

# City of Cooper City, Florida

## Bid Form

---

### **CITYWIDE JANITORIAL SERVICES ITB 2022-6-PW**

Bids Due: Wednesday November 9, 2022

---

For information, contact the Purchasing Division:

Tel: 954-434-4300 ext. #268  
[Purchasing@CooperCityFL.org](mailto:Purchasing@CooperCityFL.org)

Released Date: Wednesday, October 19, 2022

Submitted by: 24 Hours Inc.  
(Company name)

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

**Attachment A**  
*(Page 2 of 5)*

**Project:** CITWIDE JANITORIAL SERVICES  
**Contract Identification:** ITB 2022-6-PW  
**Bids submitted to:** Office of the City Clerk  
City of Cooper City  
9090 SW 50<sup>th</sup> Place  
Cooper City, Florida, 33328

1. The undersigned BIDDER 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 his 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 it 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 or CD) of the Bid should be submitted to the City of Cooper City, City Hall, 9090 SW 50<sup>th</sup> 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 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.

**Attachment A**  
(Page 3 of 5)

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](mailto:Purchasing@CooperCityFL.org), who may respond in kind with copies to all Bidders. **The deadline for submission of questions is 5:00 PM, Wednesday, November 2, 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:

✓	Bid Form
✓	Appendix A – Price Proposal & Schedule Matrix
✓	Reference Form
✓	Public Entity Crimes (PEC) Form
✓	ADA Affidavit
✓	Business Entity Affidavit
✓	Bidder's Foreign (Non-Florida) Corporate Statement (If applicable)
✓	W-9, Request for Taxpayer Identification Number
✓	Proof of Workers Compensation Insurance or Exemption
✓	Proof of Liability Insurance
✓	Ownership Disclosure Affidavit
✓	Drug-Free Workplace Certificate
✓	Employee Background Verification Affidavit
✓	Scrutinized Companies Affidavit
✓	Non-Conflict of Interest Statement
✓	E-Verify Form
✓	Appendix B – Background Check Affidavit
	Payment and Performance Bond

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.

**Attachment A**  
(Page 4 of 5)

**Bidder's Contact Information**

Name of Company: 24 Hours Inc.

Address: 4251 SW High Meadows AVE, Palm City FL 34990

Type of Business Commercial Cleaning

Company's Website: https://www.24hclean.com/

---

Authorized Signatory Contact: Lynda Brunache

Title: President

Tel: (561) 577-3526 Mobile: \_\_\_\_\_

Email Address (Required): Lynda.Brunache@24Hclean.com

---

Primary Contact: Maryelis Rodriguez

Title: COO

Tel: (561) 777- 4372 Mobile: \_\_\_\_\_

Email Address (Required): Maryelis.Rodriguez@24Hclean.com

---

Additional Contact & Title: Jessica Diaz

Tel: (772) 485-6808 Mobile: \_\_\_\_\_

Email Address (Required): Jessica.Diaz@24Hclean.com

---

Remit to Address: 4251 SW High Meadows Ave, Palm City FL 34990

---

Remit to Contact: Name: Lynda Brunache Tel: (561) 577-3526

**PRICING SHEET  
CITYWIDE JANITORIAL SERVICES**


The undersigned Bidder proposes to provide Citywide Janitorial Services in accordance with the specifications contained in Appendix "A":



**Piggyback Statement**

In accordance with Section 1.13, Optional Contract Usage/Piggyback Statement, please indicate Bidder's willingness to extend the pricing, terms and conditions of this bid to other governmental agencies.

X  YES, other governmental agencies may piggyback this Agreement.

NO, other governmental agencies may NOT piggyback this Agreement.

Submitted by:	Lynda Brunache
Authorized Signature:	 (Sign)
Company Name:	24 Hours Inc
Date:	10/26/2022

STATE:	<b>FLORIDA</b>
COUNTY:	<u>ST. LUCIE</u>
Sworn to (or affirmed) and subscribed before me this <u>15</u> day of <u>November</u> , 2022 by: <u>Lynda Brunache</u> .	
	<i>Name of person making statement</i>
	 <i>Signature of Notary Public - State of Florida</i>
	<u>Humberto RODRIGUEZ</u> <i>Name of Notary Typed, Printed, or Stamped</i>
Personally Known <input checked="" type="checkbox"/>	OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____	

**CITY OF COOPER CITY JANITORIAL SERVICES APPENDIX "A" PRICE PROPOSAL & SERVICE SCHEDULE MATRIX**

Unless otherwise agreed to in writing by the City, services shall be provided by the contractor according to this matrix and Exhibit "A" SCOPE OF WORK. The cost for these services is to be included in the MONTHLY LUMP SUM AMOUNT, unless as ancillary services AS-1 through AS-4 or Alt #! (see bottom of sheet).

Item	Facility	Address	SQUARE FOOTAGE	Work Areas	Frequency	Days Of Week	Notes	MONTHLY LUMP SUM AMOUNT
1	CITY HALL	9090 SW 50th Place	12,487	OFFICES AND COMMON AREA	2 Times Per Week	Monday through Friday	Between the hours of 7:30 AM and 4:00 PM	<b>\$432</b>
2	CITY HALL	9090 SW 50th Place	1,113	RESTROOMS & KITCHEN AREAS	5 Times Per Week	Monday through Friday	Between the hours of 7:30 AM and 4:00 PM	<b>\$360</b>
3	PUBLIC WORKS	9070 SW 51st Street	3,000	ADMIN OFFICES KITCHEN LOUNGE AND RESTROOMS	1 Time Per Week	Saturday or Sunday	Outside Normal Business Hours	<b>\$260</b>
4	UTILITIES	11701 SW 49th Street	16,362	ADMIN OFFICES KITCHEN LOUNGE AND RESTROOMS	5 Times Per Week	Monday through Friday	Between the hours of 7:30 AM and 4:00 PM	<b>\$1,200</b>
5	UTILITIES FIELD CREW OFFICE	11701 SW 49th Street	600	ADMIN OFFICES KITCHEN LOUNGE AND RESTROOMS	5 Times Per Week	Monday through Friday	Between the hours of 7:30 AM and 4:00 PM	<b>\$180</b>
6	SUELLEN H FARDELMANN SPORTS COMPLEX	10300 Stirling Road	183	FIELD 7 RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
7	SUELLEN H FARDELMANN SPORTS COMPLEX	10300 Stirling Road	810	EAST CONCESSION RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
8	SUELLEN H FARDELMANN SPORTS COMPLEX	10300 Stirling Road	528	CENTER CONCESSION RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
9	SUELLEN H FARDELMANN SPORTS COMPLEX	10300 Stirling Road	551	HOCKEY RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
10	BILL LIPS SPORTS COMPLEX	11711 SW 49th Street	360	RESTROOMS	5 Times Per Week Except June & July Will be 2 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
11	FLAMINGO WEST PARK	6201 S Flamingo Road	350	MENS RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
12	FLAMINGO WEST PARK	6201 S Flamingo Road	350	WOMANS RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
13	FLAMINGO WEST PARK	6201 S Flamingo Road	45	FAMILY RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
14	FLAMINGO WEST PARK	6201 S Flamingo Road	66	STAFF RESTROOMS	7 Times Per Week Except June & July Will be 5 Times Per Week	Monday through Sunday	Between the hours of 8:00 AM and 9:00 PM	<b>\$45</b>
15	PIONEER MIDDLE SCHOOL	5350 SW 90th Ave	288	CONCESSION RESTROOMS	2 Times Per Week Annually	Monday through Friday	Between the hours of 7:30 AM and 4:00 PM	<b>\$216</b>
<b>TOTAL MONTHLY SUM AMOUNT OF PROPOSAL FOR ALL FACILITIES. THIS INCLUDES SERVICES PERFORMED AT FREQUENCIES OTHER THAN MONTHLY</b>								<b>\$3,053</b>

ADDITIONAL SERVICES TO BE PERFORMED ON AN "AS-NEEDED BASIS"		PRICE PER SQ FT	MINIMUM CHARGE
AS-1	Machine Scrub and Sanitize Floors	<b>\$ . 35</b>	No Minimum Charge
AS-2	Clean and Machine Spray Buff Vinyl Flooring	<b>\$ . 35</b>	No Minimum Charge
AS-3	Deep Clean Carpet	<b>\$ . 35</b>	No Minimum Charge
AS-4	Clean and Refinish/Wax Vinyl Flooring	<b>\$ . 35</b>	No Minimum Charge

This response to the City's ITB 2022-6-PW, Citywide Janitorial Services has been submitted by:		Company Name and Address (Type or Print) 24 Hours Inc. 4251 SW High Meadows AVE, Palm City FL 34990
All proposals submitted must be based on Exhibit A Scope of Work and Appendix A Proposal/Schedule matrixs in their respective entirety		Company Contact name and phone numbers (Type or Print) Lynda Brunache (561) 577-3526
		Signature of Authorized representative and company contact
Date: 10/26/2022		

**Janitorial Services Appendix A Price Proposal is to be completely filled out by the responding vendor. Any spaces left blank and/or modifications to the form will cause rejection of the proposal.**

**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: La Gorce Country Club  
ADDRESS: 5685 Alton Rd, Miami Beach, FL 33140  
CONTACT NAME: Vuk Dinic  
CONTACT'S TITTLE: Facility Manager  
TELEPHONE: (786) 417-4178  
E-MAIL (REQUIRED): VukDinic@gmail.com  
CONTRACT PERIOD: FROM: 07/01/2011 TO: Present

---

2. ENTITY/COMPANY NAME: Bayview Palms Condominiums  
ADDRESS: 1805 San Souci Blvd North Miami, FL 33181  
CONTACT NAME: Margarita Rivera  
CONTACT'S TITTLE: Facility Manager  
TELEPHONE: (786) 818-1920  
E-MAIL (REQUIRED): Bayviewpalms@Gmail.com  
CONTRACT PERIOD: FROM: 04/01/2012 TO: Present

---

3. ENTITY/COMPANY NAME: YMCA South Florida (10 seperate Locations)  
ADDRESS: 900 SE 3rd Avenue, Suite 300, Fort Lauderdale, FL 33316  
CONTACT NAME: Bill Arterburn  
CONTACT'S TITTLE: VP Of Operations  
TELEPHONE: 954.334.9622 EXT 1015  
E-MAIL (REQUIRED): Barterburn@ymcasouthflorida.org  
CONTRACT PERIOD: FROM: 04/01/2019 TO: Present

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



## 8 Project References

24 Hours, Inc. through a single point of contact. Your designated "Direct Resource Manager" will generate consolidated reports, and ensure that agreed-on objectives are met.

All of the below referred clients' 24 Hours Management Team has direct involvement in services comparable and specific to the requirements of this contract. All have similar challenges which include daily general maintenance as well as being responsible for a full range of janitorial and porter services.

### LA GORCE COUNTRY CLUB

[www.lagorcecc.com](http://www.lagorcecc.com)

Facility Manager: Vuk Dinic

Phone: 786-417-4178

*Areas: Entrance/Lobby-Hallways-Banquet Room-Game Room-Locker Rooms-Steam Rooms-Saunas-Gym and more*



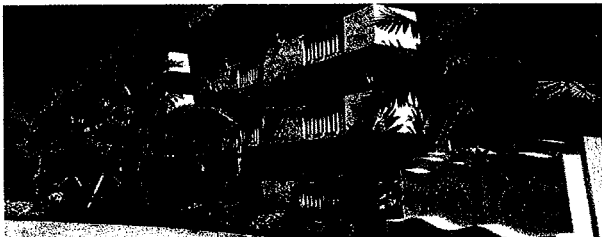
### BAYVIEW PALMS CONDOMINIUM ASS

[www.bayviewpalms.com](http://www.bayviewpalms.com)

Facility Manager: Margarita Rivera

Phone: 786-818-1920

*Areas: Entrances/Lobby-Hallways-Elevators-Gym-Locker Rooms-Bathrooms-Office-Pool Area-Outside and more*



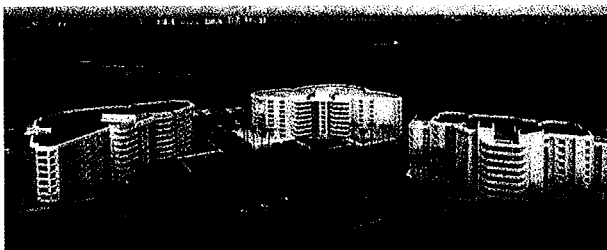
### SEASIDE BELLEAIR

**No website**

Community Ass. Manager: Kim Morris

Phone: 727-796-5900

*Areas: Entrance/Lobby-Hallways-Elevators-Gym-Locker rooms-Bathrooms-Office-Pool Area-Outside and more*







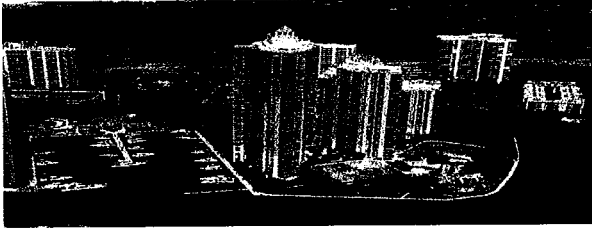
**HIDDEN BAY YACHT CLUB & SPA**

[www.hiddenbaycondominium.com](http://www.hiddenbaycondominium.com)

Facility Manager: Nikki Smith

Phone: 305-466-6991

*Areas: Entrance/Lobby-Hallways-Elevators-Gym-Locker rooms-Bathrooms-Office-Pool Area-Outside and more*



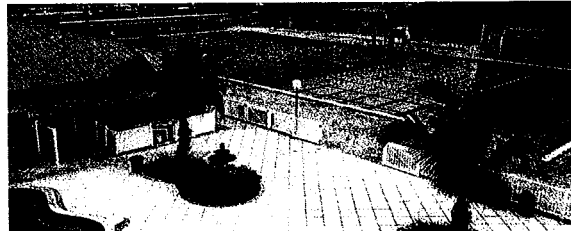
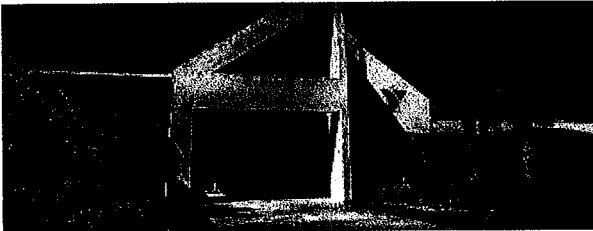
**SOUTHWEST FLORIDA YMCA, 9 locations on the West Coast**

[www.ymcaswfl.com](http://www.ymcaswfl.com)

Facility Manager: Les Mills

Phone: 941-716-7419

*Areas: Entrance/Lobby-Hallways-Elevators-Gym-Locker rooms-Bathrooms-Office-Pool Area-Outside and more*



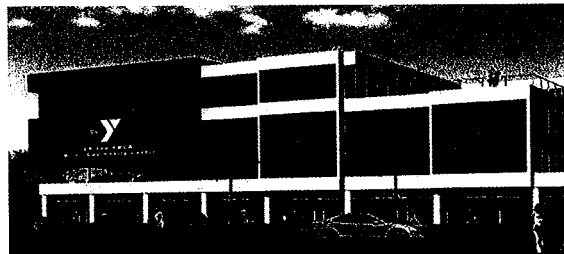
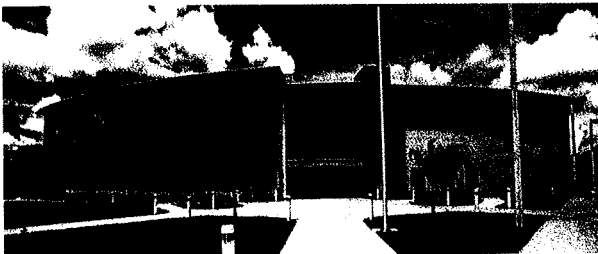
**SOUTH FLORIDA YMCA, 10 locations on the East Coast**

[www.ymcasouthfl.com](http://www.ymcasouthfl.com)

V. Pres. of Financial Op: Bill Arterburn

Phone: 954-334-9622

*Areas: Entrance/Lobby-Hallways-Elevators-Gym-Locker rooms-Bathrooms-Office-Pool Area-Outside and more*



**PARKVIEW POINT CONDOMINIUM ASS**

[www.parkviewpoint.com](http://www.parkviewpoint.com)

Facility Manager: Vuk Dinic

Phone: 786-417-4178

*Areas: Entrance/Lobby-Hallways-Elevators-Gym-Locker rooms-Bathrooms-Office-Pool Area-Outside and more*





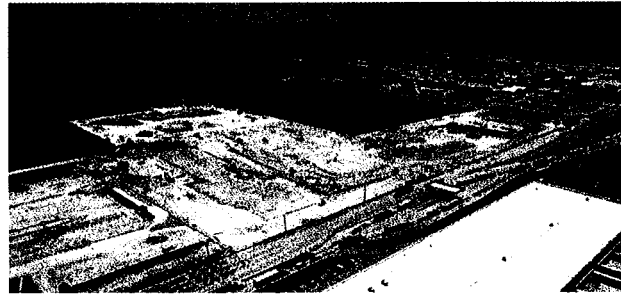
Port Everglades Departments

<https://www.porteverglades.net/>

Facility Manager: Michelle George

Phone: (954) 468-3542

*Areas: Steam clean Bathrooms service.*



**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: Lynda Bonnach (President)  
(print individual's name and title)

for: 24 Hours Inc.  
(print name of entity submitting sworn statement)

whose business address is: 4251 SW High Meadows Ave, Palm City FL

and (if applicable) its Federal Employer Identification Number (FEIN) is: 77-0715863

(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, which I have marked below, is true in relations to the entity submitting this sworn statement. (Indicate which statement applies).

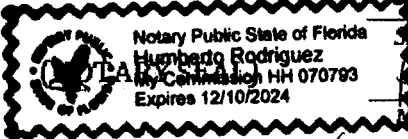
X Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, not any affiliate of the entity, has been charged with and convicted of a public entity crime subsequent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

X \_\_\_\_\_  
Signature

STATE:	<u>FLORIDA</u>
COUNTY:	<u>St. Lucie</u>
Sworn to (or affirmed) and subscribed before me this <u>15</u> day of <u>November</u> , 20 <u>22</u> by: <u>Lynda Brunache</u>	
	<i>Name of person making statement</i>
	<u>Humberto Rodriguez</u>
	<i>Signature of Notary Public - State of Florida</i>
	<u>Humberto Rodriguez</u>
	<i>Name of Notary Typed, Printed, or Stamped</i>
Personally Known <input checked="" type="checkbox"/>	OR Produced Identification <input type="checkbox"/>
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: Lynda Brunache (President)

for: 24 Hours Inc. (print individual's name and title)

whose business address is: 4251 SW High Meadows Ave, Palm City, FL  
(print name of entity submitting sworn statement)

and (if applicable) its Federal Employer Identification Number (FEIN) is: 77-0715863  
(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.

X [Signature]  
Signature

STATE: **FLORIDA**  
COUNTY: St. Lucie

Sworn to (or affirmed) and subscribed before me this 15 day of November, 2022, by: Lynda Brunache  
Name of person making statement

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

Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_

ATTACHMENT E

**BUSINESS ENTITY AFFIDAVIT**

I, Lynda Brunache, 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:

77-0715863

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

24 Hours Inc

Name of Entity, Individual, Partners or Corporation

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

4251 SW High Meadows AVE Palm City FL 34990

Street Address Suite City State

Florida, March 11, 2011

State and Date of Incorporation:

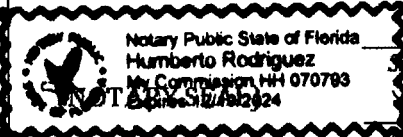
X [Signature]  
Signature of Affiant

10/26/2022  
Date

Lynda Brunache  
Print Name

STATE: **FLORIDA**  
COUNTY: ST. LUCIE

Sworn to (or affirmed) and subscribed before me this 15 day of November, 2022, by: Lynda Brunache  
Name of person making statement

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

Personally Known  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.

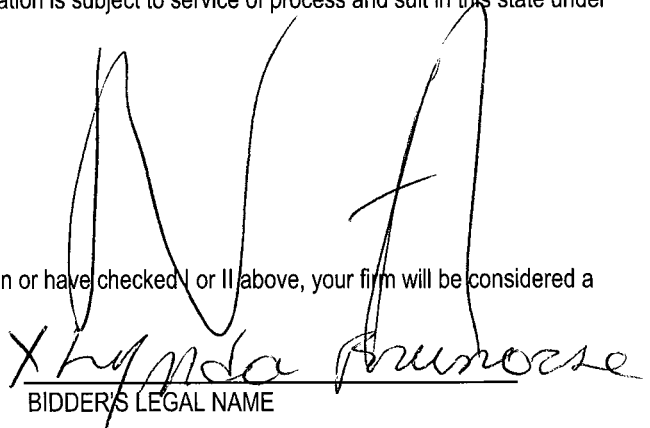
- (3) This section has no application to the question of whether any foreign corporation is subject to service of process and suit in this state under any law of this state.

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

- (I) \_\_\_\_\_ Partnership, Joint Venture, Estate or Trust
- (II) \_\_\_\_\_ Sole Proprieties 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.

X \_\_\_\_\_  
SIGNATURE OF AUTHORIZED AGENT OF PROPOSER

X   
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. 24 Hours 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, C Corporation, S Corporation, Partnership, Trust/estate, Limited liability company, Other
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)
5 Address (number, street, and apt. or suite no.): 4251 SW High Meadows AVE
6 City, state, and ZIP code: Palm City FL 34990
7 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 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.

Social security number: [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]
OR
Employer identification number: 7 7 - 0 7 1 5 8 6 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.

Part II Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 Click Here to Sign [Signature] Date 10/26/2022

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:

- 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, and
4. 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.



CYPRESS INSURANCE GP  
PO BOX 9328  
FT LAUDERDALE, FL 33310  
1-954-771-0300

**PROGRESSIVE**  
COMMERCIAL

**Policy number: 957112857**

Underwritten by:  
Progressive Express Ins Company  
NAIC Number: 10193  
April 1, 2022  
Page 1 of 1

## Certificate of Insurance

### Certificate Holder

24 Hours Inc.  
4251 SW High Meadow Ave  
Palm City, FL 34990

### Insured

24 Hours Inc.  
4251 SW HIGH MEADOW AVE  
PALM CITY, FL 34990

### Agent

CYPRESS INSURANCE GP  
PO BOX 9328  
FT LAUDERDALE, FL 33310

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

Policy Effective Date: Apr 2, 2022

Policy Expiration Date: Apr 2, 2023

### Insurance coverage(s)

### Limits

Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Uninsured Motorist - Nonstacked	\$300,000 Combined Single Limit
Personal Injury Protection	\$10,000 w/\$0 Ded - Named Insured Only
Blanket Additional Insured	
Blanket Waiver of Subrogation	

### Description of Location/Vehicles/Special Items

#### Scheduled autos only

2018 CHEVROLET EXPRESS G2500 1GCWGAFG0J1908587

Stated Amount \$30,000

Medical Payments	\$2,000
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/07/2022

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 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: Cypress Insurance Group, PO Box 9328, Fort Lauderdale, FL 33310-9328, 954 771-0300. CONTACT NAME: Carissa LaFreniere, PHONE: 954 771-0300, FAX: 954-507-3061, E-MAIL: Certs@CypressInsurance.com. INSURER(S) AFFORDING COVERAGE: INSURER A: Ohio Security Insurance Company, INSURER B: National Union Fire Insurance Co, INSURER C: Technology Insurance Co, 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability (BKS58229229), Umbrella Liability (EBU063727492, EBU067342013), and Workers Compensation and Employers' Liability (TWC4008007).

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Workers Compensation applies to Florida operations and employees only.

CERTIFICATE HOLDER: Broward County, 1850 Eller Drive, Fort Lauderdale, FL 33316. 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: [Signature]

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.faja.com](http://www.faja.com), [www.piafl.org](http://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 Risk Division located at City Hall, 9090 SW 50 Place, Cooper City, Florida 33328, or emailed to [Insurance@CooperCityFL.org](mailto:Insurance@CooperCityFL.org).

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>
Mats Brunache	4251 SW High Meadows Ave, Palm City FL 34990	49 %
Lynda Brunache	4251 SW High Meadows Ave, Palm City FL 34990	51 %
		%

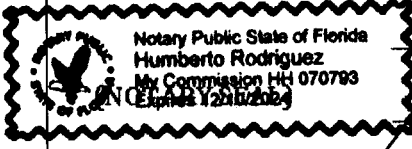
2. The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with the City are (Post Office addresses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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X   
\_\_\_\_\_  
Signature of Affiant  
  
Lynda Brunache  
\_\_\_\_\_  
Print Name  
  
10/26/2022  
\_\_\_\_\_  
Date

STATE: **FLORIDA**  
COUNTY: St. Lucie

Sworn to (or affirmed) and subscribed before me this 15 day of November, 2022, by: Lynda Brunache  
Name of person making statement

  
Signature of Notary Public, State of Florida  
Humberto Rodriguez  
Name of Notary Typed, Printed, or Stamped

Personally Known  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)

24 Hours 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".

X [Signature]
Signature of Affiant

Lynda Brunache

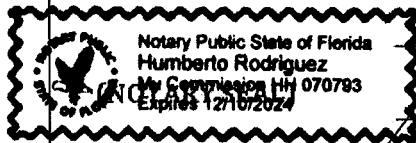
Print Name

10/26/2022

Date

STATE: FLORIDA
COUNTY: ST. LUCIE

Sworn to (or affirmed) and subscribed before me this 15 day of November, 2022, by: Lynda Brunache
Name of person making statement



[Signature]
Signature of Notary Public - State of Florida
Humberto Rodriguez
Name of Notary Typed, Printed, or Stamped

Personally Known OR Produced Identification

Type of Identification Produced

ATTACHMENT K

**EMPLOYEE BACKGROUND VERIFICATION AFFIDAVIT**

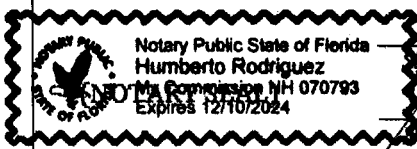
I, Lynda Brunache of 24 Hours Inc, attest that all personnel used in  
(Print Name) (Company Name)

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.

X   
\_\_\_\_\_  
Signature of Affiant

Lynda Brunache  
\_\_\_\_\_  
Print Name

10/26/2022  
\_\_\_\_\_  
Date

STATE: <b>FLORIDA</b>
COUNTY: <u>St. Lucie</u>
Sworn to (or affirmed) and subscribed before me this <u>15</u> day of <u>November</u> , 20 <u>22</u> , by: <u>Lynda Brunache</u> <small>Name of person making statement</small>

<u>Humberto Rodriguez</u> <small>Signature of Notary Public - State of Florida</small> <small>Name of Notary Typed, Printed, or Stamped</small>
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____

**ATTACHMENT L**

**SCRUTINIZED COMPANIES AFFIDAVIT**

**Certification pursuant to Florida Statute § 287.135 and § 215.473**

I, Lynda Brunache, on behalf of 24 Hours Inc

**Print Name and Title**

**Company Name**

certify that 24 Hours 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.

24 Hours Inc

COMPANY NAME

Lynda Brunache

PRINT NAME

President

TITLE

SIGNATURE

STATE: FLORIDA  
COUNTY: ST. LUCIE

Sworn to (or affirmed) and subscribed before me this 15 day of November, 2022, by: Lynda Brunache  
Name of person making statement



Signature of Notary Public, State of Florida: Humberto Rodriguez  
Name of Notary Typed, Printed, or Stamped  
Produced Identification   
Type of Identification Produced \_\_\_\_\_

**ATTACHMENT M**

**NON-CONFLICT OF INTEREST STATEMENT**


- A. A. I am the President of 24 Hours Inc with a local office in Broward and principal office in Palm City.
- B. The entity hereby submits a proposal/offer in response to **ITB 2022-6-PW, CITYWIDE JANITORIAL SERVICES.**
- 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.

X [Signature]  
Signature of Affiant

10/26/2022  
Date

Lynda Brunache President  
Printed Name & Title of Affiant

STATE: <u>FLORIDA</u> COUNTY: <u>St. Lucie</u>
Sworn to (or affirmed) and subscribed before me this <u>15</u> day of <u>November</u> , 20 <u>22</u> by: <u>Lynda Brunache</u> <small>Name of person making statement</small>
 Notary Public State of Florida <u>Humberto Rodriguez</u> My Commission <u>HH 070793</u> Expired <u>12/10/2024</u> <u>Humberto Rodriguez</u> <small>Signature of Notary Public - State of Florida</small> <small>Name of Notary Typed, Printed, or Stamped</small>
Personally Known <input type="checkbox"/> OR Produced Identification <input type="checkbox"/>
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: CITYWIDE JANITORIAL SERVICES ITB 2022-6-PW

Project No.: \_\_\_\_\_

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:

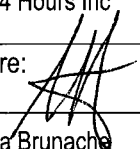
- a) All persons employed by a Contractor to perform employment duties within Florida during the term of the contract; and
- b) All persons (including sub vendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Cooper City. The Contractor 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.

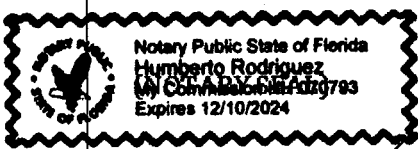
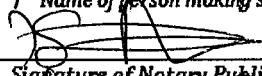
3. Contract Termination

- 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: 24 Hours Inc
Authorized Signature: 
Print Name: Lynda Brunache
Title President
Date: 10/26/2022
Phone: (561) 577- 3526

STATE: <b>FLORIDA</b>
COUNTY: <u>ST. LUCIE.</u>
Sworn to (or affirmed) and subscribed before me this <u>15</u> day of <u>November</u> , 2022 by: <u>Lynda Brunache</u> .
<i>Name of person making statement</i>


<i>Signature of Notary Public - State of Florida</i>
<u>Humberto Rodriguez.</u>
<i>Name of Notary Typed, Printed, or Stamped</i>
Personally Known <input checked="" type="checkbox"/> OR Produced Identification <input type="checkbox"/>
Type of Identification Produced _____

**ATTACHMENT O**  
**APPENDIX "B" BACKGROUND**  
**CHECK AFFIDAVIT (Page 1 of 3)**

STATE OF FLORIDA ( ) SS.  
COUNTY OF ( ST. LUCIE )

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following facts are true:

1. I am over the age of 18 and am a resident of the State of Florida.
2. I am the President (title) of 24 Hours Inc and I certify that I have the authority to make the representations set forth within this Affidavit.
3. 24 Hours Inc Intends to enter into a contract with the City of Cooper City for Janitorial services.
4. The fulfillment of the Background Check as required per the terms and conditions of the Contract have been conducted through:  
 The Florida Department of Law Enforcement's Computerized Criminal History (CCH) database (Level I)  
 National Crime Information Center (NCIC) data base (Level II).
5. All criminal background checks must be conducted prior to any covered individual's initial access to City's property and, depending on the contract's term, on an annual basis thereafter.
6. I hereby certify that background checks have been completed for all person employed by or under contract with the contractor, subcontractor, consultant or sub-consultant who is doing the work in or on city property.
7. I also certify that I shall maintain records of the criminal history checks for each person doing work on City property during the contract period and for one year thereafter and shall make such records available for inspection and verification by City.

Executed this 15 day of November, 2022

By [Signature]  
(Signature)

By Lynda Borunach (President)  
(Name and Title)

The foregoing was acknowledged before me this 15 day of November, 2022  
by Lynda Borunach who is personally known to me or who has produced  
ID as identification and who did take an oath.

WITNESS my hand and official seal, this 15 day of November, 2022

(NOTARY SEAL)



[Signature]  
(Signature of person taking acknowledgment)

Humberto Rodriguez.  
(Name of officer taking acknowledgment)

Typed, printed or stamped

\_\_\_\_\_  
(Title or rank)

HH 070783.

(Serial number, if any)

My commission expires: 12/10/2024

**ATTACHMENT O**

**Background Check Affidavit (Page  
3 of 3) Exhibit "A"  
List of Employees**

**Name (First, Last)**

**Result**

Jessica DIAS	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>
Marilyn Rodriguez	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>
ERIKA Suarez	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>
Angel Rodriguez	Passed <input checked="" type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>
	Passed <input type="checkbox"/> Failed <input type="checkbox"/>

**Note:** Insert additional sheets if necessary.

**ATTACHMENT P**  
**(Page 1 of 13)**

**PUBLIC WORKS PERFORMANCE BOND  
COVER SHEET**

**THIS IS THE FRONT PAGE OF THIS PERFORMANCE BOND ISSUED IN COMPLIANCE WITH SECTION 255.05, FLORIDA STATUTES, AS MAY BE APPLICABLE.**

**Bond No.** N/A

**Contractor/Principal Name:** 24 Hours Inc

**Contractor/Principal Address:** 4251 SW High Meadows AVE, Palm City FL 34990

**Contractor/Principal Phone No.** (561) 577-3526

**Surety Company:** Intact Insurance

**Surety Company Address:** 605 Highway 169 North, Suite 800 Plymouth, MN 55441

**Surety Company Phone No.** (800) 662- 0156

**Owner/Obligee Name:** City of Cooper City

**Owner/Obligee Address:** 9090 S.W. 50<sup>th</sup> Place Cooper City, FL 33328

**Owner/Obligee Phone No.** (954) 434-4300

**Bond Date:** \_\_\_\_\_

**Bond Amount:** Provided upon Approval

**Contract No.** \_\_\_\_\_ **Bid No.** \_\_\_\_\_

**Permit No./Project No.** \_\_\_\_\_

**Description of Work:** \_\_\_\_\_

PREPARED BY:

RETURN TO:  
CITY CLERK  
CITY OF COOPER CITY  
9090 SW 50<sup>th</sup> Place  
COOPER CITY, FL 33328

**ATTACHMENT P**  
**(Page 2 of 13)**

**PERFORMANCE BOND**

KNOW ALL PERSONS BY THESE PRESENTS:

That, in accordance with the City of Cooper City Code of Ordinances and the requirements of §255.05, Florida Statutes, as may be applicable, we, \_\_\_\_\_, as Principal, hereinafter called CONTRACTOR, and, \_\_\_\_\_ as Surety, are bound to the City of Cooper City, Florida, as Obligee, hereinafter called OWNER, in the amount of \_\_\_\_\_ Dollars, (\$ \_\_\_\_\_) for the payment whereof CONTRACTOR and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, CONTRACTOR has entered into a Contract, Contract/Bid/Project No. \_\_\_\_\_ dated the \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, with OWNER for the construction of \_\_\_\_\_ which contract is by reference made a part hereof, and is hereafter referred to as the Contract;

**THE CONDITION OF THIS BOND is that if the CONTRACTOR:**

1. Fully performs the Contract between the CONTRACTOR and the OWNER dated \_\_\_\_\_, 20\_\_\_\_, for the \_\_\_\_\_, within \_\_\_\_\_, calendar days after the date of contract commencement as specified in the Notice to Proceed and in the manner prescribed in the Contract; and
2. Indemnifies and pays OWNER all losses, damages (specifically including, but not limited to, damages for delay and other consequential damages caused by or arising out of the acts, omissions or negligence of CONTRACTOR), expenses, costs and attorney's fees and costs, including attorney's fees incurred in appellate proceedings, that OWNER sustains because of default by CONTRACTOR under the Contract; and
3. Upon notification by the OWNER, corrects any and all defective or faulty work or materials, which appear within one (1) year after final acceptance of the work.

**ATTACHMENT P**  
**(Page 3 of 13)**

4. Performs the guarantee of all work and materials furnished under the Contract for the time specified in the Contract, then this Bond is void, otherwise it remains in full force.
  - 4.1 Should the contract total or cost estimate for the project increase the OWNER reserves the right to require the amount of performance bond herein required to increase.
  - 4.2 Whenever CONTRACTOR shall be, and declared by OWNER to be, in default under the Contract, the OWNER having performed OWNER'S obligations thereunder, the Surety may promptly remedy the default, or shall promptly:
    - 4.3 Complete the Contract in accordance with its terms and conditions; or
    - 4.4 Obtain a bid or bids for completing the Contract in accordance with its terms and conditions, and upon determination by Surety of the best, lowest, qualified, responsible and responsive Bidder, or, if the OWNER elects, upon determination by the OWNER and Surety jointly of the best, lowest, qualified, responsible and responsive Bidder, arrange for a contract between such Bidder and OWNER, and make available as work progresses (even though there should be a default or a succession of defaults under the Contract or Contracts of completion arranged under this paragraph) sufficient funds to pay the cost of completion less the balance of the Contract price; but not exceeding, including other costs and damages for which the Surety may be liable hereunder, the amount set forth in the first paragraph hereof. The term "balance of the Contract price," as used in this paragraph, shall mean the total amount payable by OWNER to CONTRACTOR under the Contract and any amendments thereto, less the amount properly paid by OWNER to CONTRACTOR.
5. In accordance with the requirements of Section 255.05(1)(a), Florida Statutes, it shall be the duty of the Principal to record this performance bond in the public records of Broward County, and Principal shall be responsible for payment of all recording costs.

No right of action shall accrue on this Bond to or for the use of any person or corporation other than the OWNER named herein and those persons or corporations provided for in Section 255.05, Florida Statutes, or their heirs, executors, administrators or successors, as may be applicable.



**ATTACHMENT P**  
**(Page 4 of 13)**

Any action under this Bond must be instituted in accordance with the Notice and Time Limitations provisions prescribed in Section 255.05(2), (6), and (10), Florida Statutes, as may be applicable.

The Surety hereby waives notice of and agrees that any changes in or under the Contract and compliance or noncompliance with any formalities connected with the Contract or the changes do not affect Surety's obligation under this Bond.

Signed and sealed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SIGNATURE PAGE FOLLOWS**

WITNESSES

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Principal

**ATTACHMENT P**  
**(Page 5 of 13)**

(AFFIX SEAL)

WITNESSES

\_\_\_\_\_  
Secretary

(AFFIX SEAL)

\_\_\_\_\_  
By

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Type Name and Title signed above

\_\_\_\_\_  
Surety

\_\_\_\_\_  
By

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Type Name and Title signed above

IN THE PRESENCE OF:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSURANCE COMPANY:

\_\_\_\_\_  
By Agent and Attorney-in-Fact

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone

**ATTACHMENT P**  
**(Page 6 of 13)**

**ACKNOWLEDGMENT PERFORMANCE BOND**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by:

\_\_\_\_\_, of  
(Name of Corporate Officer) (Title)

\_\_\_\_\_, a \_\_\_\_\_  
(Name of Corporation) (State of Corporation)

corporation, on behalf of the corporation.

WITNESS my hand and official seal.

NOTARY PUBLIC  
SEAL OF OFFICE:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

- Personally known to me, or
- Produced identification:

\_\_\_\_\_  
(Type of Identification Produced)

- DID take an oath, or
- DID NOT take an oath

**ATTACHMENT P**  
**(Page 7 of 13)**

**CERTIFICATE AS TO PRINCIPAL**

I, \_\_\_\_\_, certify that I am the Secretary of the Corporation named as Principal in the foregoing Performance Bond; that \_\_\_\_\_, who signed the Bond on behalf of the Principal, was then \_\_\_\_\_ of said Corporation; that I know his/her signature; and his/her signature thereto is genuine; and that said Bond was duly signed, sealed and attested to on behalf of said Corporation by authority of its governing body.

(AFFIX SEAL)

\_\_\_\_\_  
(Name of Corporation)

**PUBLIC WORKS PAYMENT BOND  
COVER SHEET**

**THIS IS THE FRONT PAGE OF THIS PAYMENT BOND ISSUED IN COMPLIANCE WITH SECTION 255.05, FLORIDA STATUTES, INCLUDING BUT NOT LIMITED TO, THE NOTICE AND TIME LIMITATIONS IN SECTIONS 255.05(2), (6) AND (10), AS MAY BE APPLICABLE.**

**Bond No.** \_\_\_\_\_

**Contractor/Principal Name:** \_\_\_\_\_

**Contractor/Principal Address:** \_\_\_\_\_

**Contractor/Principal Phone No.** \_\_\_\_\_

Surety Company: \_\_\_\_\_

**ATTACHMENT P**  
**(Page 8 of 13)**

Surety Company Address: \_\_\_\_\_

Surety Company Phone No. \_\_\_\_\_

Owner/Obligee Name: City of Cooper City

Owner/Obligee Address: 9090 S.W. 50<sup>th</sup> Place Cooper City, FL 33328

Owner/Obligee Phone No. (954) 434-4300

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

Bond Amount: \_\_\_\_\_

Contract No. \_\_\_\_\_ Bid No. \_\_\_\_\_

Permit No./Project No. \_\_\_\_\_

Description of Work: \_\_\_\_\_

**ATTACHMENT P**  
**(Page 9 of 13)**

**FORM PAYMENT BOND**

PREPARED BY:

RETURN TO:  
CITY CLERK  
CITY OF COOPER CITY  
701 SW 71<sup>st</sup> Avenue  
COOPER CITY, FL 33068

KNOW ALL PERSONS BY THESE PRESENTS:

That, in accordance with the City of Cooper City Code of Ordinances and the requirements of §255.05, Florida Statutes, as may be applicable, we, \_\_\_\_\_, as Principal, hereinafter called CONTRACTOR, and, \_\_\_\_\_ as Surety, are bound to the City of Cooper City, Florida, as Obligee, hereinafter called OWNER, in the amount of \_\_\_\_\_ Dollars (\$\_\_\_\_\_) for the payment whereof CONTRACTOR and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, CONTRACTOR has entered into a Contract, Contract/Bid/Project No. \_\_\_\_\_ dated the \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, with OWNER for the construction of \_\_\_\_\_ which contract is by reference made a part hereof, and is hereafter referred to as the Contract;

**THE CONDITION OF THIS BOND is that if the CONTRACTOR:**

1. Indemnifies and pays OWNER for all losses, damages (specifically including, but not limited to, damages for delay and other consequential damages caused by or arising out of the acts, omissions or negligence of CONTRACTOR), expenses, costs and attorney's fees including attorney's fees incurred in appellate proceedings, that OWNER sustains because of default by CONTRACTOR under the Contract; and
  
2. Promptly makes payments to all claimants, as defined in §255.05, Florida Statutes, supplying CONTRACTOR with all labor, materials and supplies used directly or indirectly by CONTRACTOR in the prosecution of the scope of work provided for in the Contract, then his obligation shall be void; otherwise, it shall remain in full force and effect subject, however, to the following conditions:

**ATTACHMENT P**  
**(Page 10 of 13)**

- 2.1** A claimant, except a laborer, who is not in privity with the CONTRACTOR and who has not received payment for his labor, materials, or supplies shall, within forty-five (45) days after beginning to furnish labor, materials, or supplies for the prosecution of the work, furnish to the CONTRACTOR a notice that he intends to look to the Bond for protection.
  
- 2.2** A claimant who is not in privity with the CONTRACTOR and who has not received payment for his labor, materials, or supplies shall, within ninety (90) days after performance of the labor or after complete delivery of the materials or supplies, deliver to the CONTRACTOR and to the Surety, written notice of the performance of the labor or delivery of the materials or supplies and of the non-payment.
  
- 2.3** Should the contract total or cost estimate for the project increase the OWNER reserves the right to require the amount of payment bond to increase.
  
- 2.4** Any action under this Bond must be instituted in accordance with the Notice and Time Limitations provisions prescribed in Section 255.05(2), (6), and (10), Florida Statutes, as may be applicable.
  
- 2.5** In accordance with the requirements of Section 255.05(1)(a), Florida Statutes, it shall be the duty of the Principal to record this performance bond in the public records of Broward County, and Principal shall be responsible for payment of all recording costs.

The Surety hereby waives notice of and agrees that any changes in or under the Contract and compliance or noncompliance with any formalities connected with the Contract or the changes do not affect the Surety's obligation under this Bond.

Signed and sealed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURE PAGE FOLLOWS**

**ATTACHMENT P**  
**(Page 11 of 13)**

WITNESSES

\_\_\_\_\_  
Secretary

(AFFIX SEAL)

WITNESSES

\_\_\_\_\_  
Secretary

(AFFIX SEAL)

IN THE PRESENCE OF:

\_\_\_\_\_  
  
\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
By

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Type Name and Title signed above

\_\_\_\_\_  
Surety

\_\_\_\_\_  
By

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Type Name and Title signed above

INSURANCE COMPANY:

\_\_\_\_\_  
By Agent and Attorney-in-Fact

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Telephone



**ATTACHMENT P**  
**(Page 12 of 13)**

**ACKNOWLEDGMENT PAYMENT BOND**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public of the State of Florida, the foregoing instrument was acknowledged by:

\_\_\_\_\_, of  
(Name of Corporate Officer) (Title)

\_\_\_\_\_, a \_\_\_\_\_  
(Name of Corporation) (State of Corporation)

corporation, on behalf of the corporation.

WITNESS my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF \_\_\_\_\_

NOTARY PUBLIC  
SEAL OF OFFICE:

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or Type as Commissioned)

- Personally known to me, or
- Produced identification:

\_\_\_\_\_  
(Type of Identification Produced)

- DID take an oath, or
- DID NOT take an oath

**CERTIFICATE AS TO PRINCIPAL**

I, \_\_\_\_\_, certify that I am the Secretary of the Corporation named as Principal in the foregoing Payment Bond; that \_\_\_\_\_, who signed the Bond on behalf of the Principal, was then \_\_\_\_\_ of said Corporation; that I know his/her signature; and his/her signature thereto is genuine; and that said Bond was duly signed, sealed and attested to on behalf of said Corporation by authority of its governing body.

**ATTACHMENT P**  
**(Page 13 of 13)**

(AFFIX SEAL)

\_\_\_\_\_  
(Name of Corporation)