



**CITY OF BELLE ISLE, FLORIDA
CITY COUNCIL AGENDA ITEM COVER SHEET**

Meeting Date: May 7, 2019

To: Honorable Mayor and City Council Members

From: B. Francis, City Manager

Subject: Wind Drift Storm Water Project

Background: The City issued an invitation to bid for the Wind Drift Storm Water Project. The bids were opened on April 18. The City sent out bid packages to three companies. Price Construction was the only bid received in the amount of \$222,386.00. Wind Drift flooding has been a problem for many years. It was first brought up when Bea Bateman was City Manager, but it was not resolved until now. .

Staff Recommendation: Approve the bid of Price Construction in the amount of \$222,386.00.

Suggested Motion: I move that we approve the bid of Price Construction in the amount of \$222,386 for the Wind Drift Storm Water Project.

Alternatives: Do not accept the bid and direct the project be re-bid.

Fiscal Impact: \$152,386 from Storm Water Capital Projects; \$70,000 from Street Paving Capital Projects.

Attachments: Bid documents

**Bid Forms****00300****Contractors Name:**Price Construction Inc**Project Identification:****Bid # 19-02: Wind Drift Road Stormwater Upgrades Project****Owner:****CITY OF BELLE ISLE****City Bid #:****#19-02**

- 1) The undersigned Bidder proposes and agrees, if this Bid is accepted, to enter into an Agreement with the City in the form included in this document to complete all work as specified or indicated in the Project Manual for the Contract Price and within the Contract Time indicated in this Bid and in accordance with the document.
- 2) The Bidder certifies that they have investigated the requirements to do business in the jurisdiction where the project is located, and that they are either qualified to do business or will obtain such pre-qualification before award of the contract.
- 3) The Bidder accepts all of the terms and conditions in this document including, without limitation, those dealing with the disposition of Bid Security (if applicable). This Bid will remain open for 60 days after the day of the Bid Opening. The Bidder will sign the Agreement and other documents required by the Contract Documents within 10 days after the date of City's Notice of Award.
- 4) In submitting this Bid, the Bidder represents, as more fully set forth in the Agreement, that:
 - a) The Bidder has examined copies of all Contract Documents and the following addenda:
Date: 4-8-19 4-15-19 Number: A B
 - b) The Bidder has examined the site and locality where the work is to be performed and the conditions affecting cost, progress or performance of the work and has made such independent investigations as the Bidder deems necessary.
 - c) This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation or solicited any other Bidder to submit a false or sham Bid and the Bidder has not sought by collusion to obtain for themselves any advantage over any other Bidder or over the City.
- 5) BIDDER will complete the Work outlined in the Construction Documents and Specifications as outlined herein.

We Price Construction Inc have carefully examined the construction documents and specifications, and hereby propose to provide the complete installation of new stormwater basins, associated piping, renovation of the existing swales, installation of new curbing along the cul-de-sac road, and to mill and repave the asphalt cul-de-sac roadway. The cost indicated below includes all labor, materials, equipment, construction management and testing that is shown in the construction documents and as outlined herein. The



cost indicated below also includes all labor, material, equipment, construction management and testing that may not be expressly shown on the construction documents but that are inherently necessary to complete the works.

Complete Project Base Bid as specified Lump Sum: \$ 222,386⁰⁰.

The undersigned hereby declares that they have carefully examined the individual sites listed on the bid form and will complete the WIND DRIFT ROAD STORMWATER UPGRADES PROJECT according to the specifications herein.

The terms used in this Bid were submitted to the City of Belle Isle on the 18 of April, 2019.

By: [Signature]
Individual's Name - Signature

Philip Price
Individual's Name - Printed

doing business as Price Construction Inc. (business name)

Business Address: 7440 Daetwyler Dr.

Business Phone No.: 407-857-7416

Business Fax No.: 407-857-2118

Email: ppriceinc92@gmail.com

Communications to the BIDDER concerning this Bid shall be addressed to:

Mailing Address: PO Box 590062

Street Address: _____

City, State and Zip: Orl. FL. 32859

Telephone No.: 407-857-7416

Fax No.: 407-857-2118

Email: ppriceinc92@gmail.com

**It is understood that the City of Belle Isle reserves the right to accept or reject any or all bids not deemed in the best interest of the City as determined by the City.*



Drug Free Workplace Certification

Section 00300

Identical or "Tie" Bids:

Preference shall be given to businesses with drug free workplace programs. Whenever two or more proposals which are equal in respect to price, quality, and service are received by the State or by any political subdivision for procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug free workplace program shall be given preference in the award process.

In order to have a drug free workplace program, a business shall:

- 1) Publish and pass out to each employee a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace.
- 2) Inform employees about the dangers of drug abuse in the workplace and the penalties that may be imposed upon employees for drug abuse violation.
- 3) Inform employees that the employer must be notified of a violation occurring in the workplace no later than five (5) calendar days after a conviction.
- 4) Impose sanctions 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 employees who is so convicted.
- 5) Make a good faith effort to continue to maintain a drug free workplace through implementation of this section.

Kim Price 4-4-19
Name (signature) Date

Kim Price
Name (printed)
President
Title



Public Entity Crimes – Sworn Statement

Section 00300

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a proposal on a contract to provide any goods or services to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with a public entity, and may not transact business with any public entity in excess of a period of 36 months from the date of being placed on the convicted vendor list.

Pursuant to Section 287.134(2) (a), Florida Statutes, an entity or affiliate who has been placed on the discriminatory vendor list may not submit a bid on a contract to provide any goods or services to a public entity.

This sworn statement by

Kim Price President

Name and title of business representative

who is authorized to represent

Price Construction Inc.

Business name

hereby specifies that neither the entity submitting this statement, nor any officers, directors, executives, partners, employees, shareholders who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

Kim Price

Signature

4-17-19

Date

STATE OF FLORIDA
COUNTY OF ORANGE

Personally appeared before me, the undersigned authority, on this 17 day of

April, 20 19.

Notary Public



02/05/2023
Commission Date

Personnel for Price Construction, Inc.

Owner

Philip Price

Vice President

Estimating/Supervisor

407-857-7416

407-509-6555 Cell

Kim Price

President

Office Manager

407-857-7416

407-509-6556 Cell

References for Price Construction, Inc.

Project Name: Warren Park Canoe Launch
Owner/Rep: Orange County Board of County Commissioners
Owner Address: 400 E South Street Suite 500
Orlando, Florida 32801
Phone/Email: 407-836-0053 roanwaterbury@ocfl.net
Job Descript: Install a canoe/kayak launch at Warren Park
Date Completed: 2-7-18
Cost of Project: 57,458.13

Project Name: Jade Circle Roadway Improvements
Owner/Rep: City of Belle Isle Bob Francis
Owner Address: 1600 Nela Avenue
Belle Isle, Florida 32809
Phone/Email: 407-851-7730
Job Descript: Concrete curbing, asphalt, piping, sodding
Date Completed: 1-15-19
Cost of Project: \$442,909.95



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/17/2019

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

PRODUCER
Sihle Insurance Group, Inc.
1021 Douglas Ave.
Altamonte Springs FL 32714

CONTACT
NAME: Certificate Department
PHONE
(A/C, No, Ext): 407-869-0962 FAX
(A/C, No): 407-774-0936
E-MAIL
ADDRESS: certificates@sihle.com

INSURED
Price Construction Inc.
PO Box 590062
Orlando FL 32859

PRICCON-02

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Westfield Insurance Group	24112
INSURER B : FCBI Florida Citrus, Business & Industries Fund	54132
INSURER C : Colony Insurance Company	39993
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES

CERTIFICATE NUMBER: 995442481

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<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 <input type="checkbox"/> OTHER			101GL011905400	4/5/2019	4/5/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CWP7595670	5/11/2018	5/11/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP \$ 10,000
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		10632124	4/1/2019	4/1/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

City of Belle Isle
1600 Nela Avenue
Belle Isle FL 32809

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

AUTHORIZED REPRESENTATIVE

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