

**DEPARTMENT RECOMMENDATION OF AWARD
(ITB, RFP, RFQ)**

Project Name: Road Department Roof Replacement

BID ID: 2023_013

Bid Due Date: 7/26/23 – 2:00 PM

NO AWARD – REJECT ALL BIDS

Justification for Now Award:

- Bids over Budget
- Only one Bid Received
- Other (Provide detailed Explanation Below):

RECOMMENDATION FOR INTENDED AWARD

If straight low bid (no evaluation – i.e. construction, materials):

Recommended Bidder: CMM Roofing Inc.

Bid Award Amount: \$107,950.00

Justification for the Recommendation:

OR

If ITB, RFP, RFQ (turn in evaluation notes, comments, points, etc.) Recommended Ranking:

Ranking	Vendor Name
1	CMM Roofing Inc.
2	Rogers Roofing Corp. DBA Professional Roof Systems
3	LaPorta Contracting LLC
4	Acme Roofing & Sheet Metal Company, Inc
5	MRB Contractors
6	Lewis Walker Roofing Inc

Bid Award Amount: \$107,950.00

Justification for Recommendation:

Lowest Bidder.

I hereby certify the recommended straight low bidder/vendor ranked No. 1 is the most responsive and responsible bidder meeting all requirements, certifications, forms, and/or minimum criteria/qualifications listed below:

- COVER PAGE ATTACHMENT "1" BID PRICING FORM ATTACHMENT "2" SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM BID SIGNATURE FORM DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED VENDOR INFORMATION FORM W9

Recommended by: Alicia Trothway Title: Procurement Coordinator Date: July 28, 2023

BOCC Approval Required: Yes (if yes, enter meeting date/time) No Meeting Date/Time: August 8, 2023 9:00 AM

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 BID ATTENDANCE SHEET

DATE: 7/27/2023

TIME: 2:15 PM

BID IDENTIFIER: ITB_2023_013 – ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

STAFF IN ATTENDANCE:

PRINT NAME	SIGNATURE	DEPARTMENT
Ali Tretneway	<i>Ali Tretneway</i>	Procurement
Wilbur Dean	<i>W. Dean</i>	Road Office

BIDDERS IN ATTENDANCE:

PRINT NAME	SIGNATURE	COMPANY

PUBLIC IN ATTENDANCE:

PRINT NAME	SIGNATURE

Tabulation Sheet

Agency Name Levy County Board of County Commissioners

Bid Number ITB-ITB_2023_013-0-2023/AT

Bid Name ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

Bid Due Date 07/27/2023 14:00:00 Eastern

Bid Opening Closed

6 responses found.

✓ online,
 📧 offline,
 ● not submitting,
 🚫 not received

Company	Responded	Address	Bid Amount	Alt Bid Amount	Declared Attributes	Documents	Sent
Complete							
1 . Acme Roofing & Sheet Metal Co., Inc.	07/27/2023 12:51:53 Eastern	37 Banner St, Dothan, AL, 36303	\$159720.0000	0.0000	Woman Owned	Bid Document	✓
2 . CMM Roofing, Inc.	07/25/2023 12:37:32 Eastern	950 Tamiami Trail, Suite 113, Port Charlotte, FL, 33953	\$107950.0000	0.0000		Bid Document	✓
3 . LaPorta Contracting	07/27/2023 13:59:08 Eastern	801 West Bay Drive # 209, Largo, FL, 33770	\$125114.0000	0.0000	Small Business	Bid Document	✓
4 . Lewis Walker Roofing, Inc	07/25/2023 11:36:51 Eastern	1118 S Marion, Lake City, FL, 32056	\$186526.0000	0.0000		Bid Document	✓
5 . MRB Contractors	07/27/2023 12:30:17 Eastern	1615 W Irving Blvd, Irving, TX, 75061	\$170939.2100	185542.8100		Bid Document	✓
6 . Professional Roof Systems	07/26/2023 06:54:05 Eastern	5590 N Silk Terrace, Dunnellon, FL, 34433	\$124000.0000	0.0000		Bid Document	✓

Bid Identifier: ITB-ITB_2023_013-0-2023/AT Online Offline Not Submitted Not Received

Company	Responded	Address	Bid Amt	Alt Bid Amt	Attributes	Documents	Send	Status
Acme Roofing & Sheet Metal Co., Inc.	07/27/2023 12:51 PM Eastern	37 Banner St, Dothan, AL, 36303	\$159,720.00		Woman Owned	Bid Document	✓	Complete
CMM Roofing, Inc.	07/25/2023 12:37 PM Eastern	950 Tamiami Trail, Suite 113, Port Charlotte, FL, 33953	\$107,950.00			Bid Document	✓	Complete
LaPorta Contracting	07/27/2023 1:59 PM Eastern	801 West Bay Drive # 209, Largo, FL, 33770	\$125,114.00		Small Business	Bid Document	✓	Complete
Lewis Walker Roofing, Inc	07/25/2023 11:36 AM Eastern	1118 S Marion, Lake City, FL, 32056	\$186,526.00			Bid Document	✓	Complete
MRB Contractors	07/27/2023 12:30 PM Eastern	1615 W Irving Blvd, Irving, TX, 75061	\$170,939.21	\$185,542.81		Bid Document	✓	Complete
Professional Roof Systems	07/26/2023 6:54 AM Eastern	5590 N Silk Terrace, Dunnellon, FL, 34433	\$124,000.00			Bid Document	✓	Complete
GAINESVILLE ROOFING CO INC	06/27/2023 4:44 PM Eastern	PO BOX 1919, Bronson, FL, 32621	\$0.00			Bid Document	✗	Incomplete

Member Name Levy County Board of County Commissioners
Bid Number ITB-ITB_2023_013-0-2023/AT
Bid Name ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

4 Document(s) found for this bid

16 Planholder(s) found

SupplierName	FullName	Email	Address1	Address2	City	State	PostalCode	Phone	DeclaredAttributes
Acme Roofing & Sheet Metal Co., Inc.	David Carroll	dccarroll@centurytel.net	37 Banner St		Dothan	AL	36303	3349833577	Woman Owned
BigFoot Reduction Inc.	David Ball	dball@bigfootreduction.com	4830 West Kennedy Blvd.	Suite 600 # 115	Tampa	FL	33609	8134330588	
BlueTeam Corp	Rose O'Boyle	roboyle@blueteamcorp.com	6800 Broken Sound Pkwy NW		Boca Raton	FL	33487	4079214407	
CMM Roofing, Inc.	Richard Lees	rlees@cmmroofing.com	950 Tamiami Trail	Suite 113	Port Charlotte	FL	33953	7273009895	
ConstructConnect	ConstructConnect Bid Opportunities	content@constructconnect.com	3825 Edwards Rd	Suite 800	Cincinnati	OH	45209	8772271680	
Dodge Data	Bonny Mangold	dodge.docs@construction.com	4300 Beltway Place, Ste 150		Arlington	TX	76018	4133767032	
GAINESVILLE ROOFING CO INC	charlie kennedy	GAINESVILLEROOF@AOL.COM	PO BOX 1919		Bronson	FL	32621	3522132088	
JACARANDA AIR CONST INC	ASTON CAMPBELL	ACAMPBELL@JACARANDACONST.COM	13114hello Darlin Drv		GLEN ST MARY	FL	32040	9045662653	African American Owned, Small Business
LaPorta Contracting	Thomas LaPorta	thomas@laportacontracting.com	3015 North Ocean Blvd	12G	Fort Lauderdale	FL	33308	9546044602	Small Business
Lewis Walker Roofing, Inc	Gary Roshy	RFP@lewiswalkerroofing.com	po box 2147		Lake City	FL	32056	8669597663	
Lewis Walker Roofing, Inc	Gary Roshy	groshy@lewiswalkerroofing.com	1118 S Marion		Lake City	FL	32056	13869845015	
MGM Contracting , INC.	MGM Contracting	mgmscott@cfl.rr.com	1121 Peachtree ST		Cocoa	FL	32922	3216396365	Hispanic Owned, Small Business
Mid State Notifier	Melissa McNichols	melissa@midstatenotifier.com	19 NW 8 St		Ocala	FL	34475	3528437780	
Onvia, Inc. - Content Department	Content Source Management	sourcingsupport@deltek.com	509 Olive Way, Suite 400		Seattle	WA	98101	2063739500	
Perry Roofing Contractors	Danielle Friend	dfriend@perryroofing.com	2505 NW 71st Place		Gainesville	FL	32653	3523732724	
Professional Roof Systems	Dennis Rogers	dennis@professionalroofsystems.com	4670 54 ave n		Dunnellon	FL	33714	7272887090	

BID TABULATION SHEET

LEVY COUNTY BOARD OF COUNTY COMMISSION

PROJECT NAME: Roof Replacement Road Department

BID ID: ITB_2023_013

BID DUE DATE/TIME: 7/27/23 – 2:00 PM

ESTIMATE: N/A

AWARDED TO	BIDDERS	TOTAL BID AMOUNT
	Acme Roofing & Sheet Metal Company, Inc	\$159,720.00
	CMM Roofing Inc.	\$107,950.00
	LaPorta Contracting LLC	\$125,114.00
	Lewis Walker Roofing, Inc	\$186,526.00
	MRB Contractors	\$167,073.80
	Rogers Roofing Corp. DBA Professional Roof Systems	\$124,000.00

SUBMITTED BY

PRINT NAME: Alicia Tretheway

TITLE: Procurement Coordinator

TELEPHONE: (352) 486-5218 ext. 2

FAX: (352) 486-5167

EMAIL: Tretheway-ali@levycounty.org

SIGNATURE: *Alicia Tretheway* DATE: 7/28/2023

*Low bidder is apparent and pending final detailed tabulation and verification of all totals.



Levy County Board of County Commissioners
 Procurement Department
 310 School Street
 P.O. Box 310
 Bronson, FL 32621
 Phone: 352-486-5218, Ext. 2

PRE-BID SIGN-IN SHEET – ITB_2023_013

NAME	BUSINESS NAME	EMAIL ADDRESS	PHONE NUMBER
JOHN MILLER	ACME Roofing & SHEET METAL Co.	dccarroll@centurytel.net acme01@me.com	334-714-1650 334-797-5643
Trent Laceyfield	MIRB Roofing	TLaceyfield@mrbcg.com	682-583-1543
Richelle Brobst	cmm Roofing Inc	chees@cmmroofing.com	941-232-0880 727-300-9898
GARY ROSHY	LEWIS WALKER ROOFING INC	Grosby@lewiswalkerroofing.com	386-984-5015
GEOFFREY AAMODT	LAPORTA CONTRACTING	geoffrey@laportcontracting.com	727-201-7251
Matthew Howard	Rogers Roofing Corp.	Matthew@rogersroofingcorp.com	904-370-3505 727-288-7090

BID CHECKLIST

ITB_2023_013

Roof Replacement Road Department

BIDDER NAME: CMM Roofing Inc.

- | | |
|--|---|
| 1. COVER PAGE | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 2. ATTACHMENT 1 BID PRICING FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. ATTACHMENT 2 SUBCONTRACTOR LIST | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5. NON-COLLUSION AFFIDAVIT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 6. BID SIGNATURE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 7. DRUG-FREE WORK PLACE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 8. CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 9. VENDOR INFORMATION FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 10. W9 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 11. CERTIFICATE OF INSURABILITY | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 12. EVIDENCE QUALIFIED TO TRANSACT BUSINESS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 13. COPIES OF AND APPLICABLE/CURRENT LICENSE/CERTS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 14. ATTENDED PRE-BID MEETING | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

BID PRICE: \$107,950.00

COMPLETION TIME: 25 Days after notice to proceed.

DATE REVIEWED: 7/28/23

REVIEWER NAME: Alicia Tretheway

SIGNATURE: *Alicia Tretheway*



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 PROCUREMENT DEPARTMENT
 P.O. BOX 310
 BRONSON, FL 32621
 PHONE: (352) 486-5218 EXT. 2
 FAX: (352) 486-5167
 EMAIL: TRETHEWAY-ALI@LEVYCOUNTY.ORG

COVER PAGE

ITB_2023_013 – ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

LAST DAY FOR QUESTIONS: 7/20/2023

DUE DATE AND TIME: 7/27/2023, 2:00 P.M. Est.

SUMMARY OF SCOPE: Levy County is seeking bids for the provision of selecting a contractor for construction services to replace the roof at the Levy County Road Department located at 660 North Hathaway Ave, Bronson, FL 32621.

SUBMITTAL OF BID: Levy County only accepts electronic submittals through "E-Bidding" on the DemandStar platform www.DemandStar.com. In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to the Bid, contact Ali Tretheway, Procurement Coordinator at tretheway-ali@levycounty.org.

ITEMS THAT MUST BE INCLUDED WITH BID: Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

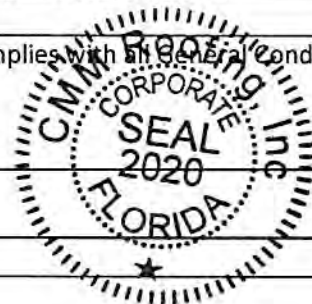
- COVER PAGE
- ATTACHMENT "1" BID PRICING FORM
- ATTACHMENT "2" SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

Company Name: CMM Roofing Inc
 Name: CONNOR LEES
 Address: 950 Tamiami Trl Unit 113 Port Charlotte FL 33953
 Mailing Address (if Different): N/A
 Email Address (Required): clees@cmmroofing.com
 Telephone: 727-300-9792 FEIN: 88-1858329

By signing the form, I acknowledge I have read and understand, and my firm complies with all the conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: 

DATE SUBMITTED: 7/25/23



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid, bid pricing should also include the front office space:

\$ 107,950

Time for completion of the work bid in the above noted bid price after notice to proceed:

25 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business:

CMM Roofing Inc

Contact Person:

CONNOR LEE

Email Address:

clees@cmmroofing.com

Phone Number:

727-300-9792

Date:

7/25/23

Authorized Signature:

Connor Lee



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT "2" SUBCONTRACTOR LIST

The following subcontractors will be used for the Levy County Road Department Roof Replacement project. If bidder does not have a subcontractor or subcontractors, insert "To be Determined." when a source or subcontractor is determined, selection will be subject to County approval. If not applicable, state N/A.


Subcontractor(s):

1. N/A
2. _____
3. _____
4. _____
5. _____

Name of Firm Submitting Bid: CMM Roofing, Inc

OR

Name of Person Submitting Bid: CONNOR LEES

Authorized Signature: 



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 Levy County Board of County Commissioners

By CONNOR LEGG - VP
(Print this individual's name and title)

For CMM Roofing Inc
(Print name of entity submitting statements)

Whose business address is 950 Tamiami Trl #113 Port Charlotte FL

and if applicable whose Federal Employer Identification Number (FEIN) is 88-1858327

If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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, nonjury 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 predecessor or successor of a person convicted of public entity crime; or
 - 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, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

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 within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. 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.

C. Lee
(Signature)

State of Florida

County of Charlotte

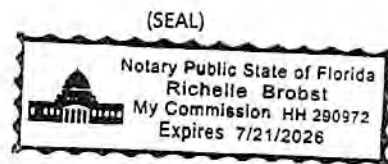
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 25th day of July, 2023, by CONNOR LYLES (name), as VP (title) for CMM Roofing Inc (name of bidder) Personally known OR Produced Identification (type of identification).

Richelle Brobst
(Signature) Notary Public

Richelle Brobst

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 7/21/26



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, Connor Lees of the County of Charlotte

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am VP of the firm of CMM Roofing providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

Lees
(Signature of Proposer Representative)

7/25/23
(Date)

State of Florida
County of Charlotte

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 25th day of July, 2023, by Connor Lees (name), as VP (title) for CMM Roofing INC. (name of bidder) Personally known OR Produced Identification (type of identification).

Richelle Brobst
(Signature) Notary Public

(SEAL)

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 7/21/26



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BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: CMM Roofing Inc
 Home Office Address: 950 Tamiami Trl Unit 113
 City, State, Zip: Port Charlotte FL 33953
 Address (Servicing Levy County if Different from Above): N/A

Name/Title of Levy County Representative (Bidder): CONNOR LEES
 Email: clees@cmmroofing.com
 Telephone: 777-300-9792 Fax: N/A
 Signature: [Signature] Date: 7/24/23

Is Bidder a small or minority business, women’s business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. <u>1</u>	Dated <u>7/21/23</u>	Signature <u>[Signature]</u>
Addendum No. <u>2</u>	Dated <u>7/25/23</u>	Signature <u>[Signature]</u>
Addendum No. _____	Dated _____	Signature _____
Addendum No. _____	Dated _____	Signature _____

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Cmm Roofing Inc (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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.
2. 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), 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 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. 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.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Cmm Roofing Inc
Signature: [Signature]
Title: VP
Date: 7/25/23



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: Claus

Printed Name: Cornelia Claus

Bidder Name: Cmm Roofing Inc

Date: 7/25/23



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDOR INFORMATION FORM

DATE: 7/25/23

COMPANY NAME: CMM Roofing Inc

PHYSICAL ADDRESS: 950 Tamiami Trl #113 Port Charlotte FL

MAILING ADDRESS: N/A 33953

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: 727-300-9792

FAX NUMBER: N/A

TOLL FREE NUMBER: 941-232-0888

EMAIL: Cleas@cmmroofing.com

FEID NUMBER: 88-1858329 OR SSN: _____

CONTACT PERSON: CONNOR LEAS

TITLE: VP

CONTACT NUMBER: 727-300-9792

The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

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. Cmm Roofing Inc	
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.	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>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>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.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	
5 Address (number, street, and apt. or suite no.) See instructions. 950 Tamiami Trl # 113	Requester's name and address (optional) Levy County Bd Commisssn PO Box 310 Bronson FL
6 City, state, and ZIP code Port Charlotte FL 33953	
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												
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or												
Employer identification number												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">1</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">5</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">2</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">9</td> </tr> </table>	8	8	-	1	8	5	8	3	2	9		
8	8	-	1	8	5	8	3	2	9			

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 ▶ [Signature]	Date ▶ 7/25/23
------------------	---	---

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)

07/24/2023

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 Custom Contractors Insurance, LLC PO Box 2389 Gilbert AZ 85299		CONTACT NAME: Tim Allred PHONE (A/C, No, Ext): (888) 652-4513 E-MAIL ADDRESS: info@customcontractorsinsurance.com FAX (A/C, No): (888) 274-7438	
INSURED CMM Roofing Inc 950 Tamiami Trail Unit 113 Port Charlotte FL 33953		INSURER(S) AFFORDING COVERAGE INSURER A : OBSIDIAN SPECIALTY INSURANCE COMPANY NAIC # 16871 INSURER B : INSURER C : 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		SCB-GL-000031272	06/06/2023	06/06/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER LEVY COUNTY BOARD OF COUNTY COMMISSIONERS PROCUREMENT DEPARTMENT P.O. BOX 310 BRONSON, FL 32621	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
--	--



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/24/2023

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 Single Source Insurance 1345 S Missouri Ave Clearwater FL 33756		CONTACT NAME: Certificates Department PHONE (A/C, No, Ext): (727) 298-0302 E-MAIL ADDRESS: certificates@singlesourceins.com		FAX (A/C, No): (727) 298-0029
INSURED CMM Roofing, Inc 950 Tamiami Trail Ste 113 Port Charlotte FL 33953		INSURER(S) AFFORDING COVERAGE INSURER A: SiriusPoint America Insurance Company		NAIC # 28363
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL2321517607 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PRO-JECT <input type="checkbox"/> LOC 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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			WC115953	02/15/2023	02/15/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

CERTIFICATE HOLDER

LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
DEPARTMENT
P.O. BOX 310
BRONSON, FL 32621

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

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/14/2023

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.

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PRODUCER Insureon, Division of Specialty Program Group LLC / DBA SPG Insurance Solutions LLC in CA 203 N. LaSalle St., 20th Floor, Chicago, IL 60601	CONTACT NAME: PHONE (A/C, No, Ext): (800) 688-1984 FAX (A/C, No): 312-690-4123 E-MAIL ADDRESS: _____ _____ _____
INSURER(S) AFFORDING COVERAGE	
INSURED	NAIC #
CMM Roofing, Inc 950 Tamiami Trail Unit 113 Port Charlotte, FL 33953	INSURER A: Progressive Insurance Company 11851 INSURER B: INSURER C: 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 INSD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ _____ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			004062230	7/12/2022	7/12/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ _____ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Levy County Board of County Commissioners Procurement Department PO Box 310 Bronson, FL 32621	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
--	--

2023 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P20000022322

Entity Name: CMM ROOFING, INC.

Current Principal Place of Business:

950 TAMIAMI TRAIL
STE 113
PORT CHARLOTTE, FL 33953

Current Mailing Address:

950 TAMIAMI TRAIL
STE 113
PORT CHARLOTTE, FL 33953 US

FEI Number: 88-1858329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEES, CONNOR
950 TAMIAMI TRAIL
STE 113
PORT CHARLOTTE, FL 33953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CONNOR LEES

05/08/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LEES, CONNOR
Address 950 TAMIAMI TRAIL
#113
City-State-Zip: PORT CHARLOTTE FL 33953

Title VP
Name LEES, CONNOR
Address 950 TAMIAMI TRAIL
City-State-Zip: PORT CHARLOTTE FL 33953

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONNOR LEES

VICE PRESIDENT

05/08/2023

Electronic Signature of Signing Officer/Director Detail

Date



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
CMM ROOFING, INC.

Filing Information

Document Number	P20000022322
FEI/EIN Number	88-1858329
Date Filed	03/09/2020
Effective Date	03/08/2020
State	FL
Status	ACTIVE

Principal Address

950 Tamiami Trail
Ste 113
Port Charlotte, FL 33953

Changed: 07/31/2022

Mailing Address

950 Tamiami Trail
Ste 113
Port Charlotte, FL 33953

Changed: 07/31/2022

Registered Agent Name & Address

LEES, Connor
950 Tamiami Trail
Ste 113
Port Charlotte, FL 33953

Name Changed: 07/31/2022

Address Changed: 07/31/2022

Officer/Director Detail

Name & Address

Title VP

LEES, Connor
950 Tamiami Trail
#113
Port Charlotte, FL 33953

Title VP

LEES, Connor
950 Tamiami Trail
Port Charlotte, FL 33953

Annual Reports

Report Year	Filed Date
2022	04/29/2022
2023	03/07/2023
2023	05/08/2023

Document Images

05/08/2023 -- AMENDED ANNUAL REPORT	View image in PDF format
03/07/2023 -- ANNUAL REPORT	View image in PDF format
07/31/2022 -- AMENDED ANNUAL REPORT	View image in PDF format
04/29/2022 -- ANNUAL REPORT	View image in PDF format
03/07/2021 -- ANNUAL REPORT	View image in PDF format
03/09/2020 -- Domestic Profit	View image in PDF format

Entity Name: CMM Roofing, LLC



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

LEES, CONNOR

CMM ROOFING, INC.
950 TAMIAMI TRL UNIT 113
PORT CHARLOTTE FL 33953

LICENSE NUMBER: CCC1334661

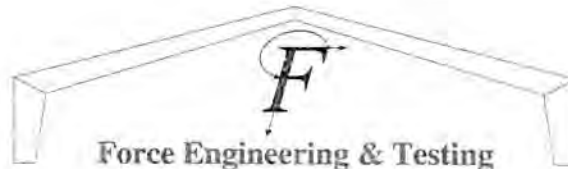
EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at 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.



Force Engineering & Testing

19530 Ramblewood Drive
Humble, Texas 77338
Phone: (281) 540-6603 FAX: (281) 540-9966
Website: www.forceengineeringtesting.com

Product Evaluation Report

TRI COUNTY METALS

26 Ga. PBR Roof Panel over open framing

Florida Product Approval # 9903.2 R5

Florida Building Code 2020

Per Rule 61G20-3

Method: 1 -D

Category: Structural Components

Subcategory: Roof Deck

Compliance Method: 61G20-3.005(1)(d)

NON HVHZ

Product Manufacturer:

Tri County Metals
301 SE 16th Street
Trenton, Florida 32693

Engineer Evaluator:

Johnathan Green, P.E. #88223
Florida Evaluation ANE ID: 12901

Validator:

Brian Jaks P.E. #70159

Contents:

Evaluation Report Pages 1 - 4



OCT 01 2020

THIS ITEM HAS BEEN DIGITALLY SIGNED AND SEALED BY JOHNATHAN GREEN ON THE DATE ADJACENT TO THE SEAL.

PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED AND THE SIGNATURE MUST BE VERIFIED ON ANY ELECTRONIC COPIES.



Compliance Statement: The product as described in this report has demonstrated compliance with the Florida Building Code 2020, Sections 1504.3.2, 1504.7.

Product Description: PBR Roof Panel, 26 Ga. Steel, 36" Wide, through fastened structural roof panel. Structural Application.

Panel Material/Standards: Material: Min. 26 Ga. Steel, conforming to Florida Building Code 2020 Section 1507.4.3. Paint finish optional.
 Yield Strength: Min. 50.0 ksi
 Corrosion Resistance: Panel Material shall comply with Florida Building Code 2020, Section 1507.4.3.

Panel Dimension(s): Thickness: 0.0185" min.
 Width: 36" maximum coverage
 Rib Height: 1-1/4" major rib at 12" O.C.

Panel Fastener: #12-14 x 1-1/4" HWH SD with sealing washing or approved equal at 12"-12"-12" fastener pattern. Panel side laps fastened together w/ 1/4"-14 x 7/8" HWH SD w/ sealer washer at 20" O.C.
 Corrosion Resistance: Per Florida Building Code 2020, Section 1507.4.4.

Substrate Description: Min. 16 Ga. Steel Framing. Framing must be designed in accordance w/ Florida Building Code 2020.

Allowable Design Pressures:

Table "A"

Maximum Design Pressure:	-45.0 psf	+55.0 psf
Fastener Pattern:	12"-12"-12"	12"-12"-12"
Fastener Spacing:	5'-0" O.C.	5'-0" O.C.

*Design Pressure includes a Safety Factor = 2.0.



THIS ITEM HAS BEEN DIGITALLY SIGNED AND SEALED BY JOHNATHAN GREEN ON THE DATE ADJACENT TO THE SEAL.

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- Code Compliance:** The product described herein has demonstrated compliance with The Florida Building Code 2020, Section 1504.3.2, 1504.7.
- Evaluation Report Scope:** The product evaluation is limited to compliance with the structural wind load requirements of the Florida Building Code 2020, as relates to Rule 61G20-3.
- Performance Standards:** The product described herein has demonstrated compliance with:
- ASTM E 1592-05 (2012) Test method for structural performance of sheet metal roof and siding systems by uniform static air pressure difference.
 - FM 4471-92 - Foot Traffic Resistance Test.
- Reference Data:**
1. ASTM E 1592-01
Force Engineering & Testing, Inc. (FBC Organization # TST-5328)
Report No. 136-0393T-07A,B
 2. FM 4471-10, Section 4.4 Foot Traffic Resistance Test
Force Engineering & Testing, Inc. (FBC Organization # TST-5328)
Report No. 136-0173T-12E
 3. Certificate of Independence
By Johnathan Green, P.E. (No. 88223) @ Force Engineering & Testing
(FBC Organization # ANE ID: 12901)
- Test Standard Equivalency:** The ASTM E 1592-01 test standard is equivalent to the ASTM E 1592-05 (2012) test standard.
- The FM 4471-10, Foot Traffic Resistance test standard is equivalent to the FM 4471-92, Foot Traffic Resistance test standard.
- Quality Assurance Entity:** The manufacturer has established compliance of roof panel products in accordance with the Florida Building Code and Rule 61G20-3.005 (3) for manufacturing under a quality assurance program audited by an approved quality assurance entity.
- Minimum Slope Range:** Minimum Slope shall comply with Florida Building Code 2020, including Section 1507.4.2 and in accordance with Manufacturers recommendations. For slopes less than 3:12, lap sealant must be used in the panel side laps.
- Installation:** Install per manufacturer's recommended details.

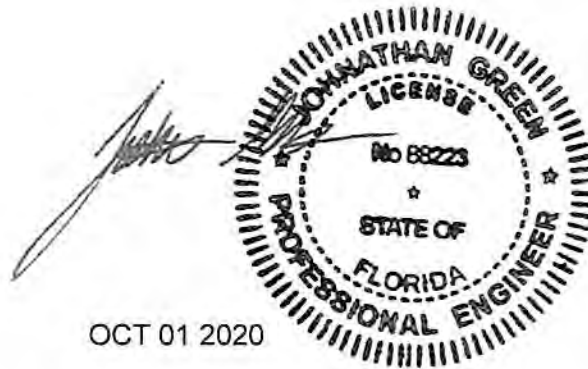


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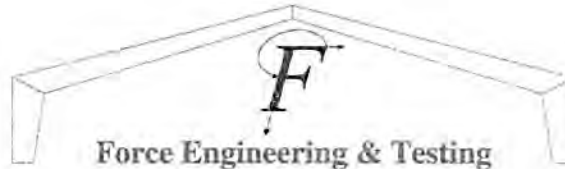


- Insulation:** Manufacturer's approved product (Optional)
- Roof Panel Fire Classification:** Fire classification is not part of this acceptance.
- Shear Diaphragm:** Shear diaphragm values are outside the scope of this report.
- Design Procedure:** Based on the dimensions of the structure, appropriate wind loads are determined using Chapter 16 of the Florida Building Code 2020 for roof cladding wind loads. These component wind loads for roof cladding are compared to the allowable pressure listed above. The design professional shall select the appropriate erection details to reference in his drawings for proper fastener attachment to his structure and analyze the panel fasteners for pullout and pullover. Support framing must be in compliance with Florida Building Code 2020 Chapter 22 for steel, and Chapter 16 for structural loading.



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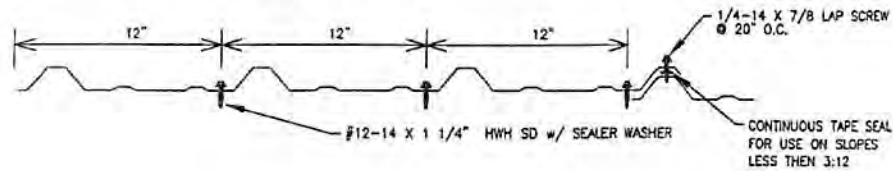


Force Engineering & Testing

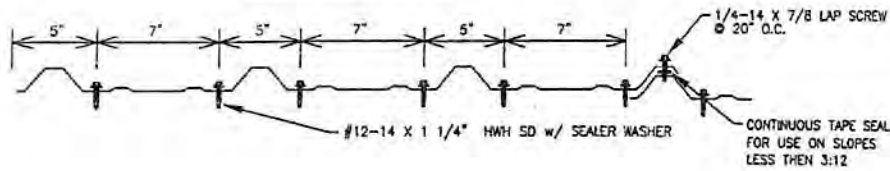
19530 Ramblewood Drive
Humble, Texas 77338
Phone: (281) 540-6603 FAX: (281) 540-9966
Website: www.forceengineeringtesting.com

MIN. 26 GA. PBR PANEL OVER OPEN FRAMING

TYPICAL FASTENER PATTERN



FASTENER PATTERN AT PANEL ENDS



THIS ITEM HAS BEEN DIGITALLY SIGNED AND SEALED BY JOHNATHAN GREEN ON THE DATE ADJACENT TO THE SEAL.

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BID CHECKLIST

ITB_2023_013

Roof Replacement Road Department

BIDDER NAME: Rogers Roofing Corp. DBA Professional Roof Systems

- | | |
|--|---|
| 1. COVER PAGE | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 2. ATTACHMENT 1 BID PRICING FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. ATTACHMENT 2 SUBCONTRACTOR LIST | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5. NON-COLLUSION AFFIDAVIT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 6. BID SIGNATURE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 7. DRUG-FREE WORK PLACE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 8. CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 9. VENDOR INFORMATION FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 10. W9 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 11. CERTIFICATE OF INSURABILITY | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 12. EVIDENCE QUALIFIED TO TRANSACT BUSINESS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 13. COPIES OF AND APPLICABLE/CURRENT LICENSE/CERTS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 14. ATTENDED PRE-BID MEETING | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

BID PRICE: \$124,000.00

COMPLETION TIME: 60 Days after notice to proceed.

DATE REVIEWED: 7/28/23

REVIEWER NAME: Alicia Tretheway

SIGNATURE: *Alicia Tretheway*



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 PROCUREMENT DEPARTMENT
 P.O. BOX 310
 BRONSON, FL 32621
 PHONE: (352) 486-5218 EXT. 2
 FAX: (352) 486-5167
 EMAIL: TRETHERWAY-ALI@LEVYCOUNTY.ORG

COVER PAGE

ITB_2023_013 – ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

LAST DAY FOR QUESTIONS: 7/20/2023

DUE DATE AND TIME: 7/27/2023, 2:00 P.M. Est.

SUMMARY OF SCOPE: Levy County is seeking bids for the provision of selecting a contractor for construction services to replace the roof at the Levy County Road Department located at 660 North Hathaway Ave, Bronson, FL 32621.

SUBMITTAL OF BID: Levy County only accepts electronic submittals through "E-Bidding" on the DemandStar platform www.DemandStar.com. In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to the Bid, contact Ali Tretheway, Procurement Coordinator at tretheway-ali@levycounty.org.

ITEMS THAT MUST BE INCLUDED WITH BID: Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

- COVER PAGE
- ATTACHMENT "1" BID PRICING FORM
- ATTACHMENT "2" SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

Company Name: Rogers Roofing Corp.DBA Professional Roof Systems
Name: Dennis E. Rogers
Address: 5590 N. Silk Terrace Dunnellon FL 34433
Mailing Address (if Different): _____
Email Address (Required): Dennis@professionalroofsystems/Matthew@rogersroofingcorp.com
Telephone: 727-235-0799/800-869-9411 **FEIN:** 59-3502191

By signing the form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____ 

DATE SUBMITTED: 07/25/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid, bid pricing should also include the front office space:

\$ 124,000.00

Time for completion of the work bid in the above noted bid price after notice to proceed:

60 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business:

Rogers Roofing Corp DBA Professional Roof Systems

Contact Person:

Dennis E Rogers

Email Address:


Dennis@professionalroofsystems.com/Matthew@rogersroofingcorp.com

Phone Number: 727-235-0799

1-800-869-9411

Date:

07/25/2023

Authorized Signature: 

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ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid:

\$ 124,000.00

Time for completion of the work bid in the above noted bid price after notice to proceed:

30 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

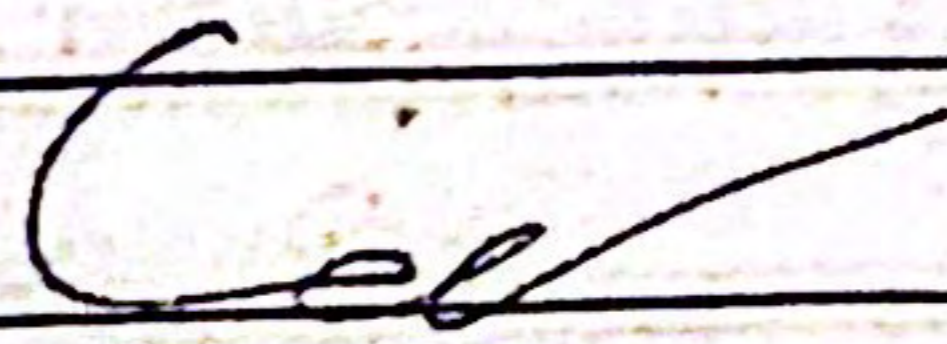
Name of Business: Rogers Roofing Corp. DBA Professional Roof Systems

Contact Person: Dennis E. Rogers

Email Address: Dennis@professionalroofsystems.com

Phone Number: 727-235-0799/800-869-9411

Date: 07/23/2023

Authorized Signature: 

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NO SUBCONTRACTORS

ATTACHMENT "2" SUBCONTRACTOR LIST

The following subcontractors will be used for the Levy County Road Department Roof Replacement project. If bidder does not have a subcontractor or subcontractors, insert "To be Determined." when a source or subcontractor is determined, selection will be subject to County approval. If not applicable, state N/A.

Subcontractor(s):

- 1. N/A
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Name of Firm Submitting Bid: Rogers Roofing Corp

OR

Name of Person Submitting Bid: Dennis E Rogers

Authorized Signature: Ceo

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 Levy County Board of County Commissioners Procurement Department

By Dennis E. Rogers / President
(Print this individuals name and title)

For Rogers Roofing Corp. DBA Professional Roof Systems
(Print name of entity submitting statements)

Whose business address is 4670 54th Ave N.
St. Petersburg, FL 33714

and if applicable whose Federal Employer Identification Number (FEIN) is 59-3502191.

If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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, nonjury 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 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, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

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 within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT IA M REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[Signature]

(Signature)

State of Florida

County of Marion

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 24th day of July, 2023, by Dennis E. Rogers (name), as President (title) for Rogers Roofing Corp. (name of bidder). Personally known OR Produced Identification Florida Drivers License (type of identification).

TAKH

[Signature]

(Signature) Notary Public

Matthew K. Howard

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 10/28/2025



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, Dennis E. Rogers of the County of Marion

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am Dennis E. Rogers of the firm of Rogers Roofing Corp. DBA Professional Roof Systems providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Signature]
(Signature of Proposer Representative)

07/24/2023
(Date)

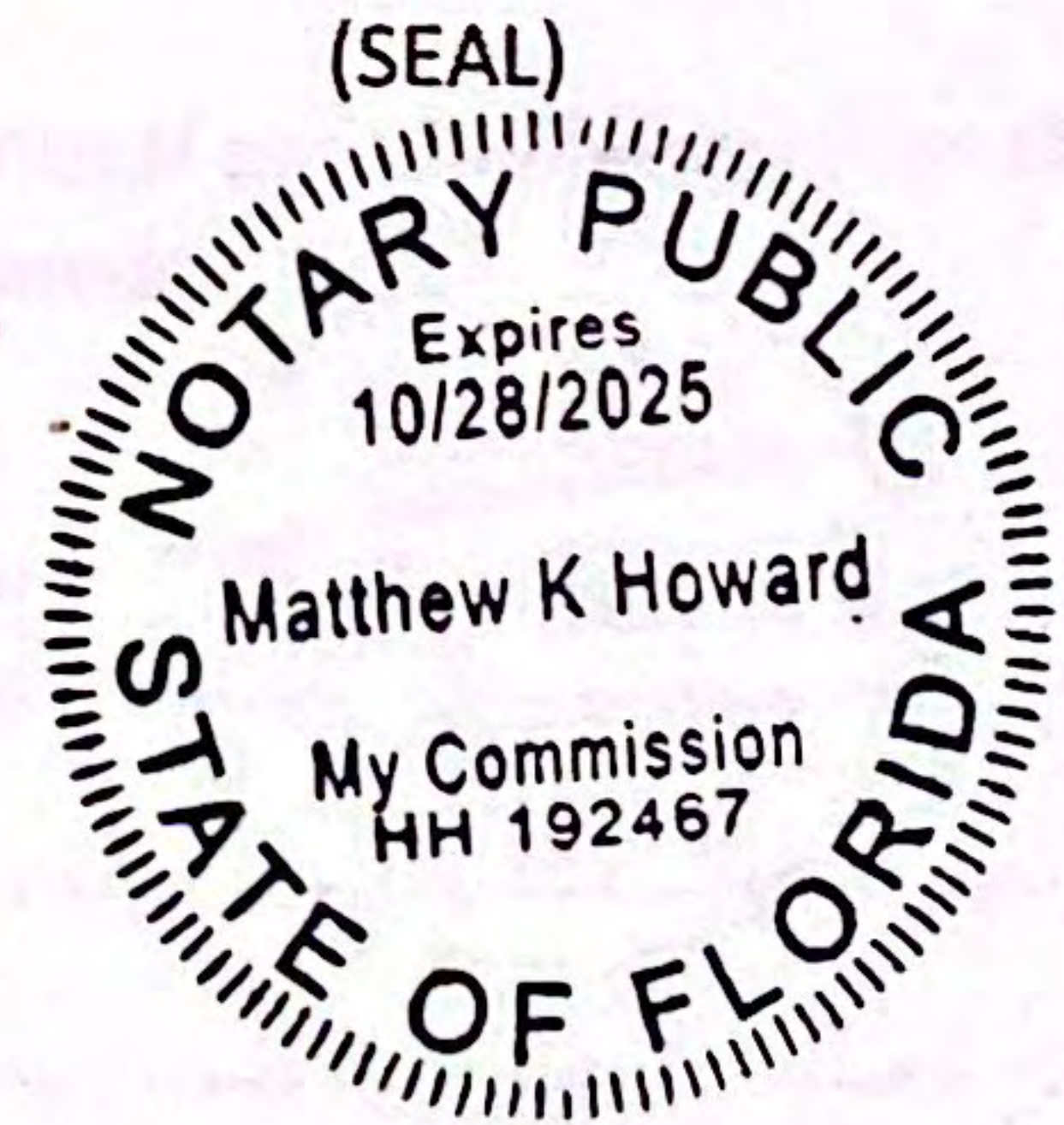
State of Florida
County of Marion

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 24th day of July, 2023, by Dennis E. Rogers (name), as President (title) for Rogers Roofing Corp. (name of bidder) Personally known OR Produced Identification Florida Drivers License (type of identification).

[Signature]
(Signature) Notary Public
Matthew K. Howard

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 10/28/2025



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BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: Rogers Roofing Corp. DBA Professional Roof Systems

Home Office Address: 4670 54th Ave N.

City, State, Zip: St. Petersburg, FL 33714

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Representative (Bidder): Dennis E. Rogers

Email: Dennis@ProfessionalRoofSystems.com

Telephone: 727-288-7090 Fax: _____

Signature: [Signature] Date: 07/24/2023

Is Bidder a small or minority business, women's business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 Dated 7/20/23 Signature [Signature]

Addendum No. 2 Dated 07/25/23 Signature [Signature]

Addendum No. _____ Dated _____ Signature _____

Addendum No. _____ Dated _____ Signature _____

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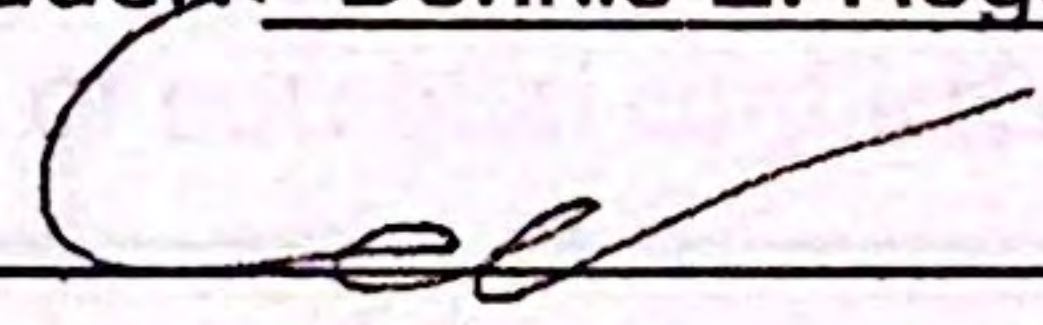
DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Rogers Roofing Corp. (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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.
2. 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), 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 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. 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.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Dennis E. Rogers

Signature: 

Title: President

Date: 07/23/2023

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CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

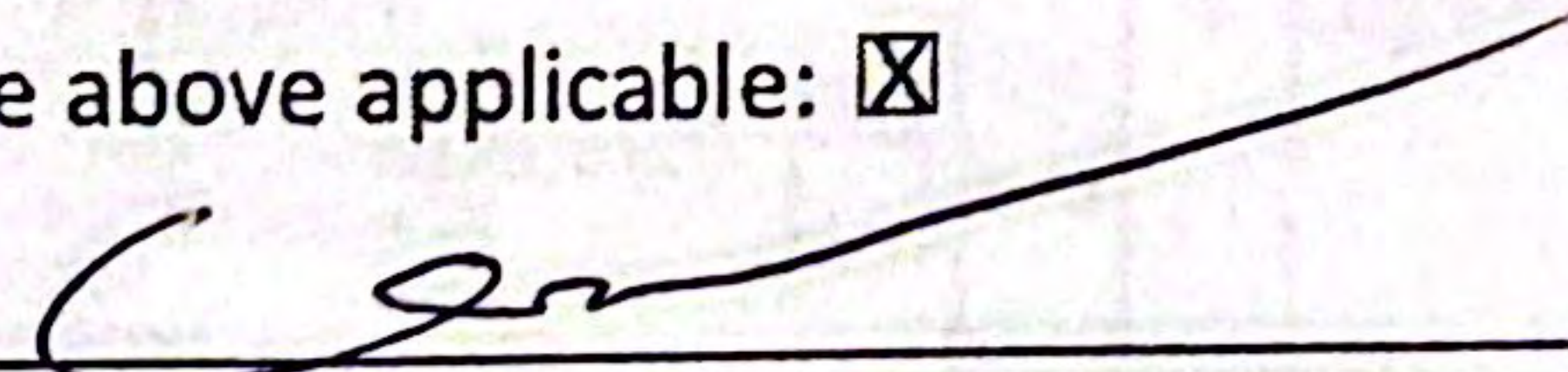
Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: 

Printed Name: Dennis E. Rogers

Bidder Name: Rogers Roofing Corp. DBA Professional Roof Systems

Date: 07/23/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/15/2022

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

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

PRODUCER Construction Pros Insurance LLC PO Box 186 San Antonio FL 33576	CONTACT NAME: PHONE (A/C. No. Ext): 800-685-0027		FAX (A/C. No.): 813-659-5480
	E-MAIL ADDRESS: office@constructionprosins.com		
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: American Interstate Insurance Company			31895
INSURER B:			
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

INSURED PROFROO-01
 Rogers Roofing Corp. dba Professional Roof Systems Inc.
 dba Professional Roof Systems Inc
 4670 54th Ave N
 Saint Petersburg FL 33714

COVERAGES CERTIFICATE NUMBER: 1202861347 REVISION NUMBER:

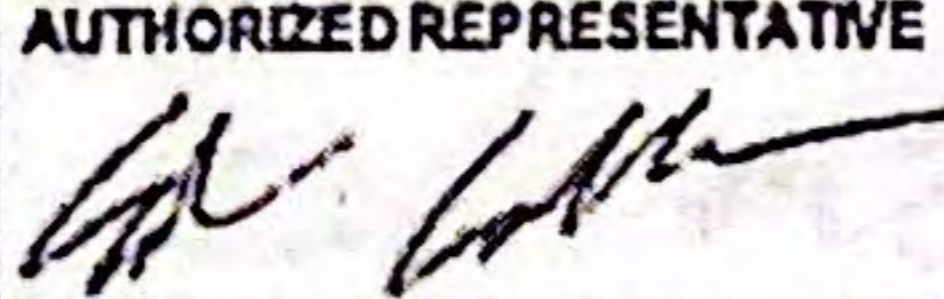
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC 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"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	Y/N	N/A	AVWCFL3120362022	10/3/2022	10/3/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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)

Qualifying Individual Dennis Eugene Rogers per license #CCC1330563

Please review named insured's policies referenced in this document for complete list of all applicable coverage's, limits, endorsements, exclusions, deductibles, and their respective terms and conditions they contain.

CERTIFICATE HOLDER Charlotte County Community Development Department 18400 Murdock Circle Port Charlotte FL 33948 USA	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 
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ACORD 25 (2016/03)

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/10/2022

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

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

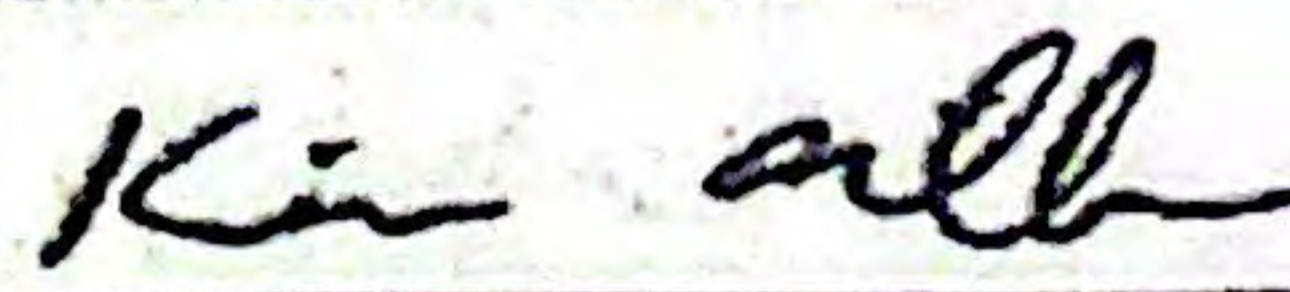
PRODUCER Heritage Insurance, Inc PO BOX 9 388 Hwy 40 W Inglis FL 34449	CONTACT NAME: Kimberly Sue Millen PHONE (A/C, No, Ext): (352) 447-2276 E-MAIL ADDRESS: heritageinsklm@gmail.com	FAX (A/C, No): (352) 447-0472
	INSURER(S) AFFORDING COVERAGE	
INSURED Rogers Roofing Corp Db a Professional Roof Systems 5590 N Silk Ter DUNNELLON FL 34433-6365	INSURER A: AUTO OWNERS INS CO NAIC # 18988	
	INSURER B:	
	INSURER C:	
	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	ADOL INSD	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			4303782800	10/03/2022	10/03/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L EACH ACCIDENT \$ E.L DISEASE - EA EMPLOYEE \$ E.L DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Ocala Housing Authority 1629 NW 4th St STE 103 Ocala FL 34475	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 

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2022

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.

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PRODUCER Custom Contractors Insurance, LLC PO Box 2389 Gilbert AZ 85299		CONTACT NAME: Sean O'Keefe PHONE (A/C, No, Ext): (888) 652-4513 E-MAIL ADDRESS: info@customcontractorsinsurance.com FAX (A/C, No): (888) 274-7438
		INSURER(S) AFFORDING COVERAGE INSURER A: OBSIDIAN SPECIALTY INSURANCE COMPANY INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
		NAIC # 16871
INSURED Rogers Roofing Corp/Professional Roof Systems PO BOX 375 Holder FL 34445		

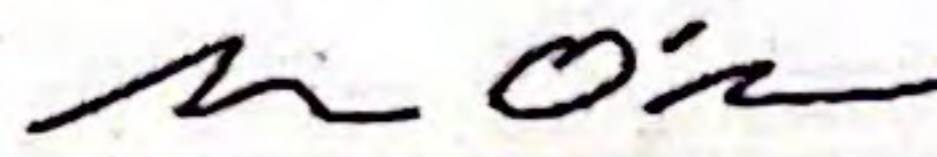
REVISION NUMBER:

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

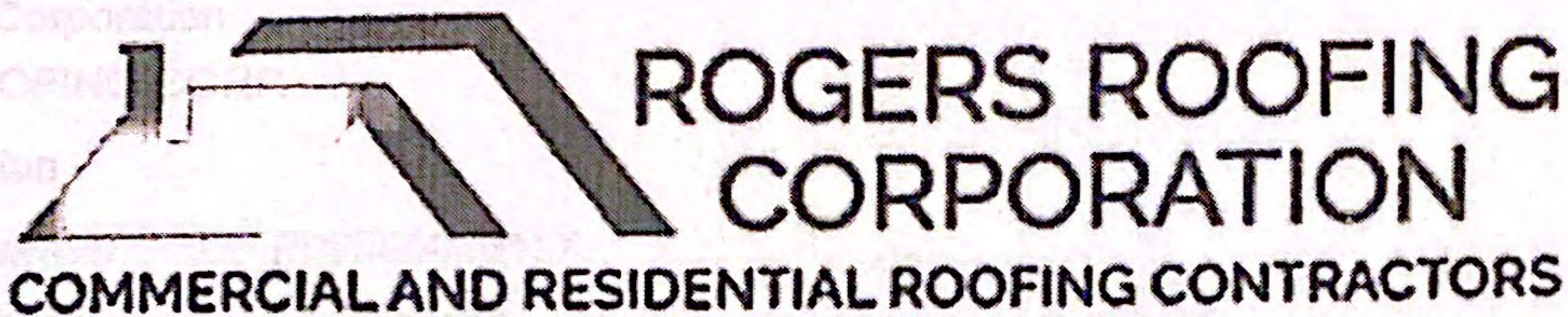
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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 HOLDER named as additional insured.
 COVERAGE APPLIES IN FLORIDA

CERTIFICATE HOLDER City of Macclenny Building Department 118 E Macclenny Ave Macclenny FL 32063	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 
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Equal Employment Opportunity Policy

The Company is an equal opportunity employer and makes all employment decisions on the basis of merit, qualifications, and abilities. The Company shall recruit, hire, train, and promote in all job titles, including interns, apprentices, and volunteers, without regard on race, color, sex (including pregnancy), religion (including religious dress or religious grooming), age, national origin or ancestry, physical or mental disability, medical condition, genetic information, sexual orientation, military and veteran status, or any other consideration made unlawful by federal, state or local laws ("protected characteristics"). All personnel actions such as compensation, benefits, Company-sponsored training, apprenticeships, internships, volunteer opportunities, transfer, demotion, termination, layoff, and return from layoff, shall be administered without regard to any protected characteristic stated under federal, state, or local laws. In addition, the Company has numerous policies that are designed to achieve important business objectives. We recognize, however, that an otherwise legitimate workplace policy can have unintended consequences to individuals in a particular group or class. If you feel that one of our policies adversely impacts you, you should report your issue(s) regarding the particular policy to the Company. You may discuss equal employment opportunity related questions with Human Resources or with your manager.



DIVISION of
CORPORATIONS
an official State of Florida website

[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Florida Profit Corporation
ROGERS ROOFING CORP.

Filing Information

Document Number P98000026117
FEI/EIN Number 59-3502191
Date Filed 03/20/1998
State FL
Status ACTIVE
Last Event CORPORATE MERGER
Event Date Filed 11/16/2020
Event Effective Date NONE

Principal Address

4670 54TH AVE N
ST PETERSBURG, FL 33714

Changed: 01/07/2019

Mailing Address

PO BOX 375
HOLDER, FL 34445

Changed: 01/07/2019

Registered Agent Name & Address

Rogers Roofing Corp.
4639 Haines Road N
St. Petersburg, FL 33714

Name Changed: 03/18/2019

Address Changed: 03/18/2019

Officer/Director Detail

Name & Address

Title PRES

ROGERS, DENNIS

Annual Reports

Report Year	Filed Date
2021	02/08/2021
2022	03/08/2022
2023	03/11/2023

Document Images

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<u>01/20/2004 -- ANNUAL REPORT</u>	View image in PDF format
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<u>01/31/2002 -- ANNUAL REPORT</u>	View image in PDF format
<u>01/23/2001 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/26/2000 -- ANNUAL REPORT</u>	View image in PDF format
<u>02/23/1999 -- ANNUAL REPORT</u>	View image in PDF format
<u>03/20/1998 -- Domestic Profit</u>	View image in PDF format



Ron DeSantis, Governor

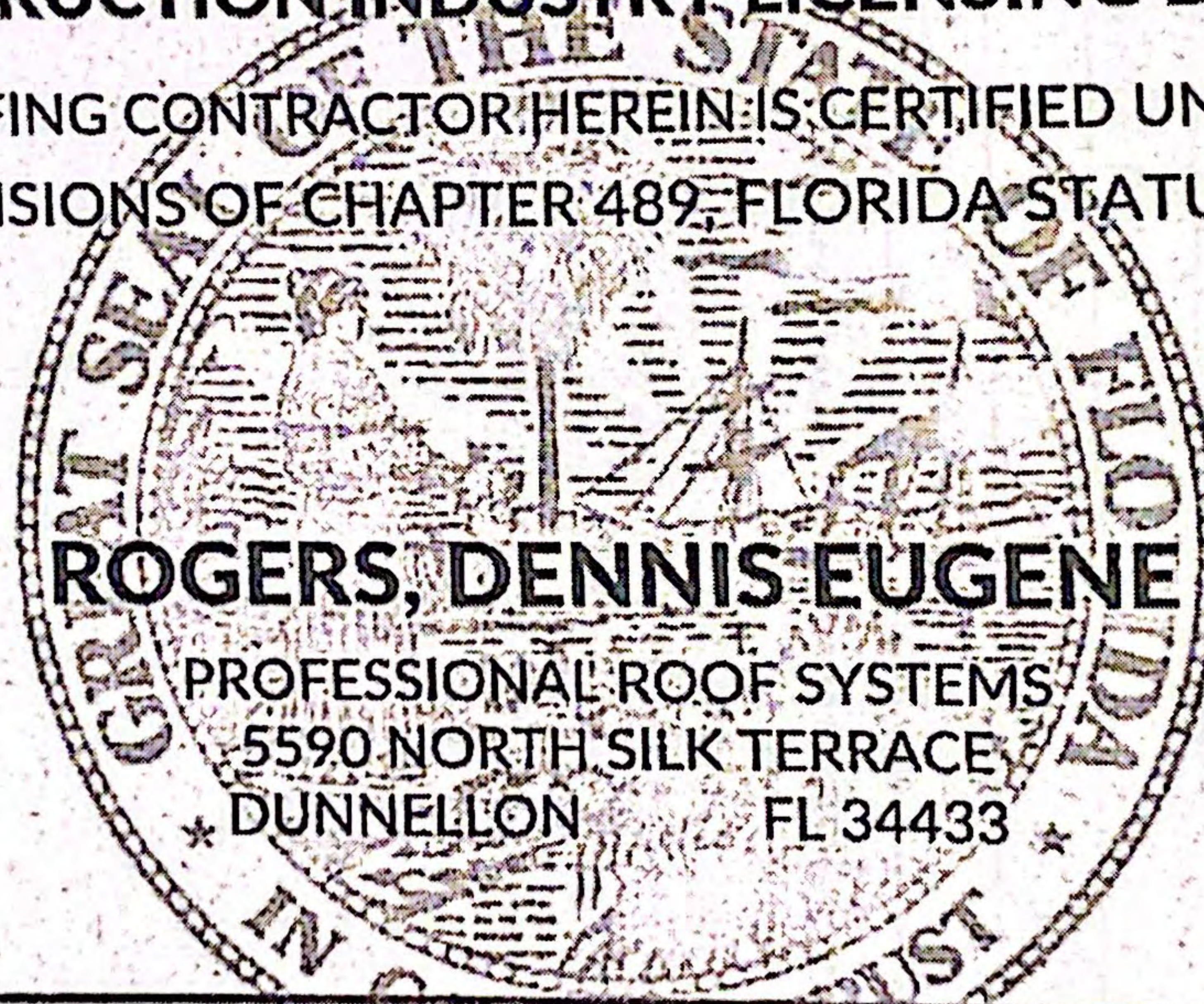
Melanie S. Griffin, Secretary



**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



ROGERS, DENNIS EUGENE

PROFESSIONAL ROOF SYSTEMS
5590 NORTH SILK TERRACE
DUNNELLON FL 34433

LICENSE NUMBER: CCC1330563

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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VENDOR INFORMATION FORM

DATE: 07/23/2023

COMPANY NAME: Rogers Roofing Corp DBA Professional Roof Systems

PHYSICAL ADDRESS: 4670 54th Ave N. St. Petersburg, FL 33714

MAILING ADDRESS: 5590 N. Silk Terrace

CITY: Dunnellon STATE: Florida ZIP: 34433

TELEPHONE NUMBER: 727-235-0799

FAX NUMBER:

TOLL FREE NUMBER: 800-869-9411

EMAIL: Dennis@professionalroofsystems.com/Matthew@Rogersroofingcorp.com

FEID NUMBER: 59-3502191 OR SSN:

CONTACT PERSON: Dennis E. Rogers

TITLE: President

CONTACT NUMBER: 727-235-0799

The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

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. Rogers Roofing Corp		
	2 Business name/disregarded entity name, if different from above PROFESSIONAL ROOF SYSTEMS		
	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.		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>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 5590 N. Silk Terrace		Requester's name and address (optional)
	6 City, state, and ZIP code DUNNELLON, FL 34433		
	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	
59 - 3502 191	

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 ▶ 07/23/2023
------------------	----------------------------	--------------------------

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.

BID CHECKLIST

ITB_2023_013

Roof Replacement Road Department

BIDDER NAME: LaPorta Contracting LLC

- | | |
|---|--|
| 1. COVER PAGE | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 2. ATTACHMENT 1 BID PRICING FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. ATTACHMENT 2 SUBCONTRACTOR LIST | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5. NON-COLLUSION AFFIDAVIT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 6. BID SIGNATURE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 7. DRUG-FREE WORK PLACE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 8. CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 9. VENDOR INFORMATION FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 10. W9 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 11. CERTIFICATE OF INSURABILITY | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 12. EVIDENCE QUALIFIED TO TRANSACT BUSINESS | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| a. Did not provide in bid. | |
| 13. COPIES OF AND APPLICABLE/CURRENT LICENSE/CERTS | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| a. Did not provide in bid. | |
| 14. ATTENDED PRE-BID MEETING | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

BID PRICE: \$125,114.00

COMPLETION TIME: 30 Days after notice to proceed.

DATE REVIEWED: 7/28/23

REVIEWER NAME: Alicia Tretheway

SIGNATURE: *Alicia Tretheway*

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

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 NON-COLLUSION AFFIDAVIT 17

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 DRUG-FREE WORKPLACE FORM 19

 CONFLICT OF INTEREST DISCLOSURE STATEMENT 20

 VENDOR INFORMATION FORM 21

 W9 FORM 22

ADVERTISEMENT
BOARD OF COUNTY COMMISSIONERS
LEVY COUNTY, FLORIDA
INVITATION TO BID

Notice is hereby given that Levy County, Florida will be receiving sealed bids via “E-Bidding” at www.DemandStar.com, for

ITB_2023_013

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

The purpose of this Invitation to Bid (ITB) is to solicit competitive sealed bids from firms or companies for the provision of selecting a contractor for construction services, as described in the Invitation to Bid documents.

There will be a mandatory pre-bid conference on Thursday, July 13, 2023 at 10:00 AM Est., at 660 North Hathaway Ave, Bronson, FL 32621. All questions must be submitted in writing to Ali Tretheway at Tretheway-ali@levycounty.org. Any bidder wishing to submit a bid must attend this pre-bid conference. If a bidder that did not attend the pre-bid conference submits a bid, that bid will be rejected as non-compliant with the bid specifications.

LEVY COUNTY GOVERNMENT CENTER

310 SCHOOL STREET

BRONSON, FL 32621

BID DUE DATE: 2:00 P.M., EST, Thursday, July 27, 2023

E-BID OPENING DATE: 2:15 P.M., EST, Thursday, July 27, 2023

Documents can be obtained by contacting the Procurement Coordinator of Levy County, Florida at (352) 486-5218 ext. 2, or online through the DemandStar system by Onvia at www.DemandStar.com. If you have any questions, please call Ali Tretheway, Procurement Coordinator.

Chiefland Citizen:

Date(s): 6/22/23, 6/29/23

STATEMENT OF NON-SUBMITTAL

Levy County
Board of County Commissioners
310 School Street
Bronson, FL 32621
(352) 486-5218

If you do not intend to submit a response to the Invitation to Bid, please return this form to the above address immediately or fax to (352) 486-5167. If this statement is not completed and returned, your company may be deleted from the Levy County list for this service.

We the undersigned have declined to submit a response on the **INVITATION TO BID FOR ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT** for the following reason(s):

- Insufficient time to respond to the Invitation to Bid
- We do not offer this service
- Our schedule would not permit us to perform
- Unable to meet bond/insurance requirements
- Unable to meet bid specifications or scope of anticipated services
- Specifications are unclear (explain below)
- Remove us from your vendors' list for this service
- Other (specify below)

Remarks: _____

Company Name: _____

Contact Person: _____

Signature: _____

Telephone: _____

Date: _____

Email: _____

PART 1 – SCOPE OF WORK

ITB_2023_013

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

- 1.1. DESCRIPTION OF WORK:** The Levy County Board of County Commissioners is seeking bids for construction services for the roof replacement at the Levy County Road Department located at 660 North Hathaway Ave, Bronson, FL 32621.
- 1.2. GENERAL REQUIREMENTS AND SPECIFICATIONS:** The Contractor shall furnish and/or install and/or construct all necessary items and equipment that meets the following scope of work for the roof to be replaced at the Levy County Road Department, as applicable, contained in this ITB:
 - 1.2.1.** Obtain all necessary permits.
 - 1.2.2.** Remove existing roofing system. Inspect and replace rotted or deteriorated decking and fascia.
 - 1.2.3.** Install bubble wrap type insulation over entire roof.
 - 1.2.4.** Install 26-Gauge Galvalumne PBR Panel.
 - 1.2.5.** Install trim and flashing as needed.
 - 1.2.6.** Cleanup-daily i.e. magnetically sweep job site, haul away job related debris etc.

The equipment supplied by the Contractor and the installation performed by the Contractor shall conform to and comply with all existing federal, state, and local statutes, laws, rules, regulations, and ordinances, including but not limited to all Levy County codes and regulations. In addition, the work shall be accomplished in accordance with the best management and professional methods and standards of the trade.

The Contractor shall be responsible for the provision of adequate and proper safety precautions for both the employees and all persons in or around the work area, and for compliance with all local, State of Florida and Federal statutes and regulations.

All written documentation provided by the Contractor to the County shall become property of the County without restrictions.

END OF PART 1

PART 2 – INTENT AND GENERAL INFORMATION

ITB_2023_013

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

Thank you for your interest in working with Levy County. Pertinent information and required documents regarding this bid as part of a responsive offer are listed below:

- 2.1. INTENT:** It is the intent of Levy County (“County”) to award a contract to the lowest responsive responsible bidder, qualified by experience and solvency, with proven reliability and the ability for the roof replacement at the Levy County Road Department (“LCRD”), and subject to provisions of this Invitation to Bid (“ITB”). Bidder may be required to supply information in writing at the request and discretion of the County prior to award of bids, in order to verify the above requirements.
- 2.2. QUESTIONS AND ADDENDA:** There shall not be any contact between a potential bidder/bidder or the representative(s) and any member of County Staff or County Commissioners regarding this Project or ITB.

The County will not respond to verbal (in person or phone) questions regarding this ITB. Bidder must submit written questions (via fax, email, mail or hand delivery) to the Procurement Coordinator at P.O. Box 310 or 310 School Street, Bronson, Florida 32621; Fax Number: (352) 486-5167; email: Tretheway-ali@levycounty.org.

All questions must be received by the County prior to the deadline to receive a response. The County will respond to each question and will issue written addenda for any supplemental instructions or clarifications to the ITB. All addenda will be sent to all bidders who receive the ITB from the County and will also be posted on DemandStar. Each bidder must acknowledge receipt of addenda as part of its bid and is presumed to have read and be thoroughly familiar with the provisions of this ITB and its addenda.

- 2.3. HOW TO SUBMIT A BID:** The County only accepts electronic submittals through “E-Bidding” on the DemandStar platform. In order to submit a response to this solicitation the bidder must be registered with DemandStar. The bidder’s complete bid should be uploaded in PDF format unless the ITB specifically states otherwise. Any bid that is attempted to be submitted after the due date and time will not be accepted by the DemandStar platform and will not be considered. The County is not responsible for any delays in delivery or uploading of a bid caused by any issues a bidder may experience in attempt to upload on the DemandStar platform or caused by any other occurrence. A bidder should give sufficient time to address any delivery or uploading issues when it schedules the submittal of its bid.
- 2.4. HOW TO ASSEMBLE YOUR BID:** Bids shall be submitted on the Required and Optional Forms (herein “Bid Forms” or “bid forms”) supplied by the County, or duplicates thereof and attached thereto, or as specified. Bidders shall indicate the number of calendar days required of delivery of goods/services (if applicable).

Any erasures or other corrections in the bid forms must be explained or noted over the signature of the bidder. Bid Forms containing any conditions, omissions, erasures, alterations, or irregularities of any kind, whether explained or noted or not, may be rejected by the County.

The following documents must accompany any bid submitted in the order identified below. Please do not include items not requested. A submittal returned without these documents may deem the bid non-responsive. Levy County reserves the right to request additional information from any bidder prior to award.

- COVER PAGE
- ATTACHMENT “1” BID PRICING FORM*
- ATTACHMENT “2” SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM

- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM **
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

* Bids shall be made only on the form included in this packet (Part 4 Attachment 1 Bid Pricing Form). Bid forms must be signed by the owner or other authorized individuals.

** It is strongly suggested that the attached Drug Free Workplace Form be signed and returned to this office with the bid forms. In the event of a tie bid, the submittal of a completed Drug Free Workplace Form may be used as a basis for awarding the contract.

2.5. WITHDRAWAL OF BIDS: Modifications to or withdrawal of a bid may be made up to the deadline. Modifications and withdrawals must be documented in the DemandStar platform in order to be recognized by the County. Error or negligence on the part of the bidder in preparing the bid confers no right for withdrawal of the bid after it has been opened.

2.6. CRITERIA FOR AWARD: Award of this bid shall be to the overall lowest responsive, responsible bidder meeting or exceeding the requirements of this ITB.
The County reserves the right to reject the bid of any bidder who has previously failed to perform properly, or on time, contracts of similar nature; or who is not in a position to satisfactorily perform the contract. If, after the due date and time, the lowest bidder is deemed non-responsible by the County, such bidder shall receive written notice from the County of this determination. The bidder shall have five (5) days from the date of this notice to dispute the determination and to provide to County any additional information it deems relevant regarding bidder’s responsibility. The County shall make a final determination regarding the bidder’s responsibility at the time of award of the contract.

2.7. BID GUARANTEE: The bid once signed and submitted guarantees that the bidder will not withdraw its bid for a period of 90 days after the scheduled time for opening bids.

2.8. ARITHMETIC DISCREPANCIES: For the purpose of initial evaluation of bids, the following will be utilized in resolving arithmetic discrepancies found on the face of the bid forms submitted by the bidder:

- 2.8.1.** Obviously misplaced decimal points will be corrected.
- 2.8.2.** In case of discrepancy between unit price and extended price, the unit price will govern.
- 2.8.3.** Apparent errors in addition of lump sum and extended prices will be corrected.

For the evaluation purposes, the County will proceed on the assumption that the bidder intends its bid be evaluated on the basis of totals arrived at by resolution of arithmetic discrepancies (above). The bid will be so reflected on the bid tabulation.

2.9. BID PREPARATION & SUBMITTAL EXPENSES: The County is not be responsible for any expense incurred by a bidder in reviewing, evaluating, preparing, or submitting a bid. Bidders are solely responsible for the entire expense of responding to this ITB.

- 2.10. ALL-INCLUSIVE COST:** The bid shall include all expenses necessary to complete the delivery of products or provide the services described in this ITB.
- 2.11. INSURANCE REQUIREMENTS:** Bidder shall submit a Certificate of Insurability with its bid, evidencing its ability to at its sole cost and expense, procure and maintain throughout the term of the contract, insurance policies in coverages and limits required below, or to the extent and in such amounts as required and authorized by Florida Law. In addition, for those policies that are allowed by law to carry an additional named insured, contractor will provide endorsed certificates of insurance executed by a licensed insurance broker, brokerage or similar licensed insurance professional evidencing such coverage, on a standard ACORD form, listing coverages and limits, expiration dates, terms of policies and all endorsements, and shall include the ITB/project name on the certificate generated and naming "Levy County, a political subdivision of the State of Florida, its elected officials, officers, employees, agents, and volunteers," as a named, additional insured, as well as furnishing County with a certified copy, or copies, of said insurance policies. In addition, each policy required below shall require that thirty (30) days prior to expiration, cancellation, non-renewal or any material change in coverages or limits, written notice thereof shall be given to County. Any and all deductibles to any insurance policy shall be the responsibility of the contractor. Said insurance coverages procured by Contractor as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to County, and that any other insurance, or self-insurance available to County shall be considered secondary to, or in excess of, the insurance coverage(s) procured by County as required herein.

Nothing herein shall be construed to extend County's liability beyond that provided in section 768.28, Florida Statutes.

Coverage and limits for the insurance required herein shall be as follows:

- 2.11.1. Workers Compensation:** Coverage is to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include Employers' Liability with a limit of \$500,000 each accident, \$500,000 each employee, \$500,000 policy limit for disease.
- 2.11.2. Professional Liability Insurance:** Coverage of a minimum one million dollars (\$1,000,000) in coverage for this project.
- 2.11.3. Public liability Insurance:** Policy must include bodily injury and property damage, Combined Single Limits (CSL) of \$300,000 minimum.
- 2.11.4. Commercial General Liability – Occurrence Form Required:** Contractor/vendor shall maintain Commercial General Liability (CGL) insurance with a limit of not less than \$300,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this location/project in the amount of \$600,000. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent contractors, products and completed operations, contractual liability, broad form property damage and property damage resulting from explosion, collapse or underground (x, c, u) exposures, personal injury and advertising injury. Damage to rented premises shall be included at \$100,000.
- 2.11.5. Commercial Automobile Insurance:** Contractor/vendor shall maintain automobile liability insurance with a limit of not less than \$300,000 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired and non-hired autos). The policy shall be endorsed to provide contractual liability coverage.
- 2.12. BID TABULATIONS:** In accordance with Section 119.071(1)(b)2, Fla. Stat.: Sealed bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from Section 119.07(1), Fla. Stat., and s. 24(a), Art. I of the State Constitution, except as provided by Section 255.0518, Fla. Stat., until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. Upon release of the intended decision, if a bidder wishes to obtain the intended decision, a bidder may do so by visiting the DemandStar website. No information regarding the submittal will be divulged over the telephone.

- 2.13. RESERVED RIGHTS:** The County reserves the right to accept or reject any and/or all bids, to waive irregularities and technicalities, and to request resubmission of bids. Also, the County reserves the right to accept all or any part of the bid and to increase or decrease quantities to meet additional or reduce requirements of the County. Any sole response received may be rejected by the County depending on available competition and timely needs of the County.
- 2.14. CODE OF ETHICS:** With respect to this bid, if any bidder violates or is a party to a violation of the State of Florida Code of Ethics for Public Officers and Employees, Chapter 112, Part III, Fla. Stat., such bidder may be disqualified from furnishing the goods or services for which the bid is submitted and shall be further disqualified from submitting any future bids for goods or services for County.
- 2.15. COLLUSION:** If it is discovered that Contractor provided false statements in the Non-Collusion Affidavit submitted with its bid, or it is discovered that collusion existed between Contractor and any other bidders or parties, the responses of all participants in such collusion will be rejected and/or the Contract be terminated and no participants in the collusion will be considered in future procurement processes for all work.

END OF PART 2

PART 3 – GENERAL CONDITIONS

3.1 FORM OF CONTRACT: Upon award of the bid by the County, the submitted bid forms signed by the bidder, together with the complete bid documents and any terms contained in a purchase order issued by the County, shall constitute a binding contract (the “contract” or “agreement”). The bidder shall be required to perform according to the bidder’s submitted Bid Forms and the County’s bid documents when a purchase order signed by the Procurement Coordinator or his/her designee is transmitted to bidder. The transmitted purchase order shall serve as both a Notice of Acceptance and a Notice to Proceed to the bidder. Failure to comply with the conditions set forth in the bid package, Bid Forms, or purchase order shall be deemed a breach of contract subjecting the bidder to forfeiture of the bid bond or other posted security and other possible penalties. A successful bidder to whom a contract is awarded pursuant to this ITB may be sometimes referred to herein as “successful bidder” or “contractor” or “vendor.”

3.2 NOTICE TO PROCEED/DELIVERY: After award of bid, a notice to proceed/purchase order shall be issued bearing the terms of the contract/delivery. Upon receipt of purchase order, the successful bidder/contractor shall acknowledge receipt of the same by either fax or mail, and shall commence processing of order so that the agreed upon delivery date will be satisfied.

3.3 PAYMENT: Request for payment must be submitted to the receiving department on a form approved by the County. All invoices will be paid in accordance with the Local Government Prompt Payment Act (Sections 218.70 through 218.79, Fla. Stat.).

3.4 PERFORMANCE EVALUATION: At the end of the contract, if awarded, the receiving department may evaluate the contractor’s performance. This evaluation will become public record.

3.5 QUALITY GUARANTEE: If any product delivered does not meet applicable specifications or if the product will not produce the effect that the successful bidder represents to the County the successful bidder shall pick up the product from the County at no expense to the County. Also, the successful bidder shall refund to the County any money which has been paid for the same. The successful bidder will be responsible for reasonable attorney fees expended to obtain compliance with this provision in the event the successful bidder defaults under this provision.

3.6 TAXES: The Contractor shall assume liability for local, state, or federal tax that is applicable to the goods or work.

3.7 ASSIGNMENT: The agreement, or any interest herein, shall not be assigned, transferred, or otherwise encumbered, under any circumstances by contractor without prior written consent of the County.

3.8 CANCELLATION/TERMINATION OF CONTRACT: The County shall have the right to cancel, terminate or suspend the contract, in whole or in part, by providing the contractor 30 days’ written notice by certified mail.

It is expressly understood by the County and the contractor that funding for any successive fiscal years of the contract is contingent upon appropriation of monies by the Levy County Board of County Commissioners. In the event that funds are not available or are not appropriated, the County reserves the right to terminate the contract. The County will be responsible for payment of any outstanding invoices and work completed by the Contractor prior to such termination.

3.9 INDEMNITY: A contractor that enters into a contract as a result of this ITB, shall defend, indemnify and hold harmless County and all County’s elected officials, officers, agents, and employees from and against all claims, liability, loss and expense, including reasonable costs, collection expenses, attorneys’ fees, and court costs which may arise because of negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of contractor or its officers, agents or employees in performance or non-performance of its obligations under an agreement. Contractor recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to County when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such goods and valuable consideration provided by County in support of these indemnification, legal defense and hold harmless contractual obligation in accordance with the laws of the State of Florida. This clause shall survive the termination of an agreement resulting from this ITB. Compliance with any insurance requirements required elsewhere within an agreement resulting from this ITB shall not relieve contractor of its liability and obligation to defend, hold harmless and indemnify County as set forth in this provision.

3.10 DESCRIPTIVE INFORMATION: Unless otherwise specifically provided in the bid package, all equipment, materials and articles incorporated in the work covered by this bid are to be new and of the most suitable grade for the purpose intended. Unless otherwise stated in these bid documents, any manufacture’s names, trade names, brand names, patented process, information or catalog numbers listed in a specification are to establish a standard of quality for information and not intended to limit competition. If the bid documents do not state that a substitution is not allowed for any particular manufacturer, trade name, brand name, patented process, information or catalog number, the bidder may offer any substitute for which it is an authorized representative, or which meets or exceeds the specifications for any item listed in this bid. At the request of the County, the bidder shall submit cuts, sketches, or descriptive literature and/or complete specifications for said substitute item(s). The County reserves the sole right to determine acceptance of the substitute item(s) as an approved equivalent for the item(s) set out in the applicable bid specification.

3.11 PUBLIC ENTITY CRIMES: In accordance with Section 287.133(2)(a), Fla. Stat., “A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list..”

3.12 EMPLOYEE BACKGROUND CHECK: If an owner, except a stockholder in publicly traded corporation, or an employee of the contractor has been convicted of any offenses requiring registration as a sexual offender or sexual predator, regardless of the location of conviction, the contractor shall ensure that the offender’s or predator’s work on the project is consistent with the terms of his/her probation requirements.

3.13 EQUAL EMPLOYMENT OPPORTUNITY: The County, in accordance with the provisions of Title VI of Civil Rights Act of 1964 and the Regulations of the Department of Commerce issued pursuant to such Act, hereby notifies Contractor that the Contractor shall comply with the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Rehabilitation Act of 1973, the Americans with Disabilities Act and the Florida Civil Rights Act, and Levy County Resolution 2011-59, all as the same may be amended. Specifically, but without limitation, the Contractor agrees that:

- No person shall, on the grounds of race, color, sex, religion, age, disability, national origin, genetics or marital status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, activity or service funded by this Agreement.
- Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, disability, national origin, genetics or marital status. Contractor agrees to post in a conspicuous place, available to employees and applicants for employment, notes setting forth the provision of this non-discrimination clause.
- Contractor will, in all solicitations or advertisements regarding program activities, services provided or applications for employment, state that all qualified applicants will receive consideration for services or employment without regard to race, color, religion, sex, age, disability, national origin, genetics or marital status.
- If requested by the County, Contractor shall submit reports as may be necessary to indicate non-discrimination. County officials will be permitted access to Contractor's books, records, accounts and other sources of information and its facilities as may be necessary to determine compliance with non-discrimination laws.

3.14 REGULATIONS: It shall be the responsibility of each bidder to assure compliance with any OSHA, EPA, and/or other federal, state, or local statutes, ordinances, rules, regulations or other requirements, as each may apply. Bidder must be authorized to transact business and be properly licensed in the State of Florida. Laws and regulations of the State of Florida and ordinances and regulations of Levy County will apply to any resulting contract.

REMAINDER OF COLUMN INTENTIONALLY LEFT BLANK

3.15 COMPLIANCE WITH LAWS; PUBLIC RECORDS: Bidder shall comply with all federal, state, and local statutes, rules, codes, ordinances, and regulations that apply to performance of this Agreement. In addition to compliance with any other laws as required by Section 119.071, Florida Statutes, the following notice is given regarding the Bidder's duty to comply with the public records laws of the State of Florida contained in Chapter 119, Florida Statutes, as the same may be amended and to retain and maintain any public record created pursuant to this Contract by either party. Failure to comply with the provision of this subsection shall constitute a breach of contract. . Specifically, but not by way limitation. Bidder shall:

- Keep and maintain public records required by County to perform the services;
- Upon request by County's custodian of public records, provide County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
- Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of the services to be provided by Contractor under this Agreement if Contractor does not transfer the records to County; and
- Upon completion of the services to be provided under this Agreement, transfer, at no cost, to County all public records in possession of Contractor or keep and maintain public records required by County to perform the services. If Contractor transfers all public records to County upon completion of this Agreement, Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Contractor keeps and maintains public records upon completion of this Agreement, Contract shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to County, upon requests from County's custodian of public records, in a format that is compatible with the information technology systems of County.

The definitions contained in Chapter 119, Fla. Stat., apply to terms used in this section, unless alternate or more specific definitions for any such terms are provided in this ITB.

For purposes of this ITB, the term "custodian of public records" shall mean the County Coordinator of County, or his/her designee.

IF THE SUCCESSFUL BIDDER/CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUCCESSFUL BIDDER/CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

TELEPHONE: (352) 486-5218

EMAIL: LEVYBOCC@LEVYCOUNTY.ORG

**MAILING ADDRESS: P.O. BOX 310,
BRONSON, FL 32621**

PART 4 – REQUIRED AND OPTIONAL FORMS

(Forms begin on the following page)

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid:

\$ \$125,114.00

Time for completion of the work bid in the above noted bid price after notice to proceed:

 30 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.


Name of Business: LaPorta Contracting LLC

Contact Person: Thomas LaPorta

Email Address: thomas@laportacontracting.com

Phone Number: (727) 201-7251

Date: 7/21/23

Authorized Signature: 

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 Levy County Government Center

By Thomas LaPorta - Owner
(Print this individuals name and title)

For LaPorta Contracting LLC
(Print name of entity submitting statements)

Whose business address is 801 West Bay Drive, Suite 209 Largo, Florida 33770

and if applicable whose Federal Employer Identification Number (FEIN) is 81-2328643.

If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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, nonjury 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 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, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

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 within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

[Signature]
(Signature)

State of FL

County of Pinellas

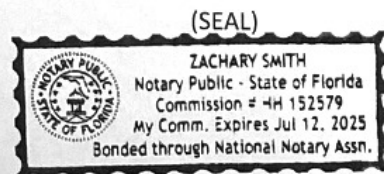
Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 21 day of July, 2023, by Thomas LaPorta (name), as owner (title) for LaPorta Contracting LLC (name of bidder) Personally known OR Produced Identification N/A (type of identification).

[Signature]
(Signature) Notary Public

Zachary K. Smith

(Printed, typed or stamped commissioned name of notary public)

My Commission expires July 12, 2025



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, _____ of the County of _____

According to law on my oath, and under penalty of perjury, depose and say that:

1. I am Thomas LaPorta of the firm of LaPorta Contracting LLC providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Signature]
(Signature of Proposer Representative)

7-21-23
(Date)

State of FL

County of Pinellas

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 21 day of July, 20 23, by Thomas LaPorta (name), as owner (title) for LaPorta Contracting LLC (name of bidder) Personally known OR Produced Identification N/A (type of identification).

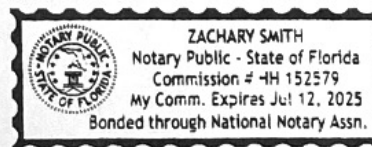
[Signature]
(Signature) Notary Public

(SEAL)

Zachary H. Smith

(Printed, typed or stamped commissioned name of notary public)

My Commission expires July 12, 2025



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: LaPorta Contracting LLC

Home Office Address: 801 West Bay Drive, Suite 209

City, State, Zip: Largo, Florida 33770

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Representative (Bidder): Thomas LaPorta

Email: thomas@laportacontracting.com


Telephone: (727) 201-7251 Fax: _____

Signature:  Date: 7/21/23

Is Bidder a small or minority business, women’s business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 Dated 7/21/23 Signature 

Addendum No. 2 Dated 7/25/23 Signature 

Addendum No. _____ Dated _____ Signature _____

Addendum No. _____ Dated _____ Signature _____


THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Thomas LaPorta (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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.
2. 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), 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 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. 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.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Thomas LaPorta
Signature: 
Title: Owner
Date: 7/21/23

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:


Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: 

Printed Name: Thomas LaPorta

Bidder Name: LaPorta Contracting LLC

Date: 7/21/23

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDOR INFORMATION FORM

DATE: 7/21/23

COMPANY NAME: LaPorta Contracting LLC

PHYSICAL ADDRESS: 801 West Bay Drive, Suite 209 Largo, Florida 33770

MAILING ADDRESS: 675 INDIAN ROCKS RD APARTMENT 201C

CITY: BELLEAIR BLUFFS STATE: FL ZIP: 33770

TELEPHONE NUMBER: (727) 201-7251

FAX NUMBER: _____

TOLL FREE NUMBER: _____

EMAIL: thomas@laportacontracting.com

FEID NUMBER: 81-2328643 OR SSN: _____

CONTACT PERSON: Thomas LaPorta

TITLE: Owner

CONTACT NUMBER: (727) 201-7251

The information requested above is necessary to update our files or to add your name to the County’s vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

W9 FORM
(On Following Page)

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. 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.		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>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<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) ▶		
	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																				
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Employer identification number																				
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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)

07/21/2023

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
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC#
INSURER A: Frank Winston Crum Insurance Company		11600
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES	CERTIFICATE NUMBER: 1065635	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 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"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	\$1,000,000 \$1,000,000 \$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 Levy County Government Center 310 School Street Bronson, FL 32621	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 

BID CHECKLIST

ITB_2023_013

Roof Replacement Road Department

BIDDER NAME: Acme Roofing & Sheet Metal Company, Inc.

- | | |
|--|---|
| 1. COVER PAGE | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 2. ATTACHMENT 1 BID PRICING FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. ATTACHMENT 2 SUBCONTRACTOR LIST | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5. NON-COLLUSION AFFIDAVIT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 6. BID SIGNATURE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 7. DRUG-FREE WORK PLACE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 8. CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 9. VENDOR INFORMATION FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 10. W9 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 11. CERTIFICATE OF INSURABILITY | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 12. EVIDENCE QUALIFIED TO TRANSACT BUSINESS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 13. COPIES OF AND APPLICABLE/CURRENT LICENSE/CERTS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 14. ATTENDED PRE-BID MEETING | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

BID PRICE: \$159,720.00

COMPLETION TIME: 90 Days after notice to proceed.

DATE REVIEWED: 7/28/23

REVIEWER NAME: Alicia Tretheway

SIGNATURE: *Alicia Tretheway*



July 27, 2023

Levy County Board of Commissioners
Procurement Department
310 School Street
Bronson, FL 32621

RE: ITB 2023-013 – Roof Replacement Road Dept.

All,

Acme Roofing is please to provide pricing for the referenced project. Acme Roofing has 55 years in business and has worked from the Florida Keys to Delaware to Texas. We are licensed and insured and look forward to working with you on this project.

We included 24 ga standing seam with new gutter and downspouts for the shop roof and 60 mil TPO over insulation for the office area. If you have any questions, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read 'David C. Carroll, Jr.', written over a horizontal line.

David C. Carroll, Jr.
President
dccarroll@centurytel.net

37 Banner Street
Dothan, Alabama 36303
(334) 983-3577

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid, bid pricing should also include the front office space:

\$ 159,720.00

Time for completion of the work bid in the above noted bid price after notice to proceed:

90 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business:

Acme Roofing & Sheet Metal Co., Inc.

Contact Person:

David C. Carroll, Jr.

Email Address:

dccarroll@centurytel.net

Phone Number:

(334) 983-3577

Date:

07/27/2023

Authorized Signature:



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 Levy County Board of Commissioners - Procurement Dept.

By David C. Carroll, Jr. President
(Print this individuals name and title)

For Acme Roofing & Sheet Metal Co., Inc.
(Print name of entity submitting statements)

Whose business address is 37 Banner Street, Dothan, AL 36303

and if applicable whose Federal Employer Identification Number (FEIN) is 63-0568283.

If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that “convicted” or “conviction” as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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, nonjury 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 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, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

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 within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT IA M REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES. FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

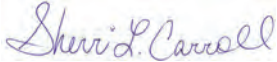


(Signature)

State of Alabama

County of Dale

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27th day of July, 2023, by David C. Carroll, Jr. (name), as President (title) for Acme Roofing & Sheet Metal Co., Inc. (name of bidder) Personally known OR Produced Identification (type of identification).



(Signature) Notary Public

Sherri L. Carroll 5507

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 08/21/2024



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, David C. Carroll, Jr. of the County of Dale County, AL

According to law on my oath, and under penalty of perjury, depose and say that:

- 1. I am President of the firm of Acme Roofing & Sheet Metal Co., Inc. providing that I executed the said bid with full authority to do so.
- 2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
- 3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

[Handwritten Signature]

July 27, 2023

(Signature of Proposer Representative)

(Date)

State of Alabama

County of Dale

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 27th day of July, 2023, by _____ (name), as _____ (title) for _____ (name of bidder) Personally known OR Produced Identification _____ (type of identification).

[Handwritten Signature: Sherri L. Carroll]

(Signature) Notary Public

Sherri L. Carroll

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 08/21/2024



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: Acme Roofing & Sheet Metal Co., Inc.

Home Office Address: 37 Banner Street


City, State, Zip: Dothan, AL 36303

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Representative (Bidder): David C. Carroll, Jr.

Email: dccarroll@centurytel.net

Telephone: (334) 983-3577 Fax: (334) 983-6321

Signature:  Date: July 27, 2023

Is Bidder a small or minority business, women’s business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 Dated 07/21/23 Signature 

Addendum No. 2 Dated 07/25/23 Signature 

Addendum No. _____ Dated _____ Signature _____

Addendum No. _____ Dated _____ Signature _____

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Acme Roofing & Sheet Metal Co., Inc. (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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.
2. 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), 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 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. 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.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: David C. Carroll, Jr.

Signature: 

Title: President

Date: 07/27/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: 

Printed Name: David C. Carroll, Jr.

Bidder Name: Acme Roofing & Sheet Metal Co., Inc.

Date: 07/27/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDOR INFORMATION FORM

DATE: 07/27/2023

COMPANY NAME: Acme Roofing & Sheet Metal Co., Inc.

PHYSICAL ADDRESS: 37 Banner Street

MAILING ADDRESS: 37 Banner Street

CITY: Dothan STATE: AL ZIP: 36303

TELEPHONE NUMBER: (334) 983-3577

FAX NUMBER: (334) 983-6321

TOLL FREE NUMBER: (800) 239-7663

EMAIL: dccarroll@centurytel.net

FEID NUMBER: 63-0568283 OR SSN: _____

CONTACT PERSON: David C. Carroll, Jr.

TITLE: President

CONTACT NUMBER: (334) 714-1650

The information requested above is necessary to update our files or to add your name to the County’s vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
 Acme Roofing & Sheet Metal Co., Inc

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.
 37 Banner Street

6 City, state, and ZIP code
 Dothan, AL 36303

7 List account number(s) here (optional)

Requester's name and address (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

6	3	-	0	5	6	8	2	8	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 ▶ July 27, 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.

State of Florida

Department of State

I certify from the records of this office that ACME ROOFING & SHEET METAL COMPANY, INCORPORATED is an Alabama corporation authorized to transact business in the State of Florida, qualified on February 16, 1978.


The document number of this corporation is 840031.

I further certify that said corporation has paid all fees due this office through December 31, 2023, that its most recent annual report/uniform business report was filed on January 20, 2023, and that its status is active.

I further certify that said corporation has not filed a Certificate of Withdrawal.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Twentieth day of January,
2023*




Secretary of State

Tracking Number: 8936881806CC

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

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



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

CARROLL, DAVID COMER JR

ACME ROOFING & SHEET METAL COMPANY INCORPORATED
6128 COUNTY ROAD 28
SLOCOMB AL 36375

LICENSE NUMBER: CGC062472

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at 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 ROOFING CONTRACTOR HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

CARROLL, DAVID COMER JR

ACME ROOFING & SHEET METAL COMPANY INCORPORATED
6146 COUNTY ROAD 28
SLOCOMB AL 36375

LICENSE NUMBER: CCC1325795

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at 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.

BID CHECKLIST

ITB_2023_013

Roof Replacement Road Department

BIDDER NAME: MRB Contractors LLC

1. COVER PAGE YES NO
2. ATTACHMENT 1 BID PRICING FORM YES NO
3. ATTACHMENT 2 SUBCONTRACTOR LIST YES NO
4. SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM YES NO
5. NON-COLLUSION AFFIDAVIT FORM YES NO
6. BID SIGNATURE FORM YES NO
 - a. Did not acknowledge Addenda 1 or 2.
7. DRUG-FREE WORK PLACE FORM YES NO
8. CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM YES NO
9. VENDOR INFORMATION FORM YES NO
10. W9 YES NO
 - a. Did not provide in bid.
11. CERTIFICATE OF INSURABILITY YES NO
 - a. Did not provide in bid.
12. EVIDENCE QUALIFIED TO TRANSACT BUSINESS YES NO
 - a. Did not provide in bid.
13. COPIES OF AND APPLICABLE/CURRENT LICENSE/CERTS YES NO
 - a. Did not provide in bid.
14. ATTENDED PRE-BID MEETING YES NO

BID PRICE: \$167,073.80 – price for Scope of Work (less tax). Provided Alternate \$181,344.05

COMPLETION TIME: 45-60 Days after notice to proceed.

DATE REVIEWED: 7/28/23

REVIEWER NAME: Alicia Tretheway

SIGNATURE: *Alicia Tretheway*



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 PROCUREMENT DEPARTMENT
 P.O. BOX 310
 BRONSON, FL 32621
 PHONE: (352) 486-5218 EXT. 2
 FAX: (352) 486-5167
 EMAIL: TRETHEWAY-ALI@LEVYCOUNTY.ORG

COVER PAGE

ITB 2023_013 – ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

LAST DAY FOR QUESTIONS: 7/20/2023

DUE DATE AND TIME: 7/27/2023, 2:00 P.M. Est.

SUMMARY OF SCOPE: Levy County is seeking bids for the provision of selecting a contractor for construction services to replace the roof at the Levy County Road Department located at 660 North Hathaway Ave, Bronson, FL 32621.

SUBMITTAL OF BID: Levy County only accepts electronic submittals through "E-Bidding" on the DemanStar platform www.DemandStar.com. In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to the Bid, contact Ali Tretheway, Procurement Coordinator at tretheway-ali@levycounty.org.

ITEMS THAT MUST BE INCLUDED WITH BID: Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

- COVER PAGE
- ATTACHMENT "1" BID PRICING FORM
- ATTACHMENT "2" SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

Company Name: MRB CONTRACTORS LLC

Name: Eric Walund

Address: 1615 W. Irving Blvd Irving, TX 75061

Mailing Address (if Different): _____

Email Address (Required): ericw@mrbcg.com

Telephone: 972-827-8599

FEIN: 45-5100627

By signing the form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

DATE SUBMITTED: 07/26/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

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PART 2 – INTENT AND GENERAL INFORMATION 6

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ATTACHMENT “2” SUBCONTRACTOR LIST 14

SWORN STATEMENT ON PUBLIC ENTITY CRIME 15

NON-COLLUSION AFFIDAVIT 17

BID SIGNATURE FORM 18

DRUG-FREE WORKPLACE FORM 19

CONFLICT OF INTEREST DISCLOSURE STATEMENT 20

VENDOR INFORMATION FORM 21

W9 FORM 22

**ADVERTISEMENT
BOARD OF COUNTY COMMISSIONERS
LEVY COUNTY, FLORIDA
INVITATION TO BID**

Notice is hereby given that Levy County, Florida will be receiving sealed bids via "E-Bidding" at www.DemandStar.com, for

ITB_2023_013

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

The purpose of this Invitation to Bid (ITB) is to solicit competitive sealed bids from firms or companies for the provision of selecting a contractor for construction services, as described in the Invitation to Bid documents.

There will be a mandatory pre-bid conference on Thursday, July 13, 2023 at 10:00 AM Est., at 660 North Hathaway Ave, Bronson, FL 32621. All questions must be submitted in writing to Ali Tretheway at Tretheway-ali@levycounty.org. Any bidder wishing to submit a bid must attend this pre-bid conference. If a bidder that did not attend the pre-bid conference submits a bid, that bid will be rejected as non-compliant with the bid specifications.

LEVY COUNTY GOVERNMENT CENTER

310 SCHOOL STREET

BRONSON, FL 32621

BID DUE DATE: 2:00 P.M., EST, Thursday, July 27, 2023

E-BID OPENING DATE: 2:15 P.M., EST, Thursday, July 27, 2023

Documents can be obtained by contacting the Procurement Coordinator of Levy County, Florida at (352) 486-5218 ext. 2, or online through the DemandStar system by Onvia at www.DemandStar.com. If you have any questions, please call Ali Tretheway, Procurement Coordinator.

Chiefland Citizen:

Date(s): 6/22/23, 6/29/23

STATEMENT OF NON-SUBMITTAL

Levy County
Board of County Commissioners
310 School Street
Bronson, FL 32621
(352) 486-5218

If you do not intend to submit a response to the Invitation to Bid, please return this form to the above address immediately or fax to (352) 486-5167. If this statement is not completed and returned, your company may be deleted from the Levy County list for this service.

We the undersigned have declined to submit a response on the **INVITATION TO BID FOR ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT** for the following reason(s):

- Insufficient time to respond to the Invitation to Bid
- We do not offer this service
- Our schedule would not permit us to perform
- Unable to meet bond/insurance requirements
- Unable to meet bid specifications or scope of anticipated services
- Specifications are unclear (explain below)
- Remove us from your vendors' list for this service
- Other (specify below)

Remarks: _____

Company Name: MRB CONTRACTORS LLC

Contact Person: ERIC WALUND

Signature: 

Telephone: 972-827-8599

Date: 07/26/2023

Email: ericw@mrbcg.com

PART 1 – SCOPE OF WORK

ITB_2023_013

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

- 1.1. DESCRIPTION OF WORK:** The Levy County Board of County Commissioners is seeking bids for construction services for the roof replacement at the Levy County Road Department located at 660 North Hathaway Ave, Bronson, FL 32621.
- 1.2. GENERAL REQUIREMENTS AND SPECIFICATIONS:** The Contractor shall furnish and/or install and/or construct all necessary items and equipment that meets the following scope of work for the roof to be replaced at the Levy County Road Department, as applicable, contained in this ITB:
- 1.2.1.** Obtain all necessary permits.
 - 1.2.2.** Remove existing roofing system. Inspect and replace rotted or deteriorated decking and fascia.
 - 1.2.3.** Install bubble wrap type insulation over entire roof.
 - 1.2.4.** Install 26-Gauge Galvalumne PBR Panel.
 - 1.2.5.** Install trim and flashing as needed.
 - 1.2.6.** Cleanup-daily i.e. magnetically sweep job site, haul away job related debris etc.

The equipment supplied by the Contractor and the installation performed by the Contractor shall conform to and comply with all existing federal, state, and local statutes, laws, rules, regulations, and ordinances, including but not limited to all Levy County codes and regulations. In addition, the work shall be accomplished in accordance with the best management and professional methods and standards of the trade.

The Contractor shall be responsible for the provision of adequate and proper safety precautions for both the employees and all persons in or around the work area, and for compliance with all local, State of Florida and Federal statutes and regulations.

All written documentation provided by the Contractor to the County shall become property of the County without restrictions.

END OF PART 1

PART 2 – INTENT AND GENERAL INFORMATION

ITB_2023_013

ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

Thank you for your interest in working with Levy County. Pertinent information and required documents regarding this bid as part of a responsive offer are listed below:

- 2.1. INTENT:** It is the intent of Levy County (“County”) to award a contract to the lowest responsive responsible bidder, qualified by experience and solvency, with proven reliability and the ability for the roof replacement at the Levy County Road Department (“LCRD”), and subject to provisions of this Invitation to Bid (“ITB”). Bidder may be required to supply information in writing at the request and discretion of the County prior to award of bids, in order to verify the above requirements.
- 2.2. QUESTIONS AND ADDENDA:** There shall not be any contact between a potential bidder/bidder or the representative(s) and any member of County Staff or County Commissioners regarding this Project or ITB.

The County will not respond to verbal (in person or phone) questions regarding this ITB. Bidder must submit written questions (via fax, email, mail or hand delivery) to the Procurement Coordinator at P.O. Box 310 or 310 School Street, Bronson, Florida 32621; Fax Number: (352) 486-5167; email: Tretheway-ali@levycounty.org.

All questions must be received by the County prior to the deadline to receive a response. The County will respond to each question and will issue written addenda for any supplemental instructions or clarifications to the ITB. All addenda will be sent to all bidders who receive the ITB from the County and will also be posted on DemandStar. Each bidder must acknowledge receipt of addenda as part of its bid and is presumed to have read and be thoroughly familiar with the provisions of this ITB and its addenda.

- 2.3. HOW TO SUBMIT A BID:** The County only accepts electronic submittals through “E-Bidding” on the DemandStar platform. In order to submit a response to this solicitation the bidder must be registered with DemandStar. The bidder’s complete bid should be uploaded in PDF format unless the ITB specifically states otherwise. Any bid that is attempted to be submitted after the due date and time will not be accepted by the DemandStar platform and will not be considered. The County is not responsible for any delays in delivery or uploading of a bid caused by any issues a bidder may experience in attempt to upload on the DemandStar platform or caused by any other occurrence. A bidder should give sufficient time to address any delivery or uploading issues when it schedules the submittal of its bid.
- 2.4. HOW TO ASSEMBLE YOUR BID:** Bids shall be submitted on the Required and Optional Forms (herein “Bid Forms” or “bid forms”) supplied by the County, or duplicates thereof and attached thereto, or as specified. Bidders shall indicate the number of calendar days required of delivery of goods/services (if applicable).

Any erasures or other corrections in the bid forms must be explained or noted over the signature of the bidder. Bid Forms containing any conditions, omissions, erasures, alterations, or irregularities of any kind, whether explained or noted or not, may be rejected by the County.

The following documents must accompany any bid submitted in the order identified below. Please do not include items not requested. A submittal returned without these documents may deem the bid non-responsive. Levy County reserves the right to request additional information from any bidder prior to award.

- COVER PAGE
- ATTACHMENT “1” BID PRICING FORM*
- ATTACHMENT “2” SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM

- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM **
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

* Bids shall be made only on the form included in this packet (Part 4 Attachment 1 Bid Pricing Form). Bid forms must be signed by the owner or other authorized individuals.

** It is strongly suggested that the attached Drug Free Workplace Form be signed and returned to this office with the bid forms. In the event of a tie bid, the submittal of a completed Drug Free Workplace Form may be used as a basis for awarding the contract.

- 2.5. WITHDRAWAL OF BIDS:** Modifications to or withdrawal of a bid may be made up to the deadline. Modifications and withdrawals must be documented in the DemandStar platform in order to be recognized by the County. Error or negligence on the part of the bidder in preparing the bid confers no right for withdrawal of the bid after it has been opened.
- 2.6. CRITERIA FOR AWARD:** Award of this bid shall be to the overall lowest responsive, responsible bidder meeting or exceeding the requirements of this ITB.
The County reserves the right to reject the bid of any bidder who has previously failed to perform properly, or on time, contracts of similar nature; or who is not in a position to satisfactorily perform the contract. If, after the due date and time, the lowest bidder is deemed non-responsive by the County, such bidder shall receive written notice from the County of this determination. The bidder shall have five (5) days from the date of this notice to dispute the determination and to provide to County any additional information it deems relevant regarding bidder's responsibility. The County shall make a final determination regarding the bidder's responsibility at the time of award of the contract.
- 2.7. BID GUARANTEE:** The bid once signed and submitted guarantees that the bidder will not withdraw its bid for a period of 90 days after the scheduled time for opening bids.
- 2.8. ARITHMETIC DISCREPANCIES:** For the purpose of initial evaluation of bids, the following will be utilized in resolving arithmetic discrepancies found on the face of the bid forms submitted by the bidder:
- 2.8.1.** Obviously misplaced decimal points will be corrected.
 - 2.8.2.** In case of discrepancy between unit price and extended price, the unit price will govern.
 - 2.8.3.** Apparent errors in addition of lump sum and extended prices will be corrected.

For the evaluation purposes, the County will proceed on the assumption that the bidder intends its bid be evaluated on the basis of totals arrived at by resolution of arithmetic discrepancies (above). The bid will be so reflected on the bid tabulation.

- 2.9. BID PREPARATION & SUBMITTAL EXPENSES:** The County is not be responsible for any expense incurred by a bidder in reviewing, evaluating, preparing, or submitting a bid. Bidders are solely responsible for the entire expense of responding to this ITB.

- 2.10. ALL-INCLUSIVE COST:** The bid shall include all expenses necessary to complete the delivery of products or provide the services described in this ITB.
- 2.11. INSURANCE REQUIREMENTS:** Bidder shall submit a Certificate of Insurability with its bid, evidencing its ability to at its sole cost and expense, procure and maintain throughout the term of the contract, insurance policies in coverages and limits required below, or to the extent and in such amounts as required and authorized by Florida Law. In addition, for those policies that are allowed by law to carry an additional named insured, contractor will provide endorsed certificates of insurance executed by a licensed insurance broker, brokerage or similar licensed insurance professional evidencing such coverage, on a standard ACORD form, listing coverages and limits, expiration dates, terms of policies and all endorsements, and shall include the ITB/project name on the certificate generated and naming "Levy County, a political subdivision of the State of Florida, its elected officials, officers, employees, agents, and volunteers," as a named, additional insured, as well as furnishing County with a certified copy, or copies, of said insurance policies. In addition, each policy required below shall require that thirty (30) days prior to expiration, cancellation, non-renewal or any material change in coverages or limits, written notice thereof shall be given to County. Any and all deductibles to any insurance policy shall be the responsibility of the contractor. Said insurance coverages procured by Contractor as required herein shall be considered, as primary insurance over and above any other insurance, or self-insurance, available to County, and that any other insurance, or self-insurance available to County shall be considered secondary to, or in excess of, the insurance coverage(s) procured by County as required herein.

Nothing herein shall be construed to extend County's liability beyond that provided in section 768.28, Florida Statutes.

Coverage and limits for the insurance required herein shall be as follows:

- 2.11.1. Workers Compensation:** Coverage is to apply for all employees for statutory limits in compliance with the applicable state and federal laws. The policy must include Employers' Liability with a limit of \$500,000 each accident, \$500,000 each employee, \$500,000 policy limit for disease.
 - 2.11.2. Professional Liability Insurance:** Coverage of a minimum one million dollars (\$1,000,000) in coverage for this project.
 - 2.11.3. Public liability Insurance:** Policy must include bodily injury and property damage, Combined Single Limits (CSL) of \$300,000 minimum.
 - 2.11.4. Commercial General Liability – Occurrence Form Required:** Contractor/vendor shall maintain Commercial General Liability (CGL) insurance with a limit of not less than \$300,000 each occurrence. If such CGL insurance contains a general aggregate limit, it shall apply separately to this location/project in the amount of \$600,000. CGL insurance shall be written on an occurrence form and shall include bodily injury and property damage liability for premises, operations, independent contractors, products and completed operations, contractual liability, broad form property damage and property damage resulting from explosion, collapse or underground (x, c, u) exposures, personal injury and advertising injury. Damage to rented premises shall be included at \$100,000.
 - 2.11.5. Commercial Automobile Insurance:** Contractor/vendor shall maintain automobile liability insurance with a limit of not less than \$300,000 each accident for bodily injury and property damage liability. Such insurance shall cover liability arising out of any auto (including owned, hired and non-hired autos). The policy shall be endorsed to provide contractual liability coverage.
- 2.12. BID TABULATIONS:** In accordance with Section 119.071(1)(b)2, Fla. Stat.: Sealed bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from Section 119.07(1), Fla. Stat., and s. 24(a), Art. I of the State Constitution, except as provided by Section 255.0518, Fla. Stat., until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. Upon release of the intended decision, if a bidder wishes to obtain the intended decision, a bidder may do so by visiting the DemandStar website. No information regarding the submittal will be divulged over the telephone.

- 2.13. RESERVED RIGHTS:** The County reserves the right to accept or reject any and/or all bids, to waive irregularities and technicalities, and to request resubmission of bids. Also, the County reserves the right to accept all or any part of the bid and to increase or decrease quantities to meet additional or reduce requirements of the County. Any sole response received may be rejected by the County depending on available competition and timely needs of the County.
- 2.14. CODE OF ETHICS:** With respect to this bid, if any bidder violates or is a party to a violation of the State of Florida Code of Ethics for Public Officers and Employees, Chapter 112, Part III, Fla. Stat., such bidder may be disqualified from furnishing the goods or services for which the bid is submitted and shall be further disqualified from submitting any future bids for goods or services for County.
- 2.15. COLLUSION:** If it is discovered that Contractor provided false statements in the Non-Collusion Affidavit submitted with its bid, or it is discovered that collusion existed between Contractor and any other bidders or parties, the responses of all participants in such collusion will be rejected and/or the Contract be terminated and no participants in the collusion will be considered in future procurement processes for all work.

END OF PART 2

PART 3 – GENERAL CONDITIONS

3.1 FORM OF CONTRACT: Upon award of the bid by the County, the submitted bid forms signed by the bidder, together with the complete bid documents and any terms contained in a purchase order issued by the County, shall constitute a binding contract (the “contract” or “agreement”). The bidder shall be required to perform according to the bidder’s submitted Bid Forms and the County’s bid documents when a purchase order signed by the Procurement Coordinator or his/her designee is transmitted to bidder. The transmitted purchase order shall serve as both a Notice of Acceptance and a Notice to Proceed to the bidder. Failure to comply with the conditions set forth in the bid package, Bid Forms, or purchase order shall be deemed a breach of contract subjecting the bidder to forfeiture of the bid bond or other posted security and other possible penalties. A successful bidder to whom a contract is awarded pursuant to this ITB may be sometimes referred to herein as “successful bidder” or “contractor” or “vendor.”

3.2 NOTICE TO PROCEED/DELIVERY: After award of bid, a notice to proceed/purchase order shall be issued bearing the terms of the contract/delivery. Upon receipt of purchase order, the successful bidder/contractor shall acknowledge receipt of the same by either fax or mail, and shall commence processing of order so that the agreed upon delivery date will be satisfied.

3.3 PAYMENT: Request for payment must be submitted to the receiving department on a form approved by the County. All invoices will be paid in accordance with the Local Government Prompt Payment Act (Sections 218.70 through 218.79, Fla. Stat.).

3.4 PERFORMANCE EVALUATION: At the end of the contract, if awarded, the receiving department may evaluate the contractor’s performance. This evaluation will become public record.

3.5 QUALITY GUARANTEE: If any product delivered does not meet applicable specifications or if the product will not produce the effect that the successful bidder represents to the County the successful bidder shall pick up the product from the County at no expense to the County. Also, the successful bidder shall refund to the County any money which has been paid for the same. The successful bidder will be responsible for reasonable attorney fees expended to obtain compliance with this provision in the event the successful bidder defaults under this provision.

3.6 TAXES: The Contractor shall assume liability for local, state, or federal tax that is applicable to the goods or work.

3.7 ASSIGNMENT: The agreement, or any interest herein, shall not be assigned, transferred, or otherwise encumbered, under any circumstances by contractor without prior written consent of the County.

3.8 CANCELLATION/TERMINATION OF CONTRACT: The County shall have the right to cancel, terminate or suspend the contract, in whole or in part, by providing the contractor 30 days’ written notice by certified mail.

It is expressly understood by the County and the contractor that funding for any successive fiscal years of the contract is contingent upon appropriation of monies by the Levy County Board of County Commissioners. In the event that funds are not available or are not appropriated, the County reserves the right to terminate the contract. The County will be responsible for payment of any outstanding invoices and work completed by the Contractor prior to such termination.

3.9 INDEMNITY: A contractor that enters into a contract as a result of this ITB, shall defend, indemnify and hold harmless County and all County’s elected officials, officers, agents, and employees from and against all claims, liability, loss and expense, including reasonable costs, collection expenses, attorneys’ fees, and court costs which may arise because of negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of contractor or its officers, agents or employees in performance or non-performance of its obligations under an agreement. Contractor recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to County when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such goods and valuable consideration provided by County in support of these indemnification, legal defense and hold harmless contractual obligation in accordance with the laws of the State of Florida. This clause shall survive the termination of an agreement resulting from this ITB. Compliance with any insurance requirements required elsewhere within an agreement resulting from this ITB shall not relieve contractor of its liability and obligation to defend, hold harmless and indemnify County as set forth in this provision.

3.10 DESCRIPTIVE INFORMATION: Unless otherwise specifically provided in the bid package, all equipment, materials and articles incorporated in the work covered by this bid are to be new and of the most suitable grade for the purpose intended. Unless otherwise stated in these bid documents, any manufacturer’s names, trade names, brand names, patented process, information or catalog numbers listed in a specification are to establish a standard of quality for information and not intended to limit competition. If the bid documents do not state that a substitution is not allowed for any particular manufacturer, trade name, brand name, patented process, information or catalog number, the bidder may offer any substitute for which it is an authorized representative, or which meets or exceeds the specifications for any item listed in this bid. At the request of the County, the bidder shall submit cuts, sketches, or descriptive literature and/or complete specifications for said substitute item(s). The County reserves the sole right to determine acceptance of the substitute item(s) as an approved equivalent for the item(s) set out in the applicable bid specification.

3.11 PUBLIC ENTITY CRIMES: In accordance with Section 287.133(2)(a), Fla. Stat., “A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in s. 287.017 for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list.”

3.12 EMPLOYEE BACKGROUND CHECK: If an owner, except a stockholder in publicly traded corporation, or an employee of the contractor has been convicted of any offenses requiring registration as a sexual offender or sexual predator, regardless of the location of conviction, the contractor shall ensure that the offender’s or predator’s work on the project is consistent with the terms of his/her probation requirements.

3.13 EQUAL EMPLOYMENT OPPORTUNITY: The County, in accordance with the provisions of Title VI of Civil Rights Act of 1964 and the Regulations of the Department of Commerce issued pursuant to such Act, hereby notifies Contractor that the Contractor shall comply with the Civil Rights Act of 1964, the Age Discrimination in Employment Act, the Rehabilitation Act of 1973, the Americans with Disabilities Act and the Florida Civil Rights Act, and Levy County Resolution 2011-59, all as the same may be amended. Specifically, but without limitation, the Contractor agrees that:

- No person shall, on the grounds of race, color, sex, religion, age, disability, national origin, genetics or marital status, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program, activity or service funded by this Agreement.
- Contractor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, disability, national origin, genetics or marital status. Contractor agrees to post in a conspicuous place, available to employees and applicants for employment, notes setting forth the provision of this non-discrimination clause.
- Contractor will, in all solicitations or advertisements regarding program activities, services provided or applications for employment, state that all qualified applicants will receive consideration for services or employment without regard to race, color, religion, sex, age, disability, national origin, genetics or marital status.
- If requested by the County, Contractor shall submit reports as may be necessary to indicate non-discrimination. County officials will be permitted access to Contractor's books, records, accounts and other sources of information and its facilities as may be necessary to determine compliance with non-discrimination laws.

3.14 REGULATIONS: It shall be the responsibility of each bidder to assure compliance with any OSHA, EPA, and/or other federal, state, or local statutes, ordinances, rules, regulations or other requirements, as each may apply. Bidder must be authorized to transact business and be properly licensed in the State of Florida. Laws and regulations of the State of Florida and ordinances and regulations of Levy County will apply to any resulting contract.

REMAINDER OF COLUMN INTENTIONALLY LEFT BLANK

3.15 COMPLIANCE WITH LAWS; PUBLIC RECORDS: Bidder shall comply with all federal, state, and local statutes, rules, codes, ordinances, and regulations that apply to performance of this Agreement. In addition to compliance with any other laws as required by Section 119.071, Florida Statutes, the following notice is given regarding the Bidder's duty to comply with the public records laws of the State of Florida contained in Chapter 119, Florida Statutes, as the same may be amended and to retain and maintain any public record created pursuant to this Contract by either party. Failure to comply with the provision of this subsection shall constitute a breach of contract. . Specifically, but not by way limitation. Bidder shall:

- i. Keep and maintain public records required by County to perform the services;
- ii. Upon request by County's custodian of public records, provide County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
- iii. Ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of the services to be provided by Contractor under this Agreement if Contractor does not transfer the records to County; and
- iv. Upon completion of the services to be provided under this Agreement, transfer, at no cost, to County all public records in possession of Contractor or keep and maintain public records required by County to perform the services. If Contractor transfers all public records to County upon completion of this Agreement, Contractor shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If Contractor keeps and maintains public records upon completion of this Agreement, Contractor shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to County, upon requests from County's custodian of public records, in a format that is compatible with the information technology systems of County.

The definitions contained in Chapter 119, Fla. Stat., apply to terms used in this section, unless alternate or more specific definitions for any such terms are provided in this ITB.

For purposes of this ITB, the term "custodian of public records" shall mean the County Coordinator of County, or his/her designee.

IF THE SUCCESSFUL BIDDER/CONTRACTOR HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE SUCCESSFUL BIDDER/CONTRACTOR'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE CUSTODIAN OF PUBLIC RECORDS AT:

TELEPHONE: (352) 486-5218

EMAIL: LEVYBOCC@LEVYCOUNTY.ORG

**MAILING ADDRESS: P.O. BOX 310,
BRONSON, FL 32621**

PART 4 – REQUIRED AND OPTIONAL FORMS

(Forms begin on the following page)

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid:

\$ 170,939.21

Time for completion of the work bid in the above noted bid price after notice to proceed:

45-60 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business: MRB CONTRACTORS LLC

Contact Person: ERIC WALUND

Email Address: ericw@mrbcg.com

Phone Number: 972-827-8599

Date: 07/26/2023

Authorized Signature: 

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT "2" SUBCONTRACTOR LIST

The following subcontractors will be used for the Levy County Road Department Roof Replacement project. If bidder does not have a subcontractor or subcontractors, insert "To be Determined." when a source or subcontractor is determined, selection will be subject to County approval. If not applicable, state N/A.

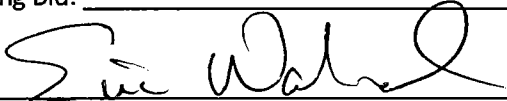
Subcontractor(s):

- 1. Hytech Roofing
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Name of Firm Submitting Bid: MRB CONTRACTORS LLC

OR

Name of Person Submitting Bid: MRB CONTRACTORS LLC

Authorized Signature: 

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 L Levy County Road Department

By ERIC WALUND, CHIEF OPERATING OFFICER
(Print this individuals name and title)

For MRB Contractors
(Print name of entity submitting statements)

Whose business address is 1615 W. Irving Blvd Irving, TX 75061

and if applicable whose Federal Employer Identification Number (FEIN) is 45-5100627

If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
- 3. I understand that "convicted" or "convection" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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, nonjury 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 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, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

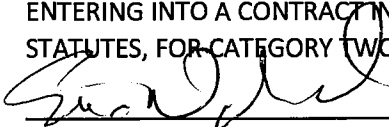
6. Based on information and belief, the statement which I have marked below is true in a relation to the entity submitting this sworn statement. (Please indicate which statement applies).

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

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 within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. I ALSO UNDERSTAND THAT IA M REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

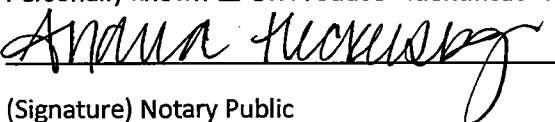


(Signature)

State of TEXAS

County of DALLAS

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 26TH day of JULY, 2023, by ERIC WALUND (name), as COO (title) for MRB CONTRACTORS LLC (name of bidder) Personally known OR Produced Identification DRIVERS LICENSE (type of identification).



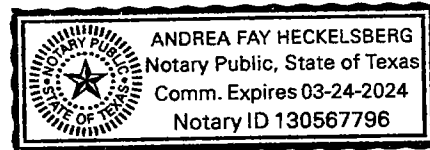
(Signature) Notary Public

(SEAL)

ANDREA HECKELSBURG

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 03/24/2024



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, ERIC WALUND of the County of DALLAS

According to law on my oath, and under penalty of perjury, depose and say that:

- 1. I am Chief Operating Officer of the firm of MRB CONTRACTORS LLC providing that I executed the said bid with full authority to do so.
2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

Eric Walund (Handwritten Signature)

07/26/2023

(Signature of Proposer Representative)

(Date)

State of TEXAS

County of DALLAS

Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [] online notarization, this 26TH day of JULY, 2023, by ERIC WALUND (name), as COO (title) for MRB CONTRACTORS LLC (name of bidder). Personally known [X] OR Produced Identification [] DRIVERS LICENSE (type of identification).

Andrea Heckelsberg (Handwritten Signature)

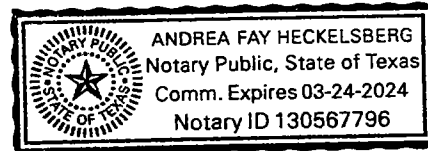
(Signature) Notary Public

(SEAL)

ANDREA HECKELSBERG

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 03/24/2024



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: MRB CONTRACTORS LLC

Home Office Address: 1615 W. Irving Blvd

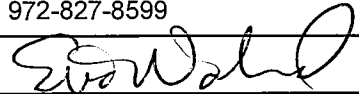
City, State, Zip: IRVING, TX 75061

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Representative (Bidder): ERIC WALUND

Email: ericw@mrbcg.com

Telephone: 972-827-8599 Fax: 214-614-4200

Signature:  Date: 07/26/2023

Is Bidder a small or minority business, women’s business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. _____ Dated _____ Signature _____

Addendum No. _____ Dated _____ Signature _____

Addendum No. _____ Dated _____ Signature _____

Addendum No. _____ Dated _____ Signature _____

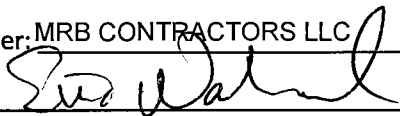
THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder MRB CONTRACTORS LLC (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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.
2. 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), 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 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. 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.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: MRB CONTRACTORS LLC
Signature: 
Title: ERIC WALUND, CHIEF OPERATING OFFICER
Date: 07/26/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: 

Printed Name: ERIC WALUND

Bidder Name: MRB CONTRACTORS LLC

Date: 07/26/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDOR INFORMATION FORM

DATE: 07/26/2023

COMPANY NAME: MRB CONTRACTORS LLC

PHYSICAL ADDRESS: 1615 W. Irving Blvd Irving, TX 75061

MAILING ADDRESS: 1615 W. Irving Blvd

CITY: IRVING **STATE:** TEXAS **ZIP:** 75061

TELEPHONE NUMBER: 972-827-8599

FAX NUMBER: 214-614-4200

TOLL FREE NUMBER: _____

EMAIL: ericw@mrbcg.com

FEID NUMBER: 45-5100627 **OR SSN:** _____

CONTACT PERSON: ERIC WALUND; TAYLOR BIRD

TITLE: ERIC WALUND, CHIEF OPERATING OFFICER - TAYLOR BIRD, ESTIMATOR

CONTACT NUMBER: 972-827-8599

The information requested above is necessary to update our files or to add your name to the County's vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

July 26, 2023

Alicia Tretheway
Levy County Road Department
660 N. Hathaway Ave, Bronson, FL 32621



Re: R-Panel Roof Replacement w/ 6” Vinyl-back Insulation. Approximately 10,236sqft.

MRB Contractors proposes to furnish all materials, labor, equipment, supervision and required insurance to complete the scope of work as described below. Project information was obtained from onsite visit.

SCOPE OF WORK

REMOVAL

- Remove and dispose of the existing roof system and insulation down to the existing deck.

INSULATION

- 6” vinyl-back insulation will be installed over purlins.

ROOF SYSTEM

- Will provide and install 26Ga R-Panel metal roofing system of galvalume finish.
- Wall and curb flashings will be installed per the manufacturer’s printed installation procedures.
- Provide and install new penetration flashings. Penetration flashing type shall be determined by the type of penetration.
- Detail work shall be installed in accordance with the manufacturer’s printed installation procedures.

WARRANTY

- Provide contractor’s two (2) year warranty covering workmanship.

SHEET METAL

- Furnish and install all new sheet metal items as follows:
 - Gutters – 24 Ga. Standard Color Pre-Finished
 - Downspouts– 24 Ga. Standard Color Pre-Finished

PRICING

Sub Total	\$167,073.80
Tax (If applicable)	\$ 3,865.41
BID TOTAL	\$170,939.21

SCOPE OF WORK - Alternate

REMOVAL

- Remove and dispose of the existing roof system and insulation down to the existing deck.

INSULATION

- 6” vinyl-back insulation will be installed over purlins.

ROOF SYSTEM

- Will provide and install 2” mechanically locked Standing Seam metal roofing system.
 - Panels provided shall be rolled on site.
 - Panels provided shall be 18” wide and have a 2” seam height.

- Wall and curb flashings will be installed per the manufacturer's printed installation procedures.
- Provide and install new penetration flashings. Penetration flashing type shall be determined by the type of penetration.
- Detail work shall be installed in accordance with the manufacturer's printed installation procedures for the desired warranty.

WARRANTY

- Provide contractor's two (2) year warranty covering workmanship.

SHEET METAL

- Furnish and install all new sheet metal items as follows:
 - Gutters – 24 Ga. Standard Color Pre-Finished
 - Downspouts– 24 Ga. Standard Color Pre-Finished

PRICING

Sub Total	\$181,344.05
Tax (If applicable)	<u>\$ 4,198.76</u>
BID TOTAL	\$185,542.81

PROJECT QUALIFICATIONS

INCLUSIONS:

- Due to the volatility of the current materials market, the prices of materials contained in this contract are those in effect as of 7/26/23; contractor shall not be held to price increases as of the date of effect, plus overhead and profit.
- MRB Contractors will provide detailed Submittals including a Detailed Roof Plan, System Details, Product Data and Safety Data Sheets for all materials that will be used in the installation process.
- MRB Contractors to visually inspect structural decking to determine that it is smooth, straight, and free of irregularities, such as significant deflections in the plane of the deck surface.
- MRB Contractors will provide insurance specific to project.
- Hoisting of materials and necessary equipment required to complete the scope of work.

EXCLUSIONS:

- Any items not clearly stated within this scope are excluded.
- Premium time or overtime unless specifically stated in this proposal.
- Testing of existing roofing materials for asbestos containing materials (ACM) is excluded. If Asbestos testing is required by the local municipality to obtain a permit the asbestos testing will be supplied and paid for by the Owner / General Contractor. The resulting asbestos testing report will be provided to MRB Contractors by the Owner / General Contractor.
- Abatement of ACM materials if present in currently installed roof assemblies.
- Interior protection and/or cleaning of interior contents prior to, during or after roofing operations.
- Modifications/Removal/Reinstallation including but not limited to mechanical, electrical, plumbing, communications or data equipment. Any and all work at these areas is to be the responsibility of the owner unless specifically stated as provided in scope of work.

- Protection or necessary modification of such items as electrical substations, transformers and powerlines shall be the responsibility of the owner in order to provide safe working conditions.
- Any additional work that is required as a result of unforeseen conditions or misrepresentation of information are excluded.
- MRB Contractors **will not** perform an inspection of the structural decking assembly for adequate attachment to substructure, structural load capabilities, relative humidity, moisture content, bracing configurations around roof openings, etc. Owner/General Contractor is responsible for necessary testing and/or inspection. Testing or inspection reports stating the deck assembly acceptance are to be given to MRB Contractors prior to commencing roof installation.
- Bid or Payment and Performance Bonds.

SAFETY

- Site safety set-up shall follow OSHA standards.
- MRB Contractors will conduct a site safety inspection prior to commencement of the project to identify potential areas of hazard and will formulate a site-specific safety plan identifying area of concern. The safety plan will direct necessary means and methods of protection for employees of MRB Contractors as well as surrounding occupants.
- Periodic site safety inspections shall be performed by MRB Contractors certified and dedicated safety personnel to ensure safety plan implementation.

SET-UP | MOBILIZATION | HOISTING

- This proposal was based on all areas of decking to be ready when we arrive on site. If the deck is not ready when we arrive or if we have to pull off the project due to the availability of work area, we will charge an additional mobilization of \$3,750.00 per occurrence.
- Specific location of hoisting equipment shall be determined at time of preconstruction meeting unless stipulated in owner / contractor provided site plan. If no site plan is provided, the most efficient locations for hoisting have been assumed. If, in the event locations that were assumed as “usable” are declared unusable, MRB Contractors reserves the right to update pricing using areas designated by owner as “usable”.
- MRB Contractors will require a clear common path for material deliveries by semi and trailer.
- MRB Contractors will require site space for material, equipment, vehicles, and dumpster storage.

MISCELLANEOUS

- If COVID-19 protocols cause excessive loss to production time, due to site access and COVID-19 meetings, additional monies will be charged to cover loss of production time and additional days will be added to our contract to cover project duration.
- When installing highly reflective (white) roof coverings, construction debris/dust/sediment will leave dirt on the finish cap sheet. MRB Contractors will take care to minimize debris and foot traffic over the new roof covering, but some inherent dirt will remain as a result of the construction process. Post-construction cleaning of the roof covering is not included in this proposal unless specifically stated within the scope of work.
- If this proposal does not clearly state and include the installation of a “full tapered” insulation assembly, ponding water may be present after completion of the roof system. MRB Contractors shall not be held liable to remedy ponding water situations.

- The NRCA defines ponding water as “any ponding water on the roof 48 hours after a rain and during conditions conducive to drying”.
- Certain products utilized in the installation of roofing materials omit odor. Products in this category include, but are not limited to, asphalt, adhesive, primers, etc. Mechanical units, intake vents and other “air-intake” equipment may be required to be shut down by owner during certain times of construction if interior space is sensitive to odors.
- The warranty period will begin from the date of the manufacturer’s acceptance of the roof system. If the warranty period is increased to begin simultaneously with the Certificate of Occupancy an additional inspection will be required by the roofing manufacturer. Any items noted by the roofing manufacturer will be required to be properly repaired. These repairs and inspection fees will be an additional cost to the Owner / Contractor that will be addressed with a change order to the contract.

Payment Terms: 30% upon execution of agreement, 65% through progress payments, and 5% retainage. Contract retainage shall be released in full once the roof system manufacturer has inspected the roof and deemed the work “complete and warrantable”. Payment of invoices shall be due and payable on or before 30 days after date of invoice.

Change Orders to Contract Scope of Work: Change orders, as a result of unforeseen conditions, misrepresentation of information or additions to contracted scope of work shall be charged at cost plus 10% overhead and 10% profit. No work outside of the contracted scope will be completed without written authorization from owner or designated owner representative with authority to approve.

Proposal Expiration Date: Due to volatile pricing in freight, lumber, steel and other common roofing materials, the expiration date of this proposal is 08/26/2023. **If there is an increase in the actual cost of materials charged to the subcontractor in excess of 5 percent subsequent to making this subcontract, the price set forth in this subcontract shall be increased by written consent in the form of a change order.** If this proposal is approved and accepted after its expiration date and receiver of this proposal will not allow for market pricing adjustments via change order, MRB Contractors reserves the right to rescind the proposal in its entirety with no penalties monetarily or otherwise.

Proposal Disclaimer: The scope of work described above, and all items listed within are the extent of this scope of work. In the event you believe additional items should be included but are not described, please contact the estimator for clarification of the specific item and its inclusion/exclusion. If changes are required, a new draft of the proposal will be delivered with items of change noted. Under no circumstance will changes be made after acceptance of the proposal. MRB Contractors shall not be held obligated, financially, or otherwise, for assumptions of inclusions made by the Owner / General Contractor.

Contractor
 MRB Contractors
 By: _____
 Date: _____

Owner

 By: _____
 Date: _____

Casey Sneed, Vice President
 214.770.8697
 casey@mrbcg.com

 Printed Name and Title

BID CHECKLIST

ITB_2023_013

Roof Replacement Road Department

BIDDER NAME: Lewis Walker Roofing, Inc.

- | | |
|---|--|
| 1. COVER PAGE | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 2. ATTACHMENT 1 BID PRICING FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 3. ATTACHMENT 2 SUBCONTRACTOR LIST | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 4. SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 5. NON-COLLUSION AFFIDAVIT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 6. BID SIGNATURE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| a. Missing acknowledgment of Addenda 2. | |
| 7. DRUG-FREE WORK PLACE FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 8. CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 9. VENDOR INFORMATION FORM | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 10. W9 | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 11. CERTIFICATE OF INSURABILITY | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 12. EVIDENCE QUALIFIED TO TRANSACT BUSINESS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 13. COPIES OF AND APPLICABLE/CURRENT LICENSE/CERTS | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 14. ATTENDED PRE-BID MEETING | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

BID PRICE: \$186,526.00

COMPLETION TIME: 14 Days after notice to proceed.

DATE REVIEWED: 7/28/23

REVIEWER NAME: Alicia Tretheway

SIGNATURE: *Alicia Tretheway*



LEVY COUNTY BOARD OF COUNTY COMMISSIONERS
 PROCUREMENT DEPARTMENT
 P.O. BOX 310
 BRONSON, FL 32621
 PHONE: (352) 486-5218 EXT. 2
 FAX: (352) 486-5167
 EMAIL: TRETHEWAY-ALI@LEVYCOUNTY.ORG

COVER PAGE

ITB_2023_013 – ROOF REPLACEMENT LEVY COUNTY ROAD DEPARTMENT

LAST DAY FOR QUESTIONS: 7/20/2023

DUE DATE AND TIME: 7/27/2023, 2:00 P.M. Est.

SUMMARY OF SCOPE: Levy County is seeking bids for the provision of selecting a contractor for construction services to replace the roof at the Levy County Road Department located at 660 North Hathaway Ave, Bronson, FL 32621.

SUBMITTAL OF BID: Levy County only accepts electronic submittals through "E-Bidding" on the DemanStar platform www.DemandStar.com. In order to submit a bid in response to this solicitation the bidder must be registered with DemandStar.

For questions relating to the Bid, contact Ali Tretheway, Procurement Coordinator at tretheway-ali@levycounty.org.

ITEMS THAT MUST BE INCLUDED WITH BID: Submitting an incomplete document may deem the bid non-responsive, causing rejection. Please check each box for each item submitted with bid. Prior to submitting my bid, I have verified that all forms are attached and are considered as part of my bid:

- COVER PAGE
- ATTACHMENT "1" BID PRICING FORM
- ATTACHMENT "2" SUBCONTRACTOR LIST FORM
- SWORN STATEMENT ON PUBLIC ENTITY CRIME FORM
- NON-COLLUSION AFFIDAVIT FORM
- BID SIGNATURE FORM
- DRUG-FREE WORKPLACE FORM
- CONFLICT OF INTEREST DISCLOSURE STATEMENT FORM
- CERTIFICATE OF INSURABILITY – AS NOTED IN PART 2, SUBSECTION 2.11
- EVIDENCE THAT THE BIDDER IS QUALIFIED TO TRANSACT BUSINESS IN THE STATE OF FLORIDA
- COPIES OF ANY APPLICABLE AND CURRENT LICENSE OR CERTIFICATIONS REQUIRED
- VENDOR INFORMATION FORM
- W9

Company Name: Lewis Walker Roofing, Inc
Name: Heather Walker
Address: 1118 S. Marion Ave, Lake City, FL 32025
Mailing Address (if Different): Same
Email Address (Required): RFP@lewiswalkerroofing.com
Telephone: 866-959-7663 **FEIN:** 20-8357503

By signing the form, I acknowledge I have read and understand, and my firm complies with all General Conditions and requirements set forth herein:

SIGNATURE OF AUTHORIZED REPRESENTATIVE: Heather Walker

DATE SUBMITTED: 7/24/2023

ATTACHMENT "1" BID PRICING FORM

The undersigned, as bidder, does hereby declare that he/she has read the Invitation to Bid, Scope of Work, Intent and General Information, General Conditions, Bid Form and Required and Optional Forms, any addenda that may have been issued, and any other documentation required for ITB_2023_013, Roof Replacement Levy County Road Department. Total bid price shall constitute the cost portion of the determination of bid award.

Total bid price to furnish and/or install and/or construct all necessary items and equipment that meet the scope of work and all requirements therefor contained in this Invitation to Bid: **INCLUDES FRONT WORKSPACE.**

\$ 186,526.00

Time for completion of the work bid in the above noted bid price after notice to proceed:

14 Days

Bids shall be firm for the contract period. Please list any substitutions (if any), on a separate page.

Name of Business: Lewis Walker Roofing, Inc

Contact Person: Gary Roshy

Email Address: groshy@lewiswalkerroofing.com

Phone Number: 386-984-5015

Date: 7/24/2023

Authorized Signature: *Lewis Walker*

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

ATTACHMENT "2" SUBCONTRACTOR LIST

The following subcontractors will be used for the Levy County Road Department Roof Replacement project. If bidder does not have a subcontractor or subcontractors, insert "To be Determined." when a source or subcontractor is determined, selection will be subject to County approval. If not applicable, state N/A.

Subcontractor(s): **NONE**

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Name of Firm Submitting Bid: Lewis Walker Roofing, Inc

OR

Name of Person Submitting Bid: HEATHER WALKER

Authorized Signature: *Heather Walker*

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

SWORN STATEMENT ON PUBLIC ENTITY CRIME

Sworn Statement Pursuant to Section 287.133(3)(a), Florida Statutes on Public Entity Crime

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 Levy County

By Cheyenne Walker, President
(Print this individuals name and title)

For Lewis Walker Roofing, Inc
(Print name of entity submitting statements)

Whose business address is 1118 S Marion Ave; Lake City, FL 32056

and if applicable whose Federal Employer Identification Number (FEIN) is 20-8357503.

If the entity has no FEIN, include 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)(a), Florida Statutes, mean violation of any state or federal law by a person with respect to and directly related to the transactions of business with any public entity or with an agency or political subdivision of any other state or with the United States including, but not limited to any bid or contract for goods or services to be provided to any public entity or any agency or political subdivision of any other state or the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or conviction of a public entity crime, with or without 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, nonjury 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 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, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

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

Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in the management of the entity, or any affiliate of the entity has been charged with and convicted of a public entity crime within the past 36 months.

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 within the past 36 months AND (Please indicate which additional statement applies).

The entity submitting the 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 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 within the past 36 months. However, there has been a subsequent proceeding before a Hearing Officers of the State of Florida, Division of Administrative Hearings and the Final Order by the Hearing Officer determined that it was not in the public interest place the entity submitting this sworn statement on the convicted vendor list. (Attached is 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 (ONE) ABOVE IS FOR THE PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED AND FOR THE PERIOD OF THE CONTRACT ENTERED INTO, WHICHEVER PERIOD IS LONGER. 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.

Heather Walker

(Signature)

State of FL

County of Columbia

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 24 day of July, 2023, by Heather Walker (name), as President (title) for Lewis Walker Roofing, Inc (name of bidder) Personally known OR Produced Identification (type of identification).

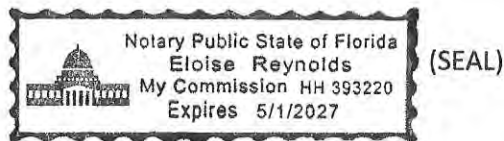
Eloise Reynolds

(Signature) Notary Public

Eloise Reynolds

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 5/1/2027



THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

NON-COLLUSION AFFIDAVIT

I, Heather Walker of the County of Columbia

According to law on my oath, and under penalty of perjury, depose and say that:

- 1. I am President of the firm of Lewis Walker Roofing, Inc providing that I executed the said bid with full authority to do so.
- 2. This response has been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to qualifications or responses of any other responder to induce any other person, partnership or corporation to submit, or not to submit, a response for the purpose of restricting competition;
- 3. The statements contained in this affidavit are true and correct, and made with full knowledge that Levy County relies upon the truth of the statements contained in this affidavit in awarding contracts for any services resulting from this ITB for said project.

Heather Walker

7/24/2023

(Signature of Proposer Representative)

(Date)

State of FL

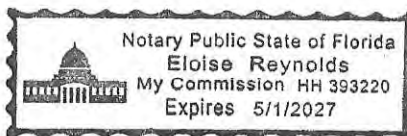
County of Columbia

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 24 day of July, 2023, by Heather Walker (name), as President (title) for Lewis Walker Roofing, Inc (name of bidder).
 Personally known OR Produced Identification (type of identification).

Eloise Reynolds

(Signature) Notary Public

Eloise Reynolds



(SEAL)

(Printed, typed or stamped commissioned name of notary public)

My Commission expires 5/1/2027

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

BID SIGNATURE FORM

The undersigned attests to his/her authority to submit this bid and to bind the entity/firm herein named to perform in accordance with an agreement entered into with the County, if the entity/firm is awarded the agreement by the County. The undersigned further certifies that he/she has read the entire Invitation to Bid package, and any other documentation relating to the Invitation to Bid, and that this bid is submitted with full knowledge and understanding of the requirements and time constraints noted herein, and that the prices bid herein are guaranteed for a period of ninety (90) days following the due date for bids.

Type of Organization (please check one):

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION
- JOINT VENTURE
- LLC

Firm Name: Lewis Walker Roofing, Inc

Home Office Address: 1118 S Marion Ave

City, State, Zip: Lake City, FL 32025

Address (Servicing Levy County if Different from Above): _____

Name/Title of Levy County Representative (Bidder): _____

Email: RFP@lewiswalkerroofing.com

Telephone: 866-959-7663 Fax: 386-719-4472

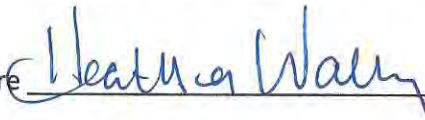
Signature: _____ Date: 7/24/2023

Is Bidder a small or minority business, women’s business enterprise, or labor surplus area firm? Yes No

As addenda are considered binding as if contained in the original Invitation to Bid, it is critical each Bidder acknowledge receipt of same. The submittal may be considered void if receipt of addendum is not acknowledged.

Receipt of Addenda Acknowledged:

Addendum No. 1 Dated 7/21/2023

Signature 

Addendum No. _____ Dated _____

Signature _____

Addendum No. _____ Dated _____

Signature _____

Addendum No. _____ Dated _____

Signature _____

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

DRUG-FREE WORKPLACE FORM

The undersigned Bidder in accordance with Section 287.087, Florida Statutes hereby certifies that the Bidder Lewis Walker Roofing, Inc (name of firm or individual) does:

1. Publish a statement notifying employees that the unlawful manufacture, distributions, 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.
2. 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.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), 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 or of any controlled substance law of the United State or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. 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.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Name of Bidder: Heather Walker

Signature: 

Title: President

Date: 7/24/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT

The award hereunder is subject to the provisions of Chapter 112, Florida Statutes. All bidders must disclose with their bids whether any officer, director, employee or agent is also an officer or an employee of the Board of County Commissioners. All bidders must disclose whether any officer, partner, director or proprietor is the spouse or child of one of the members of the Board of County Commissioners. All bidders must disclose the name of any County officer or employee who owns, directly or indirectly, an interest of five percent (5%) or more in the firm or any of its branches or affiliates. All bidders must also disclose the name of any employee, agent lobbyist, previous employee of the Board, or other person, who has received or will receive compensation of any kind in connection with the response to this ITB. All bidders are also required to include a disclosure statement of any potential conflict of interest that the bidder may have due to other clients, contracts, or interest associated with the performance of services under this ITB and any resulting agreement. Use additional sheets if necessary.

Names of Officer, Director, Employee or Agent that is also an Employee of the Board:

Names of Officer, Partner, Director or Proprietor who is spouse or child of Board Member:

Names of County Officer or Employee that owns five percent (5%) or more in Bidders Firm:

Names of applicable person(s) who have received compensation:

Description of potential conflict(s) with other clients, contracts or interests:

None of the above applicable:

Signature: Heather Walker

Printed Name: Heather Walker

Bidder Name: Lewis Walker Roofing, Inc

Date: 7/24/2023

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

VENDOR INFORMATION FORM

DATE: 7/24/2023

COMPANY NAME: Lewis Walker Roofing, Inc

PHYSICAL ADDRESS: 1118 S. Marion Ave, Lake City, FL 2025

MAILING ADDRESS: Same

CITY: Lake City STATE: FL ZIP: 32025

TELEPHONE NUMBER: 866-959-7663

FAX NUMBER: 386-719-4472

TOLL FREE NUMBER: 866-959-7663

EMAIL: RFP@lewiswalkerroofing.com

FEID NUMBER: 20-8357503 OR SSN: _____

CONTACT PERSON: Cheyenne Walker

TITLE: President

CONTACT NUMBER: 866-959-7663

The information requested above is necessary to update our files or to add your name to the County’s vendor list. You are a vital part of the operation of Levy County and we want to thank you for your support. The information on this form will allow us to pay you for the goods and/or services we have received in a timely manner and give us the ability to contact the necessary person in case there is a problem or question in processing.

THIS DOCUMENT MUST BE COMPLETED AND RETURNED WITH YOUR SUBMITTAL

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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

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

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
 Other (see instructions) ▶ _____
 C Corporation S Corporation Partnership Trust/estate

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.)
PO Box 2147

6 City, state, and ZIP code
LAke City, FL 32056

7 List account number(s) here (optional)

Requester's name and address (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

2	0	-	8	3	5	7	5	0	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:

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

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Heather C Walker*

Date ▶ **9/20/2022**

General Instructions

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

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

Purpose of Form

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

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

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

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

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

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



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

WALKER, LEWIS G

LEWIS WALKER ROOFING INC
1118 SOUTH MARION AVENUE
LAKE CITY FL 32025

LICENSE NUMBER: CCC1333551

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at 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.





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Florida Profit Corporation

LEWIS WALKER ROOFING INC

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Principal Address

1118 South Marion Avenue
Lake City, FL 32025

Changed: 03/07/2022

Mailing Address

PO BOX 2147
LAKE CITY, FL 32056

Changed: 08/11/2016

Registered Agent Name & Address WALKER, HEATHER

1118 South Marion Avenue

Lake City, FL 32025

Address Changed: 03/07/2022

Officer/Director Detail Name & Address

Title VP

WALKER, LEWIS

PO BOX 2147

LAKE CITY, FL 32056

Title President

WALKER, HEATHER

PO BOX 2147

LAKE CITY, FL 32056

Annual Reports