

**City Clerk's Office
City Hall, 9090 Southwest 50th Place,
Cooper City, Florida 33328**

BID DOCUMENTS

**IMPACT WINDOWS & DOORS REPLACEMENT
(BSO FIRE STATION)**

ITB 2022-3-PW

COPIA

**BIDDER'S NAME: TECHGROUPONE, INC
DATE: June 23st 2022 – TIME: 3:00 PM**

ATTACHMENT A
(Page 1 of 5)

City of Cooper City, Florida

Bid Form

(5 pages)

**IMPACT WINDOWS & DOORS REPLACEMENT
(BSO FIRE STATION)
ITB 2022-3-PW**

Bids Due: Thursday, June 23, 2022

For information, contact the Purchasing Division:

The Purchasing Division
954-433-4300 Ext. 268
Purchasing@CooperCityFL.org

Release Date: Thursday, May 19, 2022

Submitted by: TECHGROUPONE, INC
(Company name)

PLEASE RETURN ONLY THIS BID FORM (5 PAGES) AND THE REQUIRED ATTACHMENTS.

ATTACHMENT A
(Page 2 of 5)

Project: IMPACT WINDOWS & DOORS REPLACEMENT (BSO FIRE STATION)
Contract Identification: ITB 2022-3-PW
Bids submitted to: Office of the City Clerk
City of Cooper City
9090 SW 50th Place
Cooper City, Florida, 33328

1. The undersigned submitter/proposes and agrees, if this Bid is accepted, to enter into an agreement with City in the form included in the contract documents to perform and furnish all work as specified or indicated in the contract documents for the contract price and within the contract time indicated in this bid and in accordance with the other terms and conditions of the contract documents.
2. Bidder accepts all of the terms and conditions of the advertisement of Invitation to Bid and Instruction to Bidders including, without limitation, those dealing with the Bid requirements. This Bid will remain in full force for 120 days from bid opening date. Bidder will sign and submit an agreement with the Bonds within 15 days after the City's Notice of Award.
3. In submitting this Bid, Bidder represents, as more fully set forth in the Agreement that:
 - a. Bidder has examined copies of all plans, and bidding documents, contract specifications and instruction to bidders.
 - b. Bidder has familiarized itself with the nature and extent of the Contract Documents, work site, locality, local conditions and the laws and regulations that in any manner may affect the cost, progress, performance or furnishing of the work.
 - c. Bidder has studied carefully all reports and drawings of the project and the physical conditions of the project site areas and accepts the extent of the technical data contained in such reports and drawings upon which Bidder is entitled to rely.
 - d. Bidder has correlated the results of their studies and reviews, observations, investigations, explorations, tests, and studies with the terms and conditions of the contract documents.
 - e. Bidder has given City written notice of all conflicts, errors or discrepancies that is has discovered in these documents and the written resolution thereof by City is acceptable to Bidder.
 - f. This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporate and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false Bid, and Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or the City.
4. Bid Copies
ONE (1) ORIGINAL, TWO (2) COPIES and ONE (1) ELECTRONIC COPY (Flash Drive) of the Bid should be submitted to the City of Cooper City, City Hall, 9090 SW 50th Place, Cooper City, Florida 33328, to the attention of the Office of the City Clerk. If by US mail, Bids shall be submitted to 9090 SW 50 Place, Cooper City, Florida 33328.
5. Addenda, Additional Information-Contact with City Staff

Any addenda or answers to written questions supplied by the City to participating Bidders become part of this Invitation to Bid and the resulting contract. The Bid Form shall be signed by an authorized company representative dated and returned with the proposal Bid.

No negotiations, decisions or actions shall be initiated or executed by the Bidder as result of any discussions with any City employee. Only those communications which are in writing from the City may be considered as a duly authorized

ATTACHMENT A
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expression. Also, only communications from bidder that are signed and in writing will be recognized by the City as duly authorized expressions on behalf of the bidder.

Specific questions related to the Scope of Services requested shall be directed in writing to the City of Cooper City Purchasing Division. Questions must be emailed to Purchasing@CooperCityFL.org who may respond in kind with copies to all Bidders. **The deadline for submission of questions is 5:00PM, Thursday, June 9, 2022.**

The successful bidder shall be required to execute a City contract covering the scope of services to be provided and setting forth the duties, rights and responsibilities of the parties. This contract must be executed by the successful bidder prior to recommendation of award and presentation to the City Commission.

6. Summary of Documents to be submitted with Bid

X	Bid Form
X	Reference Form
X	Public Entity Crimes (PEC) Form
X	ADA Affidavit
X	Business Entity Affidavit
X	Bidder's Foreign (Non-Florida) Corporate Statement (If applicable)
X	W-9, Request for Taxpayer Identification Number
X	Proof of Workers Compensation Insurance or Exemption
X	Proof of Liability Insurance
X	Ownership Disclosure Affidavit
X	Drug-Free Workplace Certificate
X	Employee Background Verification Affidavit
X	Scrutinized Companies Affidavit
X	Non-Conflict of Interest Statement
X	E-Verify Form
X	Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

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ATTACHMENT A
(Page 4 of 5)

Bidder's Contact Information

Name of Company: TECHGROUPONE, INC

Address: 8504 NW 66th St Miami, FL 33166

Type of Business General Contractor

Company's Website: www.techgroupone.com

Authorized Signatory Contact: Juan C. Maggi

Title: President

Tel: (305) 517 - 30 40 Mobile: (954) 646 - 69 97

Email Address (Required): contractor@techgroupone.com

Primary Contact: Juan C. Maggi

Title: President

Tel: (305) 517 - 30 40 Mobile: (954) 646 - 69 97

Email Address (Required): contractor@techgroupone.com

Additional Contact & Title: Adriana Espinoza

Tel: (305) 517 - 30 40 Mobile: _____

Email Address (Required): contractor@techgroupone.com

Remit to Address: 8504 NW 66th St Miami, FL 33166

Remit to Contact: Name: Juan C. Maggi Tel: (305) 517 - 30 40

ATTACHMENT A
 (Page 5 of 5)

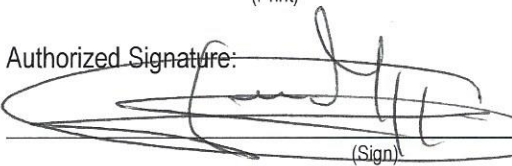
Impact Windows and Doors PRICING SHEET

Item #	Item Description	Size W=Width H=Height	Quantity	Price Each	Extended Price
1	Door - Outswing (Left)	W=39 H=82	2	\$ 2,705.60	\$ 5,411.20
2	Door - Outswing (Right)	W=39 H=82	2	\$ 2,705.60	\$ 5,411.20
3	Window - Horizontal Rolling	W=53 H=50	1	\$ 903.82	\$ 903.82
4	Window - Horizontal Rolling	W=62 H=38	2	\$ 829.63	\$ 1,659.26
5	Window - Horizontal Rolling	W=74 H=38	7	\$ 952.21	\$ 6,665.47
6	Window - Horizontal Rolling	W=74 H=51	2	\$ 1,178.07	\$ 2,356.14
7	Window - Fixed	W=166 H=24	7	\$ 2,134.01	\$ 14,938.07
8	Window - Fixed	W=120 H=24	3	\$ 1,187.79	\$ 3,563.37
9	Window - Fixed	W=112 H=24	4	\$ 1,122.63	\$ 4,490.52
10	Window - Picture	W=37 H=38	1	\$ 526.58	\$ 526.58
11	Labor			Total Price for Labor	\$ 19,623.16
Grand Total					\$ 65,548.79

Submitted by:

JUAN C. MAGGI
 (Print)

Authorized Signature:


 (Sign)

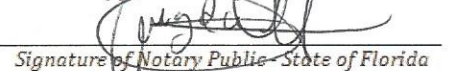
Company Name:

TECHGROUPONE, INC

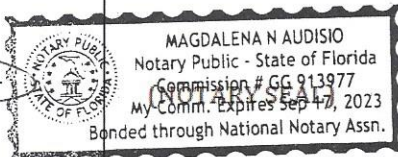
STATE: FLORIDA
 COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of June, 2022, by: JUAN C. MAGGI

Name of person making statement


 Signature of Notary Public - State of Florida

Magdalena Audisio
 Name of Notary Typed, Printed, or Stamped



Personally Known OR Produced Identification

Type of Identification Produced _____

**ATTACHMENT B
REFERENCES**

All references shall be from entities/companies regularly engaged in the business of providing the goods and/or services as described in this solicitation. **CITY OF COOPER CITY STAFF SHALL NOT BE USED AS A CLIENT REFERENCE.**

1. ENTITY/COMPANY NAME: Hialeah Housing Authority
ADDRESS: 75 E 6th St, Hialeah, FL 33010
CONTACT NAME: Miguel Hernandez
CONTACT'S TITTLE: Capital Fund Coordinator
TELEPHONE: 305.887 09 97
E-MAIL (REQUIRED): Miguel.Hernandez@hialeahhousing.org
CONTRACT PERIOD: FROM: 3/31/2021 TO: 1/15/2022

2. ENTITY/COMPANY NAME: Village of Pinecrest
ADDRESS: 12645 Pinecrest Parkway Pinecrest, Florida 33156
CONTACT NAME: Ryan Ruiz
CONTACT'S TITTLE: Operation Manager
TELEPHONE: 305.669.6990
E-MAIL (REQUIRED): rruiz@pinecrest-fl.gov
CONTRACT PERIOD: FROM: 8/28/2020 TO: 5/20/2021

3. ENTITY/COMPANY NAME: Florida Key Aqueduct Authority
ADDRESS: 1100 Kennedy Drive Key West, FL 33040
CONTACT NAME: Emmy Koenig, P.E.
CONTACT'S TITTLE: Associate Engineer
TELEPHONE: (305) 295 21 36
E-MAIL (REQUIRED): ekoenig@fkaa.com
CONTRACT PERIOD: FROM: 9/14/2020 TO: 2/1/2021

This page shall be completed IN FULL and submitted with your bid.

ATTACHMENT C
(Page 1 of 2)

**SWORN STATEMENT PURSUANT TO SECTION 287.133 (3) (a),
FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A
NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: JUAN C. MAGGI
(print individual's name and title)
for: TECHGROUPONE, INC
(print name of entity submitting sworn statement)

whose business address is: 85004 NW 66th St Miami, FL 33166

and (if applicable) its Federal Employer Identification Number (FEIN) is: 65-1099373.

*(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
_____-_____-_____).*

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentations.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

- a) A predecessor or successor of a person convicted of a public entity crime; or
- b) An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

ATTACHMENT C
(Page 2 of 2)


6. Based on information and belief, the statement that I have marked below is true in relation to the entity submitting this sworn statement. (Indicate which statement applies).


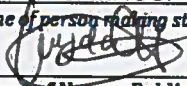
x Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ This entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However, there has been a subsequent proceeding before a Hearing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. (attach a copy of the final order).

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAPH 1 ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.


Signature

STATE: <u>FLORIDA</u>
COUNTY: <u>MIAMI-DADE</u>
Sworn to (or affirmed) and subscribed before me this <u>22</u> day of <u>June</u> , 20 <u>22</u> by: <u>JUAN C. MAGGI</u>

<i>Name of person making statement</i> <u></u>
<i>Signature of Notary Public - State of Florida</i> <u>Magdalena Audisio</u>
<i>Name of Notary Typed, Printed, or Stamped</i> <u>Magdalena Audisio</u>
Personally Known <u> X </u> OR Produced Identification _____
Type of Identification Produced _____

ATTACHMENT D

**AMERICANS WITH DISABILITIES ACT (ADA)
DISABILITY NONDISCRIMINATION STATEMENT**

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

This sworn statement is submitted to the CITY OF COOPER CITY, FLORIDA

by: JUAN C. MAGGI
(print individual's name and title)

for: TECHGROUPONE, INC
(print name of entity submitting sworn statement)

whose business address is: 85004 NW 66th St Miami, FL 33166

and (if applicable) its Federal Employer Identification Number (FEIN) is: 65-1099373
(If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: _____ - _____ - _____.)

I, being duly first sworn state:

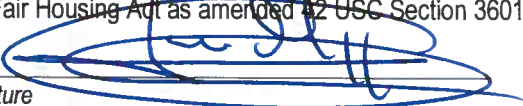
That the above named firm, corporation or organization is in compliance with and agreed to continue to comply with, and assure that any subcontractor, or third party contractor under this project complies with all applicable requirements of the laws listed below including, but not limited to, those provisions pertaining to employment, provision of programs and services, transportation, communications, access to facilities, renovations, and new construction.

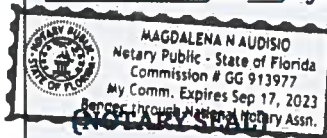
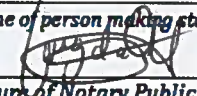
The American with Disabilities Act of 1990 (ADA), Pub. L. 101-336, 104 Stat 327, 42 USC 1210112213 and 47 USC Sections 225 and 661 including Title I, Employment; Title II, Public Services; Title III, Public Accommodations and Services Operated by Private entities; Title IV, Telecommunications; and Title V, Miscellaneous Provisions.

The Florida Americans with Disabilities Accessibility Implementation Act of 1993, Section 553.501-553.513, Florida Statutes:

The Rehabilitation Act of 1973, 229 USC Section 794;
The Federal Transit Act, as amended 49 USC Section 1612;
The Fair Housing Act as amended 42 USC Section 3601-3631.

Signature



STATE:	FLORIDA
COUNTY:	<u>MIAMI-DADE</u>
Sworn to (or affirmed) and subscribed before me this <u>22</u> day of <u>June</u>, 2022, by: <u>JUAN C. MAGGI</u>	
<i>Name of person making statement</i>	
	<u></u>
<i>Signature of Notary Public - State of Florida</i>	
<u>Magdalena Audisio</u>	
<i>Name of Notary Typed, Printed, or Stamped</i>	
Personally Known <u>X</u>	OR Produced Identification _____
Type of Identification Produced _____	

ATTACHMENT E

BUSINESS ENTITY AFFIDAVIT

I, JUAN C. MAGGI, being first duly sworn state:

The full legal name and business address of the person(s) or entity proposing to contract or transact business with the City of Cooper City ("City") are (Post Office addresses are not acceptable), as follows:

65-1099373
Federal Employer Identification Number (FEIN) (If none, Social Security Number)

TECHGROUPONE, INC
Name of Entity, Individual, Partners or Corporation

Doing Business As (If same as above, leave blank)

8504 NW 66th St Miami FL 33166
Street Address Suite City State

Florida April 23,2001
State and Date of Incorporation:

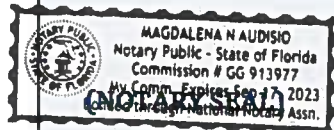
[Signature]
Signature of Affiant

6/22/2022
Date

JUAN C. MAGGI
Print Name

STATE: **FLORIDA**
COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of
June, 2022 by: JUAN C. MAGGI
Name of person making statement



[Signature]
Signature of Notary Public - State of Florida
Magdalena Audisio
Name of Notary Typed, Printed, or Stamped

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

ATTACHMENT F

FOREIGN (NON-FLORIDA) CORPORATION MUST COMPLETE THIS FORM
DEPARTMENT OF STATE CORPORATE CHARTER NO. _____

If your corporation is exempt from the requirements of Section 607.1501, Florida Statutes, YOU MUST CHECK BELOW the reason(s) for the exemption. Please contact the Department of State, Division of Corporations at (850) 245-6051 for assistance with corporate registration or exemptions. 607.1501 Authority of foreign corporation to transact business required.

- (1) A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.
- (2) The following activities, among others, do not constitute transacting business within the meaning of subsection one (1):
 - _____ (a) Maintaining, defending, or settling any proceedings.
 - _____ (b) Holding meetings of the board of directors or shareholders or carrying on other activities concerning internal corporate affairs.
 - _____ (c) Maintaining bank accounts.
 - _____ (d) Maintaining officers of agencies for the transfer, exchange, and registration of the corporation's own securities or maintaining trustees or depositories with respect to those securities.
 - _____ (e) Selling through independent contractors.
 - _____ (f) Soliciting or obtaining orders, whether by mail or through employees, agents or otherwise, if the orders
 - _____ (g) Creating or acquiring indebtedness, mortgages, and security interests in real or personal property.
 - _____ (h) Securing or collecting debts or enforcing mortgages and security interests in property securing the debts.
 - _____ (i) Transacting business in interstate commerce.
 - _____ (j) Conducting an isolated transaction that is completed within 30 days and that is not one in the course of repeated transactions of a like nature.
 - _____ (k) Owning and controlling a subsidiary corporation incorporated in or transacting business within this state or voting the stock of any corporation which it has lawfully acquired.
 - _____ (l) Owning a limited partnership interest in a limited partnership that is doing business within this state, unless such limited partner manages or controls the partnership or exercises the powers and duties of a general partner.
 - _____ (m) Owning, without more, real or personal property.

The list of activities of subsection (2) is not exhaustive.

- (3) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

Please check one of the following if your firm is NOT a corporation:

- (I) _____ Partnership, Joint Venture, Estate or Trust
- (II) _____ Sole Proprietorships of Self Employed

NOTE: This sheet **MUST** be enclosed with your bid if you claim an exemption or have checked I or II above, your firm will be considered a corporation and subject to all requirements listed herein.

SIGNATURE OF AUTHORIZED AGENT OF PROPOSER

BIDDER'S LEGAL NAME

ATTACHMENT G

Form **W-9**
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
TECHGROUPONE, INC

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
8504 NW 66th St

6 City, state, and ZIP code
Miami, FL 33166

7 List account number(s) here (optional)

Requester's name and address (optional)
 www.....

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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

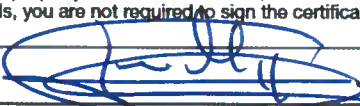
Social security number								
				-				
or								
Employer identification number								
6	5		-	1	0	9	9	3 7 3

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶  Date ▶ **6/22/2022**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

ATTACHMENT H

**REQUEST FOR PROOF OF
WORKERS' COMPENSATION INSURANCE OR EXEMPTION**

Dear Provider of Services or Goods:

In order to provide services or goods to City of Cooper City, we require that you provide us either proof of workers' compensation coverage or proof of exemption.

Workers' compensation insurance is required of all employers in Florida that employ 4 or more part or full time employees. In the event that you are an employer in the construction industry, you are required to have workers' compensation insurance if you employ one or more workers. Corporate officers and sole proprietors are included when calculating the number of employees. Note: Corporate officers may claim exemption from workers' compensation coverage on themselves only, by filing *Form DWC 250, Notice of Election to Be Exempt*. This form can be found at <https://www.floridawc.com/workers-comp-insurance/flwc/2011/04/exemptionform.pdf>

If you meet the above criteria to be exempt, you MUST provide us with one of the following:

- If your business is a sole proprietorship or unincorporated business: provide us a Verification of Automatic Exempt Certificate. This verification is a letter that is issued by the State of Florida Department of Financial Services. To receive a letter from the State, complete the following directions: 1) Call the National Council of Compensation Insurance 1-800-622-4123, Option 5, and ask them for the class code for your type of business. 2) Once you have received this code, call the Department of Financial Services at 1-850-413-1601 and provide them your business name, class code, mailing address, and contact phone number. They will send you the Verification of Automatic Exempt Certificate. 3) Provide us a copy of the Verification of Automatic Exempt Certificate.
- If your business is a corporation (including a professional association or limited liability company), and you are not required to have workers' compensation insurance as per the requirements as outlined above, you must complete the attached Workers' compensation Exemption Affidavit, have it notarized, and return the original to us.

If you are an employer that meets the requirements of workers' compensation and need to obtain coverage, contact your current business insurance agent, or you may use the following resources to locate an agent: www.faiia.com, www.piafl.org, or call (850) 893-8245.

Please be reminded that the furnishing of this information to City of Cooper City is a non-negotiable requirement to perform services for us. Failure to provide this information in a timely manner may result in either termination of your services or delay of payment for services. Your workers' compensation Certificate of Coverage, Workers' Compensation Exemption Affidavit, or Verification of Automatic Exempt Certificate must be delivered or mailed to the Purchasing Division located at City Hall, 9090 SW 50 Place, Cooper City, Florida 33328, or emailed to Purchasing@CooperCityFL.org.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/06/2022

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 CARRERA INSURANCE-HIALEAH 355 EAST 49 STREET MIAMI FL 33186		CONTACT NAME: Michelle Farfan PHONE (A/C, No, Ext): 305-385-2886 E-MAIL ADDRESS: Michelle@carrerainsurance.com FAX (A/C, No): 305-557-1491
INSURED TECHGROUPONE, INC 8504 NW 66th St Miami, FL 33166		INSURER(S) AFFORDING COVERAGE INSURER A : Evanston Insurance Company INSURER B : Infinity Insurance Company INSURER C : Nautilus Insurance Company INSURER D : Hiscox Insurance Company Inc INSURER E : INSURER F :
		NAIC # 35378 22268 17370 10200

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	3AA531163	01/14/2022	01/14/2023	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
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			509-56099-5260-001	03/02/2022	03/02/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 10,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION \$			AN1252917	01/14/2022	01/14/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
D	PROFESSIONAL LIABILITY			ANE4657659.22	03/15/2022	03/15/2023	EACH CLAIM \$ 1,000,000 AGGREGATE \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The Certificate holder is named as additional insured on the general liability if required by written contract or agreement. The general liability policy is primary, non-Contributory and provide Waivers of Subrogation in favor of the certificate holder if required by written contract or agreement.

CHEVROLET SILVERADO VIN #1GCRREC6FZ201914 COMP/COLL. LEGAL PIP \$10,000
GMC SIERRA C1500 VIN # 1GTR1TEH4FZ348764 COMP/COLL.
CHEVROLET SILVERADO 1500 VIN #.1GCEC19XX8Z114257 COMP/COLL.

CERTIFICATE HOLDER	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---------------------------	--

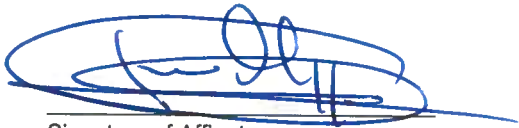
ATTACHMENT I

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contact or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are (Post Office addresses are not acceptable), as follows:

<u>Full Legal Name</u>	<u>Address</u>	<u>Ownership</u>
JUAN C. MAGGI	205 CAMERON DR, WESTON FL 33326	100 %
_____	_____	%
_____	_____	%

2. The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses are not acceptable), as follows:



Signature of Affiant

JUAN C. MAGGI

Print Name

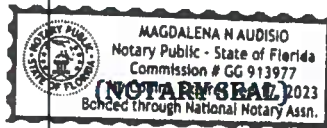
6/22/2022

Date

STATE: **FLORIDA**
COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of
June, 2022, by: JUAN G. MAGGI

Name of person making statement



Signature of Notary Public - State of Florida

Magdalena Audisio

Name of Notary Typed, Printed, or Stamped

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

ATTACHMENT J

DRUG FREE WORKPLACE CERTIFICATE

I, the undersigned, in accordance with Florida Statute 287.087, hereby certify that, **(print or type name of firm)**
TECHGROUPONE, INC

- Publishes a written statement notifying that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace named above, and specifying actions that will be taken against violations of such prohibition.
- Informs employees about the dangers of drug abuse in the work place, the firm's policy of maintaining a drug free working environment, and available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug use violations.
- Gives each employee engaged in providing commodities or contractual services that are under bid or proposal, a copy of the statement specified above.
- Notifies the employees that as a condition of working on the commodities or contractual services that are under bid or proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, pleas of guilty or nolo contendere to, any violation of Chapter 1893, or of any controlled substance law of the State of Florida or the United States, for a violation occurring in the work place, no later than five (5) days after such conviction, and requires employees to sign copies of such written (*) statement to acknowledge their receipt.
- Imposes a sanction on, or requires 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.
- Makes a good faith effort to continue to maintain a drug free work place through the implementation of the drug free workplace program.

"As a person authorized to sign this statement, I certify that the above named business, firm or corporation complies fully with the requirements set forth herein".

[Handwritten Signature]

Signature of Affiant

JUAN C. MAGGI

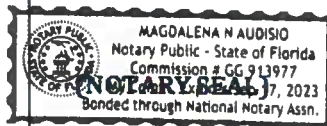
Print Name

6/22/2022

Date

STATE: FLORIDA
COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of
June, 2022, by: JUAN C. MAGGI
Name of person making statement



Signature of Notary Public - State of Florida

Magdalena Audisio

Name of Notary Typed, Printed, or Stamped

Personally Known **OR** Produced Identification

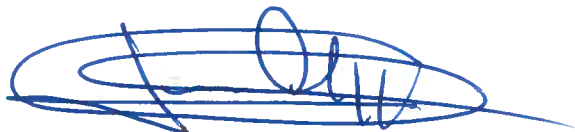
Type of Identification Produced _____

ATTACHMENT K

EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT

I, JUAN C. MAGGI of TECHGROUPONE, INC, attest that all personnel used in
(Print Name) (Company Name)

the performance of this work have had a criminal background check with a passing grade and have been drug tested with a passing grade and are legally documented to work in the United States.



Signature of Affiant

JUAN C. MAGGI

Print Name

6/22/2022

Date

STATE: **FLORIDA**
COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of
June, 2022, by: JUAN C. MAGGI

Name of person making statement



Signature of Notary Public - State of Florida

Magdalena Audisio

Name of Notary Typed, Printed, or Stamped

Personally Known **OR** Produced Identification

Type of Identification Produced _____

ATTACHMENT L

SCRUTINIZED COMPANIES AFFIDAVIT

Certification pursuant to Florida Statute § 287.135 and § 215.473

I, JUAN C. MAGGI - PRESIDENT, on behalf of TECHGROUPONE, INC,

Print Name and Title **Company Name**
certify that TECHGROUPONE, INC does not:
Company Name

1. Participate in a boycott of Israel; and
2. Is not on the Scrutinized Companies that Boycott Israel List; and
3. Is not on the Scrutinized Companies with Activities in Sudan List; and
4. Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
5. Has not engaged in business operations in Syria.

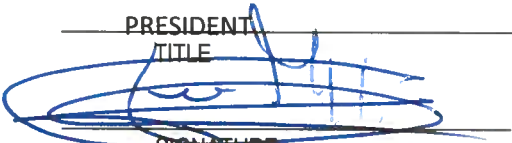
Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and

2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, created pursuant to s. 215.473, or are engaged in business operations in Syria.

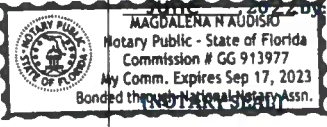
As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List.


TECHGROUPONE, INC
COMPANY NAME

JUAN C. MAGGI
PRINT NAME
PRESIDENT
TITLE

SIGNATURE

STATE: FLORIDA
COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of June, 2022 by JUAN C. MAGGI
Name of person making statement


MAGDALENA AUDISIO
Notary Public - State of Florida
Commission # GG 913977
My Comm. Expires Sep 17, 2023
Bonded through National Notary Assn.


Signature of Notary Public - State of Florida
Magdalena Audisio
Name of Notary Typed, Printed, or Stamped

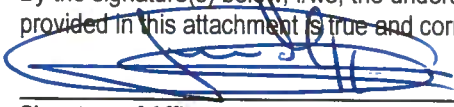
Personally Known OR Produced Identification
Type of Identification Produced _____

ATTACHMENT M

NON-CONFLICT OF INTEREST STATEMENT

- A. A. I am the JUAN C. MAGGI - PRESIDENT of TECHGROUPONE, INC with a
[Insert Title] [Insert Company Name]
local office in 8504 NW 66th St Miami and principal office in 8504 NW 66th St Miami FL 33166
- B. The entity hereby submits a proposal/offer in response to **ITB 2022-3-PW**,
- C. The AFFIANT has made diligent inquiry and provided the information in this statement affidavit based upon its full knowledge.
- D. The AFFIANT states that only one submittal for this solicitation has been submitted and tendered by the appropriate date and time and that said above stated entity has no financial interest in other entities submitting a proposal for the work contemplated hereby.
- E. Neither the AFFIANT nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion or collusive activity, or otherwise taken any action which in any way restricts or restrains the competitive nature of this solicitation, including but not limited to the prior discussion of terms, conditions, pricing, or other offer parameters required by this solicitation.
- F. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise prohibited from participation in this solicitation or any contract to follow thereafter by any government entity.
- G. Neither the entity nor its affiliates, nor anyone associated with them, have any potential conflict of interest because and due to any other clients, contracts, or property interests in this solicitation or the resulting project.
- H. I hereby also certify that no member of the entity's ownership or management or staff has a vested interest in any City Division/Department/Office.
- I. I certify that no member of the entity's ownership or management is presently applying, actively seeking, or has been selected for an elected position within City of Cooper City government.
- J. In the event that a conflict of interest is identified in the provision of services, I, the undersigned, will immediately notify the City in writing.

By the signature(s) below, I/we, the undersigned, as authorized signatory to commit the firm, certify that the information as provided in this attachment is true and correct at the time of submission.



Signature of Affiant

6/22/2022

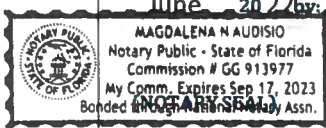
Date

JUAN C. MAGGI - PRESIDENT

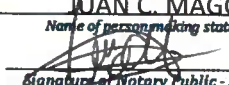
Printed Name & Title of Affiant

STATE: **FLORIDA**
COUNTY: **MIAMI-DADE**

Sworn to (or affirmed) and subscribed before me this 22 day of June 2022 by: JUAN C. MAGGI
Name of person making statement



MAGDALENA N AUDISIO
Notary Public - State of Florida
Commission # GG 913977
My Comm. Expires Sep 17, 2023
Bonded through the Notary Assn.



Magdalena Audisio
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification
Type of Identification Produced _____

ATTACHMENT N
(Page 1 of 2)

E-VERIFY FORM UNDER SECTION 448.095, FLORIDA STATUTES
TO BE RETURNED WITH PROPOSAL

Project Name: IMPACT WINDOWS & DOORS REPLACEMENT (BSO FIRE STATION)
Project No.: ITB 2022-3-PW

1. Definitions:

“Contractor” means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. “Contractor” includes, but is not limited to, a vendor or consultant.

“Subcontractor” means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.

“E-Verify system” means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.

2. Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security’s E-Verify System to verify the employment eligibility of:

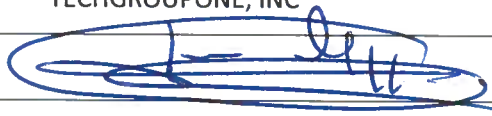
- a) All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b) All persons (including sub vendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Cooper City. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security’s E-Verify System during the term of the contract is a condition of the contract with the City of Cooper City; and
- c) Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., “Employment Eligibility,” as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.

3. Contract Termination

- a) If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
- b) If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
- c) A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.

ATTACHMENT N
(Page 2 of 2)

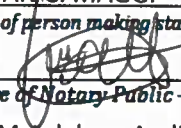
- d) Any challenge to termination under this provision must be filed in the Circuit Court no later than 20 calendar days after the date of termination.
- e) If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

Company Name:	TECHGROUPONE, INC
Authorized Signature:	
Print Name:	JUAN C. MAGGI
Title	PRESIDENT
Date:	6/22/2022
Phone:	(305) 517 - 30 40

STATE: **FLORIDA**
COUNTY: MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 22 day of
June, 20 22 by: JUAN C. MAGGI
Name of person making statement




Signature of Notary Public - State of Florida
Magdalena Audisio
Name of Notary Typed, Printed, or Stamped

Personally Known **OR** Produced Identification
Type of Identification Produced _____

ATTACHMENT O

**Certification Regarding
Debarment, Suspension, Ineligibility
And Voluntary Exclusion**

Subcontractor Covered Transactions

- (1) The prospective subcontractor, Green Soluitions Windows and Doors Llc., of the Sub-Recipient certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the Sub-Recipient's subcontractor is unable to certify to the above statement, the prospective subcontractor shall attach an explanation to this form.

SUBCONTRACTOR

Green Soluitions Windows and Doors Llc.

By: 

Signature

Oscar Planche - Owner
Name and Title

6957 NWnd Ave
Street Address

Doral FL, 33166
City, State, Zip

6/22/2022
Date

City of Cooper City

Sub-Recipient's Name

H0203

DEM Contract Number

4337-100-R

FEMA Project Number



Addendum #1 - CLARIFICATIONS

(Issued Tuesday May 23, 2022)

ITB 2022-3-PW, Impact Windows & Doors Replacement (BSO Fire Station)

This addendum is issued to make the following change(s)/correction(s)/clarification(s) to:

Question 1: Is the professional liability insurance coverage of \$2,000,000 absolutely needed for this project?

Answer 1: Not professional liability insurance (a.k.a. E&O) per se, because professional expertise services are not being provided, but contractors do need Comprehensive General Liability Insurance.

Question 2: Could you please let us know if this BID is the same that ITB 2022-2-PW Impact Windows & Doors Fire Station Please let us know why this project is Re-bid?

Answer 2: Yes, this is the same solicitation (rebid) just with minor revisions for the federal requirements section.

Acknowledgment of Addendum #1

Bidders hereby acknowledges that he/she has received and understands the information contained in this Addendum. Bidders further acknowledges that this page **MUST** be signed and returned with its Bid, along with any revised Bid Forms, if applicable.

Acknowledged by: 

Print Name: Juan C. Maggi

Company: Techgroupone, Inc

Date: 6/22/2022



Addendum #2 - CLARIFICATIONS

(Issued Wednesday June 15, 2022)

ITB 2022-3-PW, Impact Windows & Doors Replacement (BSO Fire Station)

This addendum is issued to make the following change(s)/correction(s)/clarification(s) to:

Question 1: Is there a Budget for this project?

Answer 1: We are searching for the best cost to budget for the project.

Question 2: What is the time for completion?

Answer 2: We want the Installation to be done in a timely manner, as we are already inside the Hurricane season time frame.

Question 3: What is the anticipated start date?

Answer 3: We would like this installation to start as soon as possible after the contract is signed.

Question 4: In case a Window buck needs to be replaced, Are you going to pay for this in addition to the presented price? Or do we need to include the replacement cost for this item in the bid price?

Answer 4: Include the cost for replacement; we do not want to have any change orders.

Question 5: Which type of hardware do you require for the doors?

Answer 5: SCHLAGE large format.

Question 6: Do all doors have to come with closers?

Answer 6: Yes.

Question 7: Will the exterior shutters remain in place?

Answer 7: Yes, we do not want to remove the shutters.

Question 8: Would a key operated 3-point lock system 4015/4016 by Adams Rite be approved for this project?

Answer 8: Please see the exit hardware pictured below that is currently installed in the lobby and kitchen door. The lock system installed will need to be compatible with the existing three-point lock system. If the Adams Rite is compatible then it will be fine.

**4591/4596/4781
DOGGING INSTRUCTIONS**
(NOT TO BE USED WITH FULL HANDLE CONFIGURATION)

ALLEN KEY

DEPRESS AND HOLD

NOTE: REMOVE THE DOGGING SCREW WHEN USED IN PULL CONFIGURATION.

APPLY DOGGING INSTRUCTION LABEL APPROXIMATELY AS SHOWN.

TO DOG:

WHILE DEPRESSING PADDLE, USE A 1/8 ALLEN KEY TO DRIVE SET SCREW INTO THE PADDLE UNTIL SNUG (APPROXIMATELY 2 ROTATIONS, CLOCKWISE).

TO UNDOG:

DEPRESS PADDLE AND ROTATE DOGGING SCREW (APPROXIMATELY 2 ROTATIONS, COUNTER CLOCKWISE) UNTIL PADDLE MOVES FREELY.

Adams Rite
ASSA ABLOY

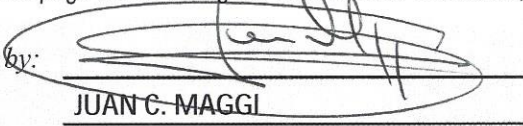
Adams Rite Europe Ltd.
School Street, Willenhall,
West Midlands WV13 3PW
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Fax: +44 (0) 845 873 4839
www.adamsrite.co.uk

DOGGING INSTRUCTIONS
80-0180-4781 Rev. D Ecn 11417 Date: 10/22/09
Appvd: MP

Acknowledgment of Addendum #2

Bidders hereby acknowledges that he/she has received and understands the information contained in this Addendum. Bidders further acknowledges that this page **MUST** be signed and returned with its Bid, along with any revised Bid Forms, if applicable.

Acknowledged by:



Print Name:

JUAN C. MAGGI

Company:

TECHGROUPONE, INC

Date:

6/22/2022

State of Florida

Department of State

I certify from the records of this office that TECHGROUPONE, INC is a corporation organized under the laws of the State of Florida, filed on April 23, 2001.

The document number of this corporation is P01000041612.

I further certify that said corporation has paid all fees due this office through December 31, 2022, that its most recent annual report/uniform business report was filed on January 4, 2022, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of January, 2022*



Randy Be
Secretary of State

Tracking Number: 1810189489CC

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MAGGI, JUAN C

TECHGROUPONE, INC

8504 NW 66TH ST

MIAMI

FL 33166

LICENSE NUMBER: CGC1523588

EXPIRATION DATE: AUGUST 31, 2024

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