

E-Bid Reply Sheet #20120066

PORT ST. LUCIE INTERMODAL TRANSIT FACILITY  
CONSTRUCTION PROJECT  
FDOT JPA (JOINT PARTICIPATION AGREEMENT)  
FINANCIAL PROJECT NO. 432128.1.94.01

1. **COMPANY NAME:** CAM Group, LLC

DIVISION OF: \_\_\_\_\_

PHYSICAL ADDRESS: 15375 Skyking Drive

MAILING ADDRESS: 15375 Skyking Drive

CITY, STATE, ZIP CODE: Port St. Lucie, FL 34987

TELEPHONE NUMBER: ( ) 866-652-9050 FAX NO. ( ) 772-293-9266

CONTACT PERSON: Charlie McEntee E-MAIL: Charlie@camgroupllc.com

2. **ORGANIZATIONAL PROFILE:** (complete all appropriate information)

Is the firm incorporated? Yes--No If yes, in what state? Florida

Ana McGregor

President

Alan McGregor

Vice President

Alan McGregor

Treasurer

How long in present business: 7 years How long at present location: 7 years

Is firm a minority business: Yes--No; Does firm have a drug-free workplace program: Yes--No  
If no, is your company planning to implement such a program? \_\_\_\_\_

3. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued
1	8/9/12
2	8/14/12
3	8/14/12
4	8/27/12
5	8/28/12
6	8/30/12

Port St. Lucie Intermodal Transit Facility Construction Project

4. **VENDOR'S LIST** – If your company offers commodities other than the one specified for this bid, and you wish to be put on the vendor's list, please contact Onvia.com at (800) 711-1712. Bid Tabulation Reports are advertised on the City's Web Site at www.Cityofpsl.com.

5. **BID RESPONSE:**

5.1 Bidder will / will not accept the Purchasing Card (Visa).  
(please circle one)

5.2 Percentage of discount when payment is made with Visa: 0 %

5.3 Bid Reply Sheet Base Bid Total from Schedule "A": \$ 348,909.87

5.4 Number of calendar days needed for completion of the Base Bid project:  
180 calendar days.

5.5 Number of additional calendar needed for the completion of the Base Bid plus Option A:  
0 calendar days.

Listed below are items that are to be included on the E-Bid Reply Excel Spreadsheet "Schedule "A", completed electronically by Bidders and submitted with bid packet. Award will be based on the total of lines numbers 1- 39 that represent the best value to the City.

**Reference Use Only- Use E-Bid Reply Excel Spreadsheet to reply to this Bid**

**SCHEDULE A**

Pay Item Number*	Pay Item Description*	Quantity	Unit
<b>GENERAL ITEMS</b>			
101-1	MOBILIZATION	1	LS
101-1B	PRE-CONSTRUCTION VIDEO	1	LS
101-1D	BICYCLE RACK	1	EA
102-1	MAINTENANCE OF TRAFFIC	1	LS
104-10-3	SEDIMENT BARRIER	1200	LF
104-15	SOIL TRACKING PERVENTION DEVICE	1	EA
108-1	CONSTRUCTION LAYOUT/RECORD DRAWINGS	1	LS
110-1-1	CLEARING AND GRUBBING	1	LS
<b>PAVING &amp; DRAINAGE</b>			
120-1	REGULAR EXCAVATION & EMBANKMENT	267	CY
160-4	TYPE B STABILIZATION (12") (LBR 40)	2955	SY
285-701	OPTIONAL BASE, BASE GROUP 6 (LBR 100)	2932	SY
334-1-12	SUPERPAVE ASPHALTIC CONC, TRAFFIC B	2932	SY
425-1-521	INLET (DITCH BOTTOM) (TYPE C) (<10')	2	EA
425-1-911	INLETS, CLOSED FLUME	2	EA
430-174-118	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 18"SD	115	LF
430-174-124	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 24"SD	178	LF

Port St. Lucie Intermodal Transit Facility Construction Project

455-1A	DEWATERING FOR CONSTRUCTION OPERATIONS	1	LS
520-1-10	CONCRETE CURB AND GUTTER, TYPE F	281	LF
520-2-4	CONCRETE CURB, TYPE D	194	LF
520-2-9	CONCRETE CURB, SPECIAL, HEADER	288	LF
522-1	CONCRETE SIDEWALK (4" THICK)	665	SY
570-1-2	PERFORMANCE TURF (SOD)	3877	SY
<b>SIGNING &amp; PAVEMENT MARKING</b>			
700-20-11	SINGLE POST SIGN, F&I, LESS THAN 12 SF	8	AS
700-20-12	SINGLE POST SIGN, F&I, 12-20 SF	2	AS
710-11-111	PAINTED PAVEMENT, STANDARD WHITE, SOLID, 6"	0.3	NM
710-11-421	PAINTED PAVEMENT, STANDARD BLUE, SOLID, 6"	346	LF
711-11-460	PAINTED PAVEMENT, STANDARD BLUE MESSAGE	4	EA
711-11-111	THERMOPLASTIC, STANDARD WHITE, SOLID, 6"	0.03	NM
711-11-124	THERMOPLASTIC, STANDARD WHITE, SOLID, 18"	218	LF
711-11-125	THERMOPLASTIC, STANDARD WHITE, SOLID, 24"	316	LF
711-11-170	THERMOPLASTIC, STANDARD WHITE, ARROW	10	EA
711-11-211	THERMOPLASTIC, STANDARD YELLOW, SOLID, 6"	0.1	NM
711-11-224	THERMOPLASTIC, STANDARD YELLOW, SOLID, 18"	136	LF
<b>UTILITY</b>			
1000-1	UTILITY ADJUSTMENTS	1	LS
1050-11-321	UTILITY PIPE, F&I, PE, WATER, 2"	118	LF
1080-11-23	UTILITY FIXTURES, F&I, 2-4.9", TAPPING SADDLE/SLEEVE	1	EA

<b>OPTIONAL BID ITEM A</b>			
522-1A	DEACON AVENUE SIDEWALK (includes necessary handrails, gravity wall, sidewalk and drainage improvements)	340	LF

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item offered shall be entered on the Schedule "A", Excel Bid Reply Sheet for each line item, and such price shall include total cost unless otherwise specified. A total shall be figured and entered on 5.3 above. In case of discrepancy between the unit price and the extended price, the unit price will be presumed correct.

**6. INSURANCE/CERTIFICATES/LICENSE** - Bidders are required, in accordance with Section 5, to submit a copy of their Insurance Certificate for the type and dollar amount of insurance they currently maintain. Bidders are required to submit all licenses and certifications required to perform construction of this project.

**7. COMPLETION OF FORM** - An authorized representative of the firm offering this Bid must complete this form in its entirety. Prices entered herein shall not be subject to withdrawal or escalation by Bidder. The City reserves the right to hold proposals and bid guarantees for a period not to exceed ninety (90) days after the date of the bid opening stated in the Invitation to Bid before awarding the Contract. Contract award constitutes the date that City Council executes the motion to award the bid.

**8. CONTRACT** - Bidder agrees to comply with all requirements stated in the specifications for this bid.

Port St. Lucie Intermodal Transit Facility Construction Project

8. **CONTRACT** - Bidder agrees to comply with all requirements stated in the specifications for this bid.

9. **CERTIFICATION**

This bid is submitted by: I (print) Ana McGregor am an officer of the above firm duly authorized to sign bids and enter into Contracts. I certify that this bid is made without prior understanding, Contract, or connection with any corporation, firm, or person submitting a bid 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 bid.

 Signature 9/5/12 Date

10. **Bidder has read and accepts the terms and conditions of the City's standard Contract:**

 Signature CEO Title

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

(seal)

*Balance of page left intentionally blank*



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

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

(850) 487-1395

MCGREGOR, CLARENCE A
C A M GROUP LLC
3920 NORTH ALA # 1201
N HUTCHINSON ISLAND FL 34949-8545

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers.



STATE OF FLORIDA AC# 6185813
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CGC1512899 07/05/12 128002656

CERTIFIED GENERAL CONTRACTOR
MCGREGOR, CLARENCE A
C A M GROUP LLC

IS CERTIFIED under the provisions of Ch. 489 FS
Expiration date: AUG 31, 2014 112070500972

DETACH HERE

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6185813

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12070500972

Table with 3 columns: DATE, BATCH NUMBER, LICENSE NBR. Row 1: 07/05/2012, 128002656, CGC1512899

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2014

MCGREGOR, CLARENCE A
C A M GROUP LLC
3920 NORTH ALA # 1201
N HUTCHINSON ISLAND FL 34949-8545

RICK SCOTT
GOVERNOR

KEN LAWSON
SECRETARY

DISPLAY AS REQUIRED BY LAW

2012 / 2013

**ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT**

RECEIPT # 1001191

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

EXPIRES SEPTEMBER 30, 2013

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 1

TYPE OF BUSINESS 1799 MISC/SPECIALTY CONTRACTOR (CERTIFIED GENERAL CONSTRUCTOR)

BUSINESS/ Clarence A McGregor

DBA NAME C.A.M. Group LLC  
MAILING ADDRESS Clarence A McGregor  
PO Box 2481  
Fort Pierce, FL 34954-2481



BUSINESS LOCATION 3920 N Highway A1A Ste 1201  
North Hutchinson Island, FL 34949

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

St Lucie County 1423-505-0041-000/1 L05000096804 NONEXEMPT

Paid 07/05/2012 12.35 0025-20120705-006119

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

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

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

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

Local Business Taxes are subject to change according to law.

Clarence A McGregor  
PO Box 2481  
Fort Pierce, FL 34954-2481

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

111372

MCGREGOR, CLARENCE A  
CAM GROUP LLC  
15375 SKYKING DR  
PORT ST LUCIE, FL 34987

SIGNATURE

GENERAL CONTRACTOR

FL#: CGC1512899

PSL12\*11648

CITY OF PORT ST. LUCIE



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/24/2012

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).

<b>PRODUCER</b> Tequesta Agency, Inc. 218 S. US Highway One Suite 300 Tequesta FL 33469	<b>CONTACT NAME:</b> Debra Neumann, CIC <b>PHONE (A/C, No, Ext):</b> (561) 746-4546 <b>FAX (A/C, No):</b> (561) 746-9599 <b>E-MAIL ADDRESS:</b> dneumann@tequestaagency.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Southern Owners Insurance Co NAIC # 10190 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
<b>INSURED</b> CAM Group, LLC PO Box 2481 Fort Pierce, FL 34954-2481	

**COVERAGES**      **CERTIFICATE NUMBER:** 11-12 Mater Revised      **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			72737346-11	12/19/2011	12/19/2012	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist Bl split limit \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$      RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			WC STATU-TORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>  SAMPLE CERTIFICATE FOR PROPOSALS CONTACT AGENT IF CERTIFICATE IS REQUIRED	<b>CANCELLATION</b>  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  Mark Kasten/DEBBIE



# CERTIFICATE OF LIABILITY INSURANCE

CAMGR-1      OP ID: SP

DATE (MM/DD/YYYY)  
08/24/12

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.

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<b>PRODUCER</b> HARBOR INSURANCE 6645 S US Highway 1 Port St Lucie, FL 34952-1426 Harbor Insurance	772-461-6040 772-460-2315	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:  <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center; border: none;">NAIC #</td> </tr> <tr> <td style="border: none;">INSURER A : <b>Scottsdale Ins Co</b></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER B : <b>Owners Insurance Company</b></td> <td style="border: none; text-align: center;"><b>32700</b></td> </tr> <tr> <td style="border: none;">INSURER C :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER D :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER E :</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">INSURER F :</td> <td style="border: none;"></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : <b>Scottsdale Ins Co</b>		INSURER B : <b>Owners Insurance Company</b>	<b>32700</b>	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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<b>INSURED</b> CAM Group, LLC Tisha Baker 15375 Skyking Drive Port Saint Lucie, FL 34987																

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>B</b>	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			4924260900	08/16/12	08/16/13	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<b>A</b>	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			XBS0023958	07/13/12	07/13/13	EACH OCCURRENCE \$ <b>3,000,000</b> AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

**CERTIFICATE HOLDER      CANCELLATION**

CAMGR-1  CAM Group, LLC 15375 Skyking Dr. Port St Lucie, FL 34987	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 <div style="text-align: center; margin-top: 10px;"> </div>
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<b>PRODUCER</b> <b>INNOVATIVE INSURANCE CONSULTANTS, INC.</b> 5481 UNIVERSITY DRIVE, #103 CORAL SPRINGS, FL 33067 BRIAN J. MAMO	954-340-9551 954-340-9456	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>ASSOCIATION INSURANCE CO.</td> <td>11240</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	ASSOCIATION INSURANCE CO.	11240	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
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<b>INSURED</b> <b>C.A.M. GROUP, LLC.</b> P.O. BOX 2481 FORT PIERCE, FL 34954																						

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

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/PROP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCV0132165-00	08/22/12	08/22/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>1,000,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>

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

<b>CERTIFICATE HOLDER</b>  CAMGR-2  <b>CAM GROUP, LLC</b> P. O BOX 2481 FT. PIERCE, FL 34954	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Brian J. Mamo</i>
--	--

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## 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) <b>CAM GROUP LLC</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <u>S</u> <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) <b>15375 SKYKING DRIVE</b>	Requester's name and address (optional)
	City, state, and ZIP code <b>PORT SAINT LUCIE, FL 34987</b>	List account number(s) here (optional)

<b>Part I Taxpayer Identification Number (TIN)</b>																																						
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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="9">Social security number</td></tr> <tr><td> </td><td> </td><td> </td><td>-</td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="width: 100%; text-align: center;"> <tr><td colspan="9">Employer identification number</td></tr> <tr><td>2</td><td>0</td><td>-</td><td>3</td><td>5</td><td>6</td><td>6</td><td>9</td><td>4</td><td>1</td></tr> </table>	Social security number												-						Employer identification number									2	0	-	3	5	6	6	9	4	1
Social security number																																						
			-																																			
Employer identification number																																						
2	0	-	3	5	6	6	9	4	1																													
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																																						

<b>Part II Certification</b>	
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).	
<b>Certification instructions.</b> 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.	
<b>Sign Here</b>	Signature of U.S. person ▶ <span style="margin-left: 20px;">CEO</span> Date ▶ <u>2/9/2012</u>

**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.



Contractor: **CAM GROUP LLC**  
 Work-on-Hand As Of: **6.30.12**

620 N. Wynmore Road, Suite 200  
 Maitland, FL 32751  
 (407) 786-7770 - Fax: (407) 786-7766  
 Toll Free (888) 786-2663 - Fax: (888) 718-2663

Fill in the yellow columns

JOB #	CONTRACT DESCRIPTION	Completion Date	CONTRACT PRICE	TOTAL BILLED TO DATE	TOTAL COST TO DATE	COST TO COMPLETE	TOTAL GROSS PROFIT	%	RECOGNIZED EARNINGS TO DATE		COST & EARNINGS IN EXCESS OF BILLINGS	BILLINGS IN EXCESS OF COST & EARNINGS		
									% COMPLETE	GROSS PROFIT EARNED			PRIOR YEAR GROSS PROFIT	GROSS PROFIT THIS YEAR
1	COCOA PLAYHOUSE	9.30.12	624,999	18,403	15,726	515,606	83,868	15.0%	3.0%	2,772	0	2,772	94	0
2							0	0.0%	0.0%	0	0	0	0	0
3	WESTON FAMILY HEALTH	9.20.12	166,000	149,223	111,167	12,583	41,250	25.0%	89.8%	37,055	0	37,055	0	1,000
4							0	0.0%	0.0%	0	0	0	0	0
5							0	0.0%	0.0%	0	0	0	0	0
6							0	0.0%	0.0%	0	0	0	0	0
7							0	0.0%	0.0%	0	0	0	0	0
8							0	0.0%	0.0%	0	0	0	0	0
9							0	0.0%	0.0%	0	0	0	0	0
10							0	0.0%	0.0%	0	0	0	0	0
11							0	0.0%	0.0%	0	0	0	0	0
12							0	0.0%	0.0%	0	0	0	0	0
13							0	0.0%	0.0%	0	0	0	0	0
14							0	0.0%	0.0%	0	0	0	0	0
15							0	0.0%	0.0%	0	0	0	0	0
16							0	0.0%	0.0%	0	0	0	0	0
17							0	0.0%	0.0%	0	0	0	0	0
18							0	0.0%	0.0%	0	0	0	0	0
19							0	0.0%	0.0%	0	0	0	0	0
20							0	0.0%	0.0%	0	0	0	0	0
21							0	0.0%	0.0%	0	0	0	0	0
22							0	0.0%	0.0%	0	0	0	0	0
23							0	0.0%	0.0%	0	0	0	0	0
24							0	0.0%	0.0%	0	0	0	0	0
25							0	0.0%	0.0%	0	0	0	0	0
26							0	0.0%	0.0%	0	0	0	0	0
27							0	0.0%	0.0%	0	0	0	0	0
28							0	0.0%	0.0%	0	0	0	0	0
29							0	0.0%	0.0%	0	0	0	0	0
30							0	0.0%	0.0%	0	0	0	0	0
31							0	0.0%	0.0%	0	0	0	0	0
32							0	0.0%	0.0%	0	0	0	0	0
			789,999	167,626	128,892	528,189	134,918	17.1%	19.4%	39,828	0	39,828	94	1,000

PROFIT IN WORK LEFT TO COMPLETE:

\$95,090

STATUS OF CONTRACTS

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

***Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Primary Covered Transactions***

The Bidder certifies that, the firm or any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

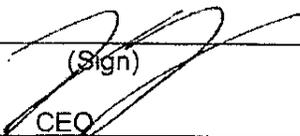
(b) have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property

(c) are not presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the Florida Department of Transportation."

Company Name: CAM Group, LLC

Authorized By:  Ana McGregor  
(Sign) (Print Name)

Title: CEO Date: 9/5/12

**CITY OF PORT ST. LUCIE, FLORIDA**

**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01**

**CERTIFICATION REGARDING LOBBYING**

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

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

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

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

The Bidder/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: CAM Group, LLC

Authorized By:  Ana McGregor  
(Sign) (Print Name)

Title: CEO Date: 9/5/12

CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066

PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01

**BUY AMERICA CERTIFICATE OF COMPLIANCE**

**CERTIFICATE OF COMPLIANCE**



**COMPLIANCE**

The bidder hereby certifies that it will comply with the requirements of 23 C.F.R. 635.410, as amended, and utilize only iron or steel manufactured in the United States, or components made with iron or steel that meet the Buy America requirements. Bidder acknowledges that it will be required to produce Buy America certification(s) from the producer(s) of the steel or iron or components prior to incorporating any such materials into the work or project.

Company Name: CAM Group, LLC

Authorized By:  Ana McGregor  
(Sign) (Print Name)

Title: CEO Date: 9/5/12

**NONCOLLUSION AFFIDAVIT OF PRIME BIDDER**  
**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

State of Florida }

County of St. Lucie }

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

1. They are CEO of CAM Group, LLC the Bidder that  
(Title) (Name of Company)  
has submitted the attached bid;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid;
3. Such Bid is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder 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 bidder, 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 Bidder, firm or person to fix the price or prices in the attached Bid or of any other Bidder, 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 Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

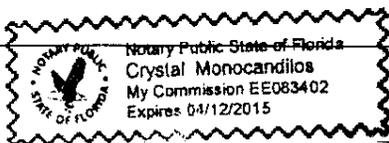
(Signed) \_\_\_\_\_  
(Title) CEO

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

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of September, 2012  
(Date)

by: Ana McGregor who is personally known to me or who has produced

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



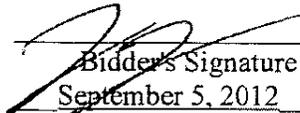
Crystal Monocandilo  
Notary (print & sign name)  
Commission No. EE 083402

## DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statutes, Section 287.087 hereby certifies that  
CAM Group, 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 bid 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 bid, 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.

  
\_\_\_\_\_  
Bidder's Signature  
September 5, 2012  
\_\_\_\_\_  
Date

CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Name: **Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

Project Location: Port St. Lucie, Florida

Project Location: Corner of Deacon Avenue and Belvedere Street, Port St. Lucie, Florida

**Instructions:**

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractor's are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

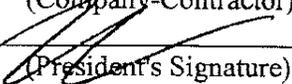
Certify this form in the presence of a notary public or other officer authorized to administer oaths.

**Certification**

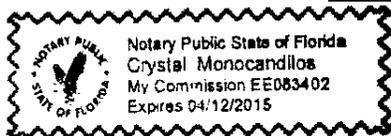
- I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.
- The estimated cost imposed by compliance with The Trench Safety Act will be:  

<u>Ten</u> Dollars	\$10.00
(Written)	(Figures)
- The amount listed above has been included within the Base Bid.

Certified: CAM Group, LLC  
(Company-Contractor)

By:  Ana McGregor  
(President's Signature) (President's Typed or Printed Name)

Sworn to and subscribed before me in St. Lucie County, Florida on the 5th day of September, 2012.



  
NOTARY PUBLIC

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**  
**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

**CONTRACTOR VERIFICATION FORM**

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: CAM Group, LLC

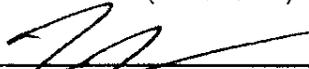
Corporate Title: \_\_\_\_\_

Address: 15375 Skyking Drive

Port St. Lucie, FL 34987

(Zip Code)

By: Ana McGregor CEO  
(Print name) (Print title)

  
\_\_\_\_\_  
(Authorized Signature)

Telephone: ( 866 ) 652-9050

Fax: ( 772 ) 293-9266

State License # CGC1512899 (ATTACH COPY)

County License # 1001191 (ATTACH COPY)

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

Type of License: General Contractor

Unlimited Yes (yes/no)

If "NO", Limited to what trade? \_\_\_\_\_

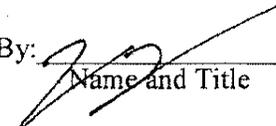
**CONTRACTOR'S QUESTIONNAIRE**

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

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 any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at Port St. Lucie, Florida, this 5th day of September, 2012  
(Location)

Name of Organization/Contractor: CAM Group, LLC

By:  \_\_\_\_\_ Seal:  
Name and Title Ana McGregor, CEO

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation

2. Firm's name and main office address, telephone and fax numbers.

Name: CAM Group, LLC  
Address: 15375 Skyking Drive  
Port St. Lucie, FL 34987  
Telephone Number: 866-652-9050  
Fax Number: 772-293-9266

3. Contact person: Charlie McEntee

4. Firm's previous names (if any). N/A

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

6. Area of expertise: general contracting

7. List five (5) Transit Facility construction projects similar to this project completed by your firm along with a brief description of project, location of project, client name, client phone number, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value.

Project Number 1

Project Name: #31 Fire Station

Description: demo & re-build existing fire station

Port St. Lucie Intermodal Transit Facility Construction Project

Location: Lake Worth, FL

Client Name and Phone Number: Palm Beach County 561-233-0271

Value of Total Contract: \$2,074,900.00

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 8 – all owner driven

Value of Change Orders: \$114,488.00

Was Project Completed on Schedule: past due – die to local utilities hold up

Was Project Completed within Budget? yes

Project Number 2

Project Name: #80 Fire Station

Description: construct new fire station, along with site work

Location: Melbourne, FL

Client Name and Phone Number: Brevard County 321-633-2044

Value of Total Contract: \$945,317.00

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 15 – all owner driven

Value of Change Orders: \$70,764.00

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 3

Project Name: Jensen Beach Surgery Center

Description: addition and remodel of existing medical building

Location: Jensen Beach, FL

Client Name and Phone Number: Jensen Beach AFC 561-379-8227

Value of Total Contract: \$489,391.00

Firm's Percentage of Total Contract: 100%

Number of Change Orders: N/A

Value of Change Orders: N/A

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 4

Project Name: Behavioral Health Unit

Port St. Lucie Intermodal Transit Facility Construction Project

Description: convert 2<sup>nd</sup> floor hospital unit

Location: Port St. Lucie, FL

Client Name and Phone Number: St. Lucie Medical Center 772-335-4000

Value of Total Contract: \$2,345,956.87

Firm's Percentage of Total Contract: 100%

Number of Change Orders: N/A

Value of Change Orders: N/A

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

Project Number 5

Project Name: JFK Psych Unit

Description: renovations to existing hospital ward

Location: Lake Worth, FL

Client Name and Phone Number: JFK Medical Center 561-548-3700

Value of Total Contract: \$2,250,000.00

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 2

Value of Change Orders: \$257,000.00 (\$225,000 allowance for unforeseen conditions)

Was Project Completed on Schedule: yes

Was Project Completed within Budget? yes

8. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners	2	2	2
b. Managers	2	2	2
c. Supervisors Senior Staff	2	3	1
d. Other Professional Staff			
g. Total number of full time personnel	16	22	16

9. List all subcontractors and major material suppliers for the project. Include scope of work, telephone numbers, and contact information. Insert additional lines if necessary.

Site work/Paving/Utilities: Tommy Hawkings & Sons, Inc

909 Barrel Ave., Fort Pierce, FL 34982 772-464-7587

Port St. Lucie Intermodal Transit Facility Construction Project

Surveying: AB Survey Supplies Ent., Inc.

2603 Industrial Ave., Fort Pierce, FL 34964 772-579-3849

Striping: True Lines, Inc.

2201 SE Indian St., Stuart, FL 34997 772349-4669

Concrete: Mosley & Sons, Inc.

1400 SE Monterey Rd., Stuart, FL 34994 772-287-6962

- 10. 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

(Insert additional lines if necessary.)

- 11. Status of current contracts. Please provide the number of current contracts as well as a sample list of the projects currently underway. Insert additional pages if needed. SEE STATUS OF CURRENT CONTRACTS
- 12. How will the Contractor be able to meet the project timeline and budget given the current work load, work force and equipment?

We have a core subcontractor base that has committed themselves to each project. We hire only highly qualified employees and vendors.

- 13. 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:

- 14. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

None

(N/A is not an acceptable answer - insert lines if needed)

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

Port St. Lucie Intermodal Transit Facility Construction Project

None

(N/A is not an acceptable answer - insert lines if needed)

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

None

(N/A is not an acceptable answer - insert lines if needed)

17. 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.

18. Has the Proposer obtained a Payment & Performance Bond within the last five (5) years?

Yes ( X ) No ( )

If "Yes" was checked, state the bonding capacity of the firm. \$ 6 million

19. 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

20. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you. (Please limit to one (1) page) SEE ATTACHED

*(Balance of page intentionally left blank)*

# **CAM** GROUP, LLC

YOUR #1 CHOICE IN HEALTHCARE  
AND COMMERCIAL CONSTRUCTION

Some of our most significant and unique project accomplishments have been some of the most difficult.

JFK Medical Center allowed 6 months for completion of its behavioral health wing. Design documents were 2 months late, thus only allowing us to complete the project in 4 months. CAM Group finished the project on time by working 12 hr shifts 7 days a week. Being that the project is located in an existing hospital, there were many challenges, mostly from existing conditions in conflict with the lower floors and the new ductwork. All issues were resolved quickly and cost effective.

The Cocoa Village Playhouse was another significant project with a very short schedule and difficult unforeseen conditions. The contract allowed for 13 weeks, but the building permit was not available for three weeks beyond the start date. The playhouse has a show scheduled three days after our substantial completion, so a late finish is unacceptable. CAM Group will finish the project on time by working 10-12 hr shifts 6-7 days a week, including nights when required.

C. Alan McGregor  
Vice President, CAM Group, LLC

PO Box 2481  
Fort Pierce, FL 34954  
Ph: 866-652-9050 Fax: 772-293-9266



YOUR #1 CHOICE IN HEALTHCARE  
AND COMMERCIAL CONSTRUCTION

## Construction Division

Our strong commitment to hiring / managing the best sub-contractors and continuously measuring project status improves safety, reduces claims, enhances productivity and inevitably saves the clients time and money. We understand that tight coordination of job sites and strong partnerships with subcontractors and other partners are critical to delivering quality projects on time and on budget. Our teams take pride in their relationships with subcontractors and other project partners and have taken great strides to foster environments of cooperation and mutual respect on all our project sites.

By embracing our partner relationships and measuring project status through detailed schedules, methodical safety plans and effective cost control reporting, our teams are able to closely monitor and quickly identify issues that could impact the budget and project timeline.

CAM Group, LLC will bring your project in on time and for the price negotiated. We have a proven track record of working with owners to build their vision. We will provide an experienced team of construction professionals to lead the Construction effort for your project. The project Construction team will include design, operations, construction, and maintenance representation. Our management team will improve project safety, and will decrease project cost.

C. Alan McGregor  
Vice President, CAM Group, LLC

PO Box 2481  
Fort Pierce, FL 34954  
Ph: 866-652-9050 Fax: 772-293-9266

CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066

PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01

LIST OF REFERENCES

OWNER'S NAME & ADDRESS	PROJECT	CONTACT PERSON	TELEPHONE NUMBER
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SEE "5 REFERENCE CHECK FORMS"

**CHECKLIST**

**BID # 20120066**

**Port St. Lucie Intermodal Transit Facility Construction Project**

Name of Bidder: CAM Group, LLC

This checklist is provided to assist bidders in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Bidder to submit with their response in order to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

- Bid Reply Sheet #20120066 with proper signatures upload to Demandstar.
- E-Bid Reply Excel Spreadsheet uploaded to Demandstar.
- Drug-Free Workplace Form uploaded to Demandstar.
- 5% Bid Bond uploaded to Demandstar and mailed in immediately after opening.
- All pricing has been mathematically reviewed and all corrections have been initialed.
- All price extensions and totals have been thoroughly checked.
- Each Bid Addendum (when issued) is acknowledged on the E-Bid Reply Sheet #20120066.
- Required W-9 as per Section 1.25.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 5 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.
- Have reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar.
- Required forms: Non-Collusion Affidavit of Prime Bidder; Buy America Certificate of Compliance; Certification Regarding Lobbying; Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Primary Covered Transactions; List of Current Contracts; Trench Safety Compliance form; List of References and Contractor Verification Form. All forms are to be uploaded to Demandstar.
- List of all sub-contractors (Use the Questionnaire for providing all sub-contractors). All requested information is to be uploaded to Demandstar.
- Five (5) completed Reference Check Forms uploaded to Demandstar.
- Copy of the Checklist uploaded to Demandstar.
- List of Projects (complete the Contractor's Questionnaire)

**\*THIS FORM SHOULD BE RETURNED WITH YOUR BID REPLY SHEET\***

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

**Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.**  
**(Please print or type)**

E-Bid #20120066	
Title: Port St. Lucie Intermodal Transit Facility Construction Project	
Bidder Name/Company: <u>CAM Group, LLC</u>	
Reference Name: <u>Mercy Hospital</u>	Fax #: <u>305-285-2114</u>
Email: <u>joseph.pino@hcahealthcare.com</u>	Telephone #: <u>305-285-2121</u>
Person to contact: <u>Joe Pino</u>	

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

Describe the scope of work of the contract awarded by your firm to this Bidder. I have used CAM Group for numerous projects over the past several years, ranging from minor repairs to major construction.

Was the project completed on time and within budget? Yes

What was the project completion date? Multiple within the past several years

How many projects has this vendor completed for you within the past 5 years? More than 20

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? 1-2

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

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

Would you contract with this Company again? Yes  No  Maybe

Comments:

Signature of Reference: 

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

REFERENCE FORM

Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.  
(Please print or type)

E-Bid #20120066  
Title: Port St. Lucie Intermodal Transit Facility Construction Project

Bidder Name/Company: CAM Group, LLC

Reference Name: Palm Beach County Fax #: 561-233-0270

Email: apatel@pbccgov.org Telephone #: 561-233-0271

Person to contact: Anil Patel

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

Describe the scope of work of the contract awarded by your firm to this Bidder. DEMO OF EXISTING FIRE STATION & SITE WORK, CONSTRUCTION OF A NEW 6,222 SF FIRE STATION WITH ASSOCIATED SITE WORK INCLUDING LANDSCAPING, IRRIGATION, PAVING, FENCING & SITE LG.

Was the project completed on time and within budget? YES

What was the project completion date? APRIL 25, 2012

How many projects has this vendor completed for you within the past 5 years? ONE

What problems were encountered (claims) if any? DELAYED COMPLETION  
(NO CLAIMS)

How many change orders were requested by this Proposer? TOTAL 8 ISSUED  
MOSTLY OWNER CHANGES OR DUE TO UNFORSEEN CONDITION

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

Professionalism 7  
Qualifications 7  
Budget Control 7

Final Product 8  
Cooperation 8  
Reliability 6

Would you contract with this Company again? Yes  No  Maybe

Comments: PROJECT SUFFERED DUE TO CHANGING PROJECT MANAGERS & SUPERINTENDENTS

Signature of Reference: [Signature]

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

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(Please print or type)**

**E-Bid #20120066**

**Title: Port St. Lucie Intermodal Transit Facility Construction Project**

Bidder Name/Company:           CAM Group, LLC          

Reference Name:           City of Cocoa           Fax #:           321-504-0922          

Email:           gpalmer@cocoafll.org           Telephone #:           321-302-1146          

Person to contact:           Gary Palmer          

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

Describe the scope of work of the contract awarded by your firm to this Bidder. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the project completed on time and within budget? \_\_\_\_\_

What was the project completion date? \_\_\_\_\_

How many projects has this vendor completed for you within the past 5 years? \_\_\_\_\_

What problems were encountered (claims) if any? \_\_\_\_\_  
\_\_\_\_\_

How many change orders were requested by this Proposer? \_\_\_\_\_  
\_\_\_\_\_

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

Professionalism \_\_\_\_\_ Final Product \_\_\_\_\_  
Qualifications \_\_\_\_\_ Cooperation \_\_\_\_\_  
Budget Control \_\_\_\_\_ Reliability \_\_\_\_\_

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

Comments:

Signature of Reference: \_\_\_\_\_

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

### REFERENCE FORM

**Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.**  
**(Please print or type)**

**E-Bid #20120066**

**Title: Port St. Lucie Intermodal Transit Facility Construction Project**

Bidder Name/Company:           CAM Group, LLC          

Reference Name:           Brevard County           Fax #:           321-633-2051          

Email:           tim.lawry@brevard county.us           Telephone #:           321-863-2075          

Person to contact:           Tim Lawry          

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

Describe the scope of work of the contract awarded by your firm to this Bidder. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the project completed on time and within budget? \_\_\_\_\_

What was the project completion date? \_\_\_\_\_

How many projects has this vendor completed for you within the past 5 years? \_\_\_\_\_

What problems were encountered (claims) if any? \_\_\_\_\_  
\_\_\_\_\_

How many change orders were requested by this Proposer? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Comments:

Signature of Reference: \_\_\_\_\_

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

**Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.  
(Please print or type)**

<b>E-Bid #20120066</b> <b>Title: Port St. Lucie Intermodal Transit Facility Construction Project</b> Bidder Name/Company: <u>          CAM Group, LLC          </u> Reference Name: <u>          Indian River Medical Center          </u> Fax #: <u>          772-770-4946          </u> Email: <u>          bob.michael@irmc.cc          </u> Telephone #: <u>          772-567-4311          </u> Person to contact: <u>          Bob Michael          </u>
---

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

Describe the scope of work of the contract awarded by your firm to this Bidder. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the project completed on time and within budget? \_\_\_\_\_

What was the project completion date? \_\_\_\_\_

How many projects has this vendor completed for you within the past 5 years? \_\_\_\_\_

What problems were encountered (claims) if any? \_\_\_\_\_  
\_\_\_\_\_

How many change orders were requested by this Proposer? \_\_\_\_\_  
\_\_\_\_\_

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

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

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

Comments:

Signature of Reference: \_\_\_\_\_

For OMB Use Only	
Reference Checked	
Clerk Checked	

**Addendum #5D - August 28, 2012**

**E-BID #20120066**

**"Revised" E-Bid Reply Excel Spreadsheet**

**Port St. Lucie Intermodal Transit Facility Construction Project**

Company Name:     Eagle Enterprises Inc.    

LINE NO.	PAY ITEM NO.	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	BID TOTAL
<b>GENERAL ITEMS</b>						
1	101-1	MOBILIZATION	1	LS	\$ 9,000.00	\$ 9,000.00
2	101-1B	PRE-CONSTRUCTION VIDEO	1	LS	\$ 250.00	\$ 250.00
3	101-1D	BICYCLE RACK	1	EA	\$ 400.00	\$ 400.00
4	101-1E	KIOSK	1	AS	\$ 1,330.00	\$ 1,330.00
5	102-1	MAINTENANCE OF TRAFFIC	1	LS	\$ 1,660.00	\$ 1,660.00
6	104-10-3	SEDIMENT BARRIER	1200	LF	\$ 1.20	\$ 1,440.00
7	104-15	SOIL TRACKING PREVENTION DEVICE	1	EA	\$ 1,500.00	\$ 1,500.00
8	108-1	CONSTRUCTION LAYOUT/RECORD DRAWINGS	1	LS	\$ 5,000.00	\$ 5,000.00
9	110-1-1	CLEARING AND GRUBBING	1	LS	\$ 18,000.00	\$ 18,000.00
<b>PAVING &amp; DRAINAGE</b>						
10	120-1	EXCAVATION & EMBANKMENT	1	LS	\$ 10,000.00	\$ 10,000.00
11	160-4	TYPE B STABILIZATION (12") (LBR 40)	2955	SY	\$ 7.75	\$ 22,901.25
12	285-706	OPTIONAL BASE, BASE GROUP 6 (LBR 100)	1775	SY	\$ 13.00	\$ 23,075.00
13	285-709	OPTIONAL BASE, BASE GROUP 9 (LBR 100)	1070	SY	\$ 15.00	\$ 16,050.00
14	334-1-12A	SUPERPAVE ASPHALTIC CONC, TRAFFIC B (1-1/2" SP-12.5)	1070	SY	\$ 11.50	\$ 12,305.00
15	334-1-12B	SUPERPAVE ASPHALTIC CONC, TRAFFIC B (1" SP-9.5)	1070	SY	\$ 9.60	\$ 10,272.00
16	334-1-12C	SUPERPAVE ASPHALTIC CONC, TRAFFIC B (1-1/2" SP-9.5)	1760	SY	\$ 11.50	\$ 20,240.00
17	425-1-521	INLET (DITCH BOTTOM) (TYPE C) (<10')	2	EA	\$ 2,250.00	\$ 4,500.00
18	425-1-911	INLETS, CLOSED FLUME	2	EA	\$ 3,000.00	\$ 6,000.00
19	430-174-118	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 18"SD	114	LF	\$ 37.25	\$ 4,246.50
20	430-174-124	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 24"SD	184	LF	\$ 44.00	\$ 8,096.00
21	430-984-625	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH, 18"SD	2	EA	\$ 2,200.00	\$ 4,400.00
22	430-984-629	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH, 24"SD	6	EA	\$ 1,300.00	\$ 7,800.00
23	455-1A	DEWATERING FOR CONSTRUCTION OPERATIONS	1	LS	\$ 3,350.00	\$ 3,350.00
24	515-1-2	PIPE HANDRAIL - GUIDERAIL ALUMINUM	10	LF	\$ 150.00	\$ 1,500.00
25	519-78	BOLLARDS	4	EA	\$ 500.00	\$ 2,000.00

26	520-1-10	CONCRETE CURB AND GUTTER, TYPE F	281	LF	\$ 17.50	\$ 4,917.50
27	520-2-4	CONCRETE CURB, TYPE D	442	LF	\$ 8.80	\$ 3,889.60
28	520-2-9	CONCRETE CURB, SPECIAL, HEADER	288	LF	\$ 15.00	\$ 4,320.00
29	522-1	CONCRETE SIDEWALK (4" THICK)	720	SY	\$ 31.50	\$ 22,680.00
30	522-2	CONCRETE SIDEWALK (6" THICKw/FOOTER) Platform	330	SY	\$ 37.00	\$ 12,210.00
31	523-1-2	PATTERNED/TEXTURED PAVEMENT, CONCRETE	122	SY	\$ 40.00	\$ 4,880.00
32	570-1-2	PERFORMANCE TURF (SOD)	3877	SY	\$ 2.70	\$ 10,467.90
<b>SIGNING &amp; PAVEMENT MARKING</b>						
33	700-20-11	SINGLE POST SIGN, F&I, LESS THAN 12 SF	10	AS	\$ 250.00	\$ 2,500.00
34	700-20-12	SINGLE POST SIGN, F&I, 12-20 SF	2	AS	\$ 275.00	\$ 550.00
35	710-11-111	PAINTED PAVEMENT, STANDARD WHITE, SOLID, 6"	0.3	NM	\$ 1,900.00	\$ 570.00
36	710-11-421	PAINTED PAVEMENT, STANDARD BLUE, SOLID, 6"	346	LF	\$ 2.10	\$ 726.60
37	711-11-460	PAINTED PAVEMENT, STANDARD BLUE MESSAGE	4	EA	\$ 22.00	\$ 88.00
38	711-11-111	THERMOPLASTIC, STANDARD WHITE, SOLID, 6"	0.03	NM	\$ 5,900.00	\$ 177.00
39	711-11-124	THERMOPLASTIC, STANDARD WHITE, SOLID, 18"	218	LF	\$ 3.00	\$ 654.00
40	711-11-125	THERMOPLASTIC, STANDARD WHITE, SOLID, 24"	316	LF	\$ 4.00	\$ 1,264.00
41	711-11-170	THERMOPLASTIC, STANDARD WHITE, ARROW	10	EA	\$ 49.00	\$ 490.00
42	711-11-211	THERMOPLASTIC, STANDARD YELLOW, SOLID, 6"	0.1	NM	\$ 5,400.00	\$ 540.00
43	711-11-224	THERMOPLASTIC, STANDARD YELLOW, SOLID, 18"	136	LF	\$ 3.00	\$ 408.00
44	715-4-400	LIGHT POLE COMPLETE, RELOCATE	2	EA	\$ 3,100.00	\$ 6,200.00
<b>UTILITY</b>						
45	1000-1	UTILITY ADJUSTMENTS	1	LS	\$ 365.00	\$ 365.00
46	1000-2	WATER FOUNTAIN	1	AS	\$ 4,400.00	\$ 4,400.00
47	1050-11-321	UTILITY PIPE, F&I, PE, WATER, 2"	118	LF	\$ 12.00	\$ 1,416.00
48	1080-11-23	UTILITY FIXTURES, F&I, 2-4.9", TAPPING SADDLE/SLEEVE	1	EA	\$ 3,500.00	\$ 3,500.00
49		INDEMNIFICATION FEE	1	EA	\$ 10.00	\$ 10.00
<b>BID TOTAL</b>						\$ 282,539.35

<b>OPTIONAL BID ITEM A</b>						
1	522-1A	DECON AVENUE SIDEWALK*	340	LF	\$ 33.00	\$ 11,220.00

\*Deacon Avenue sidewalk includes necessary handrails, gravity wall, sidewalk, and drainage.

THE  
CINCINNATI INSURANCE COMPANY  
CINCINNATI, OHIO

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Eagle Enterprises, Inc.

as Principal, hereinafter called the Principal, and THE CINCINNATI INSURANCE COMPANY, 6200 S. Glimore Road, Fairfield, Ohio 45014-5141, a corporation duly organized under the laws of the State of Ohio, as Surety, hereinafter called the Surety, are held and firmly bound unto CITY OF PORT ST. LUCIE

as Obligee, hereinafter called the Obligee, in the sum of Five Percent of the Amount Bid

Dollars (\$ 5% ),  
for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for

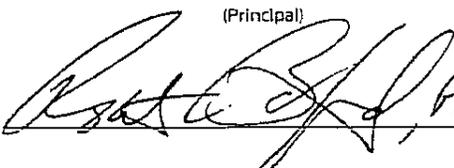
Port St. Lucie Intermodal Transit Facility Construction Project

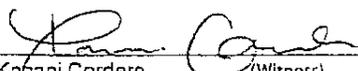
NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 5th day of September, 2012

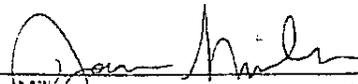
  
ROBIN L. PACE (Witness)

Eagle Enterprises, Inc.

(Principal) (Seal)  
By:  President  
(Title)

  
Kahani Cordero (Witness)

THE CINCINNATI INSURANCE COMPANY

(Surety) (Seal)  
By:   
Jean Miller Attorney -in-Fact

The Company executing this bond vouches that this document conforms to American Institute of Architects Document A310, February 1970 Edition.

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

Peggy Snow, Jean Miller, James H Breen, Deldre Sullivan, Brett A Ragland, Audrey J Gallagher,

of Lake Mary, FL its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows: Any such obligations in the United States,

Twenty Million Dollars and 00/100 (\$20,000,000.00)

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company.

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed and certified by certificate so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company.

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Vice President this 1st day of April, 2007.



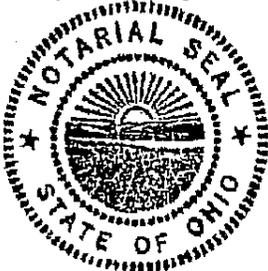
STATE OF OHIO ) ss:
COUNTY OF BUTLER )

THE CINCINNATI INSURANCE COMPANY

Thomas H. Kelly

Vice President

On this 1st day of April, 2007, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



Mark J. Huller

MARK J. HULLER, Attorney at Law
NOTARY PUBLIC - STATE OF OHIO
My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio, this 5th day of September, 2012



Peggy J. Schlemmer

Secretary

**E-Bid Reply Sheet #20120066**

**PORT ST. LUCIE INTERMODAL TRANSIT FACILITY  
CONSTRUCTION PROJECT  
FDOT JPA (JOINT PARTICIPATION AGREEMENT)  
FINANCIAL PROJECT NO. 432128.1.94.01**

1. **COMPANY NAME:** Eagle Enterprises, Inc.

DIVISION OF: \_\_\_\_\_

PHYSICAL ADDRESS: 884 NW Waterlily Place, Jensen Beach, FL 34957

MAILING ADDRESS: SAME AS ABOVE

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: p(772) 232-6623, c(772) 485-3553 FAX NO. (772) 692-3168

CONTACT PERSON: Robert Binford E-MAIL: robert.binford@comcast.net

2. **ORGANIZATIONAL PROFILE:** (complete all appropriate information)

Is the firm incorporated? **YES** If yes, in what state? **FLORIDA**

ROBERT BINFORD

President

ROBERT BINFORD

Vice President

ROBERT BINFORD

Treasurer

How long in present business: 13 years. How long at present location: 5 1/2 years

Is firm a minority business: **NO**; Does firm have a drug-free workplace program: **YES**

If no, is your company planning to implement such a program? \_\_\_\_\_

3. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

- Addendum 1 – August 09, 2012
- Addendum 2 - August 09, 2012
- Addendum 3 – August 14, 2012
- Addendum 4 - August 27, 2012
- Addendum 5 (A, B, C and D) – August 28, 2012
- Addendum 6 – August 30, 2012

4. **VENDOR'S LIST** – If your company offers commodities other than the one specified for this bid, and you wish to be put on the vendor's list, please contact Onvia.com at (800) 711-1712. Bid Tabulation Reports are advertised on the City's Web Site at [www.Cityofpsl.com](http://www.Cityofpsl.com).

**5. BID RESPONSE:**

5.1 Bidder will / will not accept the Purchasing Card (Visa).

5.2 Percentage of discount when payment is made with Visa: N/A %

5.3 Bid Reply Sheet Base Bid Total from Schedule "A": \$ 282,539.35

5.4 Number of calendar days needed for completion of the Base Bid project:  
180 calendar days.

5.5 Number of additional calendar needed for the completion of the Base Bid plus Option A:  
30 calendar days.

Listed below are items that are to be included on the E-Bid Reply Excel Spreadsheet "Schedule A", completed electronically by Bidders and submitted with bid packet. Award will be based on the total of lines numbers 1- 39 that represent the best value to the City.

**Reference Use Only- Use E-Bid Reply Excel Spreadsheet to reply to this Bid**

**SCHEDULE A**

Pay Item Number*	Pay Item Description*	Quantity	Unit
<b>GENERAL ITEMS</b>			
101-1	MOBILIZATION	1	LS
101-1B	PRE-CONSTRUCTION VIDEO	1	LS
101-1D	BICYCLE RACK	1	EA
102-1	MAINTENANCE OF TRAFFIC	1	LS
104-10-3	SEDIMENT BARRIER	1200	LF
104-15	SOIL TRACKING PERVENTION DEVICE	1	EA
108-1	CONSTRUCTION LAYOUT/RECORD DRAWINGS	1	LS
110-1-1	CLEARING AND GRUBBING	1	LS
<b>PAVING &amp; DRAINAGE</b>			
120-1	REGULAR EXCAVATION & EMBANKMENT	267	CY
160-4	TYPE B STABILIZATION (12") (LBR 40)	2955	SY
285-701	OPTIONAL BASE, BASE GROUP 6 (LBR 100)	2932	SY
334-1-12	SUPERPAVE ASPHALTIC CONC, TRAFFIC B	2932	SY
425-1-521	INLET (DITCH BOTTOM) (TYPE C) (<10')	2	EA
425-1-911	INLETS, CLOSED FLUME	2	EA
430-174-118	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 18"SD	115	LF
430-174-124	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 24"SD	178	LF
430-984-625	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH, 18"SD	2	EA
430-984-629	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH,	6	EA

Port St. Lucie Intermodal Transit Facility Construction Project

	24"SD		
455-1A	DEWATERING FOR CONSTRUCTION OPERATIONS	1	LS
520-1-10	CONCRETE CURB AND GUTTER, TYPE F	281	LF
520-2-4	CONCRETE CURB, TYPE D	194	LF
520-2-9	CONCRETE CURB, SPECIAL, HEADER	288	LF
522-1	CONCRETE SIDEWALK (4" THICK)	665	SY
570-1-2	PERFORMANCE TURF (SOD)	3877	SY
<b>SIGNING &amp; PAVEMENT MARKING</b>			
700-20-11	SINGLE POST SIGN, F&I, LESS THAN 12 SF	8	AS
700-20-12	SINGLE POST SIGN, F&I, 12-20 SF	2	AS
710-11-111	PAINTED PAVEMENT, STANDARD WHITE, SOLID, 6"	0.3	NM
710-11-421	PAINTED PAVEMENT, STANDARD BLUE, SOLID, 6"	346	LF
711-11-460	PAINTED PAVEMENT, STANDARD BLUE MESSAGE	4	EA
711-11-111	THERMOPLASTIC, STANDARD WHITE, SOLID, 6"	0.03	NM
711-11-124	THERMOPLASTIC, STANDARD WHITE, SOLID, 18"	218	LF
711-11-125	THERMOPLASTIC, STANDARD WHITE, SOLID, 24"	316	LF
711-11-170	THERMOPLASTIC, STANDARD WHITE, ARROW	10	EA
711-11-211	THERMOPLASTIC, STANDARD YELLOW, SOLID, 6"	0.1	NM
711-11-224	THERMOPLASTIC, STANDARD YELLOW, SOLID, 18"	136	LF
<b>UTILITY</b>			
1000-1	UTILITY ADJUSTMENTS	1	LS
1050-11-321	UTILITY PIPE, F&I, PE, WATER, 2"	118	LF
1080-11-23	UTILITY FIXTURES, F&I, 2-4.9", TAPPING SADDLE/SLEEVE	1	EA
<b>OPTIONAL BID ITEM A</b>			
522-1A	DEACON AVENUE SIDEWALK (includes necessary handrails, gravity wall, sidewalk and drainage improvements)	340	LF

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item offered shall be entered on the Schedule "A", Excel Bid Reply Sheet for each line item, and such price shall include total cost unless otherwise specified. A total shall be figured and entered on 5.3 above. In case of discrepancy between the unit price and the extended price, the unit price will be presumed correct.

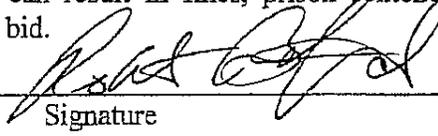
**6. INSURANCE/CERTIFICATES/LICENSE** - Bidders are required, in accordance with Section 5, to submit a copy of their Insurance Certificate for the type and dollar amount of insurance they currently maintain. Bidders are required to submit all licenses and certifications required to perform construction of this project.

**7. COMPLETION OF FORM** - An authorized representative of the firm offering this Bid must complete this form in its entirety. Prices entered herein shall not be subject to withdrawal or escalation by Bidder. The City reserves the right to hold proposals and bid guarantees for a period not to exceed ninety (90) days after the date of the bid opening stated in the Invitation to Bid before awarding the Contract. Contract award constitutes the date that City Council executes the motion to award the bid.

**8. CONTRACT** - Bidder agrees to comply with all requirements stated in the specifications for this bid.

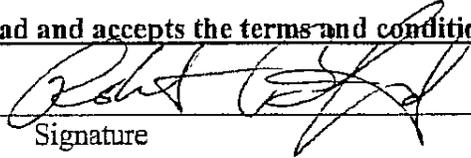
9. **CERTIFICATION**

This bid is submitted by: I, **ROBERT BINFORD**, am an officer of the above firm duly authorized to sign bids and enter into Contracts. I certify that this bid is made without prior understanding, Contract, or connection with any corporation, firm, or person submitting a bid 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 bid.

  
Signature

08/30/2012  
Date

10. **Bidder has read and accepts the terms and conditions of the City's standard Contract:**

  
Signature

President  
Title

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

(seal)

*Balance of page left intentionally blank*

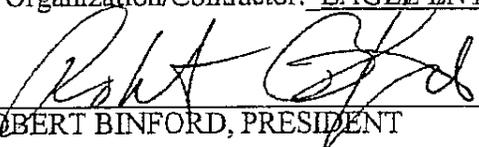
Port St. Lucie Intermodal Transit Facility Construction Project  
**CONTRACTOR'S QUESTIONNAIRE**

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

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 any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at 884 NW Waterlily Place, Jensen Beach, FL, this 30 day of August, 2012  
(Location)

Name of Organization/Contractor: EAGLE ENTERPRISES, INC.

By:   
ROBERT BINFORD, PRESIDENT

Seal:

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation
2. Firm's name and main office address, telephone and fax numbers.

Name: EAGLE ENTERPRISES, INC.

Address: 884 NW WATERLILLY PLACE, JENSEN BEACH, FL 34957

Telephone Number: 772 232 6623 or 772 485 3553

Fax Number: 772 692 3168

3. Contact person: ROBERT BINFORD
4. Firm's previous names (if any). None
5. How many years has your organization been in business? 13 YEARS
6. Area of expertise: GENERAL CONSTRUCTION
7. List five (5) Transit Facility construction projects similar to this project completed by your firm along with a brief description of project, location of project, client name, client phone number, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value.

Project Number 1

Project Name: Jim Ward Synthetic Grass Playground

Description: Remove Mulch/Install Synthetic Grass and Border

Location: The City of Plantation.

Client Name and Phone Number: Danny Ezzeddine 954-797-2256

Port St. Lucie Intermodal Transit Facility Construction Project

Value of Total Contract: 84,000.00

Firm's Percentage of Total Contract: 33%

Number of Change Orders: none

Value of Change Orders: none

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 2

Project Name: Commerce Avenue Turn Lane, from Commerce to Indian

Description: Create a Turn Lane from Commerce Avenue to Indian Street in Stuart, FL

Location: Commerce and Indian in Stuart, FL

Client Name and Phone Number: Bobby Byrd, MC Engineering Dept., 772-221-2300

Value of Total Contract: \$36,000.00

Firm's Percentage of Total Contract: 75%

Number of Change Orders: 0

Value of Change Orders:

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

Project Number 3

Project Name: Jim Ward Lifetrails Fitness Stations

Description: Install Fitness Stations and Lifetrail Equipment

Location: The City of Plantation.

Client Name and Phone Number: Danny Ezzeddine 954-797-2256

Value of Total Contract: 46,600.00

Firm's Percentage of Total Contract: 80%

Number of Change Orders: none

Value of Change Orders: none

Was Project Completed on Schedule: YES

Was Project Completed within Budget? YES

Project Number 4

Project Name:

Description:

Location:

Client Name and Phone Number:

Value of Total Contract:

Port St. Lucie Intermodal Transit Facility Construction Project

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

Project Number 5

Project Name:

Description:

Location:

Client Name and Phone Number:

Value of Total Contract:

Firm's Percentage of Total Contract:

Number of Change Orders:

Value of Change Orders:

Was Project Completed on Schedule:

Was Project Completed within Budget?

8. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners			
b. Managers	2	3	1
c. Supervisors Senior Staff	2	4	2
d. Other Professional Staff	3	8	2
g. Total number of full time personnel	7	15	5

9. List all subcontractors and major material suppliers for the project. Include scope of work, telephone numbers, and contact information. Insert additional lines if necessary.

American Cutting and Drilling; Demo; ph. 954-917-0240 Carl DeNunzio;

Mosley & Son Construction, Inc.; Curbs, walks & gravity walls; 772-287-6962; Gary Mosley

True Lines, Inc.; Signs and lines; ph. 772-349-9103; Nicole Slonaker

Tarmac America; Concrete supplier; ph. 561-718-3172; Joc Irvin

RoadSafe, Inc.; M.O.T.; ph. 305-633-3883; Fx. 305-633-3890 Tami Grube

10. 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**

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(Insert additional lines if necessary.)

11. Status of current contracts. Please provide the number of current contracts as well as a sample list of the projects currently underway. Insert additional pages if needed.
12. How will the Contractor be able to meet the project timeline and budget given the current work load, work force and equipment?

**The current workload does not fully utilize our available staff or equipment**

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13. 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:

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14. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

**None**

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(N/A is not an acceptable answer - insert lines if needed)

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

**None**

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(N/A is not an acceptable answer - insert lines if needed)

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

**None**

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(N/A is not an acceptable answer - insert lines if needed)

Port St. Lucie Intermodal Transit Facility Construction Project

17. 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.

18. Has the Proposer obtained a Payment & Performance Bond within the last five (5) years?

Yes (X) No ( )

If "Yes" was checked, state the bonding capacity of the firm. \$ 600,000.00

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

**Response: Two contracts awarded to Eagle Enterprises Inc, (Valued at \$130,000.00) from the City of Plantation were CDBG Grant projects that had to be complete by June 30, 2012. Awarded on the 10<sup>th</sup> of May and the 9<sup>th</sup> of June, (both projects had 90 day durations per contract) respectively; Eagle Enterprises Inc. completed both projects in time; one in approximately 30 days the other in less than 15 days.**

20. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you. (Please limit to one (1) page)

**Response: Eagle Enterprises Inc. is generally capable of finding cost saving measures, value engineered within the project scope to offset any unforeseen additional work items and their cost.**

*(Balance of page intentionally left blank)*

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

**LIST OF REFERENCES**

<b>OWNER'S NAME &amp; ADDRESS</b>	<b>PROJECT</b>	<b>CONTACT PERSON</b>	<b>TELEPHONE NUMBER</b>
Martin County 5401 SE Monterey Rd. Stuart, FL 34996	Commerce Turning Lane	Bobby Byrd	772-221-2300
City of Port St Lucie 121 SW Port St Lucie Blvd Port St Lucie, FL 34984	Lyngate Sidewalk Modification	Frank Knott	772-344-4103
City of Port St Lucie 121 SW Port St Lucie Blvd Port St Lucie, FL 34984	Neighborhood Stabilization Program	James Pritchard, CPPB	772-863-6338
City of Riviera Beach 600 W. Blue Heron Blvd. Riviera Beach, FL 33404	Drainage Modifications at Dan Calloway Park	Pierre Wilson	561-845-4180
City of Deerfield Beach 150 NE 2 <sup>nd</sup> Avenue Deerfield Beach, FL 33441	Turtle Friendly Lighting Project	Hiep B Huynh, PE	954-480-4402
City of Plantation 400 NW 73 <sup>rd</sup> Avenue Plantation, FL 33317	Kennedy Park Repairs  Jim Ward LifeTrails  Jim Ward Grass Renovations	Danny Ezzeddine	954-797-2256
City of Greenacres 5800 Melaleuca Lane Greenacres, FL 33463	Greenacres Community Center Gymnasium Insulation	Alyssa Milo	561-642-2039

AC# 6191269

STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD

SEQ# L12070800081

DATE	BATCH NUMBER	LICENSE NBR
07/08/2012	118190920	CGC060163

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489, FS.  
Expiration date: AUG 31, 2014

BINFORD, ROBERT  
EAGLE ENTERPRISES, INC  
884 NW WATERLILY PLACE  
JENSEN BEACH FL 34957

RICK SCOTT  
GOVERNOR

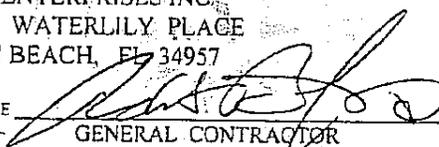
KEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

CITY OF PORT ST. LUCIE  
BUILDING DEPARTMENT  
COMPUTER SERVICE MEMBER  
EXPIRE: SEPTEMBER 30, 2012

BINFORD, ROBERT  
EAGLE ENTERPRISES INC.  
884 NW WATERLILY PLACE  
JENSEN BEACH, FL 34957

SIGNATURE

  
GENERAL CONTRACTOR

FL # CGC060163

PSL12-11823



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/21/2012

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).

<b>PRODUCER</b> Futurity Insurance, Inc. PO Box 4277  Deerfield Beach FL 33442-4277		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (561) 361-8332 FAX (A/C, No): (561) 361-8332 E-MAIL ADDRESS:	
<b>INSURED</b>  Eagle Enterprises, Inc. 884 N.W. Waterlily Place  Jensen Beach FL 34957		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Mid-Continent Casualty Co. 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	ADJL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			04-GL-000857123	08/30/2012	08/30/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

City of Port St. Lucie, political subdivision of the State of Florida, its officers, employees and agents, and Contract #20110100 for the Lyngate Sidewalk Construction Project, CDBG Funded, shall be listed as additionally insured. 30 day written notice to the City prior to any adverse changes, cancellation, or non-renewal of coverage. Waiver of Subrogation is included. Equivalents to CG2010 are included.

General Contractor - Commercial &amp; Residential

## CERTIFICATE HOLDER

## CANCELLATION

City of Port St. Lucie 772 871-5229 121 S.W. Port St. Lucie Blvd  Port St. Lucie FL 34984	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Marsha Krown</i>
--	--

ACORD 25 (2010/05)

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## 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) <b>Eagle Enterprises Inc.</b>	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ ..... <input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) <b>884 NW Waterlily Place</b>	Requester's name and address (optional) <b>City of Port St. Lucie</b>
City, state, and ZIP code <b>Jensen Beach, FL 34957</b>	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

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

Social security number								

or

Employer identification number								
6	5	0	9	0	1	3	1	6

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

### Part II Certification

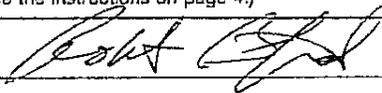
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

**Sign Here**

Signature of U.S. person ▶



Date ▶

### 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,

**WORK-ON-HAND SCHEDULE**

Contractor's Name: Eagle Enterprises Inc.

Contracts In Progress Date: 08/15/2012



Contract Description and Location	Contract Price Including Approved Change Orders	Estimated Profit Margin	*Total Amount Billed To Date Including Retainage	Total Costs To Date	Revised Estimated Costs to Complete	Est. Completion Date
1. Lyngate Drive Sidewalks and Drainage Lyngate Dr., Port St Lucie, FL	\$ 157,921.00		\$ 149,630.00			08/06/2012
2. Commerce Avenue Turning Lane Commerce Ave & Indian St. Stuart FL	\$ 36,844.00		\$ 36,844.00			07/09/2012
3. Jim Ward Community Center FITNESS Plantation, FL	\$ 48,770.00		\$ 48,770.00			07/06/2012
4. Jim Ward Park GRASS Renovation Plantation, FL	\$ 84,000.00		\$ 84,000.00			07/03/2012
5. Kennedy Park Canopy Repairs Plantation, FL	\$ 10,595.00		\$ 10,595.00			06/19/2012
6. FHA 201K Fast Track Housing Loan Program. 2 home renos Stuart FL	\$ 28,500.00		\$ 12,500.00			10/31/2012
7.						
8.						
9.						
10.						
<b>TOTALS:</b>	\$366,630.00		\$329,839.00			

**Contracts Completed During This Fiscal Year Or Since Last Work On Hand Schedule.**

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss
Gymnasium Insulation Retrofit City of Greenacres, FL	\$22,900.00		
Rivera Beach - Dan Calloway Park Drainage Rivera Beach, FL	\$34,067.00		
de la Bahia condo association Stuart Florida. (fire retrofit)	\$ 6,974.00		

\*Do not include "claims" or "disputed items" If desired, attach an explanation

This information prepared

By: Robert Binford

Date: 08/15/2012

## DRUG-FREE WORKPLACE FORM

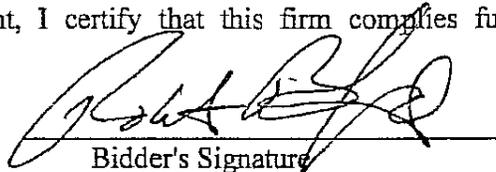
The undersigned vendor in accordance with Florida Statutes, Section 287.087 hereby certifies that

**Eagle Enterprises, Inc.**, does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid 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 bid, 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.



Bidder's Signature

08/30/2012

Date

CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Name: **Port St. Lucie Intermodal Transit Facility Construction Project**  
FDOT JPA Financial Project No. 432128.1.94.01

Project Location: Port St. Lucie, Florida

Project Location: Corner of Deacon Avenue and Belvedere Street, Port St. Lucie, Florida

**Instructions:**

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractor's are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

Certify this form in the presence of a notary public or other officer authorized to administer oaths.

**Certification**

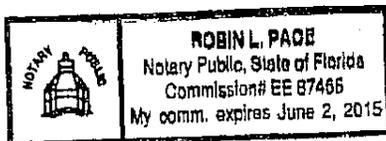
1. I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P: I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.
2. The estimated cost imposed by compliance with The Trench Safety Act will be:  
  
500.00 Dollars  
**Five Hundred Dollars and 00/00**
3. The amount listed above has been included within the Base Bid.

Certified: EAGLE ENTERPRISES, INC.  
(Company Contractor)

By: *Robert Binford*  
(President's Signature)  
**ROBERT BINFORD, PRESIDENT**

Sworn to and subscribed before me in Martin County, Florida on the 30 day of August, 2012.

*Robin L. Pace*  
NOTARY PUBLIC



(STAMP)

PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Primary Covered Transactions**

The Bidder certifies that, the firm or any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

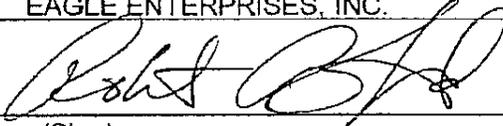
(b) have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property

(c) are not presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the Florida Department of Transportation."

Company Name: EAGLE ENTERPRISES, INC.

Authorized By:  ROBERT BINFORD  
(Sign) (Print Name)

Title: PRESIDENT Date: 08/30/2012

PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01

**CERTIFICATION REGARDING LOBBYING**

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

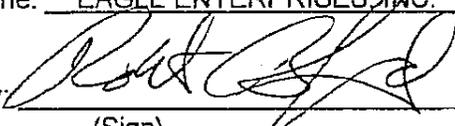
- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection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

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

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

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

Company Name: EAGLE ENTERPRISES, INC.

Authorized By:  \_\_\_\_\_  
(Sign) (Print Name)

ROBERT BINFORD

(Print Name)

Title: PRESIDENT

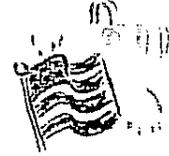
Date: 08/30/2012

CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066

PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01

**BUY AMERICA CERTIFICATE OF COMPLIANCE**

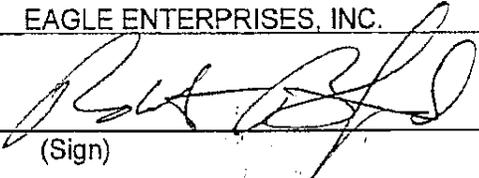
CERTIFICATE OF COMPLIANCE



COMPLIANCE

The bidder hereby certifies that it will comply with the requirements of 23 C.F.R. 635.410, as amended, and utilize only iron or steel manufactured in the United States, or components made with iron or steel that meet the Buy America requirements. Bidder acknowledges that it will be required to produce Buy America certification(s) from the producer(s) of the steel or iron or components prior to incorporating any such materials into the work or project.

Company Name: EAGLE ENTERPRISES, INC.

Authorized By:  ROBERT BINFORD  
(Sign) (Print Name)

Title: PRESIDENT Date: 08/30/2012

**NONCOLLUSION AFFIDAVIT OF PRIME BIDDER**  
**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

State of FLORIDA }

County of  Martin  }

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

1. He is **PRESIDENT** of **EAGLE ENTERPRISES, INC.**, the Bidder that has submitted the attached bid;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid;
3. Such Bid is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder 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 bidder, 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 Bidder, firm or person to fix the price or prices in the attached Bid or of any other Bidder, 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 Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) \_\_\_\_\_

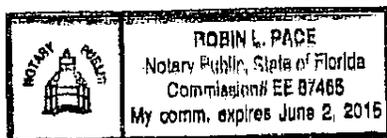
(Title)  President

STATE OF FLORIDA            }  
COUNTY OF  Martin  }SS:

The foregoing instrument was acknowledged before me this  03/30/2012   
(Date)

by:  ROBERT BINFORD , who is  personally known to me  or who has produced

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



ROBIN L PACE Robin L Pace   
Notary (print & sign name)  
Commission No. \_\_\_\_\_

CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066  
PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01

CONTRACTOR VERIFICATION FORM

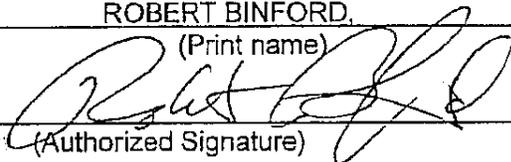
THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: EAGLE ENTERPRISES, INC.

Corporate Title: GENERAL CONTRACTORS

Address: 884 NW Waterlily Place, Jensen Beach, FL 34957

By: ROBERT BINFORD, PRESIDENT  
(Print name) (Print title)

  
(Authorized Signature)

Telephone: (772) 485-3553 ; (772) 232-6623

Fax: (772) 692-3168

State License # CGC060163 (ATTACH COPY)

County License # N/A (ATTACH COPY)

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

Type of License: General Contractor

Unlimited yes (yes/no)

If "NO", Limited to what trade? \_\_\_\_\_

**CHECKLIST**

**BID # 20120066**

**Port St. Lucie Intermodal Transit Facility Construction Project**

Name of Bidder: EAGLE ENTERPRISES, INC.

This checklist is provided to assist bidders in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Bidder to submit with their response in order to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

- Bid Reply Sheet #20120066 with proper signatures upload to Demandstar.
- E-Bid Reply Excel Spreadsheet uploaded to Demandstar.
- Drug-Free Workplace Form uploaded to Demandstar.
- 5% Bid Bond uploaded to Demandstar and mailed in immediately after opening.
- All pricing has been mathematically reviewed and all corrections have been initialed.
- All price extensions and totals have been thoroughly checked.
- Each Bid Addendum (when issued) is acknowledged on the E-Bid Reply Sheet #20120066. 1 thru 6
- Required W-9 as per Section 1.25.1 uploaded to Demandstar.
- Copy of Insurance Certificate in accordance with Section 5 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.
- Have reviewed the Contract and accept all City Terms and Conditions.
- Contractor's Questionnaire uploaded to Demandstar.
- Required forms: Non-Collusion Affidavit of Prime Bidder; Buy America Certificate of Compliance; Certification Regarding Lobbying; Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Primary Covered Transactions; List of Current Contracts; Trench Safety Compliance form; List of References and Contractor Verification Form. All forms are to be uploaded to Demandstar.
- List of all sub-contractors (Use the Questionnaire for providing all sub-contractors). All requested information is to be uploaded to Demandstar.
- Five (5) completed Reference Check Forms uploaded to Demandstar.
- Copy of the Checklist uploaded to Demandstar.
- List of Projects (complete the Contractor's Questionnaire)

**\*THIS FORM SHOULD BE RETURNED WITH YOUR BID REPLY SHEET\***

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

**Proposer's Instructions:** Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.

(Please print or type)

E-Bid #20120066  
 Title: Port St. Lucie Intermodal Transit Facility Construction Project  
 Bidder Name/Company: EAGLE ENTERPRISES, INC.  
 Reference Name: Jim Ward Projects Fax #: 954-585-2361  
 Email: dezzeddine@plantation.org Telephone #: 954-799-2256  
 Person to contact: Danny Ezzeddine, City of Plantation

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

Describe the scope of work of the contract awarded by your firm to this Bidder.

Installation of Fitness Stations & Playground Grass Systems @ Jim Ward Community Center

Was the project completed on time and within budget? yes  
 What was the project completion date? 6/2012  
 How many projects has this vendor completed for you within the past 5 years? 3  
 What problems were encountered (claims) if any? N/A  
 How many change orders were requested by this Proposer? N/A

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

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

Would you contract with this Company again? Yes  No  Maybe

Comments:

Signature of Reference: [Signature]

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

**Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.**

**(Please print or type)**

E-Bid #20120066

Title: Port St. Lucie Intermodal Transit Facility Construction Project

Bidder Name/Company: EAGLE ENTERPRISES, INC.

Reference Name: Don Calloway Park Fax #: 301.842.5105

Email: Rwiswell@RivieraBch.com Telephone #: 561.845.4180

Person to contact: Ricardo Wiswell, City of Riviera Beach

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

Describe the scope of work of the contract awarded by your firm to this Bidder. \_\_\_\_\_

THE SCOPE OF WORK WAS THE DRAINAGE MODIFICATION AT THE DON CALLOWAY PARK, INCLUDING INSTALLATION OF DRAIN BASINS, HDPE PIPE, MITERED ENDS, RIP RAP, IRRIGATION, GRADING AND SODDING.

Was the project completed on time and within budget? YES

What was the project completion date? 12/20/2011

How many projects has this vendor completed for you within the past 5 years? ONE (1)

What problems were encountered (claims) if any? CHANGES IN EXISTING CONDITIONS, COOPERATELY RESOLVED WITH THE CONTRACTOR.

How many change orders were requested by this Proposer? ONE (1)

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

Professionalism 10  
Qualifications 10  
Budget Control 9

Final Product 10  
Cooperation 10  
Reliability 10

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

Comments:

Signature of Reference: [Signature]

09/07/12

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

**Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.**

(Please print or type)

E-Bid #20120066

Title: Port St. Lucie Intermodal Transit Facility Construction Project

Bidder Name/Company: EAGLE ENTERPRISES, INC.

Reference Name: Commerce Turnpike Fax #: 772-382-2299

Email: bobbyb@martin.fl.us Telephone #: 772-221-2300 / Fax (772) 298-5955

Person to contact: Bobby Byrd - Martin County Project Manager.

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

Describe the scope of work of the contract awarded by your firm to this Bidder. Construct right - turn at SE Indian Street and Commerce Ave.

Was the project completed on time and within budget? Yes

What was the project completion date? July 26, 2012

How many projects has this vendor completed for you within the past 5 years? 1

What problems were encountered (claims) if any? N/A

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

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

Professionalism	<u>10</u>	Final Product	<u>10</u>
Qualifications	<u>9</u>	Cooperation	<u>10</u>
Budget Control	<u>10</u>	Reliability	<u>10</u>

Would you contract with this Company again? Yes [4] No [ ] Maybe [ ]

Comments:

Signature of Reference: [Signature]

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

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Bidder Name/Company: EAGLE ENTERPRISES, INC.

Reference Name: Commerce Turniglaner Fax #: 772-382-2299

Email: bobby.b@martin.fl.us Telephone #: 772-221-2300

Person to contact: Bobby Byrd - Martin County Project Manager.

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

Describe the scope of work of the contract awarded by your firm to this Bidder.

Construct right turn lane approximately 150' Lf  
for a cost of about \$40,000.00

Was the project completed on time and within budget? Yes

What was the project completion date? June 1, 2012

How many projects has this vendor completed for you within the past 5 years? 1

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? None

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

Professionalism 10  
Qualifications 9  
Budget Control 10

Final Product 10  
Cooperation 10  
Reliability 10

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

Comments:

Signature of Reference:

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

REFERENCE FORM

Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.  
(Please print or type)

E-Bid #20120066  
 Title: Port St. Lucie Intermodal Transit Facility Construction Project

Bidder Name/Company: EAGLE ENTERPRISES, INC.

Reference Name: Turtle Friendly Lighting Fax #: 954-430-4583  
 Email: Hhuyinh@deerfield-beach.com Telephone #: 954-480-4402  
 Person to contact: Hiep S. Huynh, PE., City of Deerfield Beach.

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

Describe the scope of work of the contract awarded by your firm to this Bidder.  
Installation of Sea Turtle - Friendly Lighting System

Was the project completed on time and within budget? Yes

What was the project completion date? NOV 1, 2011

How many projects has this vendor completed for you within the past 5 years? 1

What problems were encountered (claims) if any? none

How many change orders were requested by this Proposer? 3 COs as requested by the city for additional work

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

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

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

Comments:  
Signature of Reference: [Signature]

For OMB Use Only	
Reference Checked	
Clerk Checked	

Port St. Lucie Intermodal Transit Facility Construction Project  
CITY OF PORT ST LUCIE

121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

**Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response.**  
**(Please print or type)**

E-Bid #20120066

Title: Port St. Lucie Intermodal Transit Facility Construction Project

Bidder Name/Company: EAGLE ENTERPRISES, INC.

Reference Name: Wellington Building Relocation Fax #: 561-904-5931

Email: FFerrano@wellingtonfl.com Telephone #: 561-791-4008

Person to contact: Frank J. Ferrano, P.E., City of Wellington - Bill Riebel, P.E.

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

Describe the scope of work of the contract awarded by your firm to this Bidder. Disassemble, transport and reassemble two buildings at the Water Treatment Plant.

Was the project completed on time and within budget? Yes

What was the project completion date? November 2011

How many projects has this vendor completed for you within the past 5 years? 1

What problems were encountered (claims) if any? none

How many change orders were requested by this Proposer? none

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

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

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

Comments: 

Signature of Reference: \_\_\_\_\_

For OMB Use Only	
Reference Checked	
Clerk Checked	

**Addendum #5D - August 28, 2012**

**E-BID #20120066**

**"Revised" E-Bid Reply Excel Spreadsheet**

**Port St. Lucie Intermodal Transit Facility Construction Project**

Company Name: The Morganti Group, Inc.

LINE NO.	PAY ITEM NO.	DESCRIPTION	UNIT	QUAN.	UNIT PRICE	BID TOTAL
<b>GENERAL ITEMS</b>						
1	101-1	MOBILIZATION	1	LS	\$ 21,500.00	\$ 21,500.00
2	101-1B	PRE-CONSTRUCTION VIDEO	1	LS	\$ 500.00	\$ 500.00
3	101-1D	BICYCLE RACK	1	EA	\$ 337.00	\$ 337.00
4	101-1E	KIOSK	1	AS	\$ 2,937.00	\$ 2,937.00
5	102-1	MAINTENANCE OF TRAFFIC	1	LS	\$ 5,650.00	\$ 5,650.00
6	104-10-3	SEDIMENT BARRIER	1200	LF	\$ 1.00	\$ 1,200.00
7	104-15	SOIL TRACKING PREVENTION DEVICE	1	EA	\$ 1,900.00	\$ 1,900.00
8	108-1	CONSTRUCTION LAYOUT/RECORD DRAWINGS	1	LS	\$ 9,300.00	\$ 9,300.00
9	110-1-1	CLEARING AND GRUBBING	1	LS	\$ 45,880.00	\$ 45,880.00
<b>PAVING &amp; DRAINAGE</b>						
10	120-1	EXCAVATION & EMBANKMENT	1	LS	\$ 46,717.00	\$ 46,717.00
11	160-4	TYPE B STABILIZATION (12") (LBR 40)	2955	SY	\$ 3.00	\$ 8,865.00
12	285-706	OPTIONAL BASE, BASE GROUP 6 (LBR 100)	1775	SY	\$ 9.75	\$ 17,306.25
13	285-709	OPTIONAL BASE, BASE GROUP 9 (LBR 100)	1070	SY	\$ 12.25	\$ 13,107.50
14	334-1-12A	SUPERPAVE ASPHALTIC CONC, TRAFFIC B (1-1/2" SP-12.5)	1070	SY	\$ 10.90	\$ 11,663.00
15	334-1-12B	SUPERPAVE ASPHALTIC CONC, TRAFFIC B (1" SP-9.5)	1070	SY	\$ 8.50	\$ 9,095.00
16	334-1-12C	SUPERPAVE ASPHALTIC CONC, TRAFFIC B (1-1/2" SP-9.5)	1760	SY	\$ 10.50	\$ 18,480.00
17	425-1-521	INLET (DITCH BOTTOM) (TYPE C) (<10')	2	EA	\$ 1,836.03	\$ 3,672.06
18	425-1-911	INLETS, CLOSED FLUME	2	EA	\$ 2,331.25	\$ 4,662.50
19	430-174-118	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 18"SD	114	LF	\$ 42.00	\$ 4,788.00
20	430-174-124	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 24"SD	184	LF	\$ 57.00	\$ 10,488.00
21	430-984-625	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH, 18"SD	2	EA	\$ 500.00	\$ 1,000.00
22	430-984-629	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH, 24"SD	6	EA	\$ 650.00	\$ 3,900.00
23	455-1A	DEWATERING FOR CONSTRUCTION OPERATIONS	1	LS	\$ 1,500.00	\$ 1,500.00
24	515-1-2	PIPE HANDRAIL - GUIDERAIL ALUMINUM	10	LF	\$ 85.00	\$ 850.00
25	519-78	BOLLARDS	4	EA	\$ 300.00	\$ 1,200.00

26	520-1-10	CONCRETE CURB AND GUTTER, TYPE F	281	LF	\$ 19.33	\$ 5,431.73
27	520-2-4	CONCRETE CURB, TYPE D	442	LF	\$ 11.24	\$ 4,968.08
28	520-2-9	CONCRETE CURB, SPECIAL, HEADER	288	LF	\$ 18.05	\$ 5,198.40
29	522-1	CONCRETE SIDEWALK (4" THICK)	720	SY	\$ 30.15	\$ 21,708.00
30	522-2	CONCRETE SIDEWALK (6" THICKw/FOOTER) Platform	330	SY	\$ 47.88	\$ 15,800.40
31	523-1-2	PATTERNED/TEXTURED PAVEMENT, CONCRETE	122	SY	\$ 65.52	\$ 7,993.44
32	570-1-2	PERFORMANCE TURF (SOD)	3877	SY	\$ 2.25	\$ 8,723.25
<b>SIGNING &amp; PAVEMENT MARKING</b>						
33	700-20-11	SINGLE POST SIGN, F&I, LESS THAN 12 SF	10	AS	\$ 195.00	\$ 1,950.00
34	700-20-12	SINGLE POST SIGN, F&I, 12-20 SF	2	AS	\$ 225.00	\$ 450.00
35	710-11-111	PAINTED PAVEMENT, STANDARD WHITE, SOLID, 6"	0.3	NM	\$ 1,500.00	\$ 450.00
36	710-11-421	PAINTED PAVEMENT, STANDARD BLUE, SOLID, 6"	346	LF	\$ 0.45	\$ 155.70
37	711-11-460	PAINTED PAVEMENT, STANDARD BLUE MESSAGE	4	EA	\$ 250.00	\$ 1,000.00
38	711-11-111	THERMOPLASTIC, STANDARD WHITE, SOLID, 6"	0.03	NM	\$ 4,000.00	\$ 120.00
39	711-11-124	THERMOPLASTIC, STANDARD WHITE, SOLID, 18"	218	LF	\$ 2.75	\$ 599.50
40	711-11-125	THERMOPLASTIC, STANDARD WHITE, SOLID, 24"	316	LF	\$ 3.75	\$ 1,185.00
41	711-11-170	THERMOPLASTIC, STANDARD WHITE, ARROW	10	EA	\$ 75.00	\$ 750.00
42	711-11-211	THERMOPLASTIC, STANDARD YELLOW, SOLID, 6"	0.1	NM	\$ 4,000.00	\$ 400.00
43	711-11-224	THERMOPLASTIC, STANDARD YELLOW, SOLID, 18"	136	LF	\$ 2.75	\$ 374.00
44	715-4-400	LIGHT POLE COMPLETE, RELOCATE	2	EA	\$ 1,225.00	\$ 2,450.00
<b>UTILITY</b>						
45	1000-1	UTILITY ADJUSTMENTS	1	LS	\$ 1,500.00	\$ 1,500.00
46	1000-2	WATER FOUNTAIN	1	AS	\$ 3,200.09	\$ 3,200.09
47	1050-11-321	UTILITY PIPE, F&I, PE, WATER, 2"	118	LF	\$ 58.45	\$ 6,897.10
48	1080-11-23	UTILITY FIXTURES, F&I, 2-4.9", TAPPING SADDLE/SLEEVE	1	EA	\$ 1,925.00	\$ 1,925.00
49		INDEMNIFICATION FEE	1	EA	\$ 10.00	\$ 10.00
<b>BID TOTAL</b>						\$ 339,738.00

<b>OPTIONAL BID ITEM A</b>						
1	522-1A	DECON AVENUE SIDEWALK*	340	LF	\$ 100.65	\$ 34,221.00

\*Deacon Avenue sidewalk includes necessary handrails, gravity wall, sidewalk, and drainage.

**E-Bid Reply Sheet #20120066**

**PORT ST. LUCIE INTERMODAL TRANSIT FACILITY  
CONSTRUCTION PROJECT  
FDOT JPA (JOINT PARTICIPATION AGREEMENT)  
FINANCIAL PROJECT NO. 432128.1.94.01**

1. **COMPANY NAME:** The Morganti Group, Inc.

DIVISION OF: N/A

PHYSICAL ADDRESS: 264 NW Peacock Boulevard, Suite 101, Port St. Lucie, FL 34986

MAILING ADDRESS: 264 NW Peacock Boulevard, Suite 101

CITY, STATE, ZIP CODE: Port St. Lucie, FL 34986

TELEPHONE NUMBER: (772) 785-5700 FAX NO. (772) 785-5750

CONTACT PERSON: Brian Garcia E-MAIL: jmarks@morganti.com

2. **ORGANIZATIONAL PROFILE:** (complete all appropriate information)

Is the firm incorporated? Yes If yes, in what state? Connecticut

Nabil Takla

President

Gerry Kelly

Vice President

Vartan Vartanian

Treasurer

How long in present business: 92 years How long at present location: 39 years in Florida

Is firm a minority business: No; Does firm have a drug-free workplace program: Yes

If no, is your company planning to implement such a program? \_\_\_\_\_

3. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued
1	8/9/12
2	8/10/12
3	8/14/12
4	8/27/12
5	8/28/12
6	8/29/12

**4. VENDOR'S LIST** – If your company offers commodities other than the one specified for this bid, and you wish to be put on the vendor's list, please contact Onvia.com at (800) 711-1712. Bid Tabulation Reports are advertised on the City's Web Site at www.Cityofpsl.com.

**5. BID RESPONSE:**

5.1 Bidder will /  will not accept the Purchasing Card (Visa).  
*(please circle one)*

5.2 Percentage of discount when payment is made with Visa: N/A %

5.3 Bid Reply Sheet Base Bid Total from Schedule "A": \$339,738.00

5.4 Number of calendar days needed for completion of the Base Bid project:

180 calendar days.

5.5 Number of additional calendar needed for the completion of the Base Bid plus Option A:

0 calendar days.

Listed below are items that are to be included on the E-Bid Reply Excel Spreadsheet "Schedule "A", completed electronically by Bidders and submitted with bid packet. Award will be based on the total of lines numbers 1- 39 that represent the best value to the City.

**Reference Use Only- Use E-Bid Reply Excel Spreadsheet to reply to this Bid**

**SCHEDULE A**

Pay Item Number*	Pay Item Description*	Quantity	Unit
<b>GENERAL ITEMS</b>			
101-1	MOBILIZATION	1	LS
101-1B	PRE-CONSTRUCTION VIDEO	1	LS
101-1D	BICYCLE RACK	1	EA
102-1	MAINTENANCE OF TRAFFIC	1	LS
104-10-3	SEDIMENT BARRIER	1200	LF
104-15	SOIL TRACKING PERVENTION DEVICE	1	EA
108-1	CONSTRUCTION LAYOUT/RECORD DRAWINGS	1	LS
110-1-1	CLEARING AND GRUBBING	1	LS
<b>PAVING &amp; DRAINAGE</b>			
120-1	REGULAR EXCAVATION & EMBANKMENT	267	CY
160-4	TYPE B STABILIZATION (12") (LBR 40)	2955	SY
285-701	OPTIONAL BASE, BASE GROUP 6 (LBR 100)	2932	SY
334-1-12	SUPERPAVE ASPHALTIC CONC, TRAFFIC B	2932	SY
425-1-521	INLET (DITCH BOTTOM) (TYPE C) (<10')	2	EA
425-1-911	INLETS, CLOSED FLUME	2	EA
430-174-118	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 18"SD	115	LF
430-174-124	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 24"SD	178	LF
430-984-625	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH,	2	EA

	18"SD		
430-984-629	MITERED END SECTION, OPTIONAL OTHER-ELLIP/ARCH, 24"SD	6	EA
455-1A	DEWATERING FOR CONSTRUCTION OPERATIONS	1	LS
520-1-10	CONCRETE CURB AND GUTTER, TYPE F	281	LF
520-2-4	CONCRETE CURB, TYPE D	194	LF
520-2-9	CONCRETE CURB, SPECIAL, HEADER	288	LF
522-1	CONCRETE SIDEWALK (4" THICK)	665	SY
570-1-2	PERFORMANCE TURF (SOD)	3877	SY
<b>SIGNING &amp; PAVEMENT MARKING</b>			
700-20-11	SINGLE POST SIGN, F&I, LESS THAN 12 SF	8	AS
700-20-12	SINGLE POST SIGN, F&I, 12-20 SF	2	AS
710-11-111	PAINTED PAVEMENT, STANDARD WHITE, SOLID, 6"	0.3	NM
710-11-421	PAINTED PAVEMENT, STANDARD BLUE, SOLID, 6"	346	LF
711-11-460	PAINTED PAVEMENT, STANDARD BLUE MESSAGE	4	EA
711-11-111	THERMOPLASTIC, STANDARD WHITE, SOLID, 6"	0.03	NM
711-11-124	THERMOPLASTIC, STANDARD WHITE, SOLID, 18"	218	LF
711-11-125	THERMOPLASTIC, STANDARD WHITE, SOLID, 24"	316	LF
711-11-170	THERMOPLASTIC, STANDARD WHITE, ARROW	10	EA
711-11-211	THERMOPLASTIC, STANDARD YELLOW, SOLID, 6"	0.1	NM
711-11-224	THERMOPLASTIC, STANDARD YELLOW, SOLID, 18"	136	LF
<b>UTILITY</b>			
1000-1	UTILITY ADJUSTMENTS	1	LS
1050-11-321	UTILITY PIPE, F&I, PE, WATER, 2"	118	LF
1080-11-23	UTILITY FIXTURES, F&I, 2-4.9", TAPPING SADDLE/SLEEVE	1	EA

<b>OPTIONAL BID ITEM A</b>			
522-1A	DEACON AVENUE SIDEWALK (includes necessary handrails, gravity wall, sidewalk and drainage improvements)	340	LF

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item offered shall be entered on the Schedule "A", Excel Bid Reply Sheet for each line item, and such price shall include total cost unless otherwise specified. A total shall be figured and entered on 5.3 above. In case of discrepancy between the unit price and the extended price, the unit price will be presumed correct.

**6. INSURANCE/CERTIFICATES/LICENSE** - Bidders are required, in accordance with Section 5, to submit a copy of their Insurance Certificate for the type and dollar amount of insurance they currently maintain. Bidders are required to submit all licenses and certifications required to perform construction of this project.

**7. COMPLETION OF FORM** - An authorized representative of the firm offering this Bid must complete this form in its entirety. Prices entered herein shall not be subject to withdrawal or escalation by Bidder. The City reserves the right to hold proposals and bid guarantees for a period not to exceed ninety (90) days after the date of the bid opening stated in the Invitation to Bid before awarding the Contract. Contract award constitutes the date that City Council executes the motion to award the bid.

**8. CONTRACT** - Bidder agrees to comply with all requirements stated in the specifications for this bid.





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## ***Subcontractor List***

PORT ST. LUCIE INTERMODAL TRANSIT FACILITY

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Precision Paving and Excavation, Inc.	Tony Rake	772-468-1313	Site Work, Drainage & Asphalt
Certified Building Contractors, Inc.	Steve Torres	772-879-2440	Concrete Work
Gerelco Electric, Inc.	Mark Buehler	772-340-7474	Light Pole Relocation
Wilbur Plumbing, Inc.	Dan Holmes	561-746-7429	Drinking Fountain



## Current Workload SOUTHEAST REGIONAL OFFICE

PROJECT	VALUE	START END	LOCATI ON	OWNER	ARCHITECT
Lancaster Elementary School	\$14,467,000	Nov-11 Jun-13	Orlando , FL	Orange County Public Schools Mark Lockard (407) 317-3700 <a href="mailto:lockarm@ocps.net">lockarm@ocps.net</a>	Rhodes+Brito Max Brito (407) 648-7288 <a href="mailto:max@rbarchitects.com">max@rbarchitects.com</a>
Lake Worth Beach Revitalization	\$6,712,590	Apr-12 Nov-12	Lake Worth, FL	City of Lake Worth William Waters (561) 586-1644 <a href="mailto:wwaters@lakeworth.org">wwaters@lakeworth.org</a>	Kimley Horn Mike Spruce (561) 330-2345 <a href="mailto:mike.spruce@kimley-horn.com">mike.spruce@kimley-horn.com</a>
Northwest Middle School and High School	\$8,523,000	Mar-11 Oct-12	Greens boro, NC	Guilford County School Board Robert Faison (336) 669-1692 <a href="mailto:faisonr@gcsnc.com">faisonr@gcsnc.com</a>	Triad Design Group John Warren (336) 218-8282 <a href="mailto:jwarren@triad-designgroup.com">jwarren@triad-designgroup.com</a>
Port St. Lucie High School HVAC Retrofit	\$7,500,000	Mar-12 Dec-12	Port St. Lucie, FL	School District of St. Lucie County Joe Piper (772) 785-6619 <a href="mailto:PiperJ@stlucie.k12.fl.us">PiperJ@stlucie.k12.fl.us</a>	OCI Associates Art Munns (772) 466-1165 <a href="mailto:amunns@ociassociates.com">amunns@ociassociates.com</a>
PBC Tax Collector Continuing Service Contract	\$1,000,000	Jan- 11 Dec-12	Palm Beach County, FL	Palm Beach County Tax Collector's Office David Brady (561) 355-3940 <a href="mailto:dhbrady@pbcgov.org">dhbrady@pbcgov.org</a>	Song & Associates Young Song (561) 655-2423 <a href="mailto:ysong@songandassociates.com">ysong@songandassociates.com</a>
IRSC Continuing Service Contract	\$1,000,000	Jun-12 May-15	South Florida	Indian River State College Allen Bottorff (772) 462-7823 <a href="mailto:ebottorff@irsc.edu">ebottorff@irsc.edu</a>	Various
SLCSD Continuing Service Contract	\$1,000,000	Jan-99 Dec-12	St. Lucie County, FL	St. Lucie County School Board Joe Piper (772) 785-6619 <a href="mailto:PiperJ@stlucie.k12.fl.us">PiperJ@stlucie.k12.fl.us</a>	Various
FAU Continuing Service Contract	\$1,000,000	Jan-10 Dec-12	South Florida	Florida Atlantic University Peter Thomson (772) 462-0966 <a href="mailto:pthomson@fau.edu">pthomson@fau.edu</a>	SchenkelShultz Joe Thomas (561) 697-3451 <a href="mailto:jthomas@schenkelshultz.com">jthomas@schenkelshultz.com</a>
PBC DOA Continuing Service Contract	\$1,000,000	Jan-08 Dec-12	FL Palm Beach County	Palm Beach County Department of Airports Cindy Portnoy (561) 471-7411 <a href="mailto:cportnoy@pbia.org">cportnoy@pbia.org</a>	The LPA Group Fernando Prieto (561) 686-5130 <a href="mailto:fprieto@lpagroup.com">fprieto@lpagroup.com</a>
DMS Continuing Service Contract	\$450,000	Jan-10 Mar-14	State- wide FL	Department of Management Services Jere Lahey (904) 359-6093 <a href="mailto:jere.lahey@dms.myflorida.com">jere.lahey@dms.myflorida.com</a>	Various

**CITY OF PORT ST. LUCIE, FLORIDA  
E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project  
FDOT JPA Financial Project No. 432128.1.94.01**

**LIST OF REFERENCES**

<b>OWNER'S NAME</b>	<b>ADDRESS</b>	<b>PROJECT</b>	<b>CONTACT PERSON</b>	<b>TELEPHONE NUMBER</b>
School District of St. Lucie County	327 NW Commerce Park Dr. Port St. Lucie, FL 34986 <a href="mailto:1GilletteJ@stlucie.k12.fl.us">1GilletteJ@stlucie.k12.fl.us</a>	Continuing Services Contract	John Gillette	(772) 340-7111
City of Lake Worth	7 N Dixie Highway Lake Worth, FL 33460 <a href="mailto:wwaters@lakeworth.org">wwaters@lakeworth.org</a>	Casino Building & Beach Revitalization	William Waters	(561) 586-1644
Florida Department of Health	4052 Bald Cypress Way Bin #B06 Tallahassee, FL 32399 <a href="mailto:charles_alby@doh.state.fl.us">charles_alby@doh.state.fl.us</a>	PBC Health Department Administration Building	Charles Alby	(850) 245-4444 x3167
School District of St. Lucie County	327 NW Commerce Park Dr. Port St. Lucie, FL 34986 <a href="mailto:PiperJ@stlucie.k12.fl.us">PiperJ@stlucie.k12.fl.us</a>	Sam Gaines Academy	Joe Piper	(772) 216-4342
PBC Department of Airports	846 Palm Beach Int'l Airport West Palm Beach, FL 33406 <a href="mailto:cportnoy@pbia.org">cportnoy@pbia.org</a>	Continuing Services Contract	Cindy Portnoy	(561) 471-7411
Florida Atlantic University	5600 US1 North HB16-Room112 Ft. Pierce, FL 34946 <a href="mailto:pthomson@fau.edu">pthomson@fau.edu</a>	Continuing Services Contract	Peter Thomson	(772) 462-0966
PBC Office of the Tax Collector	301 N Olive Ave, 3rd Floor West Palm Beach, FL 33401 <a href="mailto:dhbrady@pbcgov.org">dhbrady@pbcgov.org</a>	Continuing Services Contract	David Brady	(561) 355-3940

# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

The Morganti Group, Inc.  
1450 Centrepark Boulevard, Suite 260  
West Palm Beach, FL 33401

### SURETY:

(Name, legal status and principal place of business)

The Insurance Company of the State of Pennsylvania  
175 Water Street, 18th Floor  
New York, NY 10038  
Mailing Address for Notices

101 Hudson Street, Floor 28

Jersey City, NJ 07302

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

### OWNER:

(Name, legal status and address)

City of Port St. Lucie  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, FL 34984

BOND AMOUNT: \$ 5% Five Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

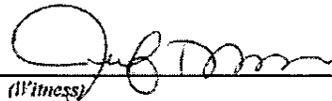
Port St. Lucie Intermodal Transit Facility, Project No. 432128.1.94.01

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

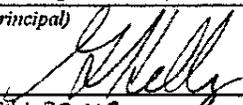
Signed and sealed this 31st day of August, 2012

  
\_\_\_\_\_  
(Witness)

The Morganti Group, Inc.

(Principal)

(Seal)

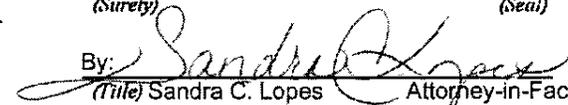
By: 

(Title) SR, V.P.

The Insurance Company of the State of Pennsylvania

(Surety)

(Seal)

By: 

(Title) Sandra C. Lopes

Attorney-in-Fact

FL Non-Resident License No. W051270



American Home Assurance Company  
National Union Fire Insurance Company of Pittsburgh, Pa.  
The Insurance Company of the State of Pennsylvania  
New Hampshire Insurance Company  
Principal Bond Office: 175 Water Street, New York, NY 10038

**POWER OF ATTORNEY**

No.

**KNOW ALL MEN BY THESE PRESENTS:**

That American Home Assurance Company, a New York corporation, National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania corporation, The Insurance Company of the State of Pennsylvania, a Pennsylvania corporation, and New Hampshire Insurance Company, a Pennsylvania corporation, does hereby appoint

--- Sandra C. Lopes ---

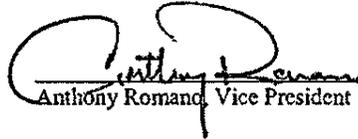
its true and lawful Attorney(s)-in-Fact, with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business, and to bind the company thereby.

Surety Bond No: Bid Bond  
Principal: The Morganti Group, Inc.  
Obligee: City of Port St. Lucie

**IN WITNESS WHEREOF**, American Home Assurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., The Insurance Company of the State of Pennsylvania and New Hampshire Insurance Company have each executed these presents

this 25th day of June 2009.

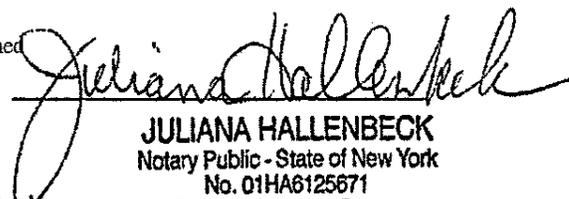


  
Anthony Romano, Vice President

STATE OF NEW YORK }  
COUNTY OF NEW YORK}ss.

On this 25th day of June, 2009 before me came the above named

Officer of American Home Assurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., The Insurance Company of the State of Pennsylvania and New Hampshire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of said corporation thereto by authority of his office.



**JULIANA HALLENBECK**  
Notary Public - State of New York  
No. 01HA6125671  
Qualified in Bronx County  
My Commission Expires April 18, 2013

**CERTIFICATE**

Excerpts of Resolutions adopted by the Boards of Directors of American Home Assurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., The Insurance Company of the State of Pennsylvania on May 18, 1976 and by the Board of Directors of New Hampshire Insurance Company on December 29, 1993:

**“RESOLVED**, that the Chairman of the Board, the President, or any Vice Presidents be, and hereby is, authorized to appoint Attorneys-in-Fact to represent and act for and on behalf of the Company to execute bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, and to attach thereto the corporate seal of the Company, in the transaction of its surety business;

**“RESOLVED**, that the signatures and attestations of such officers and the seal of the Company may be affixed to any such Power of Attorney or to any certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company when so affixed with respect to any bond, undertaking, recognizance or other contract of indemnity or writing obligatory in the nature thereof;

**“RESOLVED**, that any such Attorney-in-Fact delivering a secretarial certification that the foregoing resolutions still be in effect may insert in such certification the date thereof, said date to be not later than the date of delivery thereof by such Attorney-in-Fact.”

I, Denis Butkovic, Secretary of the American Home Assurance Company, National Union Fire Insurance Company of Pittsburgh, Pa., The Insurance Company of the State of Pennsylvania and New Hampshire Insurance Company, do hereby certify that the foregoing excerpts of Resolutions adopted by the Board of Directors of these corporations, and the Powers of Attorney issued pursuant thereto, are true and correct, and that both the Resolutions and the Powers of Attorney are in full force and effect.

**IN WITNESS WHEREOF**, I have hereunto set my hand and affixed the facsimile seal of each corporation.



this 31st day of August, 2012.

A handwritten signature in dark ink, appearing to read "Denis Butkovic".

Denis Butkovic, Secretary

THIS DOCUMENT HAS A COLORED BACKGROUND • MICROPRINTING • LINEMARK™ PATENTED PAPER

AC# 6278473 STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION  
CONSTRUCTION INDUSTRY LICENSING BOARD SEQ# L12081701641

DATE	BATCH NUMBER	LICENSE NBR
08/17/2012	110415446	CGC050879

The GENERAL CONTRACTOR  
Named below IS CERTIFIED  
Under the provisions of Chapter 489 FS.  
Expiration date: AUG 31, 2014

KELLY, GERALD  
THE MORGANTI GROUP INC  
1607 PACKWOOD ROAD  
JUNO ISLES FL 33408-2241

RICK SCOTT  
GOVERNORKEN LAWSON  
SECRETARY

DISPLAY AS REQUIRED BY LAW

**State of Florida**  
*Department of State*

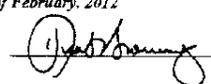
I certify from the records of this office that THE MORGANTI GROUP, INC. is a corporation organized under the laws of Connecticut, authorized to transact business in the State of Florida, qualified on October 19, 1992.

The document number of this corporation is P41056.

I further certify that said corporation has paid all fees due this office through December 31, 2012, that its most recent annual report was filed on January 30, 2012, and its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the Great Seal of Florida, at Tallahassee, the Capital, this the Ninth day of February, 2012*

  
**Secretary of State**



Authentication ID: 900219911709-020912-P41056

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

Port St. Lucie Intermodal Transit Facility Construction Project

2012 / 2013 **ST. LUCIE COUNTY LOCAL BUSINESS TAX RECEIPT** RECEIPT # 1010242  
BOB DAVIS, CPA, CGFO, CFC, ST. LUCIE COUNTY TAX COLLECTOR

FACILITIES OR MACHINES / ROOMS SEATS EMPLOYEES 10  
TYPE OF BUSINESS 1500 BUILDING CONTRACTOR ()  
BUSINESS/ Gerald Kelly

EXPIRES SEPTEMBER 30, 2013

DBA NAME The Morganti Group Inc  
MAILING Gerald Kelly  
ADDRESS 1450 Centerpark Blvd Ste 260  
West Palm Beach, FL 33401



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

BUSINESS LOCATION 264 NW Peacock Blvd Ste 101  
Port St Lucie, FL 34986

City of Pt St Lucie

CGC050879  
P41056

NONEXEMPT

Paid 07/24/2012 12.35

0193-20120724-000181





RECEIPT FOR TAX PAID ONLY  
THIS RECEIPT DOES NOT GIVE HOLDER  
AUTHORITY TO OPEN THIS BUSINESS  
FOR ALL STATE AND LOCAL  
REQUIREMENTS

TERM: October 1, 2011 to September 30, 2012

Business Address: 264 NW PEACOCK BLVD #101  
Classification: CONT CONTRACTOR  
Issued to: THE MORGANTI GROUP INC  
264 NW PEACOCK BLVD #101  
PORT ST LUCIE, FL 34986

Business Tax 133425 / 12-1060644  
Fee: 127.63  
Discount: 0.00

*Mary S. Mastri*

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE Jpadova

TERM: October 1, 2011 to September 30, 2012

RECEIPT FOR PAYMENT

Business Address: 264 NW PEACOCK BLVD #101  
Classification: CONT CONTRACTOR

Business Tax 133425 / 12-1060644  
Fee: 127.63  
Discount: 0.00

Issued to: THE MORGANTI GROUP INC  
264 NW PEACOCK BLVD #101  
LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE  
PORT ST LUCIE, FL 34986

338 / 073 Jpadova

TERM: October 1, 2011 to September 30, 2012

FILE COPY

Business Address: 264 NW PEACOCK BLVD #101  
Classification: CONT CONTRACTOR  
Issued to: THE MORGANTI GROUP INC  
264 NW PEACOCK BLVD #101

Business Tax 133425 / 12-1060644  
Fee: 127.63  
Discount: 0.00  
338 / 073 Jpadova

Port St. Lucie Intermodal Transit Facility Construction Project



RECEIPT FOR TAX PAID ONLY  
THIS RECEIPT DOES NOT GIVE HOLDER  
THE AUTHORITY TO OPEN THIS BUSINESS  
WITHOUT THE NECESSARY REQUIREMENTS

TERM: October 1, 2011 to September 30, 2012

Business Address: 264 NW PEACOCK BLVD #101  
Classification: ADD ADDITIONAL CHARGES  
Issued to: THE MORGANTI GROUP INC  
264 NW PEACOCK BLVD #101  
PORT ST LUCIE, FL 34986

Business Tax 133425 / 12-1067124  
Fee: 62.50  
Discount: 0.00

*Mary B. McCall*

LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE Jpadova  
Fees: 440.13 Late Fees: 31.91 Total this payment : 472.04

TERM: October 1, 2011 to September 30, 2012

RECEIPT FOR PAYMENT

Business Address: 264 NW PEACOCK BLVD #101  
Classification: ADD ADDITIONAL CHARGES

Business Tax 133425 / 12-1067124  
Fee: 62.50  
Discount: 0.00

Issued to: THE MORGANTI GROUP INC  
264 NW PEACOCK BLVD #101  
LOCAL BUSINESS TAX RECEIPT CITY OF PORT ST. LUCIE  
PORT ST LUCIE, FL 34986

338 / 073 Jpadova

Fees: 440.13 Late Fees: 31.91 Total this payment : 472.04

TERM: October 1, 2011 to September 30, 2012

Fees: 440.13 Late Fees: 31.91 Total this payment : 472.04

FILE COPY

Business Address: 264 NW PEACOCK BLVD #101  
Classification: ADD ADDITIONAL CHARGES  
Issued to: THE MORGANTI GROUP INC  
264 NW PEACOCK BLVD #101

Business Tax 133425 / 12-1067124  
Fee: 62.50  
Discount: 0.00  
338 / 073 Jpadova

## 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) <b>THE MORGANTI GROUP, INC.</b>	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) <b>1450 CENTRE PARK BLVD., STE. 260</b>	Requester's name and address (optional)
City, state, and ZIP code <b>WEST PALM BEACH, FL. 33401</b>		
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.

<b>Social security number</b>
[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ]
<b>Employer identification number</b>
06 - 1149260

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. 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 ▶ *Betty E. Bright*    Date ▶ 5/3/11

**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:

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
09/04/2012

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).

<b>PRODUCER</b> Aon Risk Services Northeast, Inc. Boston MA Office One Federal Street Boston MA 02110 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (847) 953-5390 E-MAIL ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> The Morganti Group, Inc. 1450 Centrepark Boulevard Suite 260 West Palm Beach FL 33401 USA	INSURER A:	Zurich American Ins Co 16535
	INSURER B:	National Union Fire Ins Co of Pittsburgh 19445
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

Holder Identifier :

COVERAGES      CERTIFICATE NUMBER: 570047404900      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.      Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC			GL0386731505	07/01/2012	07/01/2013	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Coll. Ded. \$1000 <input checked="" type="checkbox"/> Comp. Ded. \$1000			BAP 3867314-05 AOS	07/01/2012	07/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY ( Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION			34202376	07/01/2012	07/01/2013	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC386731305	07/01/2012	07/01/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000

Certificate No : 570047404900

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Contract #20120066 for the Port St. Lucie Intermodal Transit Facility Construction Project.

## CERTIFICATE HOLDER

## CANCELLATION

City of Port St. Lucie  
121 SW Port St. Lucie Blvd  
Port St. Lucie FL 34984 USA

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

*Aon Risk Services Northeast Inc.*

# Additional Insured – Automatic – Owners, Lessees Or Contractors – Products-Completed Operations Liability Amendment



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.
GLO386731505	07-01-2012	07-01-2013				

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**Named Insured:** The Morganti Group, Inc.

**Address (including ZIP Code):**

This endorsement modifies insurance provided under the:

**Commercial General Liability Coverage Part**

- A.** Section II – **Who Is An Insured** is amended to include as an insured any person or organization who you are required to add as an additional insured on this policy under a written contract or written agreement.
- B.** The insurance provided to the additional insured person or organization applies only to "bodily injury", "property damage" or "personal and advertising injury" covered under Section I - **Coverage A - Bodily Injury And Property Damage Liability** and Section I - **Coverage B - Personal And Advertising Injury Liability**, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions; or
  - 2. The acts or omissions of those acting on your behalf,
 and resulting directly from your ongoing operations or "your work" as included in the "products-completed operations hazard", which is the subject of the written contract or written agreement, performed for the additional insured person or organization.
- C.** However, regardless of the provisions of Paragraphs **A.** and **B.** above:
  - 1. We will not extend any insurance coverage to any additional insured person or organization:
    - a. That is not provided to you in this policy; or
    - b. That is any broader coverage than you are required to provide to the additional insured person or organization in the written contract or written agreement; and
    - c. Subject to **C.1.a.** and **b.** above, as respects "products-completed operations hazard" coverage, unless a claim or "suit" for damages is presented to us no later than the following timeframes:
      - (1) If no time requirement is stipulated in the written contract or written agreement, one year from the "products-completed operations hazard" completion date deemed applicable to "your work" from which the loss originates; or
      - (2) If a time requirement is stipulated in the written contract or written agreement, the lesser of:
        - i. The stipulated time requirement;
        - ii. The period expiring when any Statute of Repose applicable to the loss has been reached; or
        - iii. 10 years from the "products-completed operations hazard" completion date deemed applicable to "your work" from which the loss originates; and

2. We will not provide Limits of Insurance to any additional insured person or organization that exceed the lower of:
  - a. The Limits of Insurance provided to you in this policy; or
  - b. The Limits of Insurance you are required to provide in the written contract or written agreement.
- D. The insurance provided to the additional insured person or organization does not apply to:

"Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering or failure to render any professional architectural, engineering or surveying services including:

  1. The preparing, approving or failing to prepare or approve maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
  2. Supervisory, inspection, architectural or engineering activities.
- E. The additional insured must see to it that:
  1. We are notified as soon as practicable of an "occurrence" or offense that may result in a claim;
  2. We receive written notice of a claim or "suit" as soon as practicable; and
  3. A request for defense and indemnity of the claim or "suit" will promptly be brought against any policy issued by another insurer under which the additional insured may be an insured in any capacity. This provision does not apply to insurance on which the additional insured is a Named Insured, if the written contract or written agreement requires that this coverage be primary and non-contributory.
- F. For the coverage provided by this endorsement:
  1. The following paragraph is added to Paragraph **4.a.** of the Other Insurance Condition of Section **IV – Commercial General Liability Conditions**:

This insurance is primary insurance as respects our coverage to the additional insured person or organization, where the written contract or written agreement requires that this insurance be primary and non-contributory with respect to any other policy upon which the additional insured is a Named Insured. In that event, we will not seek contribution from any other such insurance policy available to the additional insured on which the additional insured person or organization is a Named Insured.
  2. The following paragraph is added to Paragraph **4.b.** of the Other Insurance Condition of Section **IV – Commercial General Liability Conditions**:

This insurance is excess over:

Any of the other insurance, whether primary, excess, contingent or on any other basis, available to an additional insured, in which the additional insured on our policy is also covered as an additional insured on another policy providing coverage for the same "occurrence", offense, claim or "suit". This provision does not apply to any policy in which the additional insured is a Named Insured on such other policy and where our policy is required by written contract or written agreement to provide coverage to the additional insured on a primary and non-contributory basis.
- G. This endorsement does not apply to an additional insured which has been added to this policy by an endorsement showing the additional insured in a Schedule of additional insureds, and which endorsement applies specifically to that identified additional insured.

All other terms and conditions of this policy remain unchanged.

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

**CERTIFICATION REGARDING LOBBYING**

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

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

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

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

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

Company Name: The Morganti Group, Inc.

Authorized By: \_\_\_\_\_

(Sign)

Gerry Kelly

(Print Name)

Title: Sr. Vice President

Date: \_\_\_\_\_

9/4/2012

Port St. Lucie Intermodal Transit Facility Construction Project

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**  
**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

**CONTRACTOR VERIFICATION FORM**

THE FOLLOWING IS TO COMPLETED BY PRIME BIDDER:

Name of Firm: The Morganti Group, Inc.

Corporate Title: Senior Vice President

Address: 264 NW Peacock Boulevard, Suite 101

Port St. Lucie, FL 34986  
(Zip Code)

By: \_\_\_\_\_ Gerry Kelly \_\_\_\_\_ Sr. Vice President  
(Print name) (Print title)

\_\_\_\_\_  
(Authorized Signature)

Telephone: (772) 785-5700

Fax: (772) 785-5750

State License #: CGC-050879 (See Attached)

County License #: 1010242 (See Attached)

City License: 133425 / 12-1060644 / 12-1067124 (See Attached)

Type of License: General Contractor

Unlimited Yes (yes/no)

If "NO", Limited to what trade? \_\_\_\_\_

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**TRENCH SAFETY ACT COMPLIANCE STATEMENT**

Project Name: **Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

Project Location: Port St. Lucie, Florida

Project Location: Corner of Deacon Avenue and Belvedere Street, Port St. Lucie, Florida

**Instructions:**

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractor's are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

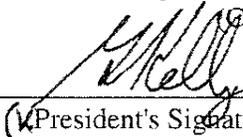
Certify this form in the presence of a notary public or other officer authorized to administer oaths.

**Certification**

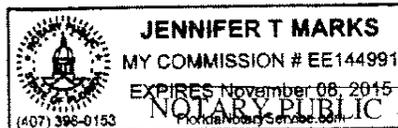
- I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.
- The estimated cost imposed by compliance with The Trench Safety Act will be:  

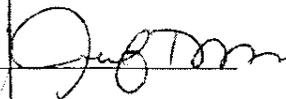
Nine Hundred Seventy Two Dollars <sup>00</sup>/<sub>100</sub> Dollars **\$ 972.00**  
(Written) (Figures)
- The amount listed above has been included within the Base Bid.

Certified: The Morganti Group, Inc.  
(Company-Contractor)

By:  Gerry Kelly, Sr. Vice President  
(President's Signature)

Sworn to and subscribed before me in Palm Beach County, Florida on the 4<sup>th</sup> day of Sept., 2012.





**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

**BUY AMERICA CERTIFICATE OF COMPLIANCE**

**CERTIFICATE OF COMPLIANCE**



**COMPLIANCE**

The bidder hereby certifies that it will comply with the requirements of 23 C.F.R. 635.410, as amended, and utilize only iron or steel manufactured in the United States, or components made with iron or steel that meet the Buy America requirements. Bidder acknowledges that it will be required to produce Buy America certification(s) from the producer(s) of the steel or iron or components prior to incorporating any such materials into the work or project.

Company Name: The Morganti Group, Inc.

Authorized By: \_\_\_\_\_ Gerry Kelly  
(Sign)  (Print Name)

Title: Senior Vice President Date: 9/4/2012

**NONCOLLUSION AFFIDAVIT OF PRIME BIDDER**  
**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

State of Florida }

County of Palm Beach }

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

1. They are Senior Vice President of The Morganti Group, Inc. the Bidder that  
(Title) (Name of Company)  
has submitted the attached bid;
2. He is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such Bid;
3. Such Bid is genuine and is not a collusive or sham Bid;
4. Neither the said Bidder 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 bidder, 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 Bidder, firm or person to fix the price or prices in the attached Bid or of any other Bidder, 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 Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) *Gerry Kelly*  
(Title) Senior Vice President

STATE OF FLORIDA            }  
COUNTY OF PALM BEACH    } SS:

The foregoing instrument was acknowledged before me this 9/4/12  
(Date)

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



*J T Marks*  
Notary (print & sign name)  
Commission No. EE144991

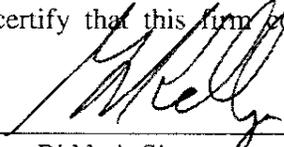
## DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statutes, Section 287.087 hereby certifies that

The Morganti Group, Inc. does:  
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or Contractual services that are under bid 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 bid, 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.

  
Bidder's Signature

Gerry Kelly  
Sr. Vice President

9/4/2012  
Date

**CITY OF PORT ST. LUCIE, FLORIDA**  
**E-BID NO. 20120066**

**PROJECT TITLE: Port St. Lucie Intermodal Transit Facility Construction Project**  
**FDOT JPA Financial Project No. 432128.1.94.01**

***Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--  
Primary Covered Transactions***

The Bidder certifies that, the firm or any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;

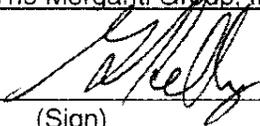
(b) have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property

(c) are not presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Bidder certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the Florida Department of Transportation."

Company Name: The Morganti Group, Inc.

Authorized By:  Gerry Kelly  
(Sign) (Print Name)

Title: Sr. Vice President Date: 9/4/12

### CONTRACTOR'S QUESTIONNAIRE

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

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 any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at West Palm Beach, FL, this 4<sup>th</sup> day of September, 2012  
(Location)

Name of Organization/Contractor: The Morganti Group, Inc.

By: Gerry Kelly, Sr. Vice President US Operations Seal:  
Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? Corporation
2. Firm's name and main office address, telephone and fax numbers.

Name: The Morganti Group, Inc.

Address: 264 NW Peacock Boulevard, Suite 101

Port St. Lucie, FL 34986

Telephone Number: (772) 785-5700

Fax Number: (772) 785-5750

3. Contact person: Gerry Kelly
4. Firm's previous names (if any). Morganti, Florida / Morganti South, Inc.
5. How many years has your organization been in business? 92 years
5. Area of expertise: Construction Management, Design Build, General Construction
6. List five (5) Transit Facility construction projects similar to this project completed by your firm along with a brief description of project, location of project, client name, client phone number, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value.

#### **Project Number 1**

Project Name: Palm Beach County Department of Airports Continuing Services

Description:

This award consists of Pre-Construction & Construction for a variety of airport facilities and systems covering all 4 county airports: Palm Beach International Airport, North Palm Beach Aviation Airport, Palm Beach County Glades Airport (Pahokee) and Palm Beach County Park Airport (Lantana).

CONTRACTED PROJECTS:

\* PBIA Concourse C Exit Improvements

Port St. Lucie Intermodal Transit Facility Construction Project

- \* PBIA Maintenance Compound Bldg D, B, E
- \* Glades Airport Hangar Rebuild / FBO Bldg
- \* PBIA Apron A Expansion Utility / Force Main Relocation
- \* North County Airport HVAC Renovation / Repair
- \* PBIA Duct Bank Expansion

Location: Palm Beach County, FL

Client Name and Phone Number: Palm Beach County  
Department of Airports - Cindy Portnoy (561) 471-7411

Value of Total Contract: \$4,700,000 to date

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 0

Value of Change Orders: \$0.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 2**

Project Name: Bayport Cruise Terminal

Description:

The project consists of a new 94,800sf building with a curve aluminum roof with an exposed pipe truss structural steel and acoustical metal deck system on an auger-cast pile foundation system with grade beams and a retaining wall on the waterfront side of the building, with a pre-engineered canopy system that goes out to the parking lot. The exterior wall system incorporates over 14,000sf of translucent insulated wall panels, over 15,500sf of insulated metal sandwich panels and 10,700sf of curtain-wall glazing. The interior finishes will incorporate custom epoxy terrazzo flooring, carpet, ceramic tile and intumescent fireproofing paint. The exterior of the building silhouette has been designed to resemble ocean waves and the canopy high-masts with stainless steel cables represent sail boats on the water. The building is designed to shine like a light house at night with its pure-white interior structure and metal decking, with the ice-blue translucent panels, and the emerald green curtain-wall and metal wall panels.

Location: Pasadena, TX

Client Name and Phone Number: The Port of Houston Authority -James Jackson (713) 670-2626

Value of Total Contract: \$22,557,945

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 19

Value of Change Orders: \$845,449.50 \* additional scope added / storm damage

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 3**

Project Name: Metro Rail Station Finishes

Description:

The project consists of 16 separate light rail passenger drop-off and loading platforms along the 7.5 mile long rail route from the Astrodome to the downtown main Metro building in Houston. Each station has a custom glass canopy roof. Steel columns are clad in granite, porcelain metal panels, stainless steel panels or custom mosaic ceramic tile. Each station has concrete unit brick pavers, sidewalks, terrazzo sidewalks, or granite paver sidewalks, depending on the location. Each station has custom stainless steel seating.

Port St. Lucie Intermodal Transit Facility Construction Project

handrails and guardrails.

Two buildings are included in this project, one a 600sf train crew restroom/break room building and the second is a 1,000sf power substation building. Local artist contributed to the design of each station giving special consideration to the glass and ceramic roofing. Landscaping, irrigation, electrical lighting, roof drains for plumbing and painting at each location are included.

Location: Houston, TX

Client Name and Phone Number: Metropolitan Transit Authority - Connie Kirsek  
(713) 739-3798

Value of Total Contract: \$14,631,000

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 246

Value of Change Orders: \$3,421,580.50 \* additional scope added

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 4**

Project Name: Consolidated Rental Car Facility at Bush Intercontinental Airport

Description:

This project consists of three buildings, which houses the car rental center, just outside of the George Bush Intercontinental Airport: a 102,000sf 2-level customer service building inside a 1,652,000sf parking garage and 20,000sf bus maintenance facility. This addition/renovation project was constructed in a very busy airport. Any construction of this magnitude in or around an operation of this size takes extreme caution and attention to safety.

Location: Houston, TX

Client Name and Phone Number: City of Houston Dept of Aviation - Robert Baker  
(713) 975-8555

Value of Total Contract: \$52,724,490

Firm's Percentage of Total Contract: 100%

Number of Change Orders: 106

Value of Change Orders: \$3,103,082.32 \* additional scope added

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 5**

Project Name: Passenger Terminal and Parking Deck at Key West International Airport

Description:

This 50,000sf Addition to the existing Key West Int'l Airport has been designed as a Category (3) (4) Hurricane Hardened structure. This addition provides 90 parking spaces on the new 2-story parking deck; redesign, resurface and re-stripe approximately 350 parking spaces on the ground level; while encompassing 30,000sf of new floor area on the second level and a renovation of 20,000sf of existing terminal space on the ground level.

Location: Key West, FL

Client Name and Phone Number: Monroe County Board of County Commissioners - Roman Gastesi  
(305) 292-4441

Value of Total Contract: \$31,613,533

Port St. Lucie Intermodal Transit Facility Construction Project

Firm's Percentage of Total Contract: 100%
Number of Change Orders: 0
Value of Change Orders: \$0.00
Was Project Completed on Schedule: Yes
Was Project Completed within Budget? Yes

7. Number of full time personnel:

	Current	Maximum	Minimum
a. Partners	0		
b. Managers	8		
c. Supervisors Senior Staff	13		
d. Other Professional Staff	12		
g. Total number of full time personnel	33		

9. List all subcontractors and major material suppliers for the project. Include scope of work, telephone numbers, and contact information. Insert additional lines if necessary.

Subcontractor Name	Scope	Contact	Phone
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Primary subcontractors:

Precision Paving and Excavation, Inc., Tony Rake, 772-468-1313 – Site Work, Drainage & Asphalt  
 Certified Building Contractors, Inc., Steve Torres, 772-879-2440 – Concrete Work  
 Gerelco Electric, Inc., Mark Buehler, 772-340-7474, Light Pole Relocation  
 Wilbur Plumbing, Inc., Dan Holmes, 561-746-7429, Drinking Fountain

10. 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

11. Status of current contracts. Please provide the number of current contracts as well as a sample list of the projects currently underway. Insert additional pages if needed.

PROJECT	METHOD	VALUE	START END	LOCATION	OWNER
Lancaster Elementary School	CMAR	\$14,467,000	Nov-11 Jun-13	Orlando, FL	Orange County Public Schools
Lake Worth Beach Revitalization	CMAR	\$6,712,590	Apr-12 Nov-12	Lake Worth, FL	City of Lake Worth
Northwest Middle School and High School	CMAR	\$8,523,000	Mar-11 Oct-12	Greensboro, NC	Guilford County School Board
Port St. Lucie High School HVAC Retrofit	CMAR	\$7,500,000	Mar-12 Dec-12	Port St. Lucie, FL	School District of St. Lucie County
PBC Tax Collector Continuing Service Contract	CMAR	\$1,000,000	Jan- 11 Dec-12	Palm Beach County, FL	Palm Beach County Tax Collector's Office
IRSC Continuing Service Contract	CMAR	\$1,000,000	Jun-12 May-15	South Florida	Indian River State College

Port St. Lucie Intermodal Transit Facility Construction Project

SLCSD Continuing Service Contract	CMAR	\$1,000,000	Jan-99 Dec-12	<i>St. Lucie County, FL</i>	St. Lucie County School Board
FAU Continuing Service Contract	CMAR	\$1,000,000	Jan-10 Dec-12	<i>South Florida</i>	Florida Atlantic University
PBC DOA Continuing Service Contract	CMAR	\$1,000,000	Jan-08 Dec-12	<i>Palm Beach County</i>	Palm Beach County Department of Airports
DMS Continuing Service Contract	CMAR	\$450,000	Jan-10 Mar-14	<i>State-wide FL</i>	Department of Management Services

12. How will the Contractor be able to meet the project timeline and budget given the current work load, work force and equipment?

The Morganti Group's staff of construction professionals is 100% available and committed to the PSL Intermodal Center project. We have teams ready to start tomorrow.

13. 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:

14. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:  
None

15. List any judgments from lawsuits in the last five (5) years:  
None

16. List any criminal violations and/or convictions of the Proposer and/or any of its principals:  
None

17. 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.

18. Has the Proposer obtained a Payment & Performance Bond within the last five (5) years?

Yes (X) No ( )

If "Yes" was checked, state the bonding capacity of the firm. \$100,000,000 per project

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

Significant accomplishments result from planned processes. The following processes occur on every Morganti project.

**Quality Control** - Morganti's project managers and project superintendents always employ the following components to ensure a quality product is delivered to the City of Port St. Lucie:

- Pre-award meetings to verify agreement as to the scope of work required
- Detailed and complete subcontract scope statements
- Strict verification of adherence to approved details and subcontract requirements

- Properly submitted and approved submittal documents
- Site Pre-construction Meetings - to inform subs of Quality expectations
- Schedule Monitoring - Quality can be compromised when subs fall behind
- Daily Inspections
- Complete close-out and warranty documentation

Morganti's quality program emphasizes compliances with contract documents, prevention, communication, and inspection. This process begins during preconstruction and ends with our *Project Manager* working with the City of Port St. Lucie and the Architect to fully understand and document quality expectations, both for the construction process as well as for the building. He is responsible for seeing the project from bid to final completion.

We work closely with our partners in the coordination of the process, with the City and the Architect on one side and our subcontractors and vendors on the other. We utilize the planning, communications and monitoring tools necessary to establish and implement a Quality Control program that will carry from, project conception through close-out and project acceptance.

**Scheduling** - At the start of the process, all team members attend a scheduling workshop to develop a Master Project Schedule where each input projected timetables to accomplish their activities. This information is utilized to create a computerized schedule using the Critical Path Method, (CPM). The CPM schedule also includes all design, bidding, construction, and City/user transition activities which are utilized to monitor the schedule for all phases of the project. The Master Schedule is updated at each milestone of the project or more often if required. The Morganti Group's *Project Manager* will develop and maintain the schedule from beginning to end.

For all construction activities each subcontractor is required to provide a detailed breakdown of the work to be implemented within the scheduled time frame including all required man-hours, material/equipment submittals, procurement activities and subsequent submission and approval by the Architects. To aid in the use of the CPM Schedule as a management tool, each bid package contains trade schedules for review prior to bidding. Subcontractors are required to attend pre-bid conferences where they are exposed to the overall schedule. By submitting a bid, the subcontractor acknowledges the schedule requirements which are then made a part of their contract.

On-site, a two week look-ahead schedule is prepared every week. This information is translated to the master schedule which is updated monthly or when any event occurs that is believed to affect milestone or over all completion dates.

**Safety** - As a certified ISO 9001 member The Morganti Group's quality and safety management systems are verified to ensure that all customer and stakeholder statutory and regulatory requirements related to each project are met.

Total safety management requires focus on prevention, the continuous improvement of the management process, team problem solving and the involvement of employees at all levels. Working closely with all team members in the project development process including the City, the Architect, engineers, subcontractors and vendors, Morganti utilizes the planning, communications and monitoring tools necessary to establish and implement a site specific safety program that will carry from project conception through to close-out and project acceptance.

Corporate approval is required for the use of any subcontractor with an EMR in excess of 1.05. Subcontractor safety training is conducted prior to the performance of any work scope on site and requirements for safety are included in all subcontract's language. Superintendent safety inspections occur daily along with weekly tool-box meetings. Additionally, weekly reviews are conducted by the Project Manager and other management personnel. Site workers and/or supervisors who allow non-compliance or repeat offenders are typically removed from the site as allowed by their subcontracts.



This plan, spearheaded by the project *Superintendent* incorporates the belief that quality production, efficiency and safety will be planned into the job from the beginning.

20. Provide information regarding any favorable cost containment approaches or ideas that have been successful for you. (Please limit to one (1) page)

**Cost Control**

Essential to the success of any construction project is the proven effectiveness of a good cost control program. As the contractor carrying the ultimate fiduciary responsibility on every project award, Morganti takes seriously the evaluation of building systems, construction techniques and materials from the start of the start to completion of the process. This evaluation effort, tested on 90+ years of construction, has resulted in Morganti’s record of never completing a construction project over-budget or beyond-schedule. This is accomplished through:

Pre-Construction Phase	Construction Phase
<ul style="list-style-type: none"> <li>• Conceptual Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Subcontractor Management</li> </ul>
<ul style="list-style-type: none"> <li>• Detailed Subcontractor Contracts</li> </ul>	<ul style="list-style-type: none"> <li>• Change Order Request Systems</li> </ul>
<ul style="list-style-type: none"> <li>• Design Document Review</li> </ul>	<ul style="list-style-type: none"> <li>• Detailed Cost Reports</li> </ul>
<ul style="list-style-type: none"> <li>• Adherence to design documents</li> </ul>	
<ul style="list-style-type: none"> <li>• Thorough Submittal Review</li> </ul>	

**Design Review and Analysis:** Morganti provides options analysis and approaches options analysis similar to value engineering as many final options decisions are decided by analyzing cost impact to the project. We analyze numerous areas such as project site infrastructure, structural systems, wall finishes, roofing systems, and electrical components. Morganti’s staff will meet with the City and the Architect to discuss the design issues, systems and scheduling needs. A thorough review of the design documents for adherence to the program and budget will be conducted.

**Life Cycle Cost Analysis:** The subject of life cycle cost analysis is generally equated with the operation of mechanical and electrical systems and performed by the design consultants. The design professionals usually provide life cycle cost analysis as a part of their services for mechanical and electrical equipment. Morganti is aware that many other building components and materials are also compared within this review. Through Morganti’s historical information data we are able to analyze finish hardware components, various finishes, specialty materials and other building components and materials, to provide valuable life cycle cost information. Morganti can provide this analysis of numerous areas such as project site infrastructure, structural systems, wall finishes, roofing systems and electrical components. Morganti’s project team meets with the City of Port St. Lucie and the Architect to discuss the design issues, systems and scheduling needs. This approach to life cycle analysis is similar to value engineering as many final options are decided by the City after properly analyzing cost impact to the project.

**Constructability Analysis:** The Morganti project team evaluates all components of the project. Each component is analyzed for speed of completion, budget impact and current availability of local labor/materials that are required to complete the job. The diverse experience of the Morganti team increases awareness of any design and criteria which could affect the final outcome of the project.

**Value Engineering:** Value Engineering is an important parallel function that can be completed even after final documents. Morganti reviews all plans and specifications for possible design improvements and cost savings opportunities. Impact to design, cost, schedule, function and maintenance are all considerations. Value engineering meetings can be held to address major components of the design prior to the start of the design drawings.

Failure to execute the above functions can result in added cost for any project.

## CHECKLIST

**BID # 20120066**

### **Port St. Lucie Intermodal Transit Facility Construction Project**

Name of Bidder: The Morganti Group, Inc.

This checklist is provided to assist bidders in the preparation of their bid response. Included in this checklist are important requirements that are the responsibility of each Bidder to submit with their response in order to make their bid response fully compliant. This checklist is only a guideline -- it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

- ✓ Bid Reply Sheet #20120066 with proper signatures upload to Demandstar.
- ✓ E-Bid Reply Excel Spreadsheet uploaded to Demandstar.
- ✓ Drug-Free Workplace Form uploaded to Demandstar.
- ✓ 5% Bid Bond uploaded to Demandstar and mailed in immediately after opening.
- ✓ All pricing has been mathematically reviewed and all corrections have been initialed.
- ✓ All price extensions and totals have been thoroughly checked.
- ✓ Each Bid Addendum (when issued) is acknowledged on the E-Bid Reply Sheet #20120066.
- ✓ Required W-9 as per Section 1.25.1 uploaded to Demandstar.
- ✓ Copy of Insurance Certificate in accordance with Section 5 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.
- ✓ Have reviewed the Contract and accept all City Terms and Conditions.
- ✓ Contractor's Questionnaire uploaded to Demandstar.
- ✓ Required forms: Non-Collusion Affidavit of Prime Bidder; Buy America Certificate of Compliance; Certification Regarding Lobbying; Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Primary Covered Transactions; List of Current Contracts; Trench Safety Compliance form; List of References and Contractor Verification Form. All forms are to be uploaded to Demandstar.
- ✓ List of all sub-contractors (Use the Questionnaire for providing all sub-contractors). All requested information is to be uploaded to Demandstar.
- ✓ Five (5) completed Reference Check Forms uploaded to Demandstar.
- ✓ Copy of the Checklist uploaded to Demandstar.
- ✓ List of Projects (complete the Contractor's Questionnaire)

**\*THIS FORM SHOULD BE RETURNED WITH YOUR BID REPLY SHEET\***

Port St. Lucie Intermodal Transit Facility Construction Project

CITY OF PORT ST LUCIE  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

**REFERENCE FORM**

Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response. (Please print or type)

<p><b>E-Bid #20120066</b>  <b>Title: Port St. Lucie Intermodal Transit Facility Construction Project</b></p> <p>Bidder Name/Company: <u>The Morganti Group, Inc.</u>  Reference Name: <u>Palm Beach County Tax Collector</u> Fax #: <u>(561) 355-4123</u>  Email: <u>dhbrady@pbcgov.org</u> Telephone #: <u>(561) 355-3940</u>  Person to contact: <u>David H. Brady, Jr.</u></p>
---

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. **Referenced company to complete the information below and fax to (772) 871-7337 by 3:00pm on Wednesday, September 5, 2012.**

Describe the scope of work of the contract awarded by your firm to this Bidder. County-wide Continuing Services Contract

Was the project completed on time and within budget? Each project under this contract has been completed on time

What was the project completion date? This is an on-going contract, consisting of several project awards

How many projects has this vendor completed for you within the past 5 years? 3 to date

What problems were encountered (claims) if any? None

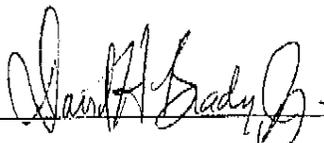
How many change orders were requested by this Proposer? None

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

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

Would you contract with this Company again? Yes  No  Maybe

Comments:

Signature of Reference: 

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

Port St. Lucie Intermodal Transit Facility Construction Project

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REFERENCE FORM

Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response. (Please print or type)

**E-Bid #20120066**

**Title: Port St. Lucie Intermodal Transit Facility Construction Project**

Bidder Name/Company: The Morganti Group, Inc.

Reference Name: School District of St. Lucie County Fax #: (772) 785-6688

Email: IGillette.J@stlucie.k12.fl.us Telephone #: (772) 340-7111

Person to contact: John Gillette

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. **Referenced company to complete the information below and fax to (772) 871-7337 by 3:00pm on Wednesday, September 5, 2012.**

Describe the scope of work of the contract awarded by your firm to this Bidder. County-wide Continuing Services Contract

Was the project completed on time and within budget? Each project under this contract has been completed on time

What was the project completion date? This is an on-going contract, consisting of several project awards

How many projects has this vendor completed for you within the past 5 years? 10+ to date

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? None

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

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

Would you contract with this Company again? Yes  No  Maybe

Comments: Morganti represents one the finest firms we have had working for us in the District during my last 24 years of service. They act on behalf of our interest to the extent that they take ownership of the Project as if it was theirs.

Signature of Reference: John Gillette

Senior Project Manager  
SLCSB.

For OMB Use Only	
Reference Checked	
Clerk Checked	

CITY OF PORT ST LUCIE  
121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
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**REFERENCE FORM**

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**E-Bid #20120066**  
**Title: Port St. Lucie Intermodal Transit Facility Construction Project**

Bidder Name/Company: The Morganti Group, Inc.  
Reference Name: School District of St. Lucie County Fax #: (772) 785-6688  
Email: PiperJ@stlucie.k12.fl.us Telephone #: (772) 785-6619  
Person to contact: Joe Piper

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. **Referenced company to complete the information below and fax to (772) 871-7337 by 3:00pm on Wednesday, September 5, 2012.**

Describe the scope of work of the contract awarded by your firm to this Bidder. Port St. Lucie High School HVAC Retrofit

Was the project completed on time and within budget? This project is on schedule for completion

What was the project completion date? December 2012

How many projects has this vendor completed for you within the past 5 years? 10+

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? None

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

Professionalism	<u>10</u>	Final Product	<u>10</u>
Qualifications	<u>9</u>	Cooperation	<u>10</u>
Budget Control	<u>8</u>	Reliability	<u>10</u>

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

Comments:

Signature of Reference: Joe Piper

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

Port St. Lucie Intermodal Transit Facility Construction Project

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<p><b>E-Bid #20120066</b>  <b>Title: Port St. Lucie Intermodal Transit Facility Construction Project</b></p> <p>Bidder Name/Company: <u>The Morganti Group, Inc.</u>  Reference Name: <u>Florida Department of Health</u> Fax #: <u>(850) 412-1412</u>  Email: <u>steve_tenace@doh.state.fl.us</u> Telephone #: <u>(850) 245-4444 x 3133</u>  Person to contact: <u>Steve Tenace</u></p>
--

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. **Referenced company to complete the information below and fax to (772) 871-7337 by 3:00pm on Wednesday, September 5, 2012.**

Describe the scope of work of the contract awarded by your firm to this Bidder. Hernando County Health Department Administration Building and Clinic

Was the project completed on time and within budget? Yes

What was the project completion date? August 2011

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

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? None

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

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

Would you contract with this Company again? Yes  No  Maybe

Comments:

Signature of Reference: 

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

Port St. Lucie Intermodal Transit Facility Construction Project

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REFERENCE FORM

Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response. (Please print or type)

E-Bid #20120066

Title: Port St. Lucie Intermodal Transit Facility Construction Project

Bidder Name/Company: The Morganti Group, Inc.

Reference Name: Florida Atlantic University Fax #: (772) 466-3644

Email: pthomson@fau.edu Telephone #: (772) 242-2356

Person to contact: Peter Thomson, Associate Director - Facilities Planning

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. **Referenced company to complete the information below and fax to (772) 871-7337 by 3:00pm on Wednesday, September 5, 2012.**

Describe the scope of work of the contract awarded by your firm to this Bidder. University-wide Continuing Services Contract

Was the project completed on time and within budget? Each project under this contract has been completed on time

What was the project completion date? This is an on-going contract, consisting of several project awards

How many projects has this vendor completed for you within the past 5 years? 9 to date

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? None

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

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

Would you contract with this Company again? Yes  No  Maybe

Comments: We are very pleased with Morganti and have been using them on an ongoing basis. They make my job easier.

Signature of Reference: [Signature] 9/4/12

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

Port St. Lucie Intermodal Transit Facility Construction Project

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121 SW Port St. Lucie Boulevard  
Port St. Lucie, Florida, 34984  
772-871-5223 Fax 772-871-7337

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Proposer's Instructions: Fill out top portion only. The City will send form to reference company for completion by them after City's receipt of form in RFP Response. (Please print or type)

<p><b>E-Bid #20120066</b>  <b>Title: Port St. Lucie Intermodal Transit Facility Construction Project</b></p> <p>Bidder Name/Company: <u>The Morganti Group, Inc.</u>  Reference Name: <u>Palm Beach County Department of Airports</u> Fax #: <u>(561) 471-7427</u>  Email: <u>cportnoy@pbia.org</u> Telephone #: <u>(561) 471-7411</u>  Person to contact: <u>Cindy Portnoy</u></p>
---

Reference Instructions: The above Bidder has given your name to the City of Port St. Lucie as a reference. **Referenced company to complete the information below and fax to (772) 871-7337 by 3:00pm on Wednesday, September 5, 2012.**

Describe the scope of work of the contract awarded by your firm to this Bidder. Airport-wide Continuing Services Contract

Was the project completed on time and within budget? Each project under this contract has been completed on time

What was the project completion date? This is an on-going contract, consisting of several project awards

How many projects has this vendor completed for you within the past 5 years? 7 to date

What problems were encountered (claims) if any? None

How many change orders were requested by this Proposer? There were change orders requested on various projects due to change in scope or unforeseen conditions.

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

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

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

Comments:

Signature of Reference: 

For OMB Use Only	
Reference Checked	<input type="checkbox"/>
Clerk Checked	<input type="checkbox"/>

**E-Bid Tabulation Report**  
**E-BID #20120066**  
**Opened: September 5, 2012 - 3:00 PM**  
**Port St. Lucie Intermodal Transit Facility Construction Project**

LINE NO.	PAY ITEM NO.	DESCRIPTION	UNIT	QUAN.	Mancini's Tractor Service		Eagle Enterprises		CAM Group LLC		Sunshine Land Design		The Mergant Group		Fasttrack Mgmt & Consulting	
					UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL
1	101-1	MOBILIZATION	1	LS	\$ 15,000.00	\$ 15,000.00	\$ 9,000.00	\$ 9,000.00	\$ 3,389.10	\$ 3,389.10	\$ 14,465.00	\$ 14,465.00	\$ 21,500.00	\$ 21,500.00	\$ 13,470.00	\$ 13,470.00
2	101-1B	PRE-CONSTRUCTION VIDEO	1	LS	\$ 500.00	\$ 500.00	\$ 250.00	\$ 250.00	\$ 2,619.10	\$ 2,619.10	\$ 2,795.00	\$ 2,795.00	\$ 500.00	\$ 500.00	\$ 977.50	\$ 977.50
3	101-1D	BICYCLE RACK	1	EA	\$ 950.00	\$ 950.00	\$ 400.00	\$ 400.00	\$ 2,729.10	\$ 2,729.10	\$ 1,394.38	\$ 1,394.38	\$ 337.00	\$ 337.00	\$ 672.75	\$ 672.75
4	103-1E	KIOSK	1	AS	\$ 2,200.00	\$ 2,200.00	\$ 1,330.00	\$ 1,330.00	\$ 3,389.10	\$ 3,389.10	\$ 6,264.50	\$ 6,264.50	\$ 2,937.00	\$ 2,937.00	\$ 1,035.00	\$ 1,035.00
5	107-1	MAINTENANCE OF TRAFFIC	1	LS	\$ 1,500.00	\$ 1,500.00	\$ 1,660.00	\$ 1,660.00	\$ 8,339.10	\$ 8,339.10	\$ 6,600.00	\$ 6,600.00	\$ 5,650.00	\$ 5,650.00	\$ 8,675.00	\$ 8,675.00
6	104-10-3	SEDIMENT BARRIER	1200	LF	\$ 1.50	\$ 1,800.00	\$ 1.20	\$ 1,440.00	\$ 2.55	\$ 3,060.00	\$ 1.74	\$ 2,088.00	\$ 1.00	\$ 1,200.00	\$ 2.13	\$ 2,556.00
7	104-15	SOIL TRACKING PREVENTION DEVICE	1	EA	\$ 1,250.00	\$ 1,250.00	\$ 1,500.00	\$ 1,500.00	\$ 2,839.10	\$ 2,839.10	\$ 1,320.00	\$ 1,320.00	\$ 1,900.00	\$ 1,900.00	\$ 2,875.00	\$ 2,875.00
8	108-1	CONSTRUCTION LAYOUT/RECORD DRAWINGS	1	LS	\$ 7,500.00	\$ 7,500.00	\$ 5,000.00	\$ 5,000.00	\$ 5,699.10	\$ 5,699.10	\$ 3,118.50	\$ 3,118.50	\$ 9,300.00	\$ 9,300.00	\$ 6,670.00	\$ 6,670.00
9	110-1-1	CLEARING AND GRUBBING	1	LS	\$ 12,500.00	\$ 12,500.00	\$ 18,000.00	\$ 18,000.00	\$ 11,639.10	\$ 11,639.10	\$ 25,806.26	\$ 25,806.26	\$ 45,880.00	\$ 45,880.00	\$ 10,039.50	\$ 10,039.50
10	120-1	EXCAVATION & EMBANKMENT	1	LS	\$ 12,000.00	\$ 12,000.00	\$ 10,000.00	\$ 10,000.00	\$ 30,576.70	\$ 30,576.70	\$ 12,704.50	\$ 12,704.50	\$ 46,717.00	\$ 46,717.00	\$ 7,579.65	\$ 7,579.65
11	160-4	TYPE B STABILIZATION (12") (LBR 40)	2955	SY	\$ 1.50	\$ 4,432.50	\$ 7.75	\$ 22,901.25	\$ 7.74	\$ 22,871.70	\$ 7.42	\$ 21,926.10	\$ 3.00	\$ 8,865.00	\$ 6.90	\$ 20,389.50
12	285-706	OPTIONAL BASE, BASE GROUP 6 (LBR 100)	1775	SY	\$ 10.50	\$ 18,637.50	\$ 13.00	\$ 23,075.00	\$ 12.53	\$ 22,240.75	\$ 11.55	\$ 20,501.25	\$ 9.75	\$ 17,306.25	\$ 14.49	\$ 25,719.75
13	285-709	OPTIONAL BASE, BASE GROUP 9 (LBR 100)	1070	SY	\$ 12.25	\$ 13,107.50	\$ 15.00	\$ 16,050.00	\$ 15.38	\$ 16,456.60	\$ 13.62	\$ 14,573.40	\$ 12.25	\$ 13,107.50	\$ 16.62	\$ 17,783.40
14	334-1-12A	SUPERRAVE ASPHALTIC CONC, TRAFFIC B (1-1/2" SP 12.5)	1070	SY	\$ 10.67	\$ 11,416.90	\$ 11.50	\$ 12,306.00	\$ 11.97	\$ 12,807.90	\$ 11.07	\$ 11,844.90	\$ 10.90	\$ 11,663.00	\$ 12.31	\$ 13,171.70
15	334-1-12B	SUPERRAVE ASPHALTIC CONC, TRAFFIC B (1" SP 9.5)	1070	SY	\$ 7.69	\$ 8,228.80	\$ 9.60	\$ 10,272.00	\$ 10.15	\$ 10,860.50	\$ 9.12	\$ 9,758.40	\$ 8.50	\$ 9,095.00	\$ 10.06	\$ 10,764.20
16	334-1-12C	SUPERRAVE ASPHALTIC CONC, TRAFFIC B (1-1/2" SP 9.5)	1760	SY	\$ 8.88	\$ 15,628.80	\$ 11.50	\$ 20,240.00	\$ 10.34	\$ 18,198.40	\$ 11.69	\$ 20,574.40	\$ 10.50	\$ 18,480.00	\$ 11.04	\$ 19,430.40
17	425-1-521	INLET (DITCH BOTTOM) (TYPE C) (<10")	2	EA	\$ 1,950.00	\$ 3,700.00	\$ 2,250.00	\$ 4,500.00	\$ 2,629.55	\$ 5,259.10	\$ 1,783.13	\$ 3,566.26	\$ 1,836.03	\$ 3,672.06	\$ 2,415.00	\$ 4,830.00
18	425-1-911	INLETS, CLOSED FLUME	2	EA	\$ 2,500.00	\$ 4,500.00	\$ 3,000.00	\$ 6,000.00	\$ 3,619.55	\$ 7,239.10	\$ 2,939.38	\$ 5,878.76	\$ 2,331.25	\$ 4,662.50	\$ 4,111.25	\$ 8,222.50
19	430-174-118	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 18" SD	114	LF	\$ 25.00	\$ 2,850.00	\$ 37.25	\$ 4,246.50	\$ 49.36	\$ 5,677.04	\$ 33.97	\$ 3,872.58	\$ 42.20	\$ 4,788.00	\$ 31.05	\$ 3,539.70
20	430-174-124	PIPE CULVERT, OPTIONAL MATERIAL, ROUND, 24" SD	184	LF	\$ 30.00	\$ 5,520.00	\$ 44.00	\$ 8,096.00	\$ 50.15	\$ 9,277.60	\$ 41.53	\$ 7,641.52	\$ 57.00	\$ 10,488.00	\$ 44.85	\$ 8,252.40
21	430-984-625	MITERED END SECTION, OPTIONAL OTHER-ELUF/ARCH, 18" SD	2	EA	\$ 650.00	\$ 1,300.00	\$ 2,200.00	\$ 4,400.00	\$ 1,254.55	\$ 2,509.10	\$ 689.50	\$ 1,379.00	\$ 500.00	\$ 1,000.00	\$ 747.50	\$ 1,495.00
22	430-984-629	MITERED END SECTION, OPTIONAL OTHER-ELUF/ARCH, 24" SD	6	EA	\$ 750.00	\$ 4,500.00	\$ 1,300.00	\$ 7,800.00	\$ 729.85	\$ 4,379.10	\$ 794.60	\$ 4,767.60	\$ 650.00	\$ 3,900.00	\$ 914.25	\$ 5,485.50
23	455-1A	DEWATERING FOR CONSTRUCTION OPERATIONS	1	LS	\$ 1,250.00	\$ 1,250.00	\$ 3,350.00	\$ 3,350.00	\$ 6,899.10	\$ 6,899.10	\$ 1,100.00	\$ 1,100.00	\$ 1,500.00	\$ 1,500.00	\$ 2,300.00	\$ 2,300.00
24	515-1-2	PIPE HANDRAIL - GUDDERAIL ALUMINUM BOLLARDS	10	LF	\$ 25.00	\$ 250.00	\$ 150.00	\$ 1,500.00	\$ 283.91	\$ 2,839.10	\$ 37.95	\$ 379.50	\$ 85.00	\$ 850.00	\$ 172.50	\$ 1,725.00
25	519-78	CONCRETE CURB AND GUTTER, TYPE F	4	EA	\$ 350.00	\$ 1,400.00	\$ 500.00	\$ 2,000.00	\$ 1,204.78	\$ 4,819.12	\$ 451.40	\$ 1,805.60	\$ 300.00	\$ 1,200.00	\$ 747.50	\$ 2,990.00
26	520-1-10	CONCRETE CURB AND GUTTER, TYPE F	442	LF	\$ 10.75	\$ 3,020.25	\$ 17.50	\$ 4,917.50	\$ 16.92	\$ 4,754.52	\$ 16.20	\$ 4,552.20	\$ 19.33	\$ 5,431.73	\$ 16.68	\$ 4,697.08
27	520-2-4	CONCRETE CURB, TYPE D	288	LF	\$ 9.00	\$ 2,592.00	\$ 8.80	\$ 3,889.60	\$ 12.74	\$ 5,618.08	\$ 13.39	\$ 5,918.38	\$ 11.24	\$ 4,968.08	\$ 10.93	\$ 4,891.06
28	520-2-9	CONCRETE CURB, SPECIAL, HEADER	288	LF	\$ 11.00	\$ 3,168.00	\$ 15.00	\$ 4,320.00	\$ 17.04	\$ 4,907.52	\$ 30.16	\$ 8,686.08	\$ 18.05	\$ 5,198.40	\$ 27.89	\$ 8,032.32
29	522-1	CONCRETE SIDEWALK (4" THICK)	720	SY	\$ 27.00	\$ 19,440.00	\$ 31.50	\$ 22,680.00	\$ 27.67	\$ 19,922.40	\$ 28.61	\$ 20,599.20	\$ 30.15	\$ 21,708.00	\$ 41.40	\$ 29,808.00
30	522-2	CONCRETE SIDEWALK (6" THICK)/FOOTER Platform	330	SY	\$ 34.00	\$ 11,220.00	\$ 37.00	\$ 12,210.00	\$ 36.07	\$ 11,903.10	\$ 40.48	\$ 13,358.40	\$ 47.88	\$ 15,800.40	\$ 41.40	\$ 13,662.00
31	523-1-2	PATTERNED/TEXTURED PAVEMENT, CONCRETE	122	SY	\$ 67.50	\$ 8,235.00	\$ 40.00	\$ 4,880.00	\$ 83.56	\$ 10,194.32	\$ 69.67	\$ 8,499.74	\$ 65.52	\$ 7,993.44	\$ 67.85	\$ 8,277.70
32	570-1-2	PERFORMANCE TURF (SOD)	3877	SY	\$ 1.60	\$ 6,203.20	\$ 2.70	\$ 10,467.90	\$ 2.93	\$ 11,359.61	\$ 2.52	\$ 9,770.04	\$ 2.25	\$ 8,723.25	\$ 3.62	\$ 14,034.74
33	700-20-11	SINGLE POST SIGN, 68", LESS THAN 12.5F	10	AS	\$ 214.50	\$ 2,145.00	\$ 250.00	\$ 2,500.00	\$ 393.91	\$ 3,939.10	\$ 231.00	\$ 2,310.00	\$ 195.00	\$ 1,950.00	\$ 316.25	\$ 3,162.50
34	700-20-12	SINGLE POST SIGN, 78", 12-20 SF	2	AS	\$ 247.50	\$ 495.00	\$ 275.00	\$ 550.00	\$ 1,117.05	\$ 2,234.10	\$ 259.88	\$ 519.76	\$ 225.00	\$ 450.00	\$ 517.50	\$ 1,035.00

E-Bid Tabulation Report  
 E-BID #20120066  
 Opened: September 5, 2012 - 3:00 PM  
 Port St. Lucie Intermodal Transit Facility Construction Project

LINE NO.	PAV ITEM NO.	DESCRIPTION	UNIT	QUAN.	Manoel's Tractor Service		Eagle Enterprises		CAM Group LLC		Sunshine Land Design		The Morgant Group		Fasttrack Mgmt & Consulting	
					UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL	UNIT PRICE	BID TOTAL
35	710-11-111	PAINTED PAVEMENT, STANDARD WHITE, SOLID, 6"	0.3	NM	\$ 1,452.00	\$ 435.60	\$ 1,900.00	\$ 570.00	\$ 3,719.10	\$ 1,115.23	\$ 2,079.00	\$ 623.70	\$ 1,500.00	\$ 450.00	\$ 2,012.50	\$ 603.75
36	710-11-421	PAINTED PAVEMENT, STANDARD BLUE, SOLID, 6"	346	LF	\$ 0.33	\$ 114.18	\$ 2.10	\$ 726.60	\$ 7.12	\$ 2,463.52	\$ 2.20	\$ 761.20	\$ 0.45	\$ 155.70	\$ 0.52	\$ 179.92
37	711-11-460	PAINTED PAVEMENT, STANDARD BLUE MESSAGE	4	EA	\$ 27.50	\$ 110.00	\$ 22.00	\$ 88.00	\$ 456.78	\$ 1,827.12	\$ 23.10	\$ 92.40	\$ 250.00	\$ 1,000.00	\$ 31.63	\$ 126.52
38	711-11-111	THERMOPLASTIC, STANDARD WHITE, SOLID, 6"	0.03	NM	\$ 4,065.60	\$ 121.97	\$ 5,900.00	\$ 177.00	\$ 7,129.10	\$ 213.87	\$ 5,659.67	\$ 169.79	\$ 4,000.00	\$ 120.00	\$ 4,341.25	\$ 392.52
39	711-11-124	THERMOPLASTIC, STANDARD WHITE, SOLID, 18"	218	LF	\$ 2.48	\$ 540.64	\$ 3.00	\$ 654.00	\$ 10.51	\$ 2,291.18	\$ 2.66	\$ 579.88	\$ 2.75	\$ 599.50	\$ 4.14	\$ 902.52
40	711-11-125	THERMOPLASTIC, STANDARD WHITE, SOLID, 24"	316	LF	\$ 3.58	\$ 1,131.28	\$ 4.00	\$ 1,264.00	\$ 8.89	\$ 2,809.24	\$ 3.55	\$ 1,121.80	\$ 3.75	\$ 1,185.00	\$ 5.46	\$ 1,725.36
41	711-11-170	THERMOPLASTIC, STANDARD WHITE, ARROW	10	EA	\$ 71.50	\$ 715.00	\$ 49.00	\$ 490.00	\$ 223.41	\$ 2,234.10	\$ 51.98	\$ 519.80	\$ 75.00	\$ 750.00	\$ 63.25	\$ 632.50
42	711-11-211	THERMOPLASTIC, STANDARD YELLOW, SOLID, 6"	0.1	NM	\$ 4,065.60	\$ 406.56	\$ 5,400.00	\$ 540.00	\$ 7,129.10	\$ 712.91	\$ 5,659.50	\$ 565.95	\$ 4,000.00	\$ 400.00	\$ 4,341.25	\$ 434.13
43	711-11-224	THERMOPLASTIC, STANDARD YELLOW, SOLID, 18"	136	LF	\$ 2.48	\$ 337.28	\$ 3.00	\$ 408.00	\$ 15.32	\$ 2,083.52	\$ 2.66	\$ 361.76	\$ 2.75	\$ 374.00	\$ 4.14	\$ 563.04
44	715-4-400	LIGHT POLE COMPLETE, RELOCATE UTILITY	2	EA	\$ 3,500.00	\$ 7,000.00	\$ 3,100.00	\$ 6,200.00	\$ 5,709.00	\$ 11,418.00	\$ 3,863.48	\$ 7,726.96	\$ 1,225.00	\$ 2,450.00	\$ 3,162.50	\$ 6,325.00
45	1000-1	UTILITY ADJUSTMENTS	1	LS	\$ 1,000.00	\$ 1,000.00	\$ 365.00	\$ 365.00	\$ 3,389.10	\$ 3,389.10	\$ 1,375.00	\$ 1,375.00	\$ 1,500.00	\$ 1,500.00	\$ 747.50	\$ 747.50
46	1000-2	WATER FOUNTAIN	1	AS	\$ 4,500.00	\$ 4,500.00	\$ 4,400.00	\$ 4,400.00	\$ 7,655.10	\$ 7,655.10	\$ 5,650.73	\$ 5,650.73	\$ 3,200.09	\$ 3,200.09	\$ 5,347.50	\$ 5,347.50
47	1050-11-321	UTILITY PIPE, F&I, PE, WATER, 2"	118	LF	\$ 63.56	\$ 7,500.08	\$ 12.00	\$ 1,416.00	\$ 22.44	\$ 2,647.92	\$ 30.02	\$ 3,542.36	\$ 58.45	\$ 6,897.10	\$ 46.00	\$ 5,428.00
48	1080-11-23	UTILITY FIXTURES, F&I, 2-4-9", TAPPING SADDLES/SLEEVE	1	EA	\$ 2,050.00	\$ 2,050.00	\$ 3,500.00	\$ 3,500.00	\$ 6,909.10	\$ 6,909.10	\$ 4,081.89	\$ 4,081.89	\$ 1,925.00	\$ 1,925.00	\$ 2,380.50	\$ 2,380.50
49		INDemnIFICATION FEE	1	EA	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00	\$ 10.00
		<b>BID TOTAL</b>			\$ 235,899.04	\$ 2,282,539.35	\$ 282,539.35	\$ 348,909.87	\$ 304,802.43	\$ 397,738.00	\$ 320,443.82	\$ 320,443.82	\$ 320,443.82	\$ 320,443.82	\$ 320,443.82	\$ 320,443.82
		<b>OPTIONAL BID ITEM A</b>														
1	572-1A	DECON AVENUE SIDEWALK* *Decon Avenue sidewalk includes necessary handrails, gravity wall, sidewalk, and drainage.	340	LF	\$ 87.95	\$ 29,903.00	\$ 33.00	\$ 11,220.00	\$ 99.57	\$ 33,853.80	\$ 88.46	\$ 30,076.40	\$ 100.65	\$ 34,221.00	\$ 108.35	\$ 36,839.00
		1 Acknowledge all Bid Addenda			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		2 Submitted original Bid Bond.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		3 Submitted Certificate of Insurance.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		4 Submitted all required forms.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		5 Submitted Licenses to perform work.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		6 Accepts Visa.			No	No	N/A	N/A	No	No	0%	0%	N/A	N/A	No	N/A
		7 Discount using Visa.			N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		8 Submitted subcontractor list.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		9 Submitted W-9 form.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		10 Submitted Questionnaire.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		11 Submitted Checklist.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
		12 Number of Calendar days.			120	120	210	210	180	180	180	180	180	180	180	160
		13 Bidder ever declared bankruptcy.			No	No	No	No	No	No	No	No	No	No	No	No
		14 Any lawsuits pending or completed in the past 5 years.			None	None	None	None	None	None	None	None	None	None	None	None
		15 Judgments from the past 5 years.			None	None	None	None	None	None	None	None	None	None	None	None
		16 Any criminal violations.			None	None	None	None	None	None	None	None	None	None	None	None
		17 Bonding capacity.			\$12,000,000	\$12,000,000	\$600,000	\$600,000	\$6,000,000	\$6,000,000	\$6,000,000	\$6,000,000	\$100,000,000	\$100,000,000	\$10,000,000	\$10,000,000
		18 Submitted 5 Reference Check forms.			Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes