# RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT BID FORM

Name of Bidder: American Facility Services, Inc.						
Business Address: 1325 Union Hill Industrial Court, Suite A, Alpharetta, GA 30004						
Telephone Number:         770-740-1613         Fax Number:         770-475-7720		_				
E-mail Address:anugent@amfacility.com						
Contractor License # (IF APPLICABLE): N/A FEIN #: 58-1950842	2					
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, declares that the only persons or parties interested in this bid 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 bid 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, and further agrees to furnish all items listed on the attached Bid Form in accordance with the group(s) submitted. The above specified documents are herein incorporated into the Bid Form and shall be defined as the contract documents.						
TOTAL GROUP 1: Fifty thousand, eight hundred seventy six and 76/100 dollars	\$_50,876.76 NO	O BID				
(Type/Print)	(Numeric)					
TOTAL GROUP 2: Thirty five thousand, six hundred sixty and 16/100 dollars	\$_35,660.16 No	O BID				
(Type/Print)	(Numeric)					
TOTAL GROUP 3: Thirty seven thousand, nine hundred twenty six and 96/100 dollars	\$_37,926.96	O BID				
(Type/Print)	(Numeric)					
TOTAL GROUP 4: Thirty eight thousand, one hundred sixty and 00/100 dollars	\$_38,160.00 No	O BID				
(Type/Print)	(Numeric)					
TOTAL GROUP 5: Nineteen thousand, three hundred ninety eight and 00/100 dollars	<u></u>	O BID				
(Type/Print)	(Numeric)					
COMPANY: American Facility Services, Inc.	. ,					
NAME/TITLE: Harold Angel, Vice President  SIGNATURE: Harold Angel, Vice President  Maid Mgi						
DATE: 4/29/22						
This page must be completed and submitted						

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			BIDDER: American Facility Services, Inc.								
Ì			Min. # of Employees (Excluding a	Proposed Number of	Proposed Timeframe to						
TEM NO.	ITEM DESCRIPTION	TP	Supervisor)	Employees	Complete	UNIT	QTY	U	NIT COST		TOTAL COST
GROUP 1			4	4	15	MONTHLY	12		\$3,854.30	\$	46,251.6
GROUP 1	Fire Station 81 (Administration Area Only)		1	1	0.5	MONTHLY	12	\$	385.43	\$	4,625.1
otal Annual	Cost for GROUP 1									\$	50,876.7
GROUP 2	North Port Police Station (2-		2	2	8	MONTHLY	12	\$	1,630.00	\$	19,560.0
	Police Sub-Station (Annex)										
GROUP 2	Police Sub-Station Wellen Park		1	1	1	MONTHLY	12	\$	380.00	\$	4,560.0
GROUP Z	Cost for GROUP 2		1	1	2.5	MONTHLY	12	\$	961.68	\$ <b>\$</b>	11,540.1 <b>35,660.</b> 1
						ı				· ·	35,0001
	Family Service Center Community Education Center-		1	1	3.5	MONTHLY	12	\$	849.00	\$	10,188.0
GROUP 3	Senior Center Community Education Center-		1	1	1	MONTHLY	12	\$	282.00	\$	3,384.0
GROUP 3	Peterson Room		1	1	0.5	MONTHLY	12	\$	279.00	\$	3,348.0
	Community Education Center- Salvation Army		1	1	0.5	MONTHLY	12	\$	102.00	\$	1,224.0
GROUP 3	Utility Administration Building		1	1	1	MONTHLY	12	\$	385.00	\$	4,620.0
,	Aquatic Center Concession- shower Building		1	1	0.5	MONTHLY	12	\$	184.96	\$	2,219.
,	Aquatic Center Office-Shower										
GROUP 3	Building Aquatic Center Office- Restroom		1	1	0.5	MONTHLY	12	\$	184.96	\$	2,219.
	Filtration Building		1	1	1	MONTHLY	12	\$	368.88	\$	4,426.
	Park Maintenenace Building		1	1	1.25	MONTHLY	12	\$	524.78	\$	6,297.
tal Annual	Cost for GROUP 3									\$	37,926.
GROUP 4	Morgan Family Center		2	2	7.5	MONTHLY	12	\$	2,305.00	\$	27,660.
	George Mullen Center  Cost for GROUP 4		1	1	3	MONTHLY	12	\$	875.00	\$ <b>\$</b>	10,500.0 <b>38,160.</b> 0
										7	38,100.
	Public Works/Fleet Administration		1	1	3.5	MONTHLY	12	\$	1,100.00	\$	13,200.
GROUP 5	Public Works Operations Center		1	1	0.5	MONTHLY	12	\$	205.00	\$	2,460.
GROUP 5	Public Works Engineering		1	1	0.5	MONTHLY	12	\$	89.00	\$	1,068.0
GROUP 5	Solid Waste Operations Modular		1	1	0.5	MONTHLY	12	\$	222.50	\$	2,670.
tal Annual	Cost for GROUP 5									\$	19,398.0
dditional Ca	rpet Cleaning					TOTA	AL OF		OUPS 1-5	\$	182,021.8
ditional Vir			_			SF	1	\$	0.18		
	aling/waxing)		_			SF	1	\$	0.40		
	e Floor & Grout Cleaning		-			SF	1	\$	0.42		
	indow cleaning		-			SF	1	\$	3.50		
orter Servic			PER HOUR 1 \$ 18.5			18.50					
	hing (exterior) Vertical hing (exterior) Horizontal					SF	1	\$	0.10		
	ning (exterior) Horizontal					SF	1	\$	0.16		
	eaning (Employees)					PER HOUR		\$	18.50		
Non-Emergency Cleaning (Supervisor)			_			PER HOUR	1	\$	28.00		
	eaning (Supervisor)		-			PER HOUR	1	\$	32.00	Ś	38.
								-	32.00		30.1
Max Percentage Increase (2nd Year)											3.0
Max Percentage Increase (3rd Year)											3.0
Max Amount for 2nd Year										\$	187,482.5
lax Amou	unt for 3rd Year									\$	193,107.0
Total M	ax Amount for 3 Years										
Excludes	ax Amount for 3 Years any Additional Services d per unit prices above)									\$	

#### SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **2022-16 CITY WIDE JANITORIAL SERVICES**. 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). Attach additional sheets if necessary.

# SUBCONTRACTOR(S) (PLEASE INCLUDE NAME/ADDRESS/TELEPHONE NUMBER & E-MAIL)

		1		
1	none			
_				
2				
3				
4				
			:	SUPPLIER(S)
1	To be determine	ed		
2.				
2				
3		V		
4				
Date:_	4/29/22			
Signed	(Person authorize	ed to bind the company):	Harold	angel
Name (	printed):	Harold Angel	Tit	tle: Vice President

(THIS PAGE MUST BE COMPLETED AND RETURNED)

# REFERENCES AND EXPERIENCE (THIS PAGE MUST BE COMPLETED AND RETURNED)

List customers for the services specified in the solicitation in the spaces provided below giving the company name, contact person, email address, telephone number, and date services were performed, as described. Note: A contact person shall be someone who has personal knowledge of bidder's performance for the specific requirement listed. Contact person must have been informed that they are being used as a reference and that the City representative may be calling them. **DO NOT list persons who will be unable to answer specific questions regarding the requirements. (Attach additional sheets if necessary)** 

Bidder shall complete the following to demonstrate meeting the minimum qualification requirements as stated the in the MINIMUM QUALIFICATION AND CONTRACT REQUIREMENTS of this SOLICITATION DOCUMENT.

The Bidder shall demonstrate a minimum of TWO (2) CONSECUTIVE YEARS of JANITORIAL SERVICES IN FACILITIES EXCEEDING 7,500 SQUARE FEET and similar in scope and:

• At least two (2) references shall be located within the state of Florida.

Documentation shall include: 1) Contract #; 2) Description of Contract; 3) Contract Dates (from and to); 4) Owner or Company Name and Contact Person; 5) Email Address; and 6) Telephone and Fax Number.

Contract # / Description / Contract Term	Owner or Company Name / Contact Person	Email address*	Telephone and Fax number*
Contract #: ITB 19-227	Owner/Company Name:  City of Roswell	cinness@roswellgov.com	<b>Telephone #:</b> 770-594-6053
Description of Services:  Janitorial Services	Contact Person Chris Inness		Fax #:
Contract Term - From: <u>10/19</u> to <u>current</u> FLORIDA CONTRACT			

Contract # / Description / Contract Term	Owner or Company Name / Contact Person	Email address*	Telephone and Fax number*
Contract #: 167-0450-B (JJ)	Owner/Company Name: Pinellas County		Telephone #: 727-453-3218
Description of Services:  Janitorial serivces	Contact Person  Holly Conner	hconner@pinellascounty.org	Fax #: 727-464-3374
Contract Term - From: 7/18 to current  FLORIDA CONTRACT X			
Contract #:  North, South and Central Zones	Owner/Company Name:  Lee County  Contact Person	dgoggin@leegov.com	Telephone #:  239-533-8860  Fax #:
Description of Services:  Janitorial services	Daniel Goggin		239-485-8383
Contract Term - From: <u>12/18</u> to <u>curren</u> t			

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	Owner/Company Name:		Telephone #:
Contract #: SB20P027	City of Titusville		321-567-3820
	Contact Person	joey.arena@titusville.com	Fax #:
	Joseph Arena		321-383-5628
Description of Services:			
Janitorial Services			
Contract Term - From: 2/16 to current			
FLORIDA CONTRACT 🔟			

### BIDDER'S CERTIFICATION OF MEETING ALL THE SOLICITATION'S MINIMUM QUALIFICATION REQUIREMENTS:

If the bidder does not meet <u>ANY ONE</u> of the Minimum Qualification Requirement they will be <u>deemed non-responsive and/or non-responsible</u> and thereby rejected.

a)		Bidder's	years in business shall equal or exceed 2 years.	•			
	i.	State	e the number of years and months in business:	_31_	_Years	0	Months
b)		Projects	referenced by Bidder to demonstrate meeting	the m	inimum	requir	ements.

Did you reference FACILITIES EXCEEDING 7,500 SQUARE FEET that demonstrate continuing work between the years of 2015 and 2018?

X Yes or No (Note: If the Respondent lacks projects between the above dates the City reserves the right to request additional

references to demonstrate meeting this requirement)

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<sup>\*</sup> Bidder shall state at a minimum an EMAIL ADDRESS or FAX NUMBER.

## RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT

İ	i. FLORIDA CONTRACT – Did you reference AT LEAST 2 OR MORE contracts with FLORIDA customers?  X Yes or No
c)	FRANCHISE COMPANIES: Not applicable
	i. Are you the franchise OWNER: Check One: YES NO
i	i. Have you enclosed written proof of ownership must be submitted with your response.  Check One: YES NO
1.	PERFORMANCE QUESTIONNAIRE – Bidders shall complete the following questionnaire in its entirety:
a)	Has the Bidder ever failed to complete a contract/project awarded to them?  Check One: X No or Yes – If YES, complete the following:
	Project Description: Owner:
	Reason for failure to complete:
b)	Has the Bidder ever defaulted on any awarded contract/project?  Check One: X No or Yes – If YES, complete the following:
	Project Description: Owner:
	Reason for default:
c)	Does the Bidder have current: 1) Outstanding contract claims against them by any Owner; or 2) contract litigation or dispute with any Owner; 3) Performance/Payment Bonds claims?  Check One:   No or Yes – If YES, complete the following:
	Project Description: Owner: THIS PAGE MUST BE COMPLETED AND RETURNED
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## RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT

	Provide a detailed description of current claims or ligation with contract/project Owner:	
d)	Does the Bidder have pervious: 1) Contract claims against them by any Owner; or 2) Contract Claims against them by adapting them by against them by against them by adapting them by aga	act litigation or disputes with any Owner; 3)
	Project Description: Owner:	
	Provide a detailed description of claims or ligation with any contract/project Owner:	
۵۱	Is the Bidder currently debarred or suspended from bidding on any governmental agencie	
<b>C</b> )	Check One: X No or Yes – If YES, complete the following:	s solicitations:
	Project Description: Owner:	
	Reason for debarment or suspension:	

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<u>Location of Working Office that will provide services</u> :			
X Less Than 100 miles city limits			
More than 100 miles city limits			
No local office presence			
ADDENDUM ACKNOWLEDGEMENT.			
ADDENDUM ACKNOWLEDGEMENT:			
The undersigned acknowledges receipt of the following	addenda, and the cost, if	f any, of such revisions ha	is been included in the bid price.
Add and was No. 1 Dated 1/7/22	A dalam di usa Nia	Datad	
Addendum No. 1 Dated 4/7/22	Addendum No		
Addendum No. 2 Dated 4/18/22	Addendum No.		
Addendum No. $3$ Dated $4/25/22$	Addendum No	_ Dated	
Through the signing of this Bid Form, Bidder attests his/	har hid is guaranteed for	a paried of not loss than	ningty (90) calendar days from the
	ner bid is guaranteed for	a period of flot less than	illiety (90) calendar days from the
date of the official bid opening.			
COMPANY: American Facility Services, Inc.			
NAME/TITLE OF PERSON AUTHORIZED TO BIND: Harold	d Angel, Vice President		
Aland C			
SIGNATURE: //WOOK MG/			
4/20/22			
DATE: 4/29/22			

This page must be completed and submitted

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# **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:

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# STATEMENT OF ORGANIZATION

Name of Business:	American Facility Se	ervices, Inc.					
DBA (if any):							
Type of Entity (Sole Pro	prietor, Corporation, L	LC, LLP, Partnership, etc): <u>Corporation</u>					
Business Address: 1325 Union Hill Industrial Court, Suite A, Alpharetta, GA 30004							
Mailing Address (If app	plicable):						
Phone:770-740-16	13	Fax:					
E-Mail: anugent@am	facility.com						
Name/Title of person	authorized to bind:	Harold Angel, Vice President					
Signature:	well men						
Are you registered wit	h the State of Florida D	Department of State?     Yes or   No					
If yes, what is your Sta	te document number?	F05000005776					
	it proof that it is author	ized to do business in the State of Florida unless registration					
STATE OF GEORE COUNTY OF FORSY							
		day of April , 20 22, by Harold Angel coduced his/her driver's license as identification.					
s s	A LORRAINE NUGENT OTARY PUBLIC Fulton County tate of Georgia omm. Expires 10-2-2023	Notary Public - State of Georgia  Print Name: Andrea Lorraine Nugent  N/A  Commission No:					

This page must be completed and submitted

# State of Florida Department of State

I certify from the records of this office that ATLANTA BUILDING MAINTENANCE, INC. is a Georgia corporation authorized to transact business in the State of Florida, qualified on October 3, 2005.

The document number of this corporation is F05000005776.

I further certify that said corporation has paid all fees due this office through December 31, 2020, that its most recent annual report/uniform business report was filed on January 15, 2020, and that its status is active.

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

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fifteenth day of January, 2020



RANULY Secretary of State

Tracking Number: 8894102897CC

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

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

#### STANDARD INDEMNIFICATION AGREEMENT (NON CONSTRUCTION/NON DESIGN PROFESSIONAL)

The **CONTRACTOR** shall be fully liable for the actions of its directors, officers, members, partners, or subcontractors, and the employees and agents of each of them, and shall fully indemnify, defend and hold harmless the **CITY**, its commissioners, employees, agents and assigns from all demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate levels), of any nature or kind whatsoever caused by, or arising out of or related to the performance or breach of this Contract by the **CONTRACTOR**, its officers, directors, members, partners, or subcontractors, and employees or agents of any of them; provided, however, that the **CONTRACTOR** shall not indemnify for that portion of any loss or damages proximately caused by the negligent act or omission of the **CITY**.

To the extent applicable, the **CONTRACTOR** shall fully indemnify, defend and hold harmless the **CITY**, and its commissioners, agents, employees and assigns from any demands, claims, suits, actions, judgments, damages, fines, fees, taxes, assessments, penalties, losses, expenses, costs of every type and description, and reasonable attorneys' fees (at both trial and appellate level), arising from or relating to violation or infringement of a trademark, copyright, patent, trade secret or intellectual property right; provided, however, that the foregoing obligation shall not apply to the misuse or modification of **CONTRACTOR's** products by the **CITY** or any of its commissioners, agents, employees, and assigns, or to the operation or use of **CONTRACTOR's** products by the **CITY** or any of its commissioners, agents, employees, and assigns in a manner not contemplated by the Contract.

In the event of a claim, the **CITY** shall promptly notify the **CONTRACTOR** in writing by prepaid certified mail (return receipt requested), or by delivery through any nationally recognized courier service (such as Federal Express or UPS) which provides evidence of delivery at 5455 Pan American Blvd., North Port, FL 34287. Notification may also be provided by fax transmission to 941-423-2570.

The CITY shall provide all available information and assistance that the CONTRACTOR may reasonably require regarding any claim. This agreement for indemnification shall survive termination or completion of this Contract. The insurance coverage and limits required in this Contract may or may not be adequate to protect the CITY and such insurance coverage shall not be deemed a limitation on the CONTRACTOR's liability under the indemnity provided in this section. In any proceedings between the parties arising out of or related to this Indemnity provision, the prevailing party shall be reimbursed all costs, expenses and reasonable attorney fees through all proceedings (at both trial and appellate levels).

Compan	y Name:American Facility	Services, Inc.
Signatui	re of person authorized to bin	d the Company: <u>Alaro Collings</u>
	me and title of person above:	·
Date:	4/28/22	

THIS PAGE MUST BE COMPLETED AND RETURNED IF SUBMITTING A QUOTE.

AFFIDAVIT NOT APPLICABLE

# 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 American Facility Services, Inc. , the Bidder that has submitted the attached Submittal; 2. I am fully informed respecting the operation and employees 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 and subscribed before me this\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_ who 🗆 is personally known to me or $\square$ has produced his driver's license as identification. NOTARY/SEAL: Notary Public - State of <u>Georgia</u> Andrea Lorraine Nugent Print Name:

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

Commission No: \_\_\_\_\_

# Claiming Status as a North Port Local Business

# AFFIDAVIT not applicable

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

State of			
	SS.		
County of			
Before me, the undersigned authority, personally appeared:			_ who,
being first duly sworn, deposes and says that:			
	(Owner, Partner, Officer, Bidder that has submitted the	.,	nt) of
AND			
I am fully informed respecting the operation and employed AND	es of the Bidder;		
3. I affirm that the Bidder has maintained its primary physica a period of six (6) months or more before submitting this bi qualifying local address is			
AND		<u> </u>	
4. I affirm that at least fifty percent (50%) of the Bidder's en If requested by the City, the bidder will be required to provi affidavit. City of North Port reserves the right to request information given in this affidavit. Failure to do so will result	de documentation substantion supporting documentation	ating the information giver as evidence to substanti	ate the
Any bidder that misrepresents its status as a local business of City contracts for a period of three (3) years.	or North Port local business s	shall be barred from receiv	ing any
State of Florida County of			
Sworn to and subscribed before me this day of personally known to me or □ has produced his driver's licens		who	o□is
NOTARY SEAL:			
	Notary Public - Stat	te of Florida Georgia	
	Print Name:	Andrea Lorraine Nugen	t
	Commission No	N/A	

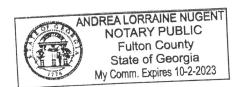
This page to be returned only if Contractor is claiming a North Port local business status.

#### 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.

ı, <u>Harold Angel</u>		, being an authorize	d representative of the
Respondent, <u>American Facility Services</u> ,	Inc.	, located a	at
1325 Union Hill Industrial Court, Suite A			
City: Alpharetta St	te: <u>GA</u>	Zip Code: <u>30004</u>	, have read
and understand the contents above. I furt	ner certify that	Respondent is not disq	ualified from replying
to this solicitation because of F.S. §287.13	<b>.</b> .		
Signature: Haid and	al	Date: <u>4/28/22</u>	
Telephone #:770-740-1613	Fax #: _	770-475-7720	_
Federal ID #:58-1950842			
STATE OF GEORGIA COUNTY OF FORSYTH			
Sworn to and subscribed before me this $\underline{2}$ who $\underline{\chi}$ is personally known to me or $\underline{}$ I			
		ublic - State of Ge	` (J
	Print Naı	me:Andr	ea Lorraine Nugent
	Commiss	sion No: W-004284	73

This page must be completed and submitted



# **NON-COLLUSIVE AFFIDAVIT**

State of <u>Georgia</u>	)
County of Forsyth	SS.
Before me, the undersigned authority, po	ersonally appeared:
	who, being first duly sworn, deposes and says that:
1. He/She is the Officer American Facility Services, Inc.	(City, Partner, Officer, Representative or Agent) of, the Respondent that has submitted the attached reply;
2. He/She is fully informed respecting to circumstances respecting such reply;	the preparation and contents of the attached reply and of all pertinent
3. Such reply is genuine and is not a collu	isive or sham reply;
in interest, including this affiant, have in a any other Respondent, firm, or person to attached reply has been submitted; or he or communication or conference with an or of any other Respondent, or to fix any any other Respondent, or to secure the advantage against (Recipient), or any personal respondent in the secure of	
Signed, sealed and delivered this	By: Nalold (22)
	Harold Angel
	(Printed Name) Vice President
	(Title)
STATE OF GEORGIA	
COUNTY OF FORSYTH	
Sworn to and subscribed before me this	28th day ofApril, 20_22 , by epersonally known to me or has produced his/her driver's license as
Harold Angel who X is identification.	$\Lambda$
	GENT (Mala Conaine Musim)
ANDREA LORRAINE NU NOTARY PUBLIC	GLITT C
Fulton County	A la
State of Georgia	0000
My Comm. Expires 10-2-	Commission No:N/A

## **DRUG FREE WORKPLACE FORM**

The undersigned bidder in accordance with Florida Statute §287.087 hereby certifies that <a href="Maintain: American Facility Services">American Facility Services</a> , Inc. does: (Company Name)
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 bidder complies fully with the above requirements.
Check one:
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 Harold Angel
Name

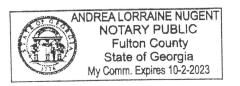
This page must be completed and submitted

Date

4/18/22

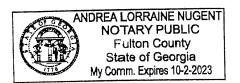
## LOBBYING CERTIFICATION

"The undersigned hereby certifies, to the best of his or her knowledge and belief, that":
STATE OFGEORGIA
COUNTY OF FORSYTH
This 28th day of April , 20 22, by Harold Angel , being
first duly sworn, deposes and says that he or she is the authorized representative of American Facility Services, Inc. (Name of the contractor, firm or individual), and that the
Contractor 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 <u>28th</u> day of <u>April</u> , <b>20</b> 22.
By: Harold angel
Harold Angel
(Printed Name)
Vice President (Title)
STATE OFGEORGIA
COUNTY OF FORSYTH
Sworn to and subscribed before me this <u>28th</u> day of <u>April</u> , 20 <u>22</u> , by <u>Harold Angel</u> who ⊠ is personally known to me or □ has produced his/her driver's license as identification.
Notary Public - State of Georgia Print Name: Andrea Lorraine Nugent
Commission No:W-00428473 THIS PAGE MUST BE SUBMITTED WITH BID



## RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT

	Scrutinized Company	Certification Form			
Company Name: American Facility S	ervices, Inc.				
Authorized Representative Name and Title:	Harold Angel, Vice F	President			
Address: 1325 Union Hill Industrial Court	City: <u>Alpharetta</u>	Sta	ate: GA	ZIP:	30004
Phone Number: 770-740-1613	Email Address:	anugent@amfacili	ty.com		
A company is ineligible to, and may not, bid of goods or services of any amount if, contract, the company is on the Scr 215.4725, or is engaged in a boycot	at the time of bidding utinized Companies tha	on, submitting a pro	posal for, or e	ntering into	or renewing suc
A company is ineligible to, and may not, bid of goods or services of \$1 million or measuch contract, the company is on the Activities in the Iran Petroleum Enemonage of the State of S	nore if, at the time of bid he Scrutinized Compan rgy Sector List, created	dding on, submitting ies with Activities in	a proposal for Sudan List, the	, or enterin e Scrutinize	ig into or renewin
	CHOOSE ONE OF T	HE FOLLOWING			
of the above-named company, and as company is not participating in a boyce of the above-named company, and as company is not participating in a boyce of the above-named company, and as company is not participating in a boy Scrutinized Companies with Activities in or Syria.	required by Florida Sta ott of Israel. is for goods or services required by Florida Sta cott of Israel, is not on	of \$1 million or more tutes, section 287.13 the Scrutinized Cor	5(5), I hereby e. As the perso 5(5), I hereby npanies with A	certify that n authorize certify that Activities ir	t the above-name ed to sign on beha t the above-name n Sudan List or th
I understand that pursuant to Florida Statut of the contract if one is entered in costs.  Certified By: AUTHORIZED REPRESENTATIVE SIG  Print Name and Title: Harold Angel, Vice Date Certified: 4/28/22	nto, and may subject the				
State ofGEORGIACounty of _FORSYTH  The foregoing instrument was acknowledged who is identification.		ne or who has produc		m	as 
Solicitation/Contract/PO Number (Completed by	Purchasing):				



#### **VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM**

STATE OF <u>GEORGIA</u> COUNTY OF FORSYTH

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: <u>American Facility Services, Inc.</u> (Vendor's Company Name)
Marola and (Vendor signature)
/ Harold Angel (Vendor's name printed)
Vice President (Title)
Sworn to and subscribed before me by means of $\square$ physical presence or $\square$ online notarization, this <u>28th</u> day
of <u>April</u> , 20 <u>22</u> , by <u>Harold Angel</u> , as <u>Vice President</u> .
andrealonaine Mugnit
Notary Public ` O
Personally Known <u>X</u> OR Produced Identification
Type of Identification Produced ANDREA LORRAINE NUGENT NOTARY PUBLIC

# CITY OF NORTH PORT BID BOND

In compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

business as a janitorial  Federal Insurance Company of the State of Indiana as Surety authorized to do business in the State of Florida held and firmly bound unto the City of North Po in good and lawful money of the United States o	American Facility Services, Inc, authorized by law to do contractor in the State of Florida, as Principal, and, a Corporation chartered and existing under the laws , with its principal offices in the City of
The condition of the obligation is such, that May 2, 2022 , for ( RFB 2022-16, Janitorial	whereas the Principal has submitted the attached Bid, dated Services for the City of North Port.).
10 days after the prescribed forms are presented North Port, Florida, in accordance with the bid as and sufficient surety or sureties as may be required Contract and for the prompt payment of all pers the event of failure to enter into such Contract are pay the City the difference between the amount	draw said bid prior to the date of opening the same, or shall within to him for signature enter into a written Contract with City of accepted and give a Performance and Payment Bond with good ired for the faithful performance and proper fulfillment of such sons furnishing labor or materials in connection therewith or, in ad give such bond within the time specified, if the Principal shall t specified in said bid and the amount for which the City may ded the latter amount to be excess of the amount specified in said herwise, to remain in full force and effect.
IN THE WITNESS WHEREOF, the above writted dated April 26, 2022, the name and corporate seal duly signed by its undersigned representative, put	en parties have executed this instrument under their several seals of each corporate party being hereto affixed and these presents arsuant to authority of its governing body.
Witness as to Principal:  (By)  Witness as to Surety:  Latin County	American Facility Services, Inc. (SEAL)  (Principal)  Angel  Printed Name Harold Angel  Federal Insurance Company (SEAL)  (Surety's Name)

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

(By-As Attorney-in-Fact, Surety) Mark W. Edwards, II, Attorney-in-Fact



# Power of Attorney

# Federal Insurance Company | Vigilant Insurance Company | Pacific Indemnity Company

each as their true and lawful Attorney-in-Fact to execute under such designation in their names and to affix their corporate seals to and deliver for and on their behalf as surety thereon or otherwise, bonds and undertakings and other writings obligatory in the nature thereof (other than bail bonds) given or executed in the course of business, and any instruments amending or altering the same, and consents to the modification or alteration of any instrument referred to in said bonds or obligations.

In Witness Whereof, said FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY have each executed and attested these presents and affixed their corporate seals on this 7th day of May, 2019.

Stephen M. Haney, Vice President

Drunn Chlores

Dawn M. Chloros, Assistant Secretary



STATE OF NEW JERSEY

County of Hunterdon

SS.

On this 7th day of May, 2019, before me, a Notary Public of New Jersey, personally came Dawn M. Chloros, to me known to be Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY, the companies which executed the foregoing Power of Attorney, and the said Dawn M. Chloros, being by me duly sworn, did depose and say that she is Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY and knows the corporate seals thereof, that the seals affixed to the foregoing Power of Attorney are such corporate seals and were thereto affixed by authority of said Companies; and that she signed said Power of Attorney as Assistant Secretary of said Companies by like authority; and that she is acquainted with Stephen M. Haney, and knows him to be Vice President of said Companies; and that the signature of Stephen M. Haney, subscribed to said Power of Attorney is in the genuine handwriting of Stephen M. Haney, and was thereto subscribed by authority of said Companies and in deponent's presence.

Notarial Seal



ROSE CURTIS
NOTARY PUBLIC OF NEW JERSEY
No. 50072400
Commission Expires November 22, 2022

Rose Curtis

#### CERTIFICATION

Resolutions adopted by the Boards of Directors of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY on August 30, 2016:

"RESOLVED, that the following authorizations relate to the execution, for and on behalf of the Company, of bonds, undertakings, recognizances, contracts and other written commitments of the Company entered into in the ordinary course of business (each a "Written Commitment"):

- (1) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company of otherwise.
- (2) Each duly appointed attorney-in-fact of the Company is hereby authorized to execute any Written Commitment for and on behalf of the Company, under the seal of the Company or otherwise, to the extent that such action is authorized by the grant of powers provided for in such person's written appointment as such attorney-in-fact.
- (3) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to appoint in writing any person the attorney-in-fact of the Company with full power and authority to execute, for and on behalf of the Company, under the seal of the Company or otherwise, such Written Commitments of the Company as may be specified in such written appointment, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (4) Each of the Chairman, the President and the Vice Presidents of the Company is hereby authorized, for and on behalf of the Company, to delegate in writing to any other officer of the Company the authority to execute, for and on behalf of the Company, under the Company's seal or otherwise, such Written Commitments of the Company as are specified in such written delegation, which specification may be by general type or class of Written Commitments or by specification of one or more particular Written Commitments.
- (5) The signature of any officer or other person executing any Written Commitment or appointment or delegation pursuant to this Resolution, and the seal of the Company, may be affixed by facsimile on such Written Commitment or written appointment or delegation.

FURTHER RESOLVED, that the foregoing Resolution shall not be deemed to be an exclusive statement of the powers and authority of officers, employees and other persons to act for and on behalf of the Company, and such Resolution shall not limit or otherwise affect the exercise of any such power or authority otherwise validly granted or vested."

I, Dawn M. Chloros, Assistant Secretary of FEDERAL INSURANCE COMPANY, VIGILANT INSURANCE COMPANY, and PACIFIC INDEMNITY COMPANY (the "Companies") do hereby certify that

- (i) the foregoing Resolutions adopted by the Board of Directors of the Companies are true, correct and in full force and effect.
- (ii) the foregoing Power of Attorney is true, correct and in full force and effect.

Given under my hand and seals of said Companies at Whitehouse Station, NJ, this April 26, 2022





Dawn M. Chlores

Dawn M. Chloros, Assistant Secretary

IN THE EVENT YOU WISH TO VERIFY THE AUTHENTICITY OF THIS BOND OR NOTIFY US OF ANY OTHER MATTER, PLEASE CONTACT US AT:
Telephone (908) 903-3493 Fax (908) 903-3656 e-mail: surety@chubb.com

#### **SECTION IV**

#### **BIDDER CHECKLIST**

This checklist is provided to assist each Bidder in the preparation of their bid response. Included in this checklist are important requirements, which is the responsibility of each Bidder to submit with their response in order to make their response fully compliant. This checklist is only a guideline it is the responsibility of each Bidder to read and comply with the Invitation to Bid in its entirety.

			BIDDERS RESPONSE		
ITEM	SUBMITTAL		INCLUDED		
#		YES	NO	N/A or OTHER	
1	Bidder has completed, signed and/or notarized all required forms and included <a href="mailto:theo.eigh.com/theo.eigh.com/">this</a> checklist with bid submittal	<b>~</b>			
2	All prices have been reviewed for mathematical accuracy, all price corrections initialed, and all price extensions and totals thoroughly checked.	>			
3	<b>Bid Form:</b> Separate excel spreadsheet to be saved in excel format to USB drive	>			
	Complete bid bond and acknowledge addenda signed by Binding authority	>			
	<b>Bid Schedule:</b> Completed (entered an amount in every line item) signed by Binding authority	<b>&gt;</b>			
4	Source of Supply and Subcontractor Form: Completed and signed.	>			
5	Statement of Organization: completed, signed and notarized. (The Bidder shall submit proof that the company is authorized to do business in the State of Florida. Bidder shall submit Registration Certificate from the Florida Department of State, Division of Corporations, establishing your company as eligible to conduct business in the State of Florida. Please refer to website <a href="https://www.sunbiz.org">www.sunbiz.org</a> .) Note: Bidder must submit proof that their firm name is registered with their State of origin if not a Florida company.	<b>&gt;</b>			
6	References and Experience: Completed and signed	>			
7	Conflict of Interest: Completed and signed	>			
8	<ul> <li>'Affidavit Claiming 'Local Business' <u>OR</u></li> <li>'North Port Local Business' <u>OR</u></li> <li>If neither 'X-through the documents'</li> </ul>	•			
9	Drug-Free Workplace (If Applicable): Completed and signed	<b>&gt;</b>			
10	Public Entity Crime Information: Completed, signed and notarized	<b>&gt;</b>			
11	Non-Collusive Affidavit: Completed, signed and notarized	<b>&gt;</b>			
12	No Lobbying Affidavit: Completed, signed and notarized	•			
13	Scrutinized Company Certification Form: Completed and Signed	<b>y</b>			
14	Standard Indemnification Agreement: Completed and Signed	<b>&gt;</b>			
15	Bid Bond (Attached)	<b>&gt;</b>			
16	Number of Originals: 1 (signed)	•			
17	Number of copies: 1 (signed)	<b>y</b>			
18	E-VERIFY: SIGNED	<b>&gt;</b>			
19	<b>USB Flash Drive:</b> One (1) electronic version in Portable Document Format (PDF) <b>or</b> Flash Drive containing the entire submittal. Tabulation in excel format ONLY	•			
	G. Flash Brive containing the entire sabilitation to executorilational				

## RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT

20	Insurance Certificate Bidder has reviewed all the insurance requirements and is			
	able to provide a certificate within ten (10) days of award and prior to the	<b>,</b>		
	commencement of any work activities.	,		
21	Credit Cards Does your company accept Credit Card Payments		>	
22	Is the Bid envelope marked accordingly:			
	LABEL FOR SEALED BID SHALL INCLUDE CONTRACTOR NAME AND THE			
	FOLLOWING:	J		
	RFB NO. 2022-16 JANITORIAL SERVICES FOR THE CITY OF NORTH PORT	Ť		
	City of North Port Purchasing Division			
	Geoff Thomas, Contract Administrator I			
	4970 City Hall, Suite 337			
	North Port, Florida 34286			

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