

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.

ITEDA "		BIDDERS RESPONSE				
ITEM #	SUBMITTAL	INCLUDED				
1997		YES	NO	N/A or		
1	Bidder has completed, signed and/or notarized all required and included this checklist with bid submittal					
2	State of Florida Registration: Proposer shall be registered with the State of					
	Florida to perform the professional services required for this proposal. A copy of Registration <u>must</u> be included with submission. If Other, explain on a separate sheet.					
3	Bid Form: Totals provided and signed by Binding authority	1				
	Acknowledge addenda signed by Binding authority					
	Bid Schedule: Completed (entered an amount in every line item) signed by Binding authority	V				
. 4	Statement of Organization: completed, signed and notarized	/				
5	References: Completed and signed	/				
6	Conflict of Interest: Completed and signed	V				
7	Equipment and Source of Supply/Subcontractors: Completed	1				
8	Drug-Free Workplace (If Applicable): Completed and signed					
	Florida Trench and Safety Affidavit (If Applicable): Completed and signed	V				
9	Public Entity Crime Information: Completed, signed and notarized	/				
10	Non-Collusive Affidavit: Completed, signed and notarized	/				
11	No Lobbying Affidavit: Completed, signed and notarized					
12	Bid Bond (Attached)	1				
13	Number of Originals: 1 (signed)	~				
14	Number of copies: 1 (signed)	/				
15	USB Flash Drive: One (1) electronic version in Portable Document Format (PDF)	V				
16	Insurance Certificate Bidder has reviewed all the insurance requirements and is able to provide a certificate	/				
17	Credit Cards Does your company accept Credit Card Payments		~			
18	LABEL FOR SEALED BID: RFB NO. 2018—02 SPRING HAVEN DRIVE RECLAIMED	/				
	WATER MAIN EXTENSION					
	City of North Port Purchasing Division					
	Alla V. Skipper, CPPB, Contract Specialist					
	4970 City Hall, Suite 337					
	North Port, Florida 34286					
	X .	1				

Date:	9/25/2017				
Signed (Perso	n authorized to bind the company):	A	Dn		•67
Name (printe	d):Scott M. Huber		Title:_	General Manager	

BID FORM

Name of Bidder: E.T. MacKenzie of Florida, Inc.	
Business Address: 6212 33rd Street East	
Bradenton, Florida 34203	
Telephone Number: 941.756.6760 Fax Number	: 941.756.6698
E-mail Address: shuber@mackenzieco.com	
Contractor License #: CUC1224469	
FEID #: 38-3204096	
performance of the Contract, and the cost of the work at tagrees to perform within the time stipulated in the Correquired to be performed, and to provide and furnish any and all utility and transportation services and design of cein a workmanlike manner, all of the work required in conformity with the plans and specifications and other Conformity with the plans and specifications and other Conformity with the plans and specifications and other Conformity with the plans and specifications. Technical Specifications, Special Provisions, Technical Specifications	the Contract documents, local conditions affecting the he place where the work is to be done, hereby proposes and stract, including all of its component parts and everything and all of the labor, material, tools, expendable equipment, rtain items necessary to perform the Contract and complete connection with the construction of said work all in strict contract documents for the prices hereinafter set forth. The has read the Request for Bids, Instructions to Bidders, ions & Conditions, Insurance Requirements, Bid Form, Permit and any other documentation for: SPRING HAVEN DRIVE
RECLAIMED WATER MAIN EXTENSION and further agree	nes to furnish all items listed on the attached Bid Form in on the bid schedule form submitted. The above specified
those named herein; that this submittal is made with he/she proposes and agrees, if the proposal is accepted	ons or parties interested in this submittal as principals are out collusion with any person, firm, or corporation; and I, that he/she will execute a Contract with the CITY in the e will accept in full payment thereof the following prices, to
TOTAL BID PRICE: FOUR HUNDRED TWENTY-TWO THE SEVEN HUNDRED SIXTY DOLLARS:	PUSAND, - 9/100. \$ 422,760.00 (NUMERIC)
(TYPE/PRINT)	(NUMERIC)
Date: 9/25/2017	·
Signed (Person authorized to bind the company):	pr
Name (printed): Scott M. Huber	Title: General Manager

Through the signing of this Bid Form, Bidder attests his, (90) DAYS from the date of the official bid opening.	/her bid is guaranteed for a	period of not less than NINETY
Enclosed is a cashier's check or bid bond in the amou "Bidder's Bond", or "Cashier's Check", as the case ma amount of the bid, payable to the <u>City of North Port</u> . Cas Note: Failure to submit a bid bond will be cause for rejo	a y be) in an amount equal shier's checks will be returne	and not less than 5% of the total
The undersigned deposits the above-named security as CITY as liquidated damages in case this proposal is accontract with the CITY as specified in the contract docu faithful performance bonds with sureties satisfactory to insurance coverage. Should the CITY be required to enforcement of this bid, bidder promises to pay CITY'S remainder.	ccepted by the CITY and the Liments accompanied by the to the CITY, and accompani engage the services of an	ne undersigned fails to execute a e required labor and material and led by the required certificates of attorney in connection with the
PERFORMANCE AND PAYMENT BOND: The undersigned Payment Bond in the amount of 100% of the total proaward to the Purchasing Department. The undersigned Performance and Payment Bond with Sarasota County of the Bond shall be furnished to the Purchasing Department.	oject price within ten (10) o I shall be responsible and b Clerk's Office. Receipt of said	calendar days after notification of bear all costs associated to record d recording and a certified copy of
All contract documents (i.e.; performance and payme "City of North Port".	nt bond, cashier's check, b	id bond) shall be in the name of
The successful bidder shall be responsible for furnishing Neighborhood Expansion Pilot Program in accordance Utilities Department.	ng all equipment, labor, m with the plans and specifica	aterials and tools required for the ations so entitled, prepared by the
The undersigned acknowledges receipt of the following included in the bid price.	g addenda, and the cost, if	any, of such revisions has been
Addendum No. <u>1</u> Dated 9/13/2017	Addendum No	Dated
Addendum No. 2 Dated 9/19/2017	Addendum No	
Addendum NoDated	Addendum No	Dated
Date: 9/25/2017	1	-
Signed (Person authorized to bind the company):		
Name (printed): Scott M. Huber	Title:General Ma	nager

	DESCRIPTION	иом	EST. QTY	UNIT COST	TOTAL
2A	12-INCH PVC C-900, DR-18 PIPE AND FITTINGS	LF	260	\$ 46.00	\$ 11,960.00
2B	12-INCH PVC C-900, DR-18 R.J. PIPE AND FITTINGS	LF	320	\$ 56.00	\$ 17,920.00
2C	12-INCH PVC C-900, DR-14 PIPE AND FITTINGS	LF	2100	\$ 65.00	\$ 136,500.00
2D	12-INCH PVC C-900, DR-14 R.J. PIPE AND FITTINGS	LF	930	\$ 68.00	\$ 63,240.00
1201	12-INCH HDPE DR-11 DIRECTIONAL BORE UNDER DRIVEWAY AT STA 32+60	LF	104	\$ 153.00	\$ 15,912.00
3B	12-INCH HDPE DR-11 DIRECTIONAL BORE UNDER DRIVEWAY AT STA 38+20	LF	800	\$ 134.00	\$ 107,200.00
	12-INCH HDPE DR-11 OPEN TRENCH UNDER BOX CULVERT AT STA 22+35	LF	127	\$ 104.00	\$ 13,208.00
4	6-INCH STUB-OUT WITH GATE VALVE	EA	2	\$ 2,830.00	\$ 5,660.00
5	AIR RELEASE ASSEMBLY	EA	2	\$. 1,440.00	\$ 2,880.00
6A	CONNECTION TO EXISTING 16-INCH STUB-OUT AT PAN AMERICAN BOULEVARD	LS	1		\$ 2,925.00
6B	CONNECTION TO EXISTING 6-INCH MAIN AT DRIVEWAY AT STA 38+20	LS	1		\$ 6,210.00
6C	CONNECTION TO EXISTING 6-INCH AND 12-INCH MAINS AT WEST PRICE BOULEVARD	LS	1		\$ 6,710.00
20010-0	DEFLECTION AT FUTURE STORM CULVERT OR UTILITY MAINS	EA	5	\$ 2,300.00	\$ 11,500.00
		SUBT	TOTAL BID		\$ 401,825.00
1	Mobilization/Demobilization (shall not exceed 5% of the subtotal bid)	LS	1		\$ 20,935.00
			TOTAL BID	\$ -	\$ 422,760.00

SIGNATURE (Person authorized to bind the company): _

NAME (printed): Scott M. Huber, General Manager

DATE: September 25, 2017

THIS PAGE MUST BE COMPLETED AND SUBMITTED

REVISED – PER ADDENDUM #2

EQUIPMENT LIST

Equipment is located at:	Various Jobsites					
The following is a listing shall be listed in accorda			ufacturer, year a	nd condition. Condi		
1-Excellent; 2-Good; 3-F	air; 4-Poor. (Attach add	itional sheets,	ifrequired.)			
Equipment	Manufacturer	Year	Condition	Leased/Owned (I leased, date of expiration)		
321 Excavator	CAT	2015	1	Own		
950 Loader	CAT	2016	1	Own		
D3 Dozer	CAT	2015	1	Own		
** See additional sheet at	tached					
er does not have a source rmined, selection will be su	ubject to City approval.	oe determined (If not applical UPPLIER(S)	1". When a sour ble, state N/A).	ce or subcontractor		
. To be determined	- Allerton					
•						
: 9/25/2017		/				
ed (Person authorized to bind t	the company):	pn				

THIS PAGE MUST BE COMPLETED AND SUBMITTED

Name (printed): Scott M. Huber

Title: General Manager

E.T. MacKenzie of Florida, Inc.

Equipment List

Equipment Manufacturer		Year	Condition	Leased / Owned
420D Backhoe	CAT	2005	2	Own
Box Blade	CASE	2006	2	Own
305 Excavator	CAT	2016	1	Own
314 Excavator	CAT	2014	1	Own
Plate Compactors	Various	Various	2	Own
Pumps	Various	Various	2	Own

SUBCONTRACTOR FORM - PART A

The following subcontractors shall be used for the SPRING HAVEN DRIVE WATER MAIN EXTENSION. If bidder does not have a subcontractor, insert "to be determined." When determined, selection will be subject to City approval. All subcontractors are subject to City approval. (If not applicable, state N/A).

					 						!		
Percent of total	contract				:			ii.					
Total Amount	Sublet							Contact email					
			A THE STATE OF THE					Contact Number					
								Contact Name			The state of the s		
Work Description						The second secon	A LANCA CANADA C						
Tier Subcontract to								SSS			And the state of t	and the state of t	Territoria de la constanta de
Tier								Address	L				
Subcontractor Name		To be determined		ALLE AND ADDRESS OF THE ALL ADDRESS OF THE ADDRE	Account to the state of the sta			Subcontractor Name	To be determined	And the state of t			

Date: 9/25/2017

Signed (Person authorized to bind the company): __

Name (printed): Scott M. Huber

Title: General Manager

SUBCONTRACTOR FORM - PART B

The following subconsectors were used for the SPRING HAVEN DRIVE WATER MAIN EXTENSION. This form MUST be submitted with final invoice.

	FACILITIES FOR CKCLE	SPROJECT Business Certified MBE Non-Certified MBE UNKNOWN Classification Class	AMERICAN WOMAN NATIVE AMERICAN ASIAN/HAWAIIAN AMERICAN HISPANIC AMERICAN AMERICAN AMERICAN MOMAN NATIVE AMERICAN ASIAN/NAWAIIAN AMERICAN HISPANIC AMERICAN AFRICAN AFRICAN AFRICAN AFRICAN SMALL BUSINESS Section 288.703(1) F.S. NON-MINORITY						ed to bind the company):	
/	S FOR	TEST SPROJECT	Names of Subcontractors Utilitized		The state of the s		AND THE RESIDENCE OF THE PARTY	9/25/2017	Signed (Person authorized to bind the company):	

This page must be completed and submitted WITH FINAL INVOICE

QUALIFICATIONS AND REFERENCES

The Bidder (Company) shall have been in COMMERCIAL CONSTRUCTION BUSINESS WITH EXPERIENCE in projects involving water distribution infrastructure or other similar structures. Bidder shall demonstrate successful completion of a minimum of four (4) projects completed within the past five (5) years of similar size and scope to the SPRING HAVEN DRIVE RECLAIMED WATER MAIN EXTENSION. Three of the six references shall be directly applicable to the horizontal directional drill (HDD) work of this Project. See Special Provision 56.

1. Business/Customer Name: Sarasota County
Name of Contact Person/Title:Jon Cole, P.E.
Telephone# 941.475.7981 Fax E-mail jcole@gwefl.com
Address
Phone Number
Duration of Contract or business relationship
Type of Services Provided 20" HDD of 3,100 LF, 20" PVC open cut of 7,100 LF
Contract Period: FROM <u>03/2015</u> TO <u>06/2017</u>
Contract Price \$ 16 million Contract Price at Completion of the Project \$
2. Business/Customer Name: City of North Port
Name of Contact Person/Title: Alla Skipper
Telephone# 941.429.7172 Fax E-mail askipper@cityofnorthport.com
Address
Phone Number
Duration of Contract or business relationship 04/2013 to 04/2014
Type of Services Provided 18" HDD of 6,670 LF, 16" & 18" PVC open cut of 14,000 LF
3. Business/Customer Name: Lakewood Ranch Stewardship District
Name of Contact Person/Title: Bob Simons
Date: 9/25/2017
Signed (Person authorized to bind the company):
Name (printed): Scott M. Huber Title: General Manager

Telephone#941.755.6574Fax	_E-mail_bob.simons@lakewoodranch.com
Address 14400 Covenant Way, Lakewood Ranch, F	L 34202
Contract Period: FROM 12/2016	то3/2017
Contract Price \$ 935,000 Contract Price	at Completion of the Project \$ 1,005,000
Phone Number	
Duration of Contract or business relationship	
Type of Services Provided 16" HDD of 1,400 LF, 16"	PVC open cut of 2,660 LF
Contract Period: FROM	TO
Contract Price \$ Contract Price	at Completion of the Project \$
4. Business/Customer Name: Plany City Design / Bi	uild Project
Name of Contact Person/Title: Ferdie Barnard, P.E.	
Telephone# 941.365.5500 Fax	E-mail Ferdie.Barnard@stantec.com
Address	
Phone Number	
Duration of Contract or business relationship	
Type of Services Provided 12" HDD of 1,395 LF, 12"	PVC open cut 2,100 LF
Contract Period: FROM <u>5/2015</u>	то 10/2016
Contract Price \$ 7 million Contract Price	at Completion of the Project \$ <u>7 million</u>
Date: 9/25/2017	A
Signed (Person authorized to bind the company):	for
Name (printed): Scott M. Huber	Title: General Manager

STATEMENT OF ORGANIZATION

(Information Sheet for Transactions and Conveyances Corporation Identification)

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

Company Name E.T.	MacKenzie of Florida, In	С.
941,756.6760	shuber@macker	zieco.com 941.756.6698
Telephone #	E-Mail	Fax #
6212 33rd Street East		
Main Office Address		
Bradenton	Florid	la 34203
City	State	Zip Code
Address of Office Servicing Office Address	City of North Port, if diffe	rent than above: X SAME AS ABOVE
City	State	Zip Code
Telephone #	E-mail	Fax #
Scott M. Huber, Gener	al Manager	
Name & Title of Firm Repr		
Federal Identification Num	nber: 38-3204096	
Bidder shall submit proof t law.	hat it is authorized to do b	usiness in the State of Florida unless registration is not require
. It's plante comments		(Please Check One)
Is this a Florida Corporatio	m:	X Yes or No
If not a Florida Corporation		
In what state was i Name as spelled in		
What kind of corporation i		X "For Profit" or "Not for Profit"

XYes No Is it in good standing: Authorized to transact business Yes No or in Florida: 38-3204096 State of Florida Department of State Certificate of Authority Document No.:__ χNο Yes Does it use a registered fictitious name: Names of Officers: President: Michael Marks Secretary: Stephanie MacKenzie Vice President: Tom MacKenzie Treasurer: Stephanie MacKenzie Director: Director: Other: Other: Name of Corporation (As used in Florida): E.T. MacKenzie of Florida, Inc. (Spelled exactly as it is registered with the state or federal government) Corporate Address: Post Office Box: City, State Zip: 4248 W. Saginaw Hwy Street Address: Grand Ledge, MI 48837 City, State, Zip: STATE OF Florida COUNTY OF ____ Manatee Sworn to and subscribed before me this <u>25</u> day of <u>SEPT.</u>, 20<u>17</u>, by <u>Scott M. Huber</u> who \(\bar{\D} \) is personally known to me or \square has produced his/her driver's license as identification. Notary Public - State of Florida KYLE C. COULTHART Print Name: KycElCouruses My Commission Expires February 20, 2016 Commission No: ____ 9/25/2017 Date: Signed (Person authorized to bind the company): Name (printed): Scott M. Huber General Manager Title:

RFB NO. 2018-02 SPRING HAVEN DRIVE RECLAIMED WATER MAIN EXTENSION

This page must be completed and submitted

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:

PART I.	
☐ la	am an employee, public officer or advisory board member of the City(List Position Or Board)
_	am the spouse or child of an employee, public officer or advisory board member of the City ame:
pa m er ch	n employee, public officer or advisory board member of the City, or their spouse or child, is an officer, artner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" leans direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business of the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor nild. ame:
_	espondent employs or contracts with an employee, public officer or advisory board member of the City ame:
X N	one of The Above
PART II:	
Are you go	oing to request an advisory board member waiver?
	will request an advisory board member waiver under §112.313(12)
IV	will NOT request an advisory board member waiver under §112.313(12)
X N	/A
	shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify its whose conflicts are not waived or exempt.
Date: 9/2	25/2017
Signed (P <i>ersor</i>	n authorized to bind the company):
Name (printed	a): Scott M. Huber

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, Scott M. Huber	, being an authorized representative of the Respondent
E.T. MacKenzie of Florida, Inc.	
Located at: 6212 33rd Street East	
City: Bradenton State: FL	Zip Code: <u>34203</u> , have read and understand
the contents above. I further certify that Respondent is	not disqualified from replying to this solicitation because of F.S.
§287.133.	
Signature:	Date:9/25/2017
Telephone #:941.756.6760	Fax #: 941.756.6698
Federal ID #: 38-3204096	E-mail: shuber@mackenzieco.com
State of Florida County of Manatee	
•	SEPT: , 20 17 , by Scott Huber who 🛚 who 🖺 license as identification.
NOTARY SEAL:	Ble C. Coulthant
KYLE C. COULTHART Commission # FF 85098 My Commission Expres February 20, 2018	Notary Public - State of Florida Print Name: Kyle C. Coulther Commission No:
Date: 9/25/2017	
Signed (Person authorized to bind the company):	pv
Name (printed): Scott M. Huber	/ title:General Manager

DRUG FREE WORKPLACE FORM

(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 Respondent complies fully with the above requirements. Check one: Signature Scott M. Hubber Print Name 9/25/2017 Date	The -		Respondent enzie of Florid		rdance	with	Florida	Statute does		hereby	certifies	that
 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. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1). 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. 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. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section. As the person authorized to sign the statement, I certify that Respondent complies fully with the above requirements. Check one: As the person authorized to sign this statement, this firm does not comply fully with the above requirements. Signature Print Name 9/25/2017 	(or use of a con	catement notify trolled substand	ing emplo ce is prohil	oited in	at the u the wor	nlawful m kplace an	nanufactur nd specifyir	e, distributi ng the actio	on, dispe ns that wi	nsing, poss II be taken	ession, against
4. In the statement specified in subsection (1). 4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction. 5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted. 6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section. As the person authorized to sign the statement, I certify that Respondent complies fully with the above requirements. Check one: 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 Scott M. Huber Print Name 9/25/2017	2	2. Inform em drug free work	ployees about toplace, any ava	the dangei ilable drug	rs of dru	eling, re	habilitati	on, and er				
commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction. 5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted. 6. Make a good faith effort to continue to maintain a drug free workplace through implementation of this section. As the person authorized to sign the statement, I certify that Respondent complies fully with the above requirements. Check one: As the person authorized to sign this statement, I certify that this firm complies fully with above requirements. Signature Scott M. Huber Print Name 9/25/2017		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						copy of				
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As the person authorized to sign the statement, I certify that Respondent 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 Scott M. Huber Print Name								ilitation				
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 Scott M. Huber Print Name 9/25/2017	1	6. Make a go	od faith effort to	o continue	to main	tain a d	rug free v	vorkplace t	hrough imp	lementati	ion of this	section.
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 Scott M. Huber Print Name 9/25/2017	,			gn the stat	tement,	l certify	that Res	pondent co	omplies full	y with the	above	
requirements. As the person authorized to sign this statement, this firm does not comply fully with the above requirements. Signature Scott M. Huber Print Name 9/25/2017	•	Check one:										
As the person authorized to sign this statement, this firm does not comply fully with the above requirements. Signature Scott M. Huber Print Name 9/25/2017		X	="		d to sigr	n this sta	atement,	l certify the	at this firm	complies t	fully with	above
Print Name 9/25/2017			As the person	authorize	d to sign	this sta		····	oes not con	nply fully (with the al	oove
					Scot	tt M. H		ame				
						9/25	/2017 Date		<u>.</u>			

This page must be completed and submitted

SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT

(Complete if applicable)

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

1.	This Sworn Statement is submitted with Bid No. <u>20</u> <u>Drive Reclaimed Water Main Extension</u>	<u>018-02</u> for the construction of <u>Sprin</u>	g Haven			
2.	This Sworn Statement is submitted by $E.T.Ma$	acKenzie of Forida, Inc.	whose			
	business address is <u>6212 33rd Street East</u> , <u>Brad</u> Employer Identification Number (FEIN) is <u>38</u>	lenton, FL 34203 and (if app 3-3204096 .	olicable) its Federal			
3.	My name is <u>Scott M. Huber</u> INDIVIDUAL SIGNING) and hold the position of above entity.		TYPED NAME OF with the			
4.	The Trench Safety Standards that will be in effec Section 553.60-55.64, Trench Safety Act, and OSH		ect are Florida Statute			
5.	The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the City, and any of their agents or employees from any claims arising from the failure to comply with said standard.					
6.	The undersigned has appropriated $\$$ 1.00	per linear foot of	trench to be			
	excavated over 5' deep for compliance with the a the following procedures: trench sloping		mply by instituting			
7.	The undersigned has appropriated $\frac{NA}{NA}$ safety requirements and intends to comply by ins		nce with shoring			
8.	The undersigned, in submitting this Bid, represer geotechnical information and made such other in adequately design the trench safety system(s) here.	nvestigations and tests as he or she m				
Swor	orn to and subscribed before me	Authorized Signature/Title Scott M. Huber, General Ma				
this	s 9/25/2017	16 C. Cool	thent			
	(date)	Notary Public Signature				
M	Commission Emirary	(Notary S	ieal)			
iviy C	Commission Expíres:	Commiss	COULTHART OF # FF 85098 MISSION EXPLOS DITY 20, 2018			

LOBBYING CERTIFICATION

"The un	dersigned hereby certifies, to the best of his or her knowledge and belief, that":
STATE C	PF_Florida
COUNTY	OF Manatee
This 25: that he condition individue any mate officials, respect outlined manage question for imm tome as (a) No Condition for imm for imm tome as (b) No Condition imm for im	th day September of 2015 Scott M. Huber, being first duly sworn, deposes and says or she is the authorized representative of E.T. MacKenzie of Florida, Inc. (Name of the contractor, firm or al), and that the vendor and any of its agents agree to have no contact or communication with, or discuss the terrelated in any way to any active City of North Port solicitation, with any City of North Port elected, officers, their appointees or their agents or any other staff or outside individuals working with the city in to this request other than the designated Procurement Official Contact and to abide by the restrictions in the General Terms and Conditions of the Solicitation. Technical questions directed to the project refers is prohibited. These persons shall not be lobbied, either individually or collectively, regarding any has for bid, proposal, qualification and/or any other solicitations released by the city. To do so is grounds rediate disqualification from the selection process. The selection process is not considered final until such as the Commission has made a final and conclusive determination. City appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person influencing or attempting to influence either directly or indirectly an officer or employee of the City, City
(b) If an atte with	nmission in connection with the awarding of any City Contract. y funds other than City appropriated funds have been paid or will be paid to any person for influencing or empting to influence a member of City Commission or an officer or employee of the City in connection that this contract, the undersigned shall complete and submit Standard Form-L "Disclosure Form to Report bying", in accordance with its instructions.
STATE OF COUNTY OF	
Sworn to and	d subscribed before me this <u>26</u> day of <u>Seff.</u> , 20 <u>17</u> , by <u>Scott Huber</u> who known to me or □ has produced his/her driver's license as identification. Notary Public - State of Florida Print Name: <u>Kyce C. Courruser</u>

THIS PAGE MUST BE SUBMITTED WITH BID

NON-COLLUSIVE AFFIDAVIT
State of Florida SS.
County of Manatee
Before me, the undersigned authority, personally appeared:Scott M. Huber
who, being first duly sworn, deposes and says that:
1. He/She is the <u>General Manager</u> (Owner, Partner, Officer, Representative or Agent) of <u>E.T. MacKenzie of Florida, Inc.</u> , the Respondent that has submitted the attached reply;
 He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;
3. Such reply is genuine and is not a collusive or sham reply;
4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any Respondent, firm, or person to fix the price or prices in the attached reply or of any other Respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other Respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.
Signed, sealed and delivered this 25 day of 557. 20 17.
Ву:
Scott M. Huber
(Printed Name)
General Manager
State of Florida
County of Manatee
Control Contro
Sworn to and subscribed before me this 25 day of 56 , 2017 , by 8 scott Huber who 8 is personally known to me or 9 has produced his driver's license as identification.
is personally known to the or a has produced his driver's needse as identification.
NOTARY SEAL: Ble C. Coulfhart
KYLE C. COULTHART Notary Public - State of Florida Commission # FF 85098
KYLE C. COULTHART Commission # FF 85098 My Commission Expres February 20, 2018 Notary Public - State of Florida Print Name: Kyle C. Coulthart Commission Expres February 20, 2018
Commission No:
Date: 9/25/2017
Signed (Person authorized to bind the company):
Name (printed): Scott M. Huber Title: General Manager

ACKNOWLEDGEMENT OF TERMS, CONDITIONS, AND GRANT CLAUSES

The Terms and Conditions from the Grant Agreement

Subcontracts: If the Bidder subcontracts any portion of the work under this Agreement, a copy of the signed subcontract must be available to the City of North Port for review and approval. The bidder agrees to include in the subcontract that:

(1) the subcontractor is bound by the terms of this Agreement;

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- (2) the subcontractor is bound by all applicable state and federal laws and regulations; and
- (3) the subcontractor shall hold the City of North Port, grant recipient and granting agency harmless against all claims of whatever nature arising out of the subcontractor's performance of work under this Agreement, to the extent allowed and required by law.

Federal Provisions

On behalf of the Bidder, I acknowledge, and agree to perform all of the specifications and grant requirements identified in this solicitation document(s).

SIGNATURE:		
COMPANY NAME:	E.T. MacKenzie of Florida, Inc.	
DATE:	9/25/2017	

THIS PAGE MUST BE SUBMITTED



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD 2601 BLAIR STONE ROAD TALLAHASSEE FL 32399-0783

(850) 487-1395

COULTHART, KYLE C E T MACKENZIE OF FLORIDA INC 6814 REGENTS VILLAGE WAY FL 33572 APOLLO BEACH

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CUC1224469

ISSUED: 07/13/2016

CERT UNDERGROUND & EXCAV CNTR COULTHART, KYLE C ET MACKENZIE OF FLORIDA INC

IS CERTIFIED under the provisions of Ch.489 FS Expiration date AUG 31, 2018

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER

CUC1224469

The UNDERGROUND UTILITY & EXCAVATION CO Named below IS CERTIFIED

Under the provisions of Chapter 489 FS. Expiration date: AUG 31, 2018

COULTHART, KYLE C E T MACKENZIE OF FLORIDA INC 6814 REGENTS VILLAGE WAY APOLLO BEACH FL 33572



E. T. MacKenzie of Florida, Inc.

Minutes of the Special Meeting of the Board of Directors

The Special Meeting of the Directors of E. T. MacKenzie of Florida, Inc. was held at the corporate office of the corporation at 4248 W. Saginaw Hwy in the Township of Oneida, County of Eaton, State of Michigan, on December 21, 2016, at 11:30 a.m., pursuant to a written waiver of notice of such meeting signed by the Corporate Secretary affixing the time, date, and place of said meeting.

Michael S. Marks, Thomas E. MacKenzie, and Stephanie L. MacKenzie, the directors and shareholders of the corporation, were present. Upon motion duly made, seconded and carried, the following resolutions were adopted:

RESOLVED, that Scott M. Huber, General Manager, is hereby authorized for and on behalf of said corporation to act for the business in all matters connected with its contracting business and to sign the following contract related documents: bids, contracts, and contract change orders for the period January 1, 2017 to December 31, 2017.

RESOLVED, that Michael S. Marks, President of the corporation, is hereby authorized for and on behalf of said corporation to act for the business in all matters connected with its contracting business and to sign all contract related documents, including bids, bid bonds, contracts and contract change orders for the period January 1, 2017 to December 31, 2017.

There being no further business to be transacted, the meeting was, upon motion duly made, seconded and carried, adjourned.

Dated: December 21, 2016

Stephanie L. MacKenzie,

Director, Shareholder, and Secretary
of the Meeting