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			302
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			**$1,836.00**
Florida Hurricane Catastrophe Fund Assessment			18.36
Total 12 month policy premium			**$1,854.36**
Discount if paid in full			-98.98
Total 12 month policy premium if paid in full			**$1,755.38**

Rated driver

1. JOSE DE LA HOZ

Auto coverage schedule

1. **2006 Toyota Tundra Double C**
VIN: 5TBDT441465534894

Stated Amount: $30,000
Garaging Zip Code: 32958
Radius: 100

	Liability	PIP			
Liability Premium	$1,156	$245			
	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
Physical Damage Premium	$500	$133	$500	$302	**$1,836**

Premium discounts

Policy	
06031137-3	Renewal
Vehicle	
2006 Toyota Tundra Double C	Anti Theft Device 2 Passive, ABS and Air Bag

Agent signature

Anthony J. Larson

Company officers

Patricia M. Conway

Secretary

PGULADIG 003953 002 C 001 001 0000000000000 1511000003336

CHECKLIST
E-RFP #20110114

Proposals for General Contractors for the Neighborhood Stabilization Program

Name of Proposer: DE LA HOZ BUILDERS, INC.

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

__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.

__X___ Section 3 Business Certification uploaded to Demandstar.

__X___ Vicinity Hiring Certification uploaded to Demandstar.

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