BIDDER CHECKLIST (INCLUDE THIS LIST W/SUBMITTAL) ATTACHMENTS TO BE COMPLETED AND RETURNED WITH BID

SEALED RFB ENVELOPE LABEL

p____



ATTACHMENT 1: Insurance Requirements and Acknowledgement (page 48 acknowledgement to be submitted) ATTACHMENT 2: Excel Tabulation Price Sheet (must complete and Submit in excel format

on USB DRIVE). DO NOT RECREATE THIS FORM. ATTACHMENT 3: Bid Form ATTACHMENT 4: Statement of Organization ATTACHMENT 5: Addenda and Bond Form ATTACHMENT 6: Equipment and Source of Supply/Subcontractor List

ATTACHMENT 7: Qualifications and References

ATTACHMENT 8: Non-Collusive Affidavit

ATTACHMENT 9: Conflict of Interest

ATTACHMENT 10: Public Entity Crime Information

ATTACHMENT 11: Drug-Free Workplace Form

ATTACHMENT 12: Affidavit Claiming Status as a Local Business or North Port Local

Business Status (If not claiming, state N/A)

ATTACHMENT 13: Sworn Statement: The Florida Trench Safety Act

ATTACHMENT 14: Scrutinized Company Certification Form

ATTACHMENT 15: Lobbying Certification

ATTACHMENT 16: Vendor's Certification For E-Verify System

ATTACHMENT 17: Bid Bond (Must use this form and attach with Bid submittal)

ATTACHMENT 18: Performance and Payment Bond (AWARDED VENDOR MUST USE THIS FORM)

"SAMPLE" RFB CONTRACT – SUBJECT TO CHANGE

AWARDED VENDOR

DO NOT SUBMIT

ENVELOPES/PACKAGES MUST BE MARKED "<u>SEALED BID ENVELOPE LABEL BELOW (NEXT PAGE)</u>".

PLEASE NOTE: Courier Packages (FedEx, UPS, etc.) shall be clearly marked.

If not using label provided on the next page, please include the following on the outside envelope: COMPANY NAME, RFB #, RFB TITLE, DATE DUE, TIME DUE, SUBMITTED BY, NAME OF COMPANY, E-MAIL ADDRESS, TELEPHONE.

Date: Signed (Person authorized to bind the company): Name (printed): Laura J. Pager Owner, President Title:

CITY OF NORTH PORT '22MAR25pk12:29 PURCHASING DIVISION

8. Certificates of Insurance Evidencing Claims Made or Occurrences form coverage and conditions to this Contract, as well as the contract number and description of work, are to be furnished to the City's Purchasing Office (4970 City Hall Boulevard, Suite 337, North Port, FL 34286) prior to commencement of work AND a minimum of thirty (30) calendar days prior to expiration of the insurance contract when applicable. All insurance certificates shall be received by the City's Purchasing Office before the Contractor will be allowed to commence or continue work. The Certificate of Insurance issued by the underwriting department of the insurance carrier shall certify compliance with the insurance requirements provided herein.

<u>Bidders should carefully review their existing insurances and consider their ability to meet these requirements</u> prior to submission. The requirements should be forwarded to their agent, broker, and insurance providers for review

Unless otherwise specified, it shall be the responsibility of the contractor to ensure that all subcontractors comply with the same insurance requirements spelled out above.

All certificates of insurance must be on file with and approved by the City of North Port Risk Division before the commencement of any work activities.

Bidder Statement:

We understand the requirements requested and agree to fully comply.

BIDDER'S NAME TITLE	Laura J.	Pager	TITLE	President	
AUTHORIZED SIGNATUR	E DATE	Lun	Reall	DATE	03/25/2022

ATTACHMENT 3: BID FORM

Name of Bidder/Comp	any Name: Gale Construction Company
Business Address:	4373 Library Street
City/State/Zip Code:	Port Charlotte, Florida 33948
Bidder/Company Telep	bhone Number:
E-mail Address:	lpager@galeconstructioncompany.com
Contractor License #:	CGC1531873
FEID #: 36-408	5473

To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned Bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the place where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expendable equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in a workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the plans and specifications and other Contract documents for the prices hereinafter set forth.

The undersigned, as Bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Attachments, Exhibits, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: *RFB 2022-23 MYAKKAHATCHEE CREEK GREENWAY TRAIL* and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price line items as indicated on the bid schedule form(s) submitted. The above specified documents are herein incorporated into the BidForm.

The undersigned as Bidder, declares that the only persons or parties interested in this submittal as principals are those named herein: that this submittal is made without collusion with any person, firm, or corporation: and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents and that he/she will accept in full payment thereof the following prices, to wit:

PROJECT TOTAL:	BASE BID:		
One million, nine hu	ndred eight thousand, eight hundred twelve dollars and .07/cents	\$ 1,908,812.07	

BASE BID with Alternate:

Two million, three hundred thirty-eight thousand dollars and .09/cents \$2,338,000.09

Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than **NINETY (90) DAYS** from the date of the official bid opening.

Date:	03/25/2022		1
Signed (Per	son authorized to b	ind the	
company):	Name (printed):	Laura J. Pager	Title: President

ATTACHMENT 4:

STATEMENT OF ORGANIZATION

The following information will be provided to the City of North Port for incorporation in legal documents. It is, therefore, vital all information is accurate and complete. Please be certain all spelling, and capitalization is exactly as registered with the state or federal government.

Company Name	Gale Construction Com	pany			-
815-722-4253	lpager@galeconstructionco	mpany.com	815-72	2-1053	
Telephone #	E-Mail	Fax	c #		
	cson Street, Suite 230				
Main Office Address Joliet	IL	6043	32		-
City	State	Zip	Code		
Address of Office Serv	icing City of North Port, if diff	erent than above:	_ SAME A	AS ABOVE	
4373 Library	Street				-
Office Address Port Charle	otteFL	339	48		_
City 815-722-4253	State lpager@galeconstruction	•	Code 815-72	2-1053	
Telephone # Laur	E-mail a J. Pager, President	Fax	c #		•
Name & Title of Firm					
Federal Identification	Number: 36-4085473	3			-
Bidder shall submit pr law.	oof that it is authorized to do	business in the State	e of Florid	a unless registration is not	req
		(Please Che	eck One)		
Is this a Florida	Corporation:	Yes	or	<u> </u>	
If not a Florida (Corporation,				
In what	state was it created:	Illinois			_
Name as	s spelled in that State:	Gale Con	struction	Company of Illinois	_
What kind of co	rporation is it:	X_"For Pr	ofit" or	"Not for Profit"	
Is it in good star	nding:	<u> </u>	or	No	
Authorized to tr	ansact business in Florida:	<u> </u>	or	No	
State of Florida	Department of State Certificat	e of Authority Docum	ent No.:	CGC1531873	-
Does it use a re	gistered fictitious name:	Yes	or	<u> X </u> No	

4

Names of Officers:				
President:Laura J.	Pager	Secretary: Lau	ra J. Pager	
Sr. Vice President:		Treasurer: Laura J. F	Pager	_
Director: Laura J. Pag	jer, Sole Director	Director:		
Other:	Other:		Name of Corpo	oration
(As used in Florida):				
Gale Construction Company of	of Illinois dba Gale Co	nstruction Company		
(Spelled exactly	as it is registered with	h the state or federa	l government)	
Corporate Address:				
Post Office Box:				
City, State Zip:		IL 60432		
Street Address:		Jackson Street, Suite	e 230	
City, State, Zip:	Joliet	t, IL 60432		
STATE OF FLORIDA				
COUNTY OF Orange				
Sworn to (or affirmed) and sub	oscribed before me by	means of 🗆 physica	presence or 🖵 or	line notarization, this
24 day of	20, byaura_	l Pager'		
		nA		
		Notary Public – Sta	te of Florida	
		Matthew K. Howa	1	
Personally Known N/A OR P	roduced Identificatior	1 <u>X</u>	ARY PU	MATTHEW K. HOWARD
Type of Identification Produced				Notary Public - State of Florida
Notarized online using aud	io-video communicatio	on	ST OF FLO	Commission # HH 192467 Expires on October 28, 2025
Date: 03/25/2022			1	
Signed (Person authorized to bin	nd the company):	<u>ura J Po</u>	lger	
Name (printed): Luara J. Pag		Title:	President	

ATTACHMENT 5:

ADDENDA AND BOND INFORMATION

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the bid price.

Addendum No.	001	Dated	03/11/2022	Addendum No.	Dated	
Addendum No.	002	Dated	03/14/2022	Addendum No.	Dated	
Addendum No.	003	Dated	03/15/2022	Addendum No.	Dated	
Addendum No.	004	Dated	03/16/2022	Addendum No.	Dated	

BID BOND AND PERFORMANCE/PAYMENT BOND (SEE ATTACHMENTS 17 & 18)

BID BOND: ACCOMPANYING THIS PROPOSAL IS Bid Bond

(insert: "cash", "Bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total amount of the bid, payable to the <u>City of North Port</u>. Cashier's checks will be returned to all Bidders after award of bid. If supplying a bid bond please use the attached bid bond form. Note: Failure to submit a bid bond will be cause for rejection ofbid.

The undersigned deposits the above-named security as a proposal guarantee and agrees that it shall be forfeited to the City as liquidated damages in case this proposal is accepted by the City and the undersigned fails to execute a Contract with the City as specified in the Contract documents accompanied by the required labor and material and faithful performance bonds with sureties satisfactory to the City, and accompanied by the required certificates of insurance coverage. Should the City be required to engage the services of an attorney in connection with the enforcement of this bid, Bidder promises to pay City's reasonable attorneys' fees incurred with or without suit.

The undersigned agrees, if awarded this bid, to furnish a **PERFORMANCE AND PAYMENT BOND** in the amount of 100% of the total project price within ten (10) calendar days after notification of award to the Purchasing Department. The undersigned shall be responsible and bear all costs associated to record Performance and Payment Bond with Sarasota County Clerk's Office. Receipt of said recording and a certified copy of the Bond shall be furnished to the Purchasing Division at the time of the pre-construction meeting.

All Contract documents (i.e.: performance and payment bond, cashier's check, bid bond) shall be in the name of "City of North Port".

Date:	03/25/2022	/			
Signed (Person d	nuthorized to bind the company): _	Alla	110	1111	
Name (printed):	Laura J. Pager			President	

ATTACHMENT 6:

EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: _____Lake Okeechobee

Please make sure your list of equipment contains the following: Description of equipment, inclusive of manufacturer, year and condition.

List the condition of equipment/vehicles utilized for this project in accordance with the following scale: **1-Excellent: 2-Good: 3-Fair: 4-Poor.** (Attach additional sheets, if required.)

	Description Track Excavator	Manufacturer Kobelco Mfg.	Year 2004	Condition 2	Leased/Owned Owned
1.	Track Loader T650	Bobcat Mfg.	2016	1	Owned
-	Ambush Hogger 60" Hydraulic Cutter	Hogger Inc.	1997	2	Owned
2.	Roller Compactor H235	HAMM Mfg.	2020	1	Owned
	Mule UTV	Kawasaki	2004	2	Owned
3.	Farm Tractor F2120	Ford Mfg.	1997	2	Owned

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **RFB NO. 2022-23 Myakkahatchee Creek Greenway Trail.** If Bidder does not have a source of supply or subcontractor, insert "to be determined". When a source or subcontractor is determined, selection will be subject to City approval. (If not applicable, state N/A).

SUBCONTRACTOR(S)

(PLEASE INCLUDE ADDRESS/TELEPHONE NUMBER & E-MAIL)

1.	Northport Sealcoating Inc. 4993 Beckham St., North Port, FL 34288 941-961-5895 northportsealcoating@outlook.com
2.	AIM Engineering & Survey Inc. 2161 Fowler St., Suite 100, Fort Myers, FL 33901 239-332-4569 cphillips@aimengr.com Earth Balance Inc., 2570 Commerce Pkwy., North Port, FL 34289 941-426-7878 ahalstead@earthbalance.com
3	Signal Technology Inc. 3500 Park Central Blvd. N., Pompano Beach, FL 33064 954-327-2424 jmader@sti-fl.com ECS Florida LLC 13850 Treeline Ave., Suite 4, Fort Myers, FL 33913 239-236-7511 mszelest@ecslimited.com
	<u>SUPPLIER(S)</u>
1	Deck & Dock Lumber Co., St. Petersburg, FL Statewide Materials Inc. for aggregate, riprap
2	Southern Pine Lumber Co., Ft. Myers, FL
3	County Materials Inc. for RCP Rinker Materials Inc. for mitered end sections
Date:	03/25/2022
Signe	d (Person authorized to bind the company):
Name	e (printed): Laura J. Pager Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 7: QUALIFICATIONS AND REFERENCES

Prime bidder must be fully licensed to do business in the State of Florida and be currently licensed as a Certified General Contractor in the State of Florida and provide proof of licensure with the submitted Bid Proposal. Contractor shall submit a minimum of three (3) recent (within the past five years) references of projects of similar size and scope involving paving, stormwater system improvements and all associated testing, miscellaneous work, restoration, and clean-up. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date.

1. Business/Customer Name: Army Corp of Engineers, Baltimore District
Name of Contact Person/Title: Laura Wade, Contracting Officer
Telephone#FaxE-maillaura.a.wade@usace.army.mil
AddressBaltimore MD
Phone Number
Duration of Contract or business relationship 2 1/2 yrs
Type of Services Provided Design build for 3000 ft of stream restoration and aquatic habitat improvements of watershed
Contract Period: FROM Sept 2018 TO December 2020
Contract Price \$2,150,969.00 Contract Price at Completion of the Project \$2,150,969.00
2. Business/Customer Name: Army Corp of Engineers, St. Louis District
Name of Contact Person/Title: Caleb Linton
Telephone# 636-358-6842 Fax E-mail_caleb.s.linton@usace.army.mil
AddressSt. Charles County, Mo
Phone Number636-358-6842
Duration of Contract or business relationship6 months
Type of Services Provided erosion repairs, embankment construction, cofferdam construction
Contract Period: FROM May 2020 TO November 2020
Contract Price \$_1,209,744.00 Contract Price at Completion of the Project \$_1,363,359.96
Date:03/25/2022
Signed (Person authorized to bind the company):
Name (printed): Laura J. Pager Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

3. Business/Customer Name: US Army Corp of Engineers, Rock Island District
Name of Contact Person/Title:Michael Edwards, ACO
Telephone#FaxE-mail
AddressClock tower Place, Rock Island, IL
Contract Period: FROM June 2018 TO July 2019
Contract Price \$ 1,829,254.00 Contract Price at Completion of the Project \$ 1,829,254.00
Phone Number
Duration of Contract or business relationship13 Months
Type of Services ProvidedAsphalt paving, building construction, power generator installation, electric HVAC and MEC
4. Business/Customer Name: US Army Corp of Engineers
Name of Contact Person/Title:Michael Edwards, ACO
Telephone# <u>309-676-4601</u> FaxE-mail <u>michael.w.edwards@usace.army.mil</u>
AddressClock Tower place, Rock Island, IL
Phone Number
Duration of Contract or business relationship15 months
Type of Services ProvidedIllinois River Levee erosion repairs, , clearing & grubbing, geotextile, rip rap and bedding placement
Contract Period: FROM July 2019 TO November 2021
Contract Price \$,774,450.00 Contract Price at Completion of the Project \$,1,774,450.00
Date: 03/25/2022
Signed (Person authorized to bind the company):
Name (printed): Laura J. Pager Title: President

ATTACHMENT 8:

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of ______

Before me, the undersigned authority, personally appeared:

Laura J. Pager who, being first duly sworn, deposes and says that:

1. He/She is the Owner (Owner, Partner, Officer, Representative or Agent) of Gale Construction Company , the Respondent that has submitted the attached reply:

2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply:

3. Such reply is genuine and is not a collusive or sham reply:

4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted: or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any respondent, firm, or person to fix the price or prices in the attached reply or of any other respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this24	day of, 202
	By: Laura J. Pager
	(Printed Name)
	President
	(Title)
STATE OF FLORIDA	

STATE OF FLORIDA

COUNTY OF ORANGE

Sworn to (or affirmed) and subscribed before me by means of N/A physical presence or χ online notarization, this 24 day of _____ MARCH_ 20___22, by ____ Laura J. Pager____.

Notary Public - State of Florida

Matthew K. Howard

Personally Known <u>N/A</u> OR Produced Identification <u>X</u> Type of Identification Produced <u>ILLINOIS DRIVER LICENSE</u>

THIS PAGE MUST BE COMPLETED AND SUBMITTED



MATTHEW K. HOWARD Notary Public - State of Florida

Commission # HH 192467 Expires on October 28, 2025

Notarized online using audio-video communication

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ATTACHMENT 9: CONFLICT OF INTEREST FORM

F.S. §112.313 places limitations on public officers (including advisory board members) and employees' ability to Contract with the City either directly or indirectly. Therefore, please indicate if the following applies:

	am an employee, public officer or advisory board member of the City
	(List Position Or I
I	am the spouse or child of an employee, public officer or advisory board member of the City
Name: _	
dire or i	n employee, public officer or advisory board member of the City, or their spouse or child, is an officer, pa ector, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means ndirect ownership of more than 5 percent of the total assets or capital stock of any business entity. F poses of [§112.313], indirect ownership does not include ownership by a spouse or minor child.
Name:	
	Respondent employs or Contracts with an employee, public officer or advisory board member of the C
Name: _	None of The Above
Name: _	
Name:	None of The Above
Name: PART II: I	None of The Above Are you going to request an advisory board member waiver? will request an advisory board member waiver under§112.313(12) will NOT request an advisory board member waiver under§112.313(12)

Date:	03/25/2022	
Signed (Pers	son authorized to bind the company):	_ leuf l'égh
Name (print	ted): Laura J. Pager	Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 10: PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, 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 on a Contract to provide any goods or services to a public entity, may not submit a bid on a Contract with a public entity for the construction or repair of a public building or public work, may not submit bids 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 Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

Gale Construction Company , Located at: 4373 Library Street City: Port Charlotte State: Florida Zip Code: 33948 , have read and understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133. Signature:
Located at: 4373 Library Street City: Port Charlotte State: Florida Zip Code: 33948 , have read and understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133. Signature:
understand the contents above. I further certify that Respondent is not disqualified from replying to this solicitation because of F.S. §287.133. Signature: Date:03/25/2022 Telephone #:815-722-4253 Fax #:815-722-1053 Federal ID #:36-4085473 E-mail: Ipager@galeconstructioncompany.com State ofIllinois County of STATE OF FLORIDA COUNTY OFOrange Sworn to (or affirmed) and subscribed before me by means of N/Aphysical presence orX online notarization,
solicitation because of F.S. §287.133. Signature: Date:03/25/2022 Telephone #:815-722-4253 Fax #:815-722-1053 Federal ID #:36-4085473 E-mail: _lpager@galeconstructioncompany.com State ofIllinois County ofWill STATE OF FLORIDA COUNTY OFOrange Sworn to (or affirmed) and subscribed before me by means of N/Aphysical presence orX online notarization,
Signature: Date: 03/25/2022 Telephone #: 815-722-4253 Fax #: 815-722-1053 Federal ID #: 36-4085473 E-mail: lpager@galeconstructioncompany.com State of Illinois County of Will STATE OF FLORIDA COUNTY OFOrange Sworn to (or affirmed) and subscribed before me by means of N/A physical presence or online notarization,
Telephone #: 815-722-4253 Fax #: 815-722-1053 Federal ID #: 36-4085473 E-mail: Ipager@galeconstructioncompany.com State of Illinois County of Will STATE OF FLORIDA COUNTY OF Orange Sworn to (or affirmed) and subscribed before me by means of N/A physical presence orX online notarization,
Telephone #: 815-722-4253 Fax #: 815-722-1053 Federal ID #: 36-4085473 E-mail: Ipager@galeconstructioncompany.com State of Illinois County of Will STATE OF FLORIDA COUNTY OF Orange Sworn to (or affirmed) and subscribed before me by means of N/A physical presence orX online notarization,
Federal ID #: 36-4085473 State of Illinois County of Will STATE OF FLORIDA COUNTY OFOrange Sworn to (or affirmed) and subscribed before me by means of N/A physical presence or online notarization,
County of
STATE OF FLORIDA COUNTY OF <u>Orange</u> Sworn to (or affirmed) and subscribed before me by means of <u>N/A</u> physical presence or <u>X</u> online notarization,
COUNTY OF <u>Orange</u> Sworn to (or affirmed) and subscribed before me by means of N/A physical presence or <u>X</u> online notarization,
COUNTY OF <u>Orange</u> Sworn to (or affirmed) and subscribed before me by means of N/A physical presence or <u>X</u> online notarization,
Sworn to (or affirmed) and subscribed before me by means of $_{\rm N/A}$ physical presence orX online notarization,
• • •
Notary Public State of Florida
Personally Known <u>N/A</u> OR Produced Identification <u>X</u> Matthew K. Howard Type of Identification Produced <u>DRIVER LICENSE</u>
Date: 03/24/2022
Signed (Person authorized to bind the company): <u>Laura J Pager</u>
Name (printed):Laura J. PagerTitle:President

ATTACHMENT 11: DRUG-FREE WORKPLACE FORM

 The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies

 that:
 Gale Construction Company

 (Company Name) does:

- 1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 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 States 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 Respondent complies fully with the above requirements.

Check one:

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

_____As the person authorized to sign this statement, this firm **does not** comply fully with the above requirements.

Signature Laura J. Pager Print Name 03/25/2022 Date

NOT APPLICABLE

ATTACHMENT 12:

AFFIDAVIT

Claiming Status as a LOCAL BUSINESS

CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS

State of	
County of	
Before me, the undersigned authority, personally appeared:	
who, being first duly sworn, deposes and says that:	
1. I am the	(Owner, Partner, Officer, Representative or Agent) of_
, the Bidder that has	submitted the attached proposal:
AND	
2. I am fully informed respecting the operation and employees of	of the Bidder:

AND

3. I affirm that the Bidder has maintained a physical business address located within the limits of Sarasota County, Charlotte County or Desoto County for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is:

AND

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the Bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the Bidder's submission being deemed non-responsive.

Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City Contracts for a period of three (3) years.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of ______ 20_____, by ______.

Notary Public – State of Florida

Personally Known OR Produced Identification _____

Type of Identification Produced

This page to be returned ONLY if Contractor is claiming a Local Business Status.

NOT APPLICABLE

AFFIDAVIT

Claiming Status as a North Port Local Business

CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM NORTH PORT BUSINESS STATUS

County of _____

Before me, the undersigned authority, personally appeared: ______

who, being first duly sworn, deposes and says that:

1. I am the ______ (Owner, Partner, Officer, Representative or Agent) of ______, the Bidder that has submitted the attached bid:

AND

2. I am fully informed respecting the operation and employees of the Bidder:

AND

3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is

AND

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port.

If requested by the City, the Bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the Bidder's submission being deemed non-responsive.

Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City Contracts for a period of three (3) years.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of ____ physical presence or ____ online notarization, this ____ day of ______.

Notary Public – State of Florida

Personally Known _____ OR Produced Identification _____ Type of Identification Produced

This page to be returned ONLY if Contractor is claiming a North Port Local Business Status.

ATTACHMENT 13:

SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT (If applicable)

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BY AN OFFICER AUTHORIZED TO ADMINISTER OATHS.

- 1. This Sworn Statement is submitted with Bid No. 2022-23 for the construction of the Myakkahatchee Creek Greenway Trail.
- 2. This Sworn Statement is submitted by <u>Gale Construction Company</u> whose business address is <u>4373 Library Street, Port Charlotte, FL 33948</u> and (if applicable) its Federal Employer Identification Number (FEIN) is <u>36-4085473</u>.

3. My name is ______ Laura J. Pager (PRINTED OR TYPED NAME OF INDIVIDUAL SIGNING) and hold the position of <u>President</u> with the above entity.

- 4. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.
- 5. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the County and ENGINEER, and any of their agents or employees from any claims arising from the failure to comply with said standard.
- 6. The undersigned has appropriated \$___480.00 per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: Trench Box Rental Method
- 7. The undersigned has appropriated \$ 452.05 per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures: Slope or Benching Method
- 8. The undersigned, in submitting this Bid, represents that he or she has reviewed and considered all available geotechnical information and made such other investigations and tests as he or she may deem necessary to adequately design the trench safety system(s) he or she will utilize on this Project.

STATE OF FLORIDA

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me by means of N/Aphysical presence or X online notarization,

20 22, by Laura I Pager this 24 day of March Signature

Notary Public - State of Florida



Personally Known $_{N/A}$ OR Produced Identification $_{X}^{Matthew K. Howard}$



ATTACHMENT 14:

Scrutinized Company Certification Form

Company Name: Gale Construction	1 Company
Authorized Representative Name and Title:	Laura J. Pager, President
Address: _ 4373 Library Street	City:Port Charlotte State:FloridaZIP:33948
Phone Number: 815-722-4253	Email Address: lpager@galeconstructioncompany.com

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a Contract with the City of North Port for goods or services of any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such Contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Florida Statutes, section 215.4725, or is engaged in a boycott of Israel.

A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a Contract with the City of North Port for goods or services of \$1 million or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such Contract, the company is on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Florida Statutes, section 215.473, or with companies engaged in business operations in Cuba or Syria.

CHOOSE ONE OF THE FOLLOWING

This bid, proposal, Contract or Contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel.

This bid, proposal, Contract or Contract renewal is for goods or services of \$1 million or more. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and it does not have business operations in Cuba or Syria.

I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the Contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs.

Certified By:	
AUTHORIZE	D REPRESENTATIVE SIGNATURE
Print Name and Title:	Laura J. Pager, President
Date Certified:	03/25/2022

Solicitation/Contract/PO Number (Completed by Purchasing): _

ATTACHMENT 15:

LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":

STATE OF _____ELORIDA____

COUNTY OF ORANGE

__, being first duly sworn, deposes and says that he or she of 2022 This 24 day March is the authorized representative of Gale Construction Company (Name of the Contractor, firm or individual), and that the vendor and any of its agents agree to have no contact or communication with, or discuss any matter related in any way to any active City of North Port solicitation, with any City of North Port elected officials, officers, their appointees or their agents or any other staff or outside individuals working with the City in respect to this request other than the designated Procurement Official Contact and to abide by the restrictions outlined in the General Terms and Conditions of the Solicitation. Technical questions directed to the project manager, is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any questions for bid, proposal, qualification and/or any other solicitations released by the City. To do so is grounds for immediate disqualification from the selection process. The selection process is not considered final until such a tome as the Commission has made a final and conclusive determination.

(a) No City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence either directly or indirectly an officer or employee of the City, City Commission in connection with the awarding of any City Contract.

(b) If any funds other than City appropriated funds have been paid or will be paid to any person for influencing or attempting to influence a member of City Commission or an officer or employee of the City in connection with this Contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report Lobbying", in accordance with its instructions.

Signed, sealed and delivered this	da		, 2022. Signature Laura J. Pager (Printed Name) President (Title)	<u>] Pag</u> er	
STATE OF FLORIDA					
COUNTY OF					
Sworn to (or affirmed) and subscribed l day of <u>March</u> 20 <u>2</u> , by		f_ <u>N/A</u> physical : 	presence or \underline{X}	online notarizatio	1, this <u>24</u> _
Personally Known <u>N/A</u> OR Produced Ic Type of Identification Produced <u>DRIV</u>	lentificationX ER LICENSE Notarized online u	sing audio-vid	oward eo communicatio	on	MATTHEW K. HOWARD Notary Public - State of Florida Commission # HH 192467 Expires on October 28, 2025
тні	S PAGE MUST BE CON	APLETED AND S	UBMITTED		

ATTACHMENT 16:

VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

The undersigned Vendor/Consultant/Contractor (Vendor), after being duly sworn, states the following:

- 1. Vendor is a person or entity that has entered into or is attempting to enter into a contract with the City of North Port (City) to provide labor, supplies, or services to the City in exchange for salary, wages or other renumeration.
- 2. Vendor has registered with and will use the E-Verify System of the United States Department of Homeland Security to verify the employment eligibility of:
 - a. All persons newly hired by the Vendor to perform employment duties within Florida during the term of the contract; and
 - b. All persons, including sub-contractors, sub-vendors or sub-consultants, assigned by the Vendor to perform work pursuant to the contract with the City.
- 3. If the Vendor becomes the successful Contractor who enters into a contract with the City, then the Vendor will comply with the requirements of Section 448.095, Fla. Stat. "Employment Eligibility", as amended from time to time.
- 4. Vendor will obtain an affidavit from all subcontractors attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien as defined in 8 United States Code, Section 1324A(H)(3).
- 5. Vendor will maintain the original affidavit of all subcontractors for the duration of the contract.
- 6. Vendor affirms that failure to comply with the state law requirements can result in the City's termination of the contract and other penalties as provided by law.

VENDOR: Gale Construction Company (Vendor's Company Name)

03/24/2022

Laura]	Pager (Vendor signature)
Laura J. Pager	(Vendor's name printed)
President	(Title)

Sworn to and subscribed before me by means of 🖾 xpdxysixed xpxesexixex or 😡 online notarization, this 24th day

of March , 20₂₂ , by Laura J Pager , as President

State of Florida County of Orange

Notary Public

Matthew K. Howard

 Personally Known N/A OR Produced Identification Notarized online using audio-video communication

 Type of Identification Produced DRIVER LICENSE

THIS PAGE MUST BE COMPLETED AND SUBMITTED



MATTHEW K. HOWARD Notary Public - State of Florida Commission # HH 192467 Expires on October 28, 2025

ATTACHMENT 17:

CITY OF NORTH PORT

BID BOND

In Compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

Gale Construction Company of Illinois KNOW ALL BY THESE PRESENTS, that <u>dba Gale Construction Company</u> , authorized by law to do business as a Contractor of Florida. General in the State as Principal. and The Cincinnati Insurance Company , a Corporation chartered and existing under the laws of the Ohio , as Surety, with its principal offices in the City of Cincinnati , and authorized to do State of business in the State of Florida, and in accordance with Section 255.051, Florida Statues, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents.

The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated <u>March 25, 2022</u>, for (<u>MYAKKAHATCHEE CREEK GREENWAY TRAIL</u>, RFB 2022-23).

NOW, THEREFORE, if the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void: otherwise, to remain in full force and effect.

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several useals dated March 25, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents days signed

by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal March (Bv)

Witness as to Surety: nel

Gale Construction Company of Illinois dba Gale Construction Company (SEAL)

(Principal) By

111-48U0 Jul IStru, ORATE SEAL llino

Printed Name
The Cincinna<u>ti Insurance Company (SEAL)
(Sure</u>ty's Name)

(By-As Attorney-in-Fact, Surety) Samantha Bradtke

Affix Corporate Seals and attach proper Power of Attorney for Surety.

Surety Company Acknowledgement

STATE OFILLINOISCOUNTY OFCOOKSS:

On this 25th day of March, 2022, before me personally appeared Samantha Bradtke, to me known, who, being by me duly sworn, did depose and say: that (s)he resides at Schaumburg, Illinois, that (s)he is the Attorney in Fact of The Cincinnati Insurance Company, the corporation described in and which executed the annexed instrument; that (s)he knows the corporate seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation; that (s)he signed his/her name thereto by like order; and that the liabilities of said corporation do not exceed its assets as ascertained in the manner provided by law.

Cartney A. Flaska Notary Public in and for the above County and State

My Commission Expires: 05/17/25

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OFFICIAL SEAL	ķ
COURTNEY A. FLASKA	þ
Notary Public - State of Illinois	Þ
My Commission Expires May 17, 2025	P

THE CINCINNATI INSURANCE COMPANY

Fairfield, Ohio

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That THE CINCINNATI INSURANCE COMPANY, a corporation organized under the laws of the State of Ohio, and having its principal office in the City of Fairfield, Ohio, does hereby constitute and appoint

J. S. Pohl; Carol A. Dougherty; Sherene L. Hemler; James L. Sulkowski; Kirk Liskiewitz; Courtney A. Flaska; Samantha Bradtke; Lucianne Bischoff; Christine Eitel and/or Brien Spoden

of Schaumburg, Illinois its true and lawful Attorney(s)-in-Fact to sign, execute, seal and deliver on its behalf as Surety, and as its act and deed, any and all bonds, policies, undertakings, or other like instruments, as follows: Any such obligations in the United States, up to

Twenty Five Million and No/100 Dollars (\$25,000,000.00)

This appointment is made under and by authority of the following resolution passed by the Board of Directors of said Company at a meeting held in the principal office of the Company, a quorum being present and voting, on the 6th day of December, 1958, which resolution is still in effect:

"RESOLVED, that the President or any Vice President be hereby authorized, and empowered to appoint Attorneys-in-Fact of the Company to execute any and all bonds, policies, undertakings, or other like instruments on behalf of the Corporation, and may authorize any officer or any such Attorney-in-Fact to affix the corporate seal; and may with or without cause modify or revoke any such appointment or authority. Any such writings so executed by such Attorneys-in-Fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company."

This Power of Attorney is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of the Company at a meeting duly called and held on the 7th day of December, 1973.

"RESOLVED, that the signature of the President or a Vice President and the seal of the Company may be affixed by facsimile on any power of attorney granted, and the signature of the Secretary or Assistant Secretary and the seal of the Company may be affixed by facsimile to any certificate of any such power and any such power of certificate bearing such facsimile signature and seal shall be valid and binding on the Company. Any such power so executed and sealed shall, with respect to any bond or undertaking to which it is attached, continue to be valid and binding on the Company."

IN WITNESS WHEREOF, THE CINCINNATI INSURANCE COMPANY has caused these presents to be sealed with its corporate seal, duly attested by its Senior Vice President this 19th day of December, 2018.



STATE OF OHIO) ss: COUNTY OF BUTLER)

THE CINCINNATI INSURANCE COMPANY

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On this 19th day of December, 2018, before me came the above-named Vice President of THE CINCINNATI INSURANCE COMPANY, to me personally known to be the officer described herein, and acknowledged that the seal affixed to the preceding instrument is the corporate seal of said Company and the corporate seal and the signature of the officer were duly affixed and subscribed to said instrument by the authority and direction of said corporation.



KEITH COLLETT, Attorney at Law NOTARY PUBLIC - STATE OF OHIO My commission has no expiration date. Section 147.03 O.R.C.

I, the undersigned Secretary or Assistant Secretary of THE CINCINNATI INSURANCE COMPANY, hereby certify that the above is a true and correct copy of the Original Power of Attorney issued by said Company, and do hereby further certify that the said Power of Attorney is still in full force and effect.

GIVEN under my hand and seal of said Company at Fairfield, Ohio. **25th** day of March, 2022



this