

SECTION VI
BIDDER CHECKLIST

BEFORE SUBMITTING YOUR BID MAKE SURE YOU...

- ☒ 1. Carefully read the General Terms & Conditions, Special Conditions and the General Requirements and Insurance Requirements. (Bidder has reviewed all the insurance requirements and can provide a certificate within ten (10) days of award.).
- ☐ 2. Fill out and sign Bid Form (acknowledge addenda, bond information, subcontractors and suppliers, if applicable).
- ☒ 3. Fill out Bid Price Schedule (unit prices must be filled in every block).
- ☒ 4. Fill out and sign the Statement of Organization and have it properly notarized.
- ☐ 5. Provide State of Florida Registration (<http://www.sunbiz.org/search.html>)
- ☒ 6. Fill out and sign the Non-Collusive Affidavit and have it properly notarized.
- ☒ 7. Fill out and sign the Conflict of Interest Form
- ☒ 8. Fill out the Reference Form
- ☒ 9. Fill out and Sign the Vendor Drug Free Workplace Form.
- ☒ 10. Fill out and sign the "Local Business Affidavit" or "North Port Local Business Affidavit", if applicable.
- ☒ 11. Fill out and sign Public Entity Crime Information
- ☒ 12. Fill out and sign No Lobbying Affidavit
- ☐ 13. Provide CD or USB drive (pdf of submittal)
- ☒ 14. Provide any additional documentation requested within the Bid Document.
- ☐ 15. Submit ONE (1) Original AND ONE (1) Copy of submittal.
- ☒ 16. **CREDIT CARDS** Does your company accept Credit Card Payments? (Credit card payments will be processed upon the City's inspection and acceptance of goods/services and receipt of invoice for payment. The City will not pay fees for credit card transactions). ☐ YES ☒ NO
- ☒ 17. Clearly mark the sealed bid with the BID NUMBER AND BID NAME on the outside of the package.

City of North Port Purchasing Division
Lindsay Louke, Contract Specialist
4970 City Hall, Suite 337
North Port, Florida 34286

RFB NO. 2018-14 REBID - Pine Park Walking Paths

Make sure your BID is submitted PRIOR to the deadline.

Late BIDS will not be accepted.

Failure to provide the requested attachments may result in your BID being deemed non-responsive.

INCLUDE THIS CHECKLIST WITH SUBMITTAL

BID SCHEDULE - ESTIMATED QUANTITIES

Bidders shall plan to verify all quantities AND Unit of Measure (UOM) in the schedule of values. All quantities/UOM shall be stated in the Bidder verified column even if they agree with the City.

Bidder should **NOT** reference the words “No Charge, N/A, included: dash, etc.” on any of the line items. Bidder is requested to identify a monetary amount for each **UNIT PRICE** line item. If bidder is not providing a **bid price for an item**, **zero (0) should be designated on that line item. BIDDER TO PROVIDE A MONETARY VALUE IN THE UNIT PRICE COLUMN.** Leaving the Unit Price column empty may cause bidder's to be deemed non-responsive and bid response be rejected.

NO.	DESCRIPTION	UOM	ENG EST. QTY	BIDDER VERIFIED UOM	BIDDER VERIFIED QTY	UNIT PRICE	EXTENDED PRICE
1	Mobilization & Demobilization	LS	1	1	1	\$8,400.00	\$8,400.00
2	General Conditions	LS	1	1	1	\$8,472.00	\$8,472.00
3	Site Work	LS	1	1	1	\$21,200.00	\$21,200.00
4	Silt Fence	LS	1	1	1	\$5,040.00	\$5,040.00
5	Bahia Sod	SY	1970	1970	1970	\$4.48	\$8,820.00
6	Tactile Surface H/C Mats	EA	2	2	2	\$700.00	\$1,400.00
7	1 ½" Flexi-Pave HD 2000 over 4" #57 stone (Walking Path detail shown on Sheet C7)	SF	3540	3540	3540	\$12.28	\$43,460.00
8	4" Concrete pad w/1" Flexi-Pave at 3 bench locations detail shown on Sheet C7	SF	120	120	120	\$15.00	\$1,800.00
TOTAL BID							\$98,592.00

NOTICE NEEDED PRIOR TO COMMENCEMENT

14

Calendar Days

Please note the following clarifications to the specifications:

- Included in the specifications are three (3) Park Benches and three (3) Trash Receptacles, shown on the site plan and detail sheet C7. These benches and receptacles will be provided by the City. Bidder shall include labor time to install the benches and receptacles in bid pricing.
- Included in the specifications are an electrical and lighting portion for this project. The electrical and lighting are complete, and there is no need to provide any bid pricing for these items.

COMPANY NAME:

Peak Power Services, Inc.

NAME/TITLE OF PERSON AUTHORIZED TO BIND:

Kevin Boyles Regional Account Manager

This page must be completed and submitted

EQUIPMENT LIST

Equipment is located at: Sunbelt Rentals

The following is a listing of your equipment, inclusive of manufacturer, year and condition. Condition shall be listed in accordance with the following scale: **1-Excellent; 2-Good; 3-Fair; 4-Poor.** (Attach additional sheets, if required.)

Description	Manufacturer	Year	Condition	Leased/Owned (If leased, date of expiration)
Bobcat	TBD	new	1	rental
Compact Roller	TBD	new	1	rental

COMPANY NAME: Peak Power Services, Inc.

NAME/TITLE OF PERSON AUTHORIZED TO BIND: Kevin Boyles Regional Account Manager

This page must be completed and submitted

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **2018-14 PINE PARK FLEXI-PAVE WALKING PATHS - REBID**. 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). Contractor shall furnish to City a list of all subcontractors prior to any payments against the Contract. All subcontractors are subject to City approval.

SUBCONTRACTOR(S)

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

1. This job will be performed in house no subs.
2. _____
3. _____

SUPPLIER(S)

1. KBI Clearwater, FL
2. Parkers SOD Port Charlotte, FL
3. _____

NOTICES:

Any notice, demand, communication, or request required or permitted hereunder shall be sent by certified mail, return receipt requested, and shall be mailed to:

As to CITY:
Project Manager
Neighborhood Development Services
6644 Price Blvd.
Tel: 941.240.8000
Fax: 941.240.8022

As to CONTRACTOR (NAME AND ADDRESS):
Tel:
Fax:
E-mail:

Notices shall be effective when received at the addresses specified above. Changes in the respective addresses which such notice is to be directed may be made from time to time by either party by written notice to the other party. Facsimile transmission is acceptable notice effective when received, however, facsimile transmissions received after 5:00 pm or on weekends or holidays, will be deemed received on the next business day. The original of the notice must additionally be mailed as required herein. Nothing in this Article shall be construed to restrict the transmission of routine communications between representatives of Contractor and City.

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.

- ☐ I am an employee, public officer or advisory board member of the City
_____ (List Position Or Board)
- ☐ I am the spouse or child of an employee, public officer or advisory board member of the City
Name: _____
- ☐ An employee, public officer or advisory board member of the City, or their spouse or child, is an officer, partner, director, or proprietor of Respondent or has a material interest in Respondent. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of [§112.313], indirect ownership does not include ownership by a spouse or minor child.
Name: _____
- ☐ Respondent employs or contracts with an employee, public officer or advisory board member of the City
Name: _____
- ☒ None Of The Above

PART II:

Are you going to request an advisory board member waiver?

- ☐ I will request an advisory board member waiver under §112.313(12)
- ☐ I will NOT request an advisory board member waiver under §112.313(12)
- ☒ N/A

The City shall review any relationships which may be prohibited under the Florida Ethics Code and will disqualify any bidders whose conflicts are not waived or exempt.

COMPANY:

Peak Power Services, Inc.

SIGNATURE:

[Signature]

This page must be completed and submitted

ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

REFERENCES/CLIENT LISTING:

Provide three (3) satisfactory references within the past five (5) years of similar nature and scope.

1. Company/Entity Name: AT+T
Address: 1354 Date Palm Dr.
City: Gainesville State: FL Zip Code: 32611
Name of Contact Person: Sheldon TITLE: Manager
Telephone# 904-613-9603 Fax: - E-Mail: na2285@att.com
Contract Period: 8/2015
Type of Product Supplied: Built a building from foundation up, steel, block, electrical, slabs.
Governmental or Private: Private Dollar Value of Contract \$ 10,000,000.00
2. Company/Entity Name: AT+T
Address: Behind Bighthouse Stadium
City: Orlando State: FL Zip Code: 32816
Name of Contact Person: Rick Powell TITLE: Manager
Telephone# 813-375-1414 Fax: - E-Mail: rp7560@att.com
Contract Period: 6/2014
Type of Product Supplied: Steel, Block, electrical, slabs
Governmental or Private: Private Dollar Value of Contract \$ 1,600,000.00
3. Company/Entity Name: Crown Castle
Address: 13600 Caspian Ln.
City: Clermont State: FL Zip Code: 34711
Name of Contact Person: Brian Unger TITLE: Manager
Telephone# 813-342-3866 Fax: - E-Mail: brian.unger@crowncastle.com
Contract Period: 5/2016
Type of Product Supplied: cleared trees and brush, built road 600' stone access
Governmental or Private: Private Dollar Value of Contract \$ 72,000.00

COMPANY: Peak Power Services, Inc.

SIGNATURE: [Signature]

This page must be completed and submitted

DRUG FREE WORKPLACE FORM

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that
Peak Power Services, 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 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

Kevin Boyles
Print Name

10/31/17
Date

This page must be completed and submitted

ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

**RFB NO. 2018-14 – ADDENDUM #1**

Date: 10/26/2017

Page: 1 of 2

CITY OF NORTH PORT
Finance/Purchasing Division
4970 City Hall Blvd
North Port, Florida 34286

Contact Person: Lindsay Louke, Contract Specialist
Contact Phone: 941-429-7110
Contact Fax: 941-429-7173
Contact Email: purchasing@cityofnorthport.com

BID OPENING: November 1, 2017 at 2:00 PM
City Hall, Room 302

(Bids need to be delivered to Room 337 so they can be date and time stamped on or before 2:00 PM. Bid opening will commence in Room 302 shortly thereafter)

PINE PARK FLEXI-PAVE WALKING PATHS – RE-BID

ADDENDUM # 1

To: All Interested Bidders

Bidders are hereby notified that this Addendum shall be made a part of the above-named bid documents. The following items are issued to add to, modify, and clarify the bid documents. These items shall have the same force and effect as the original bid documents. Bid Forms, to be submitted on the specified date, shall conform with the additions, deletions and revisions listed herein.

CORRECTION:

Bid Schedule, Page 40 - Delete "Estimated Quantities" from title (as shown below)

RFB NO. 2018-14
PINE PARK FLEXI-PAVE WALKING PATHS – RE-BID

~~BID SCHEDULE - ESTIMATED QUANTITIES~~

Bidders shall plan to verify all quantities AND Unit of Measure (UOM) in the schedule of values. All quantities/UOM shall be stated in the Bidder verified column even if they agree with the City.

Bidder should **NOT** reference the words "No Charge, N/A, included: dash, etc." on any of the line items. Bidder is requested to identify a monetary amount for each **UNIT PRICE** line item. If bidder is not providing a **bid price for an item**, zero (0) should be designated on that line item. **BIDDER TO PROVIDE A MONETARY VALUE IN THE UNIT PRICE COLUMN.** Leaving the Unit Price column empty may cause bidder's to be deemed non-responsive and bid response be rejected.

NO.	DESCRIPTION	UOM	ENG EST. QTY	BIDDER VERIFIED UOM	BIDDER VERIFIED QTY	UNIT PRICE	EXTENDED PRICE
1	Mobilization & Demobilization	LS	1				

Q & A:

1. Q: On the bid schedule estimated quantity sheet (pg. 40) what does #2 General Conditions referencing to?
A: **General Conditions refers to the items that do not apply directly to construction, the cost of which are customarily spread out over the entire project. These costs are also referred to as project overhead.**
2. Q: Are there any trees that need to be removed in the area of the walking path trail?
A: **No trees are scheduled to be removed during this project. See note sheet C5 on plans for care of existing trees.**
3. Q: Does all excavated materials need to be removed from the site for the walking path/concrete pads?
A: **Yes. All excavated materials are to be removed from the site prior to the completion of the project.**
4. Q: Is there a proposed budget for the project?
A: **Engineer's estimate is \$91,613.31.**

All other terms and conditions of the original bid and contract documents remain the same.

Please sign and return (via email purchasing@cityofnorthport.com or fax 941.429.7173) this page of the form as acknowledgment of receipt of Addendum #1.

Name of Firm: Peak Power Services, Inc.

Mailing Address: 7819 Professional Place

Location Address: _____

City & State Zip Date: Tampa, FL 33637

Telephone Fax: 813-248-5224

Number: _____

Name/Title of person authorized to bind the Company: Kevin Boyles

Signature of person authorized to bind the Company: [Signature]

(This page to be returned)

Name of Bidder: Peak Power Services, Inc. **BID FORM**
Business Address: 7819 Professional Place
Tampa, FL 33637
Telephone Number: 813-240-1747 Fax Number: 813-248-5224
E-mail Address: kboyles@peakpowerservices.com
Contractor License #: CC1520775 FEID #: 20-3516517

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

TOTAL BID PRICE FOR BID SCHEDULE:

Ninety eight thousand five hundred ninety two dollars. \$ 98,592.00
(TYPE/PRINT) (NUMERIC)

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

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

Addendum No.	<u>1</u>	Dated	<u>10/26</u>	Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	
Addendum No.		Dated		Addendum No.		Dated	

COMPANY NAME: Peak Power Services, Inc.
NAME/TITLE OF PERSON AUTHORIZED TO BIND: Kevin Boyles Regional Account Manager

This page must be completed and submitted

BID BOND

BID BOND: ACCOMPANYING THIS PROPOSAL IS Certified Check
(insert: "cash", "bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all bidders after award of bid.

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

All contract documents shall be in the name of "City of North Port".

PERFORMANCE/PAYMENT BOND

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

All contract documents shall be in the name of "City of North Port".

INDEMNITY:

The Contractor shall indemnify and hold harmless the City, its Commissioners, officers, and employees, from and against any and all liabilities, damages, losses and costs (including attorneys' fees and court costs, whether such fees and costs are incurred in negotiations, collection of attorneys' fees or at the trial level or on appeal), which may arise out of any negligence, recklessness, or intentional wrongful misconduct of the Contractor (or Contractor's Officers, subcontractors, sub-subcontractors, materialmen, or the employees, or agents of any one of them, if any) in the performance or the failure to perform under the terms of 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 the address provided in Section 18. Notification may also be provided by fax transmission to the number provided in Section 18, if provided.

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).

Date: 11/1/17

Signed (Person authorized to bind the company): [Signature]

Name (printed): Kevin Boyles Title: Regional Account Manager

STATEMENT OF ORGANIZATION

Name of Business: Peak Power Services, Inc.

DBA (if any): Peak Power Services

Type of Entity (Sole Proprietor, Corporation, LLC, LLP, Partnership, etc): Corporation

Business Address: 7814 Professional Place - Tampa, FL 33637

Mailing Address (If applicable): Same

Phone: 813-240-1747 Fax: 813-248-5224

E-Mail: k.boyles@peakpowerservices.com

Name/Title of person authorized to bind: Kevin Boyles Regional Account Manager

Signature: [Signature]

Are you registered with the State of Florida Department of State? ☒ Yes or ☐ No

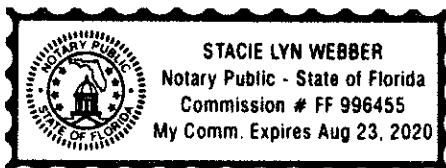
If yes, what is your State document number? 160159

Respondent shall submit proof that it is authorized to do business in the State of Florida unless registration is not required by law.

STATE OF Florida

COUNTY OF Hillsborough

Sworn to and subscribed before me this 1st day of November, 2017, by Kevin Boyles who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Stacie Lyn Webber

Notary Public - State of Florida

Print Name: Stacie Webber

Commission No: FF 996455

This page must be completed and submitted

LOBBYING CERTIFICATION

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

STATE OF Florida

COUNTY OF Hillsborough

This 1st day of November of 2017

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

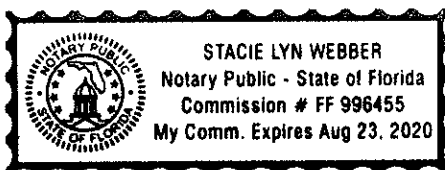
Signed, sealed and delivered this 1st day of November, 2017.

By: _____

Kevin Boyles
(Printed Name)
Regional Account Mgr
(Title)

STATE OF Florida
COUNTY OF Hillsborough

Sworn to and subscribed before me this 1st day of November, 2017, by Kevin Boyles who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.



Notary Public - State of Florida

Print Name: Stacie Webber

Commission No: FF 996455

THIS PAGE MUST BE SUBMITTED WITH BID
END OF SECTION VI

NON-COLLUSIVE AFFIDAVIT

State of Florida

County of Hillsborough

SS. }

Before me, the undersigned authority, personally appeared:

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

1. He/She is the Representative (Owner, Partner, Officer, Representative or Agent) of Peak Power Services, Inc., the Respondent that has submitted the attached reply;
2. He/She is fully informed respecting the preparation and contents of the attached reply and of all pertinent circumstances respecting such reply;
3. Such reply is genuine and is not a collusive or sham reply;
4. Neither the said Respondent nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Respondent, firm, or person to submit a collusive or sham reply in connection with the work for which the attached reply has been submitted; or have in any manner, directly or indirectly sought by agreement or collusion, or communication or conference with any Respondent, firm, or person to fix the price or prices in the attached reply or of any other Respondent, or to fix any overhead, profit, or cost elements of the reply price or the reply price of any other Respondent, or to secure through any collusion, conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the reply work.

Signed, sealed and delivered this 1st day of November, 2017.

By: Kevin Bayles

(Printed Name)

Regional Account Mgr

(Title)

STATE OF Florida

COUNTY OF Hillsborough

Sworn to and subscribed before me this 1st day of November, 2017, by Kevin Bayles who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.

Stacie Lyn Webber

Notary Public - State of Florida

Print Name: Stacie Webber

Commission No: FF 996455



COMPANY: Peak Power Services, Inc.

SIGNATURE: _____

This page must be completed and submitted

ALL BID PAGES MUST BE EXECUTED BY A CORPORATE/BINDING AUTHORITY & NOTARIZED WHERE APPLICABLE

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.

I, Kevin Boyles, being an authorized representative of the Respondent,
Peak Power Services, Inc., located at 7819 Professional Plac.

City: Tampa State: FL Zip Code: 33637, 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: _____

Telephone #: 813-240-1747 Fax #: 813-248-5224

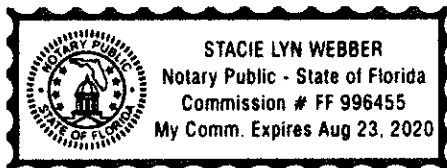
Federal ID #: 20-3516517

STATE OF Florida
COUNTY OF Hillsborough

Sworn to and subscribed before me this 1st day of November, 20 17, by Kevin Boyles
who ☒ is personally known to me or ☐ has produced his/her driver's license as identification.

Stacie Lyn Webber

Notary Public - State of Florida



Print Name: Stacie Webber

Commission No: FF 996455