



CGC1527276 · CFC1428400 · CUC1224694

PO Box 1545
OSPREY, FLORIDA 34229
PHONE: 941-375-8668
FAX: 941-375-8698
EMAIL: INFO@INNOVATIVE-CONTRACTORS.COM

February 22, 2023

City of Venice
Procurement
401 West Venice Avenue
Venice, Florida 34285

RE: Letter of Interest for RFP # 3144-23

To Whom it May Concern:

Please allow this letter serve as Innovative Contractors intent to be considered for
Emergency Work as it pertains to RFP # 3144-23.

Respectfully,

Jason Tison
President

**SEALED REQUEST FOR QUALIFICATIONS
CITY OF VENICE, FLORIDA**

QUALIFICATIONS STATEMENT

The undersigned certifies under oath the truth and correctness of all statements and all answers to questions made hereinafter:

SUBMITTED TO: CITY OF VENICE
Procurement- Finance Department
401 W. Venice Avenue Room # 204
Venice, Florida 34285

CHECK ONE:
 Corporation
 Partnership
 Individual
 Joint Venture
 Other

SUBMITTED BY:
NAME: Innovative Contractors
ADDRESS: PO Box 1545, Osprey, Florida 34229
PRINCIPAL OFFICE: 104 Palmetto Rd W, Nokomis Florida 34275

ADDRESS OF CONTRACTOR'S YARD: 104 Palmetto Rd W, Nokomis Florida 34275

1. State the true, exact, correct and complete legal name of the partnership, corporation, trade or fictitious name under which you do business and the address of the place of business.

The correct name of the Proposer is: Innovative Fabricators of Florida, Inc. dba Innovative Contractors

The address of the principal place of business is: 104 Palmetto Rd W, Nokomis Florida 34275

2. If the Proposer is a corporation, answer the following:

a. Date of Incorporation: 10/2022

b. State of Incorporation: Florida

c. President's Name: Jason Tison

d. Vice President's Name: N/A

e. Secretary's Name: N/A

f. Treasurer's Name: N/A

g. Name and address of Resident Agent: Jason Tison, 104 Palmetto Rd W, Nokomis, Florida 34275

3. If Proposer is an individual or partnership, answer the following:

a. Date of Organization: _____

b. Name, address and ownership units of all partners: _____

c. State whether general or limited partnership: _____

4. If Proposer is other than an individual, corporation, partnership, describe the organization and give the name and address of principals:

5. If Proposer is operating under fictitious name, submit evidence of compliance with the Florida Fictitious Name Statute.

6. How many years has your organization been in business under its present business name?

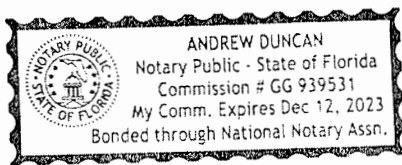
a. Under what other former names has your organization operated?

ACKNOWLEDGEMENT

State of Florida
County of Sarasota } SS.

STATE OF FLORIDA
COUNTY OF Sarasota

The foregoing instrument was acknowledged before me this 22 day of February, 2023
by Jason Tison, as President of Innovative Contractors, by means
of physical presence or online notarization, who is personally known to me or who produced
FL02-7250-424-76-259-0 as identification.



ad
Notary Public
Print Name: Andrew Duncan
My Commission Expires: 12/12/2023

CONTRACTOR QUALIFICATION FORM

BIDDER NAME: Innovative Contractors LICENSE # CGC1527276 - CFC1428400 - CUC1224694			
Project Name	Bee Ridge WRF - Basin 6 Improvements	Project, Contract, or Bid Number	Contract #2015-334, Bid# 153090JLS
Owner Name	Sarasota County Utilities	Reference Contact Name	Dave Sell
Reference Phone Number	941-650-2706	Reference E-Mail Address	dsell@scgov.net
Criteria #	Experience for Project: (Refer to Section 1, Paragraph 2.0, (IFB) Invitation for Bid)		
2.2	Was this project completed within the last ten (10) years preceding the bid opening for a commercial, industrial or government project and have a total contract price of not less than \$20,000.00? <u>Projects that do not meet this requirement will not be considered.</u>	Specify the month and year completed: 07/2020 Specific job price: \$939,045.81	
2.3a	Did this project include installation of PVC piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3b	Did this project include installation of High Density Polyethylene (HDPE) piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3c	Did this project include above ground piping associated with construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	

CONTRACTOR QUALIFICATION FORM

2.3d	Did this project include below ground piping associated with construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3e	Did this project include installation of electrical controls?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Care Electric Contact Information: Rob Reynolds
2.3f	Did this project include installation of underground conduits?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Contact Information:
2.3g	Did this project include installation of valve assemblies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3h	Did this project include bypass pumping with a minimum of 4" pumps?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:

CONTRACTOR QUALIFICATION FORM

2.3i	Did this project include mechanical connections to existing force mains 4" in diameter or larger?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3j	Did this project include general site work?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3k	Did this project include concrete work?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor: Contact Information:
2.3l	Did this project include Maintenance of Traffic (MOT)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.4	Did this project include managing a wastewater utility project in the amount of not less than \$250,000.00? <u>At least one project reference must meet this requirement to be considered. This project must have been self-performed.</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Specify the month and year completed: Specify contract price: <input type="checkbox"/> Self-Performed

Contractor is to reproduce the form as necessary to demonstrate previous experience.

CONTRACTOR QUALIFICATION FORM

BIDDER NAME: Innovative Contractors LICENSE # CGC1527276 - CFC1428400 - CUC1224694			
Project Name	Lift Station Rehabilitation Contract	Project, Contract, or Bid Number	Bid #111414CS, CIP #55958
Owner Name	Sarasota County Utilities	Reference Contact Name	David Sell
Reference Phone Number	941-650-2706	Reference E-Mail Address	dsell@scgov.net
Criteria #	Experience for Project:		
2.2	Was this project completed within the last ten (10) years preceding the bid opening for a commercial, industrial or government project and have a total contract price of not less than \$20,000.00? <u>Projects that do not meet this requirement will not be considered.</u>	Specify the month and year completed: 01/2018 Specify contract price: \$1,250,000.00	
2.3a	Did this project include installation of ductile iron piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3b	Did this project include installation of High Density Polyethylene (HDPE) piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3c	Did this project include above ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	

CONTRACTOR QUALIFICATION FORM

2.3d	Did this project include below ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3e	Did this project include installation of lift-station electrical controls?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed and with Subcontractor <input checked="" type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Care Electric Contact Information: Rob Reynolds, 941-925-3367
2.3f	Did this project include installation of lift-station electrical services with Florida Power Light (FPL) coordination?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed and with Subcontractor <input checked="" type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Care Electric Contact Information: Rob Reynolds, 941-925-3367
2.3g	Did this project include installation of valve assemblies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3h	Did this project include bypass pumping with a minimum of 4" pumps?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:

CONTRACTOR QUALIFICATION FORM

2.3i	Did this project include mechanical connections to existing force mains 4" in diameter or larger?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3j	Did this project include general site work for lift-stations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3k	Did this project include concrete work?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed and Subcontractor <input checked="" type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor S & J Concrete Contact Information: Scott, 941-915-2786
2.3l	Did this project include Maintenance of Traffic (MOT)?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.4	Did this project include managing a wastewater utility project in the amount of not less than \$250,000.00? <u>At least one project reference must meet this requirement to be considered. This project must have been self-performed.</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Specify the month and year completed: 01/2018 Specify contract price: \$1,250,000.00 <input checked="" type="checkbox"/> Self-Performed

Contractor is to reproduce the form as necessary to demonstrate previous experience.

CONTRACTOR QUALIFICATION FORM

BIDDER NAME: Innovative Contractors LICENSE # CGC1527276 - CFC1428400 - CUC1224694			
Project Name	Siesta Key Wastewater Treatment Plant	Project, Contract, or Bid Number	Contract #2015-334, Bid# 153090JLS
Owner Name	Sarasota County Utilities	Reference Contact Name	David Sell
Reference Phone Number	941-650-2706	Reference E-Mail Address	dsell@scgov.net
Criteria #	Experience for Project:		
2.2	Was this project completed within the last ten (10) years preceding the bid opening for a commercial, industrial or government project and have a total contract price of not less than \$20,000.00? <u>Projects that do not meet this requirement will not be considered.</u>	Specify the month and year completed: 04/2019 Specify contract price: \$2,850,000.00 Specific job price: \$381,752.34	
2.3a	Did this project include installation of ductile iron piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3b	Did this project include installation of High Density Polyethylene (HDPE) piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3c	Did this project include above ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	

CONTRACTOR QUALIFICATION FORM

2.3d	Did this project include below ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3e	Did this project include installation of lift-station electrical controls?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Contact Information:
2.3f	Did this project include installation of lift-station electrical services with Florida Power Light (FPL) coordination?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Contact Information:
2.3g	Did this project include installation of valve assemblies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3h	Did this project include bypass pumping with a minimum of 4" pumps?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:

CONTRACTOR QUALIFICATION FORM

2.3i	Did this project include mechanical connections to existing force mains 4" in diameter or larger?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3j	Did this project include general site work for lift-stations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3k	Did this project include concrete work?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor: Contact Information:
2.3l	Did this project include Maintenance of Traffic (MOT)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.4	Did this project include managing a wastewater utility project in the amount of not less than \$250,000.00? <u>At least one project reference must meet this requirement to be considered. This project must have been self-performed.</u>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Specify the month and year completed: 04/2019 Specify contract price: \$381,752.34 <input checked="" type="checkbox"/> Self-Performed

Contractor is to reproduce the form as necessary to demonstrate previous experience.

CONTRACTOR QUALIFICATION FORM

BIDDER NAME: Innovative Contractors LICENSE # CGC1527276 - CFC1428400 - CUC1224694			
Project Name	Fruitville Wastewater Treatment Plant	Project, Contract, or Bid Number	Contract #2015-334, Bid# 153090JLS
Owner Name	Sarasota County Utilities	Reference Contact Name	David Sell
Reference Phone Number	941-650-2706	Reference E-Mail Address	dsell@scgov.net
Criteria #	Experience for Project: (Refer to Section 1, Paragraph 2.0, (IFB) Invitation for Bid)		
2.2	Was this project completed within the last ten (10) years preceding the bid opening for a commercial, industrial or government project and have a total contract price of not less than \$20,000.00? <u>Projects that do not meet this requirement will not be considered.</u>	Specify the month and year completed: 09/2016 Specify contract price: \$2,850,000.00 Specific job price: \$191,385.73	
2.3a	Did this project include installation of ductile iron piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3b	Did this project include installation of High Density Polyethylene (HDPE) piping?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3c	Did this project include above ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	

CONTRACTOR QUALIFICATION FORM

2.3d	Did this project include below ground piping associated with lift-station construction?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3e	Did this project include installation of lift-station electrical controls?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Care Electric Contact Information: Rob Reynolds, 941-925-3367
2.3f	Did this project include installation of lift-station electrical services with Florida Power Light (FPL) coordination?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input checked="" type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Care Electric Contact Information: Rob Reynolds, 941-925-3367
2.3g	Did this project include installation of valve assemblies?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3h	Did this project include bypass pumping with a minimum of 4" pumps?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:

CONTRACTOR QUALIFICATION FORM

2.3i	Did this project include mechanical connections to existing force mains 4" in diameter or larger?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3j	Did this project include general site work for lift-stations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3k	Did this project include concrete work?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor: Contact Information:
2.3l	Did this project include Maintenance of Traffic (MOT)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.4	Did this project include managing a wastewater utility project in the amount of not less than \$250,000.00? <u>At least one project reference must meet this requirement to be considered. This project must have been self-performed.</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Specify the month and year completed: 04/2019 Specify contract price: \$191,385.73 <input checked="" type="checkbox"/> Self-Performed

Contractor is to reproduce the form as necessary to demonstrate previous experience.

CONTRACTOR QUALIFICATION FORM

BIDDER NAME: Innovative Contractors LICENSE # CGC1527276 - CFC1428400 - CUC1224694			
Project Name	Venice Gardens WWTP – Disc Filter	Project, Contract, or Bid Number	Contract #2015-334, Bid# 153090JLS
Owner Name	Sarasota County Utilities	Reference Contact Name	Dave Sell
Reference Phone Number	941-650-2706	Reference E-Mail Address	dsell@scgov.net
Criteria #	Experience for Project: (Refer to Section 1, Paragraph 2.0, (IFB) Invitation for Bid)		
2.2	Was this project completed within the last ten (10) years preceding the bid opening for a commercial, industrial or government project and have a total contract price of not less than \$20,000.00? <u>Projects that do not meet this requirement will not be considered.</u>	Specify the month and year completed: 05/2017 Specify contract price: \$2,850,000.00 Specific job price: \$120,015.99	
2.3a	Did this project include installation of ductile iron piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3b	Did this project include installation of High Density Polyethylene (HDPE) piping?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	
2.3c	Did this project include above ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:	

CONTRACTOR QUALIFICATION FORM

2.3d	Did this project include below ground piping associated with lift-station construction?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3e	Did this project include installation of lift-station electrical controls?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Care Electric Contact Information: Rob Reynolds
2.3f	Did this project include installation of lift-station electrical services with Florida Power Light (FPL) coordination?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor – Contact Information:
2.3g	Did this project include installation of valve assemblies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3h	Did this project include bypass pumping with a minimum of 4" pumps?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:

CONTRACTOR QUALIFICATION FORM

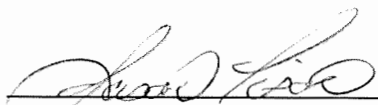
2.3i	Did this project include mechanical connections to existing force mains 4" in diameter or larger?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3j	Did this project include general site work for lift-stations?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.3k	Did this project include concrete work?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor: Contact Information:
2.3l	Did this project include Maintenance of Traffic (MOT)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Self-Performed <input type="checkbox"/> Performed by Subcontractor where bidder was the prime contractor Name of Subcontractor Contact Information:
2.4	Did this project include managing a wastewater utility project in the amount of not less than \$250,000.00? <u>At least one project reference must meet this requirement to be considered. This project must have been self-performed.</u>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Specify the month and year completed: Specify contract price: <input type="checkbox"/> Self-Performed

Contractor is to reproduce the form as necessary to demonstrate previous experience.

PUBLIC ENTITY CRIME INFORMATION

A person or affiliate who has been placed on the State of Florida's convicted vendor list following a conviction for a public entity crime may not submit an proposal on a contract to provide any goods or services to a public entity, may not submit a response on a contract with a public entity for services in 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 Consultant, supplier, Sub-Consultant, 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 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.**

I, Jason Tison, being an authorized representative of the firm of Innovative Contractors, located at City: Nokomis State: Florida Zip: 34275, have read and understand the contents of the Public Entity Crime Information and of this formal RFP package, hereby submit our proposal accordingly.

Signature:  Date: 2-22-23
Phone: 941-375-8668 Fax: 941-375-8698
Federal ID#: 01-0755169

DRUG FREE WORKPLACE

Preference shall be given to business with drug-free workplace programs. Whenever two or more RFPs, which are equal with qualifications and service, are received by the City for the procurement of commodities or contractual services, an RFP received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. In order to have a drug-free workplace program, your firm shall:

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 action 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 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 an RFP, 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 RFP, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea 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 an 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.

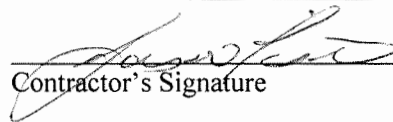
Concur X

Variance _____

Date

2-22-23

Contractor's Signature



CONFLICT/NON CONFLICT OF INTEREST AND LITIGATION STATEMENT

CHECK ONE

- To the best of our knowledge, the undersigned Contractor has no potential conflicts of interest due to any other clients, contracts, or property interest for this project.

OR

- The undersigned Contractor, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

LITIGATION STATEMENT

IN FLORIDA ONLY, JUDGMENTS AGAINST THE CONTRACTOR, AND SUITS AGAINST CITY OF VENICE. INCLUDE ACTIONS AGAINST THE CONTRACTOR BY OR AGAINST ANY LOCAL, STATE, OR FEDERAL REGULATORY AGENCY.

CHECK ONE

- The undersigned Contractor has had no litigation adjudicated against the Contractor on any projects in the last five (5) years and has filed no litigation against City of Venice in the last five (5) years.

OR

- The undersigned Contractor, BY ATTACHMENT TO THIS FORM, submits a summary and disposition of individual cases of litigation in Florida adjudicated against the Contractor during the past five (5) years; all legal actions against City of Venice during the past five (5) years; and actions by or against any Federal, State and local agency during the past five (5) years.

Company Name: Innovative Contractors

Authorized Signature: 

Name (print or type): Jason Tison

Title: President

Failure to check the appropriate blocks above may result in disqualification of your proposal. Failure to provide documentation of a possible conflict of interest, or a summary of past litigation, may result in disqualification of your proposal. Should additional information regarding the above items come to the attention of City of Venice after award, the awarded contract shall be subject to immediate termination.

INDEMNIFICATION/HOLD HARMLESS

The elected firm shall indemnify and hold harmless the City and its officers and employees from liabilities, damages, losses, and costs, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the elected firm and other persons employed or utilized by the elected firm in the performance of the contract.

I, Jason Tison, being an authorized representative of the firm of Innovative Contractors located at City Nokomis, State Florida, Zip Code 34275 Phone: 941-375-8668 Fax: 941-375-8698. Having read and understood the contents above, hereby submit accordingly as of this Date, February 21, 2023.

Jason Tison

Print Name


Signature

This signed document shall remain in effect for a period of one (1) year from the date of signature or for the contract period, whichever is longer.

**CERTIFICATION REGARDING DEBARMENTS, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION-LOWER TIER FEDERALLY FUNDED TRANSACTIONS STATE
OF FLORIDA GRANT ASSISTANCE PURSUANT TO
AMERICAN RECOVERY AND REINVESTMENT ACT UNITED STATES DEPARTMENT OF
ENERGY AWARDS**

1. The undersigned hereby certifies that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. The undersigned also certifies that it and its principals:
 - a. Have not within a three-year period preceding this certification been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State anti-trust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
 - b. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2.(a) of this Certification; and (b) Have not within a three-year period preceding this certification had one or more public transactions (Federal, State or Local) terminated for cause or default.
3. Where the undersigned is unable to certify to any of the statements in this certification, an explanation shall be attached to this certification.

Dated this 22 day of Feb, 2023.

By: 
Authorized Signature

President

Typed Name of Title

Innovative Contractors

Recipient's Firm Name
104 Palmetto Rd W

Street Address
Nokomis, Florida 34275

City/State/Zip Code

NON-COLLUSION AFFIDAVIT

State of _____ }
County of _____ } SS.

_____ being first duly sworn, deposes and says that:

1. He/she is the Jason Tison, (Owner, Partner, Officer, Representative or Agent) of Innovative Contractors the Proposer that has submitted the attached Proposal;
2. He/she is fully informed respecting the preparation and contents of the attached Proposal and of all pertinent circumstances respecting such Proposal;
3. Such Proposal is genuine and is not a collusive or sham Proposal;
4. Neither the said Proposer 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 Proposer, Contractor, or person to submit a collusive or sham Proposal in connection with the Work for which the attached Proposal has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or have in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference with any Proposer, Contractor, or person to fix the price or prices in the attached Proposal or of any other Proposer, or to fix any overhead, profit, or cost elements of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposal Work.

Signed, sealed and delivered in the presence of:

By: *Jason Tison*
Jason Tison

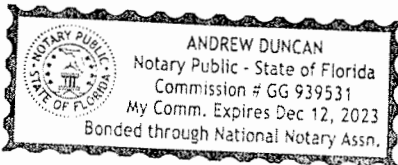
(Printed Name)
President

(Title)

ACKNOWLEDGEMENT

STATE OF FLORIDA
COUNTY OF Sarasota

The foregoing instrument was acknowledged before me this 22 day of February, 2023, by Jason Tison, as President of Innovative Contractors, by means of physical presence or online notarization, who is personally known to me or who produced Fl02-1250424762596 as identification.



AD
Notary Public
Print Name: Andrew Duncan
My Commission Expires: 12/12/2023

E-VERIFICATION CERTIFICATION

The Contractor acknowledges and agrees to the following:

The Contractor certifies, by submission of this proposal or acceptance of this contract, that the Contractor:

1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Vendor/Consultant during the term of the contract; and

2. Shall expressly require any sub-consultants performing work or providing services pursuant to the state contract to likewise use the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the sub-consultant during the contract term.

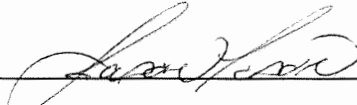
Further information can be found at the following website: <http://www.uscis.gov/e-verify>.

Innovative Contractors

Contractor Name

Jason Tison

Name of Authorized Individual



Authorized Signature

2-22-23

Authorized Signature Date

PROJECT TEAM

CONTRACTOR NAME: Innovative Contractors

FEDERAL ID No.: 01-0755169

Role	Name & City of Residence of Individual Assigned to the Project	No. of Years Experience	Contractor License No.	
CEO	Jason Tison / North Port	25	CGC1527276 & CFC1428400	
Project Manager	Ray D'Aiuto / Nokomis	40	Class A Waste Water - 0006431 Class C Drinking Water - 0007935 Backflow Testing - 1213	
Project Manager	Brett Hens / Bradenton	23		
Manager	Joshua Tison / North Port	15	CUC1224694	
Supervisor	Shane Owens / North Port	15		
Supervisor	James Tison	18		

“LOCAL PREFERENCE” DETERMINATION

The following questions will help you determine local preference for your company. Please answer questions 1 through 4 **FIRST**. If you answer **NO** to any questions 1 through 4, local preference does **NOT** apply.
ONLY if you answer **YES** to questions 1 through 4, may you proceed to question 5.
If you answer **YES** to any questions 5 and 6, local preference applies.
If you are unsure of how to answer any questions, please contact the City of Venice’s Purchasing Department at 941-486-2626.

Questions 1 – 4

1. Has your company paid a local business tax either to Sarasota, DeSoto or Charlotte County (Manatee County does not currently have a local business tax) authorizing your company to provide goods or services described in this solicitation?

YES If “yes”, proceed to question 2.

NO If “no”, **STOP, local preference does not apply.**

* If the name on the local business tax receipt is not the same as the name on the bid/solicitation submittal, local preference does not apply.

2. Does your company maintain a permanent physical business address located within the limits of Sarasota, Manatee, DeSoto or Charlotte County from which your company operates or performs business?

YES If “yes”, proceed to question 3.

NO If “no”, **STOP, local preference does not apply.**

3. Does your company’s local business office (identified in question 2) have a least one full time employee?

YES If “yes”, proceed to question 4.

NO If “no”, **STOP, local preference does not apply.**

4. Do at least fifty percent (50%) of your company’s employees who are based in the local business location (identified in question 2) reside within Sarasota, Manatee, DeSoto or Charlotte County?

YES If “yes”, proceed to question 5.

NO If “no”, **STOP, local preference does not apply.**

Questions 5 – 6

5. Is your company's local business office (identified in question 2) the primary location (headquarters) of your company?

YES **If "yes", STOP, local preference applies.**

NO **If "no", proceed to question 6.**

6. If the local business office (identified in question 2) is not the primary location of your company, are at least ten percent (10%) of your company's entire full-time employees based at the local office location AND does at least one corporate officer, managing partner or principal owner of your company reside in Sarasota, Manatee, DeSoto or Charlotte County?

YES **If "yes", STOP, local preference applies.**

NO **If "no", local preference does not apply.**

FEE SCHEDULE

ITEM NO.	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE ⁽¹⁾
PERMITTING			
1	Permit Allowance	Cost	Reimbursed at Cost
LABOR			
2	Estimator	Hour	\$ 85.00
3	Expeditor	Hour	\$ 80.00
4	Foreman	Hour	\$ 75.00
5	Equipment Operator	Hour	\$ 60.00
6	Truck Driver	Hour	\$ 60.00
7	Laborer	Hour	\$ 58.00
8	Skilled Laborer	Hour	\$ 60.00
9	Certified Welder	Hour	\$ 98.00
10	Emergency Repair Markup – Not to Exceed 10%	Percentage	10%
AUDIO-VIDEO RECORDING			
11	Audio-Video Recording	Per Job	N/A
MAINTENANCE OF TRAFFIC			
12	Maintenance of Traffic Allowance	Cost	Reimbursed at Cost
EQUIPMENT ⁽²⁾			
13	Equipment Truck	Hour	\$ 50.00
14	Trailer	Hour	\$ 15.00
15	Tanker Trailer with Tractor	Hour	Subcontractor Cost
16	Grade Tractor	Hour	N/A
17	Lowboy with Tractor	Hour	N/A
18	Single Axle Transport	Hour	N/A
19	Tandem Axle Transport	Hour	N/A
20	Tri-Axle Axle Transport	Hour	N/A
21	Tandem Axle Dump Truck	Hour	N/A
22	Tri-Axle Dump Truck	Hour	N/A
23	Tractor with Street Broom	Hour	N/A
24	Small Loader	Hour	Subcontractor Cost
25	Large Loader	Hour	Subcontractor Cost
26	Auger Truck (pole)	Hour	N/A
27	Dozer	Hour	N/A
28	Skid Loader	Hour	\$ 38.00
29	Light Tower	Hour	Subcontractor Cost
30	Cement Mixer	Hour	\$ 15.00

THIS PAGE MUST BE COMPLETED & SUBMITTED WITH OFFER

31	Air Compressor with Jack Hammer and Hoses	Hour	Subcontractor Cost
32	Trench Box	Hour	Subcontractor Cost

ITEM NO.	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE
EQUIPMENT (Continued) ⁽²⁾			
33	Temporary Concrete Barrier Walls (set up and delivery included)	Hour	Subcontractor Cost
34	Crossing Plate 4' X 4'	Hour	Subcontractor Cost
35	Crossing Plate 8' X 12'	Hour	Subcontractor Cost
36	Chain Saw	Hour	\$ 15.00
37	Cut off Saw (pipe saw)	Hour	\$ 15.00
38	Street Saw (self-propelled)	Hour	Subcontractor Cost
39	Pipe Laser	Hour	Subcontractor Cost
40	Pipe Tapping Machine	Hour	Subcontractor Cost
41	3.5 KW Generator	Hour	\$ 15.00
42	5 KW Generator	Hour	\$ 15.00
43	25 KW Generator	Hour	\$ 25.00
44	Compactor	Hour	\$ 15.00
45	Roller	Hour	N/A
46	Milling Machine	Hour	N/A
47	Well Pointing Equipment	Hour	Subcontractor Cost
48	Hand Test Pump	Hour	Subcontractor Cost
49	Test Pump	Hour	Subcontractor Cost
50	Jet Pump	Hour	Subcontractor Cost
51	3" Pump with Hoses	Hour	\$ 15.00
52	4" Double Diaphragm Pump with Hoses	Hour	\$ 24.00
53	4" Vacuum Pump with Hoses	Hour	\$ 24.00
54	6" Vacuum Pump with Hoses	Hour	\$ 28.00
55	8" Hydraulic Pump with Hoses	Hour	\$ 32.00
56	Pumper Truck	Hour	\$ 167.00
57	Water Tank Truck (3,000 gallon)	Hour	N/A
58	Jetter Vacuum Truck (16 yards)	Hour	\$ 175.00
59	Tracked Hydraulic Excavator: Compact HP 25-30 gross, Digging Reach 15', Operating Weight 3,500 lbs. with front grading blade	Hour	\$ 62.00
60	Tracked Hydraulic Excavator: Light HP 50 gross, Digging Reach 18', Operating Weight 18,000 lbs. with front grading blade	Hour	N/A
61	Tracked Hydraulic Excavator: Medium HP 92 gross, Digging Reach 25', Operating Weight 32,000 lbs. with front grading blade	Hour	N/A
62	Tracked Hydraulic Excavator: Large	Hour	N/A

63	Rubber Tire Backhoe Loader: 4WD HP 83 gross, Front Loader Capacity 5,000 lbs., Operating Weight 14,500 lbs., Backhoe Bucket Capacity 1 cubic yard, Digging Depth 14'	Hour	N/A
64	HDPE Butt-Fusion OR Electro-Fusion Welder	Hour	\$ 45.00

ITEM NO.	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE
EQUIPMENT (Continued) ⁽²⁾			
65	Fabrication Welding Equipment	Hour	\$ 65.00
66	Crane - 14 Ton	Hour	\$ 190.00
67	Utility Mechanical Boom Truck	Hour	\$ 65.00
68	Confined Space Equipment	Hour	\$ 40.00
SUBCONTRACTOR AND MATERIALS			
69	Subcontractor – Not to Exceed 10%	Percentage	10 %
70	Materials Markup – Not to Exceed 10%	Percentage	10 %

Notes:

- Any line items that the Contractor does not want to be considered for can be indicated with an N/A for the Unit Price.
- Blank line items can be filled in by the Contractor if the Contractor deems it necessary for any job.

END OF SECTION FOUR



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

TISON, JASON DAVID

INNOVATIVE CONTRACTORS
104 PALMETTO RD WEST
NOKOMIS FL 34275-2035

LICENSE NUMBER: CGC1527276

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

TISON, JASON DAVID

INNOVATIVE CONTRACTORS
104 PALMETTO ROAD W
NOKOMIS FL 34275

LICENSE NUMBER: CFC1428400

EXPIRATION DATE: AUGUST 31, 2024

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Ron DeSantis, Governor

Melanie S. Griffin, Secretary



**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION**

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

TISON, JOSHUA DANIEL

INNOVATIVE CONTRACTORS
104 PALMETTO ROAD W
NOKOMIS FL 34275

LICENSE NUMBER: CUC1224694

EXPIRATION DATE: AUGUST 31, 2024

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APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

REGISTRATION# G22000084777

Fictitious Name to be Registered: INNOVATIVE CONTRACTORS

Mailing Address of Business: P.O. BOX 1545
OSPREY, FL 34275

Florida County of Principal Place of Business: SARASOTA

FEI Number:

FILED
Jul 18, 2022
Secretary of State

Owner(s) of Fictitious Name:

INNOVATIVE FABRICATORS OF FLORIDA, INC.
104 PALMETTO ROAD W
NOKOMIS, FL 34275
Florida Document Number: P02000116377
FEI Number: 01-0755169

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

JASON D TISON

07/18/2022

Electronic Signature(s)

Date

Certificate of Status Requested ()

Certified Copy Requested ()

