

JCR Construction & Services LLC CBC1265799
4822 Joyce Dr., Lakeland, FL 33805
jcrconstructionservices@gmail.com (863) 660-4704

**THIS PROJECT HAS BEEN
QUOTED BASED ON A
FIRE SPRINKLER SYSTEM,
1HOUR RATE SOLID
DOORS, AND PARTITIONS
WALLS.**

**1 ½ HOUR RATING
WALLS. BASED ON THE
EXSITING BUILDING CODE
OF THE FLORIDA
BUILDING CODE.**



BID FORM
FY 2023-2024 RENOVATION AND REMODEL OF THE DUNDEE
FIRE DEPARTMENT

RETURN DATE: Tuesday, April 4, 2023
RETURN TO: Office of the Town Clerk
Attn: RFP 23-01
Town of Dundee
P.O. Box 1000
202 East Main Street
Dundee, Florida 33838

ITEM	QTY	UNIT	UNIT COST (\$)	TOTAL COST (\$)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
			TOTAL (\$)	See attachment

Bid Alternate

ITEM	QTY	UNIT	UNIT COST (\$)	TOTAL COST (\$)
1.				
2.				

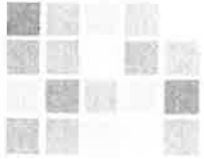
ALL BID FORMS SHOULD INCLUDE THE FOLLOWING INFORMATION:

Company Submitting Bid: JCR Construction & Services, LLC
Company Address: 4822 Joyce Drive
Company City: Lakeland State: FL Zip: 33805
Company Phone Number: (863) 660-4704 Fax Number: _____
Authorized Representative: Jarold Payan
Signature: [Signature] Date: 4-2-23
Print Name: Jarold Payan Phone Number: (863) 660-4704
Title: President

NOTE: THE FAILURE TO FOLLOW THE BID PROTEST PROCEDURE REQUIREMENTS WITHIN THE TIME FRAMES PRESCRIBED HEREIN AS ESTABLISHED BY THE TOWN OF DUNDEE, FLORIDA, SHALL CONSTITUTE A WAIVER OF BIDDERS PROTEST AND ANY RESULTING CLAIMS.

ITEM	QTY	UNIT	UNIT COST (\$)	TOTAL COST (\$)
1. Engineering (drawings)	1		8000.00	8000.00
2. Bonds (payment & performance)	1		2000.00	2000.00
3. Final Clean	1		800.00	800.00
4.Port-O-John	3		1200.00	1200.00
5.Masonry & Labor Materials (ADA shower floors)	1		1000.00	1000.00
6. Carpentry Labor	1		2000.00	2000.00
7. Carpentry Materials (include straps/hardware)	1		3500.00	3500.00
8. Insulation	1		3200.00	3200.00
9. Interior Doors Material (b labor, solid core, metal frame)	8		9000.00	9000.00
10. Interior Doors Labor	8		1600.00	1600.00
11. Finish Hardware (doorhandles, closure)	8		2800.00	2800.00
12. Drywall (5/8" wall/ceiling)	1		12000.00	12000.00
13. Ceramic Tile (inc 2.50 sq ft tile allowance 12x24)	1		5000.00	5000.00
14. Wood baseboard (3.5" nominal)	1		2000.00	2000.00
15. Vinyl Flooring *(inc. 2.50 sq ft flooring allowance)	1		6000.00	6000.00
16. Paint Interior Walls (color selected by City)	1		7000.00	7000.00
17.Signage/Graphics (ADA SIGNS)	1		300.00	300.00
18. Bath Accessories (partitions/grab bars/mirrors)	1		7000.00	7000.00
19. HVAC (existing unit to remain)	1		9000.00	9000.00

ITEM	QTY	UNIT	UNIT COST (\$)	TOTAL COST (\$)
20. Plumbing	8		9600.00	9600.00
21. Sprinkler System (work area only)	1		7000.00	7000.00
22. Electrical	46		28000.00	28000.00
23. Demolition (inc safe/shower door)	1		7000.00	7000.00
24. Soil Treatment (termites)	1		300.00	300.00
25. General Conditions	1		7500.00	7500.00
26. Contingency	1		8000.00	8000.00
27. Labor	4		4800.00	4800.00
28. Supervision	3		12000.00	12000.00
29. Project Management	3		10000.00	10000.00
			TOTAL	177600.00



JCR Construction & Services LLC CBC1265799
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jcrconstructionservices@gmail.com (863) 660-4704

Design-Build Proposal

Date: 03-31-23

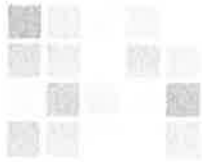
To: Trevor Douthat, Interim Town Clerk Town of Dundee
TDouthat@TownofDundee.com (863) 438-8330, Ext 258

Project Title: RFP 23-01 RENOVATION AND REMODEL OF THE DUNDEE FIRE DEPARTMENT

Introduction: JCR Construction & Services LLC is pleased to present our Design-Build Proposal; thank you for the opportunity to bid. The following is a design-bid proposal to "Furnish all labor, materials, equipment, and supervision necessary to demolish the existing floor plan (the "Existing Plan") as shown in "Exhibit A" and construct a floor plan (the "New Plan") as shown in "Exhibit B". Both Exhibit "A" and Exhibit "B" are incorporated herein and made a part of this RFP 23-01 (the "RFP") by reference. The contractor will be responsible to submit any and all necessary plans for approval and permitting [RFP 23-01]."

Partial Analysis: The following analysis was used as a basis to determine many of the project needs and requirements but should not be considered a full analysis of the existing structure or its systems. Life Safety is of the utmost importance; a full study of the existing structure and its uses may be required at project commencement. The analysis focuses on "Exhibit B" (Area of Work). Existing systems in areas outside of the Area of Work were not analyzed at this time but may be required in the future. The project structure is located at 118 Merrill Ave, Dundee, FL 33838. The 8,020-sf. structure was built in 1980.

- 1 NFPA 101: Life Safety Code
- 2 NFPA 13R
- 3 FBC 2020 310.4 Mixed occupancy building, area of work categorized as R2.
- 4 FBC 2020 420.2 Rated partitions required for separation of sleeping units and corridors.



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- 5 FBC 2020 TABLE 1020.1 Fire sprinkler required.
- 6 FBC 2020 202 ESSENTIAL FACILITIES. Buildings and other structures that are intended to remain operational in the event of extreme environmental loading from flood, wind, snow, or earthquakes.
- 7 FDC 2020 TABLE 1604.5 Occupancy is considered a Risk Category IV
- 8 FDC 2020 EXSTING 603 ALTERATION—LEVEL 2
- 9 FBC 2020 Energy Conservation R501 Existing Buildings

Application: The partial analysis is the basis for the project Design and Build proposal. Partitions for sleeping areas are required to be separated from the corridor with a minimum 1/2HR smoke partition extending to the underside of the existing roof deck. Sleeping area doors shall be smoke rated with a latch. The occupant load of the Area of Work exceeds code minimum for sleeping areas, therefore requiring a fire sprinkler system meeting NFPA-13R. Return and supply ductwork of existing HVAC systems to remain will require smoke dampers at all penetrations through rated partitions. Lighting systems will meet current energy requirements.

Analysis exclusions: Structural design, back-up power systems, asbestos abatement, areas and systems outside of the Area of Work, Additional emergency escape requirements, fire alarms.

Jarold Payan
CBC1265799

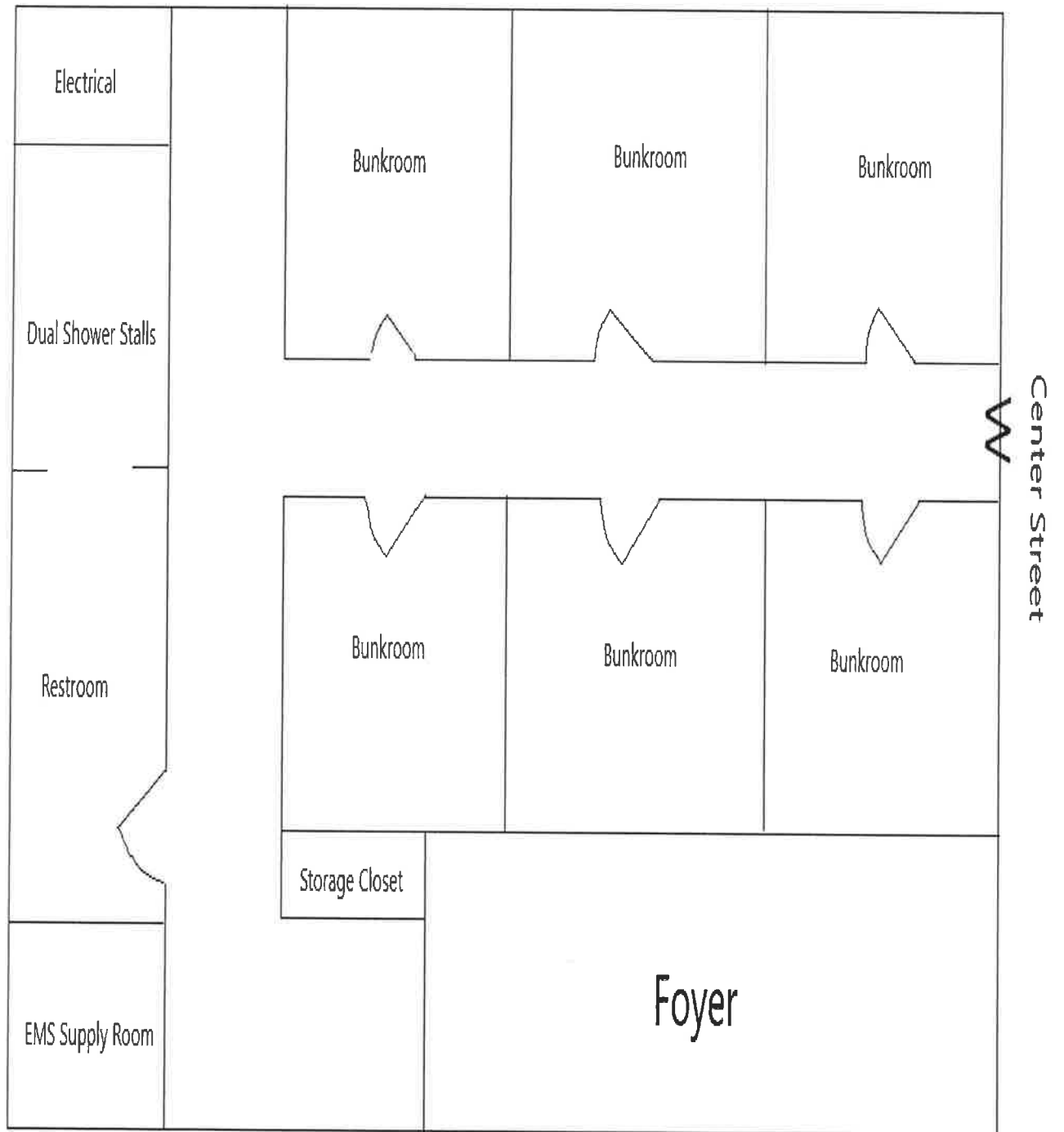
EXHIBIT – A



EXHIBIT- B

Merrill Ave.

Engine Bays



AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS

THE TOWN OF DUNDEE, FLORIDA, WILL NOT INTENTIONALLY AWARD TOWN CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) AND/OR SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

THE TOWN OF DUNDEE, FLORIDA, MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY THE TOWN OF DUNDEE.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name JCR Construction & Services

Signature [Signature] Date: 4-2-23

Printed Name Jared Payan

Title President

PRIVATE PROVIDER FIRM _____

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF Florida COUNTY OF Polk

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2 DAY OF April, 2023

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME ☒ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: [Signature]

PRINT: Carol Pyles



CAROL PYLES
Commission # HH 130499
Expires May 27, 2025
Bonded Thru Budget Notary Services

NONCOLLUSION AFFIDAVIT OF BIDDER

State of Florida

County of Polk

I Carol Pyles ("Affiant"), being first duly sworn, deposes and says that:

- (1) Affiant is President (insert job title) of JCR Construction & Services, LLC (insert name of company) the bidder that submitted the attached bid;
- (2) Affiant is fully informed respecting the preparation and contents of the attached bid and of all pertinent circumstances respecting such bid;
- (3) Such bid is genuine and is not a collusive or sham bid;
- (4) Neither the said Affiant nor any of his/her/its officers, partners, owners, agents, representatives, employees or parties in interest, including Affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other bidder, firm or person to submit a collusive or sham bid in connection with the Contract for which the attached bid has been submitted or has refrained from bidding in connection with such Contract; nor in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other bidder, firm or person to fix the price or prices in the attached bid or of any other bidder; nor has fixed any overhead, profit or cost element of the bid price, or the bid price of any other bidder; nor has secured through any collusion, conspiracy, connivance or unlawful agreement, any advantage against the Town of Dundee or any person interested in the proposed Contract; and
- (5) The price or prices quoted in the attached bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Affiant or any of its agents, representatives, owners, employees, or parties in interest.

THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC:

STATE OF Florida COUNTY OF Polk

SWORN TO AND SUBSCRIBED BEFORE ME THIS 2 DAY OF April, 2023

NOTARY PUBLIC: CHECK ONE PERSONALLY KNOWN TO ME ☒ Produced I.D. _____

TYPE OF ID PRODUCED _____

SIGN: Carol Pyles

PRINT: Carol Pyles



CAROL PYLES
Commission # HH 130499
Expires May 27, 2025
Bonded Thru Budget Notary Services

CERTIFICATION OF DRUG-FREE WORKPLACE

Isaacold Payan ("Undersigned"), certify that:

- (1) Undersigned is President (insert job title) and duly authorized to act on behalf of the Contractor JCR Construction & Services, LLC that submitted the attached bid.
- (2) Undersigned acknowledges that Preference shall be given to businesses with drug-free workplace programs.
- (3) Undersigned acknowledges that whenever two (2) or more bids which are equal with respect to price, quality, and service are received by the Town for the Purchasing of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process.
- (4) In order to have a drug-free workplace program, a business shall:
 - (a) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in-the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
 - (b) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
 - (c) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (a).
 - (d) In the statement specified in subsection (a), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 of the Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
 - (e) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
 - (f) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

The Undersigned, as the person authorized to sign this CERTIFICATION OF DRUG-FREE WORKPLACE, does hereby certify that the Contractor, JCR Construction & Services, LLC, acknowledges, understands, and complies fully with the above requirements.

DATE: 4-2-2023 NAME OF ENTITY: JCR Construction & Services, LLC

PHONE/FAX: (863) 660-4704

ADDRESS: 4822 Joyce Drive
Lakeland, FL 33805

SIGNATURE: 

PRINT NAME: Jarold Payan

SALES TAX SAVINGS FORM

CONTRACT NUMBER: REP 23-01

NAME OF PROJECT: Renovation & Remodel of
Dundee Fire Department

MATERIALS	(1) Amount in Contract	(2) Sales Tax	(3) Net Amount

- (1) This is the amount to be deducted from contract by change order.
- (2) The amount of the sales tax included in the material purchase line item supplied by the Contractor.
- (3) The amount to be used by the Town to make the material purchase per the Contractor's stated quantities.

THE AMERICAN INSTITUTE OF ARCHITECTS

AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we
JCR Construction and Services LLC
4822 Joyce Drive,
Lakeland, FL 33805

as Principal, hereinafter called the Principal, and
The Ohio Casualty Insurance Company
9721 Executive Center Drive, Suite 105
St. Petersburg, FL 33702

a corporation duly organized under the laws of the State of **NH**
as Surety, hereinafter called the Surety, are held and firmly bound unto
The Town of Dundee, Florida
202 E. Main Street, PO Box 1000
Dundee, FL 33838

as Oblige, hereinafter called the Oblige, in the sum of **Five Percent of Amount Bid in U.S. Dollars (\$5%)** for
the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our
heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS the Principal has submitted a bid for

FY 2023-2024 Renovation & Remodel of Dundee Fire Department; Bid No. RFP-23-01
Remodel of Bunk Quarters & Restrooms - 118 West Merrill Avenue, Dundee, FL 33838

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

Signed and sealed April 4, 2023

JCR Construction and Services LLC


(Witness)



The Ohio Casualty Insurance Company



David B. Shick, Attorney-In-Fact and
Licensed FL Resident Agent #A241176



Seal No. 7503



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8205203-969456

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Brady Baich, David B. Shuck

all of the city of Tampa state of FL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed any and all undertakings, bonds, recognizances and other surety obligations in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 5th day of April 2021



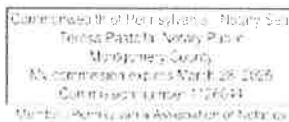
Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: [Signature]
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 5th day of April 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



By: [Signature]
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 4 day of April 2023



By: [Signature]
Renee C. Llewellyn, Assistant Secretary



Seal No. 7503

Request for Taxpayer Identification Number and Certification

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

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

JCR CONSTRUCTION & SERVICES LLC

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

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.) See instructions.

3804 BLOCK PRINE RD

Requester's name and address (optional)

6 City, state, and ZIP code

LAKELAND FL 33810

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

____ - ____ - ____

or

Employer identification number

4 6 - 4 8 4 3 0 0 3

Part II Certification

Under penalties of perjury, I certify that:

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

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

Anticipated Timeline for RFP-23-01

Upon acceptance and approval of the contract it will take approximately 20 business days to receive completed blueprints. At that time permits will be applied for and from the date the permits are issued, there will be 90 days to complete the project.

CLIENT REFERENCES

City of Lakeland

Lakeland Linder International Airport

3900 Don Emerson Drive Suite 210

Lakeland, FL 33813

Linda Alsbaugh 863-834-6780

Interior Office Repairs 3240 Flightline Dr Bid #3060

Medeiros Construction, LLC

7243 Donna Dr

New Port Richey, FL 34652

Jason Medeiros 727-484-2897

Auburndale Warehouse 615 McKean St, Auburndale

Medeiros Construction, LLC

7243 Donna Dr

New Port Richey, FL 34652

Jason Medeiros 727-484-2897

Twin Lakes Apartments 330 Twin Lakes Blvd., Lake Wales

Medeiros Construction, LLC

7243 Donna Dr

New Port Richey, FL 34652

Jason Medeiros 727-484-2897

Grove Plaza 5617 Wesley Grove Blvd, New Port Richey

****Please see attached Purchase Order and Experience History Work Sheets****

Experience History Work Sheet

Builder

Applicants Name: Jarold Payan

Provide 4 years/ (48 mths) of commercial project experience.

Minimum of 1 year / (12 mths) supervisory experience is required on new commercial or multi-dwelling construction of a habitable structure. Building Contractors must have structural experience in 4 or more of the following 6 areas gained. Please use one page per project. If project dates overlap, you will be notified upon review from our office, of any shortfall on experience provided.

**College Credits, Degrees or Military Service can be substituted for up to 3 years of field experience*

Employer Name and Address: Medeiros Construction LLC	Dates Employed (mm/yyyy to mm/yyyy):
7243 Donna Dr, New Port Ritchey, FL, 34652	Employer Phone Number: 7274842897
Name of qualifying contractor for employer: Jason Medeiros	License number of qualifying contractor: CGC1510383
Email: G.jason.Medeiros@gmail.com	Dates on Project (mm/yyyy to mm/yyyy):

- ☐ Foundation/Slabs greater than 20k sqft.
 ☒ Masonry walls
 ☒ Steel erection
☒ Column erection
 ☒ Formwork for structural reinforced concrete
 ☒ Elevated slabs

Was this experience as a: ☒ Worker OR ☒ Foreman

Project Name: Auburndale Warehouse

Complete Project Address: 615 McKean St, Auburndale FL, 33823

Your job title on the project:

Your duties on the project: (Brief description of your day-to-day responsibility)

Supervising the day and day operation ordering inspections and managing the entire project with inspectors and working crews. Report back to the GC on timely matter and make sure job was on schedule.

☐ New Construction OR ☒ Renovation

Project Type: Project Description: (Include number of stories & sqft of project.)

Jason hired my company to perform this job as a subcontractor. I was the project manager during the length of the project. Project duration was 6 months from planning to completion. The project consisted on building an office addition (6k) and erecting a 180 ft 2h ratting fire proof wall. This project included columns, footing and erecting a net to avoid insects going from one side to the other in the existing warehouse.

I certify that the experience I am providing is completely & truthful to the best of my knowledge. I understand that my signature on this written worksheet has the same legal effect as an oath or affirmation. Under penalties of perjury, I understand that falsification of any experience on my application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature:  Date: 08/08/2021

Please use as many worksheets as needed to meet the minimum requirement for your experience. Use one page per project.

Experience History Work Sheet

Builder

Applicants Name: Jarold Payan

Provide 4 years/ (48 mths) of commercial project experience.

Minimum of 1 year / (12 mths) supervisory experience is required on new commercial or multi-dwelling construction of a habitable structure. Building Contractors must have structural experience in 4 or more of the following 6 areas gained. Please use one page per project. If project dates overlap, you will be notified upon review from our office, of any shortfall on experience provided.

** College Credits, Degrees or Military Service can be substituted for up to 3 years of field experience*

Employer Name and Address: Medeiros Construction LLC 7243 Donna Dr, New Port Ritchey, FL, 34652	Dates Employed (mm/yyyy to mm/yyyy): Employer Phone Number: 7274842897
Name of qualifying contractor for employer: Jason Medeiros	License number of qualifying contractor: CGC1510383
Email: G.jason.Medeiros@gmail.com	Dates on Project (mm/yyyy to mm/yyyy):

- ☐ Foundation/Slabs greater than 20k sqft.
 ☒ Masonry walls
 ☒ Steel erection
☒ Column erection
 ☒ Formwork for structural reinforced concrete
 ☒ Elevated slabs

Was this experience as a: ☐ Worker OR ☒ Foreman

Project Name: Twin lakes apartment complex

Complete Project Address: 330 Twin Lakes Blvd, Lake Wales , FL, 33853

Your job title on the project:

Your duties on the project: (Brief description of your day-to-day responsibility)


Supervising the day and day operation ordering inspections and managing the entire project with inspectors and working crews. Report back to the GC on timely matter and make sure job was on schedule.

☒ New Construction OR ☐ Renovation

Project Type: Project Description: (Include number of stories & sqft of project.)

Jason hired my company to perform this job as a subcontractor. I was the project manager during the length of the project. Project duration was 6 months from planning to completion. The project consisted on an two stories apartment building demolition and prepare the lot for an new building to be on site.

I certify that the experience I am providing is completely & truthful to the best of my knowledge. I understand that my signature on this written worksheet has the same legal effect as an oath or affirmation. Under penalties of perjury, **I understand that falsification of any experience on my application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.**

Signature: 

Date: 02/08/2023

Please use as many worksheets as needed to meet the minimum requirement for your experience. Use one page per project.

Experience History Work Sheet

Builder

Applicants Name: Jarold Payan

Provide 4 years/ (48 mths) of commercial project experience.

Minimum of 1 year / (12 mths) supervisory experience is required on new commercial or multi-dwelling construction of a habitable structure. Building Contractors must have structural experience in 4 or more of the following 6 areas gained. Please use one page per project. If project dates overlap, you will be notified upon review from our office, of any shortfall on experience provided.

**College Credits, Degrees or Military Service can be substituted for up to 3 years of field experience*

Employer Name and Address: Medeiros Construction LLC 7243 Donna Dr, New Port Ritchey, FL 34652	Dates Employed (mm/yyyy to mm/yyyy): 10/2020-06/2021 Employer Phone Number: 727-484-2897
Name of qualifying contractor for employer: Jason Medeiros	License number of qualifying contractor: CGC1510383
Email: g.jason.medeiros@gmail.com	Dates on Project (mm/yyyy to mm/yyyy): 10/2020-06/2021

- ☐ Foundation/Slabs greater than 20k sqft.
 ☐ Masonry walls
 ☐ Steel erection
☐ Column erection
 ☒ Formwork for structural reinforced concrete
 ☐ Elevated slabs

Was this experience as a: ☐ Worker OR ☒ Foreman

Project Name: Grove Plaza

Complete Project Address: 5617 Wesley Grove Blvd

Your job title on the project:

Your duties on the project: (Brief description of your day-to-day responsibility)

Supervise labor to form structural concrete foundations with steel cages and plates. Supervise steel column erection, welding to plates.

☒ New Construction OR ☐ Renovation

Project Type: Project Description: (Include number of stories & sqft of project.)

New commercial retail plaza, single story, steel structure on concrete foundation, 31,000 sq ft.

I certify that the experience I am providing is completely & truthful to the best of my knowledge. I understand that my signature on this written worksheet has the same legal effect as an oath or affirmation. Under penalties of perjury, I understand that falsification of any experience on my application may result in criminal penalty or administrative action, including a fine, suspension or revocation of the license.

Signature:  Date: 02/08/2023

Please use as many worksheets as needed to meet the minimum requirement for your experience. Use one page per project.

d. **Exhibit "D", City's Cost Proposal**

If there is a conflict between the terms of this Agreement and the above referenced documents, then the conflict shall be resolved as follows: the terms of this Agreement shall prevail over the other documents, and the terms of the remaining documents shall be given preference in their above listed order.

19. **NOTICES.** All Notices pursuant to this Agreement shall be deemed sufficiently given when in writing when (i) personally served on a party to be notified, (ii) delivery by overnight express courier, or (iii) three (3) business days following deposit in the United States mail, postage prepaid certified delivery, directed to the party to be notified at the following address:

Contractor:

JCR Construction & Services, LLC
3804 Block Pine Road
Lakeland, Florida 33810

As to City:

Lakeland Linder International Airport
3900 Don Emerson Drive, Suite 210
Lakeland, FL 33811

IN WITNESS WHEREOF, the parties herein have executed this Agreement for interior office repairs pursuant to ITB No.3060 as of the day and year first written above.

CITY OF LAKELAND, FLORIDA

JCR CONSTRUCTION & SERVICES, LLC

H. William Mutz, Mayor

President (Signature)

Jaqueline Pagan
President (Printed Name)

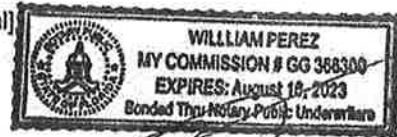
ATTEST:

ATTEST:

By: _____
Kelly S. Koos, City Clerk

By: _____
(Attesting Witness' name/title)

[Corporate Seal]





**PURCHASING & STORES
DIVISION**

VENDOR		SHIP TO		Purchase Order	
JCR CONSTRUCTION & SERVICES LLC 3804 BLOCK PRINE RD LAKELAND, FL 33810 United States		Lakeland Linder International Airport 3900 Don Emerson Drive, Suite 210 Lakeland, FL 33813 United States		ORDER NUMBER 293586 REVISION 0 PAGE NUMBER 1	
QUESTIONS? CONTACT: Herber, Sharon A		BILL TO		Reply To:	
		City of Lakeland City Hall Accounts Payable 228 South Massachusetts Ave Lakeland, FL 33801 Email: cityhallAP@lakelandgov.net		Purchasing & Stores Division 1140 E. Parker Street Lakeland, Florida 33801 Phone: 863.834.6780 Fax: 863.834.6777 TDD: 863.834.8333 Email: purch@lakelandgov.net	
VENDOR # 136239		REVISED DATE/BUYER 27-MAR-23 L Alsbaugh		F.O.B. Destination	
PAYMENT TERMS Net 30		FREIGHT TERMS Prepay & Add		SHIP VIA BEST WAY	
				CONFIRM TO TELEPHONE ()	

ITEM	PART NUMBER/DESCRIPTION	PROMISED BY	QUANTITY	UNIT	UNIT PRICE	LINE TOTAL
1	Interior Office Repairs at 3240 Flightline Drive - BID# 3060			LOT		78,413.05
					TOTAL	78,413.05

No federal excise or state sales tax shall be included in price.
State Sales Tax Certificate # 85-8012621615C-3
Federal Exemption # 59-6000354

This purchase order is subject to City of Lakeland's standard terms and conditions contained on the Purchasing Division's website at www.lakelandgov.net/departments/purchasing/, which are hereby incorporated by reference and made a part hereof.

Mark D. Raiford, Purchasing Manager