

**SPECIAL CERTIFICATE OF APPROPRIATENESS
FOR THE STRUCTURE AT
535 PARK AVENUE, LAKE PARK, FLORIDA 33403**

WHEREAS, Town of Lake Park is the owner ("Owner") of the Town Hall building located at 535 Park Avenue, Lake Park, Florida, 33403, legally described as City Block 19, (less E 130 Feet) (the "subject property"); and

WHEREAS, on September 3, 1981, the subject property was listed on the National Register for Historic Places; and

WHEREAS, the Town of Lake Park, Florida (Town) has adopted regulations which are intended to protect, enhance and perpetuate properties of historical, cultural, archeological, aesthetic and architectural merit in furtherance the public health, safety and general welfare; and

WHEREAS, in accordance with Town Code § 66-10, the Owner has submitted an application for a Special Certificate of Appropriateness to the Town's Community Development Department ("Department") pertaining to the historic Lake Park Town Hall seeking an approval to restore concrete balconies, replace the roof, and repaint the exterior of the building (the Application); and

WHEREAS, pursuant to the Town Code, the Town's Historic Preservation Board considers applications for Special Certificates of Appropriateness; and

WHEREAS, because the subject property has been locally designated, the Town Code requires that a Special Certificate of Appropriateness be approved by the Town's Historic Preservation Board before the architectural features of a designated structure is altered, restored, or renovated; and

WHEREAS, the Application was reviewed by the Department and the Town's historic architectural consultant REG Architects; and

WHEREAS, based upon the review of the REG Architects, the Department prepared a report which analyzed whether the Application was in compliance with the regulations of the Town Code; and

WHEREAS, pursuant to Town Code § 66-10(e)(2), notice of a public hearing to be held by the Lake Park Historic Preservation Board on June 30, 2023 was published by an advertisement in a newspaper of general circulation at least 10 days prior to the Historic Preservation Board's hearing; and

WHEREAS, the Lake Park Historic Preservation Board considered the Application at a quasi-judicial hearing on July 10, 2023; and

WHEREAS, the Lake Park Historic Preservation Board has determined that based upon the testimony and evidence at the quasi-judicial hearing, it is appropriate to approve a Special Certificate of Appropriateness with conditions for the subject property; and


WHEREAS, this Certificate of Appropriateness shall apply to the Owner, and its successors or assigns.

Section 1. The whereas clauses are hereby incorporated as true and correct as the findings of fact and conclusions of law of the Lake Park Historic Preservation Board.

Section 2. The Lake Park Historic Preservation Board hereby approves the Application and issues this Special Certificate of Appropriateness for the subject property, authorizing the repainting, balcony restoration, and reroofing of the historic Lake Park Town Hall.


DONE AND ORDERED this 10 day of July, 2023.

ATTEST:



Vivian Mendez, Town Clerk

TOWN OF LAKE PARK, FLORIDA:

By: 
for Richard Ahrens, Chairman, Lake
Park Historical Preservation Board



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Minutes
Town of Lake Park, Florida
Lake Park Town Hall Re-Roof
Project 109-2023
Thursday, July 20, 2023 at 2:00 PM
Commission Chamber, Town Hall,
535 Park Avenue, Lake Park, FL 33403

The Lake Park Town Hall Re-Roof Project opening was conducted on Thursday, July 20, 2023 at 2:00 P.M. Present were Town Clerk Vivian Mendez and Deputy Town Clerk Laura Weidgans and Project Manager John Wille.

Deputy Town Clerk Weidgans called the meeting to order and announced that the Town received five (5) submittals.

1) LaPorta Contracting 1975 East Sunrise Blvd Suite 822 , Fort Lauderdale, Florida 33304 (\$213,255.57)

2) Estimating123. 140 NW 18 Avenue , Delray Beach, Florida 33444 (\$443,808.00)

3) Atlas-Apex Roofing, LLC 281 NE 32nd Street , Fort Lauderdale, Florida 33334 (\$818,000.00)

4) Total Roofing System 2885 SE Jefferson Street , Stuart, Florida 34997 (\$394,321.00)

5) Big Country Contracting. 110 E Broward Blvd STE 1700, Fort Lauderdale, Florida 33301 (\$329,100.00)

ADJOURNMENT:

The meeting adjourned at 2:05 P.M.

Town Clerk Vivian Mendez

Deputy Town Clerk Laura Weidgans

TOWN OF LAKE PARK

EXHIBIT C

BID FORM DOCUMENTS

FOR

TOWN HALL RE-ROOF

ITB # 109-2023



BID FORM

BIDDER: LaPorta Contracting

PROJECT: **Lake Park Town Hall Re-Roof;**

BID No. 109-2023

DATE: 7/20/23

THIS BID IS SUBMITTED TO: Town of Lake Park
Town Clerk
535 Park Avenue
Lake Park, Florida, 33403

1. The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an Agreement with OWNER 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 Invitation to Bid and Instructions to Bidders, including without limitation those dealing with the disposition of Bid Security. This Bid will remain open for ninety (90) Days after the day of Bid opening. BIDDER will sign and submit the Agreement with Bonds and other documents required by the Bidding Requirements within fifteen (15) days after the date of OWNER'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 the Invitation to Bid, Instructions to Bidders, all the Contract Documents and the following addenda (receipt of all which is hereby acknowledged):

DATE	ADDENDUM NUMBER
<u>6/14/23</u>	<u>1</u>
<u>6/28/23</u>	<u>2</u>
<u>7/3/23</u>	<u>3</u>
<u>7/12/23</u>	<u>4</u>

b. BIDDER has examined the Contract Documents, the site and locality where the Work is to be performed, the legal requirements (Federal, State and Local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as BIDDER deems necessary.

c. BIDDER has contacted local governments and agencies where the Work is to take place and determined all required permits, licenses and fees.

d. BIDDER has obtained and reviewed all such examinations, investigations, explorations, tests and studies which pertain to the subsurface or physical conditions at the site or otherwise, and which may affect the performance or furnishing of the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, including specifically the provisions of paragraph 4.2 of the General Conditions; and no additional examinations, investigations, explorations, tests, reports or similar information or data are or will be required by BIDDER for such purposes.

e. BIDDER has reviewed and checked all information and data shown or indicated in the Contract Documents with respect to existing Underground Facilities at or contiguous to the site and assumes responsibility for the accurate location of said Underground Facilities. No additional examinations, investigations, explorations, tests, reports or similar information or data with respect of said Underground Facilities are or will be required by BIDDER in order to perform and furnish the Work at the Contract Price, within the Contract Time and in accordance with the other terms and conditions of the Contract Documents, including specifically the provisions of paragraph 4.3.1 of the General Conditions.

f. BIDDER has correlated the results of all such observations, examinations, investigations, explorations, tests, reports and studies with the terms and conditions of the Contract Documents.

g. BIDDER has given OWNER written notice of all conflicts, errors or discrepancies, if any, that it has discovered in the Contract Documents and the written resolution thereof by ARCHITECT is acceptable to BIDDER.

h. This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation 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 or sham Bid; BIDDER has not solicited or induced any person, firm or corporation to refrain from bidding; and BIDDER has not sought by collusion to obtain for itself any advantage over any other Bidder or over OWNER.

4. a. BIDDER agrees to perform all the Work described in the Contract Documents, subject to adjustments as provided therein, for the Unit Sum BIDDER provided on the Price Schedule attached hereto as Schedule A.

b. If the Work is to be performed on a "unit price" basis, BIDDER understands and agrees that the unit quantities shown on the Bid Form Unit Price Schedule are approximate only, not guarantees and are subject to either increase or decrease; that should the quantities of any of the items of Work be increased, BIDDER will perform the additional Work at the unit prices set out herein; that should the quantities be decreased, final payment shall be made on actual quantities completed at the unit prices; that it will make no claims for anticipated profits for any decrease in the quantities; that final quantities installed shall be determined by the ARCHITECT upon completion of the Work; and that OWNER may elect to construct only a portion of the Work covered by the Contract Documents and in such event, BIDDER will perform that portion of the Work for which BIDDER is awarded a Contract at the unit prices quoted herein.

5. a. BIDDER agrees that the Work will be complete within 150 calendar days from the date when the Contract Time commences to run as provided in paragraph 2.3 of the General Conditions, and completed and ready for final payment within 180 calendar days from the date when the Contract Time commences to run.

b. BIDDER accepts the provisions of the Agreement regarding liquidated damages in the event of failure to complete the Work on time.

6. The following documents are attached to and made a condition of this Bid:

- a. Bid Form
- b. Schedule of Bid Items
- c. Bid Bond,
- d. Questionnaire,
- e. List of Subcontractors,
- f. Debarred Firms
- g. Conflict of Interest Disclosure Form
- h. Drug Free Workplace Form
- i. Non-Collusion Affidavit
- j. Truth-In Negotiations Form

7. The terms used in this Bid which are defined in the General Conditions included as part of the Contract Documents have the meanings ascribed to them in the General Conditions.

8. BIDDER's Florida Contractor's License Number is

CGC1529763 & CCC1331235

9. BIDDER covenants that it is qualified to do business in the State of Florida.

10. The prices contained in the Bid Proposal shall include all costs necessary to provide the Work described in the Contract Documents, including, but not limited to, labor, materials, equipment, overhead, profit and insurance.

BIDDER understands that the OWNER reserves the right to reject any or all Bids in whole or in part, with or without cause, to waive any irregularities, variances, deviations, technical errors and informalities to the extent permitted by law or to accept the Bid which in its judgment best serves the public interest.

BIDDER agrees that this Bid shall be good and may not be withdrawn for a period of ninety (90) calendar days after the scheduled closing time for receiving Bids.

Upon receipt of Notice of Intent to Award, BIDDER will execute the formal contract attached and deliver it with a Public Construction Bond and a Certificate of Insurance evidencing conformance with the contract requirements as required by Article 5 of the General Conditions within fifteen (15) days. OWNER may draw upon the Bid Security to the full extent of its damages in the event the executed Contract, Public Construction Bond and Certificate of Insurance are not delivered within the time above set forth.

By submission of this Bid, each BIDDER certifies, and in the case of a joint Bid each party thereto certifies as to his own organization, that this Bid has been arrived at independently, without consultation, communication or agreement as to any matter relating to this Bid with any other BIDDER or with any competition.

Bids will be compared on the basis of the TOTAL AMOUNT OF BID and Bidder's qualifications. Where the extended price differs from the unit price times the quantity, the unit price times the quantity will be accepted as the amount bid. The OWNER reserves the right to omit or add to the construction of any portion or portions of the work heretofore enumerated or shown on the plans at any time during or before construction. Furthermore, the OWNER reserves the right to omit in its entirety any one or more items of the Contract without forfeiture of the remainder of the Contract and without suffering claims for loss of anticipated profits or any other claims by the Contractor at any time during or before construction, which claims are hereby waived.

Bidder is warned that the estimates of the quantities of the various items of work and materials as set forth in the proposal form are approximate only and are given solely to be used as a uniform basis for the comparison of bids. The quantities actually required to complete the contract and work may be less or more than so estimated, and, if so, no action for damages or for loss of profits shall accrue to the Contractor by reason thereof.

If BIDDER is:

AN INDIVIDUAL

By (sign here): _____

(Print Individual's Name): _____

doing business as _____

Business address: _____

Phone No. _____

A PARTNERSHIP

(Partnership Name)

By (sign here): _____

(Print General Partner's Name): _____

Business address: _____

Phone No. _____

A CORPORATION

(Corporation Name)

(State of Incorporation)

By (sign here): _____

(Print Name of Person Authorized to Sign): _____

Its: _____
(Print Title of Person Signing if other than the president or vice president, attach evidence of individual's authority to sign)

Business address: _____

Phone No. _____

A LIMITED LIABILITY COMPANY

LaPorta Contracting
(LLC Name)

By (Sign here): 

(Print Name of Person Signing): Thomas LaPorta

Its: Owner

(If other than manager, attach evidence of individual's authority to sign)

1975 E Sunrise Blvd, Ste 822 Fort Lauderdale, FL 33304
(Address)

Phone No. (954) 604-4602

A JOINT VENTURE

(Joint Venture Name)

By (sign here):

(Print Name of Person Signing):

(Address)

Phone No.

By (sign here):

(Print Name of Person Signing)

(Address)

Phone No.

(Each joint-venture must sign. The manner of signing for each individual, partnership and corporation that is a party to the joint venture should be in the manner indicated above as to that type of entity).

SCHEDULE OF BID ITEMS

Lake Park Town Hall Re-Roof
ITB # 109-2023

BID AMOUNT EXTENDED COSTS

1	INDEMIFICATION	1	L.S.	\$ 100.00
2	GENERAL CONDITIONS: Project Management, Mobilization, Engineering Documents for Permitting, Temporary Toilets, MOT, Temporary Protections, Temporary Fencing Materials Testing, Licenses & Insurances, Warranties, etc.	1	L.S.	\$ 30,000
3	PERFORMANCE AND PAYMENT BONDS (only applicable if proposed BASE BID price exceeds \$100,000.00)	1	L.S.	\$ 3,395.21
4	ROOF REPLACEMENT WORK Including but not limited to, Demo / Removal of existing roofing / repair-replace damaged wood roof decking / new tin-tag dry-in / new flashings and vents / new secondary moisture barrier / new roof tiles Includes contingency allowance amount to replace up to 10% of roof areas wood rood deck substrate sheathing.	1	L.S.	\$ 137,760.36
5	GUTTERS AND DOWNSPOUTS Remove existing gutters and downspouts as necessary for new roof installation Re-install existing and/or new copper gutters and downspouts as required (see scope of work for description)	1	L.S.	\$ 2,000
6	CONSTRUCTION CONTINGENCY (Allowance amount to be used at the discretion of the owner Any unused allowance shall be returned to the owner)	1	Allowance	\$ 20,000.00
7	BUILDING PERMIT (Town of Lake Park) (Allowance amount to be used at the discretion of the owner Any unused allowance shall be returned to the owner)	1	Allowance	\$ 20,000.00

TOTAL BASE BID ITEMS 1 THRU 7 \$ 213,255.57

Numeric Amount

Written Amount \$ two hundred thirteen thousand two hundred and fifty-five dollars and fifty-seven cents

Written Amount

WARRANTY: Labor & Workmanship Warranty 10 years Materials Warranty: 50 years

Submitted By:  Title: Owner
Signature of Firm Representative

Name of Firm: LaPorta Contracting

Firm Address: 1975 E Sunrise Blvd, Ste 822 Fort Lauderdale, FL 33304

Date: 7/20/23 E-mail Address: thomas@laportacontracting.com

Firm Telephone No.: (954) 604-4602

BOND NO. N/A

BID BOND

KNOW ALL MEN BY THESE PRESENTS, we, LaPorta Contracting, LLC a Florida corporation with a principal business address of 1975 East Sunrise Blvd Unit 822, Fort Lauderdale, FL 33304, as Principal, and United States Fire Insurance Company, a Delaware corporation with a principal business address of 305 MADISON AVENUE, MORRISTOWN, NJ 07960

, as Surety, are bound to **Town of Lake Park**, as Obligor, whose address is 535 Park Avenue, Lake Park, Florida, 33403, in the sum of \$ 5% of Amount Bid (Five Percent of Amount Bid), payment of which we bind ourselves, our heirs, personal representatives, successors and assigns, jointly and severally.

WHEREAS, the Principal is herewith submitting its bid for Lake Park Town Hall Re-Roof - ITB No. 109-2023

THE CONDITION OF THIS OBLIGATION is such that if the aforesaid Principal shall be awarded the contract the said Principal will, within the time required, enter into a formal contract with the Obligor in accordance with the terms and conditions of the bid and Contract Documents and shall give a good and sufficient Public Construction Bond and proper evidence of insurance to secure the performance of the contract, or in the event of the failure of the Principal to enter into such contract and give such bond and evidence of insurance, the Principal and Surety shall pay to the Obligor the damages which the Obligor may suffer by reason of such failure, including but not limited to, (1) the difference between the amount specified in said bid and such larger amount for which the Obligor may in good faith contract with another party to perform the Work covered by said bid, whether by accepting a different bid or by rebidding the Work and accepting a bid from the rebid process, or (2) the administrative, legal, accounting and independent consultant expenses incurred by the Obligor in the bid process, in the event that the Obligor in good faith elects not to contract with another party to perform the Work, all of which damages shall not exceed the penalty of this bond, then this obligation shall be null and void; otherwise it shall be and remain in full force and effect.

Signed and sealed this 20th day of July, 2023.

PRINCIPAL:

LaPorta Contracting, LLC

By: 

Signature

Thomas LaPorta
Name President

SURETY:

United States Fire Insurance Company

By: 

Signature

Jarrett Merlucci
Name Attorney-in-Fact

**POWER OF ATTORNEY
UNITED STATES FIRE INSURANCE COMPANY
PRINCIPAL OFFICE - MORRISTOWN, NEW JERSEY**

00927

KNOW ALL MEN BY THESE PRESENTS: That United States Fire Insurance Company, a corporation duly organized and existing under the laws of the state of Delaware, has made, constituted and appointed, and does hereby make, constitute and appoint:

*Ian A. Nipper, David Russell Hoover, Joseph Penichet Nielson,
Charles David Nielson, Charles Jackson Nielson, Shawn Alan Burton, Jarrett Merlucci*

each, its true and lawful Attorney(s)-In-Fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver: Any and all bonds and undertakings of surety and other documents that the ordinary course of surety business may require, and to bind United States Fire Insurance Company thereby as fully and to the same extent as if such bonds or undertakings had been duly executed and acknowledged by the regularly elected officers of United States Fire Insurance Company at its principal office, in amounts or penalties: **Fifty Million Dollars (\$50,000,000).**

This Power of Attorney limits the act of those named therein to the bonds and undertakings specifically named therein, and they have no authority to bind United States Fire Insurance Company except in the manner and to the extent therein stated.

This Power of Attorney is granted pursuant to Article IV of the By-Laws of United States Fire Insurance Company as now in full force and effect, and consistent with Article III thereof, which Articles provide, in pertinent part:

Article IV, Execution of Instruments - Except as the Board of Directors may authorize by resolution, the Chairman of the Board, President, any Vice-President, any Assistant Vice President, the Secretary, or any Assistant Secretary shall have power on behalf of the Corporation:

- (a) to execute, affix the corporate seal manually or by facsimile to, acknowledge, verify and deliver any contracts, obligations, instruments and documents whatsoever in connection with its business including, without limiting the foregoing, any bonds, guarantees, undertakings, recognizances, powers of attorney or revocations of any powers of attorney, stipulations, policies of insurance, deeds, leases, mortgages, releases, satisfactions and agency agreements;
- (b) to appoint, in writing, one or more persons for any or all of the purposes mentioned in the preceding paragraph (a), including affixing the seal of the Corporation.

Article III, Officers, Section 3.11, Facsimile Signatures. The signature of any officer authorized by the Corporation to sign any bonds, guarantees, undertakings, recognizances, stipulations, powers of attorney or revocations of any powers of attorney and policies of insurance issued by the Corporation may be printed, facsimile, lithographed or otherwise produced. In addition, if and as authorized by the Board of Directors, dividend warrants or checks, or other numerous instruments similar to one another in form, may be signed by the facsimile signature or signatures, lithographed or otherwise produced, of such officer or officers of the Corporation as from time to time may be authorized to sign such instruments on behalf of the Corporation. The Corporation may continue to use for the purposes herein stated the facsimile signature of any person or persons who shall have been such officer or officers of the Corporation, notwithstanding the fact that he may have ceased to be such at the time when such instruments shall be issued.

IN WITNESS WHEREOF, United States Fire Insurance Company has caused these presents to be signed and attested by its appropriate officer and its corporate seal hereunto affixed this 28th day of September, 2021.

UNITED STATES FIRE INSURANCE COMPANY



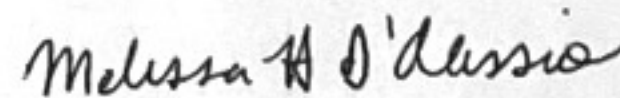
Matthew E. Lubin, President



State of New Jersey }
County of Morris }

On this 28th day of September, 2021, before me, a Notary public of the State of New Jersey, came the above named officer of United States Fire Insurance Company, to me personally known to be the individual and officer described herein, and acknowledged that he executed the foregoing instrument and affixed the seal of United States Fire Insurance Company thereto by the authority of his office.

MELISSA H. D'ALESSIO
NOTARY PUBLIC OF NEW JERSEY
Commission # 50125833
My Commission Expires 4/7/2025

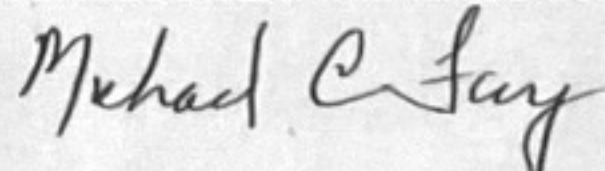


Melissa H. D'Alessio (Notary Public)

I, the undersigned officer of United States Fire Insurance Company, a Delaware corporation, do hereby certify that the original Power of Attorney of which the foregoing is a full, true and correct copy is still in force and effect and has not been revoked.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the corporate seal of United States Fire Insurance Company on the ^{20th} day of July 2023

UNITED STATES FIRE INSURANCE COMPANY



Michael C. Fay, Senior Vice President



QUESTIONNAIRE

The BIDDER's responses to the following questions/requests will assist the OWNER in evaluating whether the bidder is qualified, responsive and responsible. Incomplete, inadequate or false responses may, at the OWNER'S sole discretion and consistent with Florida law, be cause for Bid rejection. The undersigned, under penalty of perjury, attests to the truth and accuracy of all statements and answers herein contained.

1. How many years has your organization been in business as a roofing contractor?

7

2. What are the last three projects of this nature that you have completed? Provide the dates that the projects were completed and the name and correct phone number for OWNER's representative for each project. A listing of three such projects is strongly preferred. However, a lesser number may, at the owner's discretion, be considered sufficiently responsive.

St Josephs Church - Diocese Tallahassee Pensacola Tom Martin 850-435-3535 In progress

Little Flowers Preschool Tom Martin 850-435-3535 May 2023

Cathedral of Sacred Heart Dave Kimbell 850-438-3131 ext. 116 July 2022

3. Have you ever failed to complete work awarded to you; if so, where and why?

No

4. Have your employees or agents personally inspected the site of proposed work? _____

Yes

5. Name the on-site project superintendent you will utilize for this job and that person's qualifications including years directly employed by BIDDER.

Casey Renner - 6 years



Cathedral of the Sacred Heart



Cathedral of the Sacred Heart



Before



After

Little Flowers Preschool

6. State the true, exact, correct and complete name of the partnership, corporation, limited liability company or trade name under which you do business, and the address of the place of business. (If a corporation, state the name of the President and Secretary. If a partnership, state the names of all partners. If a trade name, state the names of the individuals who do business under the trade name.)

a. The correct name of BIDDER is LaPorta Contracting

b. The business is a LLC

c. The address or principal place of business is:
1975 E Sunrise Blvd Unit 822 Fort Lauderdale, FL 33304

d. The names of the corporate officers, or managers, or partners, or individuals doing business under a trade name are as follows:

<u>Thomas LaPorta</u>	<u>Owner</u>
Name	Title
<u></u>	<u></u>
Name	Title
<u></u>	<u></u>

I hereby attest, under penalty of perjury, the truth and accuracy of the foregoing information.

(Sign here) 

Name: Thomas LaPorta

LIST OF SUBCONTRACTORS

List each subcontractor to be used on the Project for the types of work to be performed as listed below. If the work is to be performed by the BIDDER, and no subcontractor is to be used, indicate same by writing "self-perform" on the line next to name of firm.

1. Name of Firm _____
Address _____
Work to be performed: _____
2. Name of Firm _____
Address _____
Work to be performed: _____
3. Name of Firm _____
Address _____
Work to be performed: _____
4. Name of Firm _____
Address _____
Work to be performed: _____
5. Name of Firm _____
Address _____
Work to be performed: _____
6. Name of Firm _____
Address _____
Work to be performed: _____

Failure to complete the above form shall be sufficient cause for Bid rejection.

DEBARRED FIRMS

The undersigned hereby certifies that the firm of LaPorta Contracting
has not and will not award a subcontract, in connection with any contract awarded to it as the result
of this bid, to any firm that has been debarred for non-compliance with the Federal Labor Standards,
Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended or any other Federal
Law.

LaPorta Contracting

Name of Firm Submitting Bid



Signature of Authorized Official

Owner

Title

7/20/23

Date

CONFLICT OF INTEREST DISCLOSURE FORM

The award of this contract is subject to the provisions of Chapter 112, Florida Statutes. All Proposers must disclose within their Proposal: the name of any officer, director, or agent who is also an employee of the Town of Lake Park.

Furthermore, all Proposers must disclose the name of any Town employee who owns, directly, or indirectly, an interest of more than five percent (5%) in the Proposer's firm or any of its branches.

The purpose of this disclosure form is to give the Town the information needed to identify potential conflicts of interest for evaluation team members and other key personnel involved in the award of this contract.

The term "conflict of interest" refers to situations in which financial or other personal consideration may adversely affect, or have the appearance of adversely affecting, an employee's professional judgment in exercising any Town duty or responsibility in administration, management, instruction, research, or other professional activities.

Please check one of the following statements and attach additional documentation if necessary:

 X To the best of my knowledge, the undersigned firm has no potential conflict of interest due to any other Cities, Counties, contracts, or property interest for the Proposal.

 The undersigned firm, by attachment to this form, submits information that may be a potential conflict of interest due to other Cities, Counties, contracts, or property interest for this Proposal.

Acknowledged by:

LaPorta Contracting

Firm Name



Signature

Thomas LaPorta - Owner

Name and title (Print or Type)

7/20/23

Date

DRUG-FREE WORKPLACE

LaPorta Contracting
_____ is a drug-free workplace and has a
(Company Name)
Substance abuse policy in accordance with and pursuant to Section 440.102, Florida Statutes.

Acknowledged by:

LaPorta Contracting

Firm Name



Signature

Thomas LaPorta - Owner

Name and title (Print or Type)

7/20/23

Date

NON-COLLUSION AFFIDAVIT

STATE OF FL

COUNTY OF Pinellas

Before me, the undersigned authority, personally appeared Thomas LaPorta, who after being by me first duly sworn, deposes and says of his/her personal knowledge that:

- a. He/She is Thomas LaPorta of LaPorta Contracting, the Proposer that has submitted a Proposal to perform work for the following:

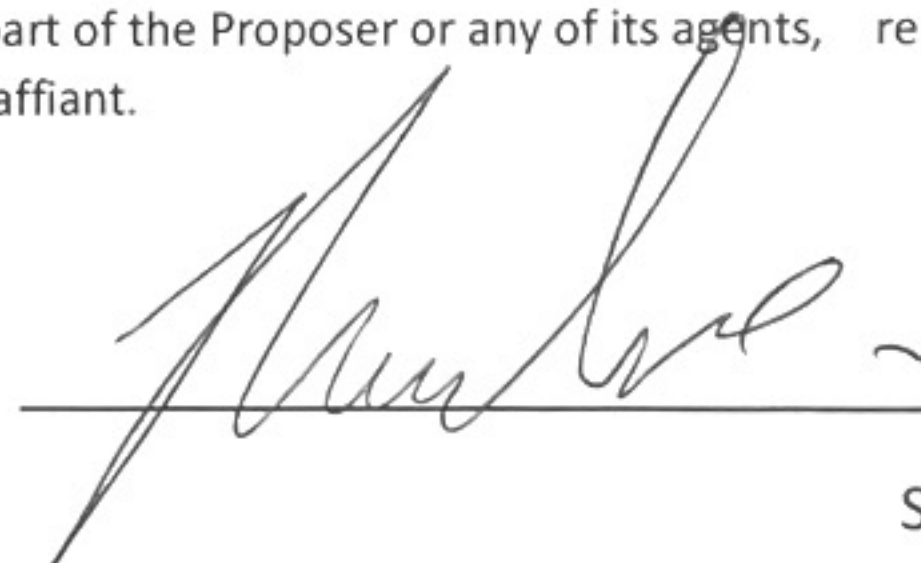
RFQ No.: ITB # 109-2023 Title: Owner

- b. He/She is fully informed respecting the preparation and contents of the attached Request for Qualifications, and of all pertinent circumstances respecting such Solicitation. Such

Proposal is genuine and is not a collusive or sham Proposal.

Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees, or parties in interest, including this affiant, has in any way colluded, conspired, connived, or agreed, directly or indirectly, with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the Solicitation and contract for which the attached Proposal has been submitted or to refrain from proposing in connection with such Solicitation and contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm, or person to fix the price or prices in the attached Proposal or any other Proposal, or to fix any overhead, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against the City or any person interested in the proposed contract.

- d. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

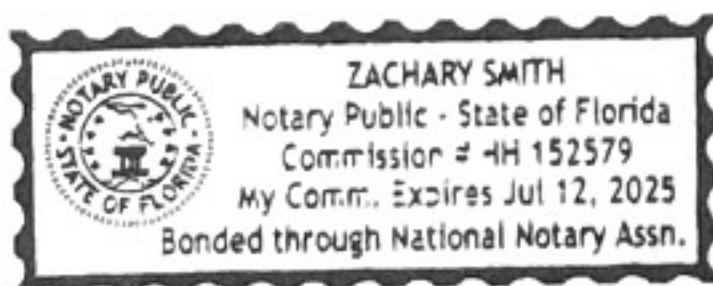

Signature


Subscribed and sworn to (or affirmed) before me this 20 day of July, 2023 by

Thomas LaPorta, who is personally known to me or who has produced

FLDL, as identification.

SEAL



Notary Signature 
Notary Name: Zachary K. Smith
Notary Public (State): FL
My Commission No.: HH 152579
Expires on: 7.12.25

TRUTH – IN – NEGOTIATION CERTIFICATE

The undersigned warrants (i) that it has not employed or retained any company or person, other than bona fide employees working solely for the undersigned, to solicit or secure the Agreements and (ii) that it has not paid or agreed to pay any person, company, corporation, individual or firm other than its bona fide employees working solely for the undersigned or agreed to pay any fee, commission, percentage, gift, or any other consideration contingent upon or resulting from the award or making of the Agreement.

The undersigned certifies that the wage rates and other factual unit costs used to determine the compensation provided for in the Agreement are accurate, complete, and current as of the date of the Agreement.

This document must be executed by a Corporate Officer.

By: Thomas LaPorta

Title: Owner

Date: 7/20/23

Contractors Roofing License

Insert copy of current licenses

Contractors Certificate of Insurance

Insert copy of Certificate of Insurance document

Contractor W-9 Form

Insert copy of W-9 form

**Request for Taxpayer
Identification Number and Certification**

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

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

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. Thomas LaPorta	
2 Business name/disregarded entity name, if different from above LaPorta Contracting	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► C 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. <input type="checkbox"/> 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 1975 East Sunrise Blvd Ste 822	Requester's name and address (optional)
6 City, state, and ZIP code Fort Lauderdale, FL 33304	
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											
8	1		-	2	3	2	8	6	4	3	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ► 	Date ► 7/12/2023
------------------	--	-------------------------

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/03/2023

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 Patrick Brady Insurance Services, Inc. 220 SE 12TH ST Fort Lauderdale, FL 33316	CONTACT NAME: GLORIA JUSTINIANO	
	PHONE (A/C, No. Ext): 954-764-1944 FAX (A/C, No): 954-764-1945	
INSURED LA PORTA CONTRACTING LLC 3015 N OCEAN BLVD #176 FT LAUDERDALE, FL 33308	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: MESA UNDERWRITERS SPECIALTY	
	INSURER B: Allstate Insurance Company	
	INSURER C: Allstate Insurance Company	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

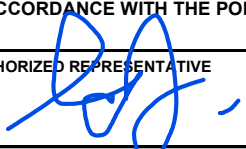
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			MQ00438080-006	10/12/22	10/12/23	EACH OCCURRENCE	\$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y	Y				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
	General Liab						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	AUTOMOBILE LIABILITY			648872598	12/12/22	12/12/23	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO	Y	Y				BODILY INJURY (Per person)	\$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
							\$	
C	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	648880170	02/26/23	02/26/24	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$	
	DED	RETENTION \$				\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

LA PORTA CONTRACTING #CGC1529763.

CERTIFICATE HOLDER**CANCELLATION**

TOWN OF LAKE PARK 535 Park Ave. Lake Park, Florida 33403	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/14/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	CONTACT NAME:	
	PHONE (A/C, No, Ext): (800) 277-1620 X 4800	FAX (A/C, No): (727) 797-0704
INSURED FrankCrum L/C/F Laporta Contracting LLC 100 South Missouri Avenue Clearwater, FL 33756	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	Frank Winston Crum Insurance Company
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1062493 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS-COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC202300000	01/01/2023	01/01/2024	X PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$1,000,000
							E.L. DISEASE-EA EMPLOYEE	\$1,000,000
							E.L. DISEASE-POLICY LIMIT	\$1,000,000

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

Effective 03/06/2023, coverage is for 100% of the employees of FrankCrum leased to Laporta Contracting LLC (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

CERTIFICATE HOLDER

CANCELLATION

TOWN OF LAKE PARK 535 Park Ave Lake Park, FL 33403	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



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

LAPORTA, THOMAS J

LAPORTA CONTRACTING LLC
3015 N OCEAN BLVD 12G
FORT LAUDERDALE FL 33308

LICENSE NUMBER: CCC1331235

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)



Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

LAPORTA, THOMAS J

LAPORTA CONTRACTING LLC
3015 N OCEAN BLVD 12G
FORT LAUDERDALE FL 33308

LICENSE NUMBER: CGC1529763

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at [MyFloridaLicense.com](https://myfloridalicense.com)



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This is your license. It is unlawful for anyone other than the licensee to use this document.



Office of the
Town Clerk

July 24, 2023

NOTICE OF INTENT TO AWARD

Pursuant to Town of Lake Park, notice is provided as follows:

INVITATION TO BID (ITB) #109-2023

Lake Park Town Hall Re-Roof

Bid Opening Date and Time: Thursday, July 20, 2023 at 2:00 pm local time.

The Town of Lake Park has completed its evaluation of ITB #109-2023 and intends to award the Lake Park Town Hall Re-Roof contract to:

LaPorta Contracting, LLC

- 1) For the submitted Total Bid Amount of \$ 213,255.57
Pricing breakdown includes \$177,255.57 for Town Hall Re-Roof construction work, plus a \$20,000.00 Construction Contingency Allowance, plus a \$20,000.00 Building Permit Fee Allowance, for a total bid amount of \$213,255.57
- 2) This Notice is conditioned upon and subject to the Town of Lake Park's reservation of rights as contained in the ITB Documents and is subject to approval by the Lake Park Town Commission.

Sincerely,

Town of Lake Park

ROBERTO F. TRAVIESO, MPA

Director of Public Works

Issued by: Town of Lake Park, Office of the Town Clerk

Date: _____

Signed By: _____

Vivian Mendez, MMC
Town Clerk

535 Park Avenue
Lake Park, FL 33403
Phone: (561) 881-3311
Fax: (561) 881-3314

www.lakeparkflorida.gov