| BIDDER CHECKLIST ATTACHMENTS TO BE COMPLETED AND RETURNED WITH BID | SUBMIT THIS CHECKLIST | | |
|--|-----------------------|--|--|
| SEALED RFB ENVELOPE LABEL | | | |
| 2 | Check (√) | | |
| ATTACHMENT 1: Insurance Requirements and Acknowledgement (page 31 acknowledgment to be submitted) | ✓ | | |
| ATTACHMENT 2: Excel Tabulation Price Sheet (must complete and Submit in Excel format on USB DRIVE). DO NOT RECREATE THIS FORM. | V. | | |
| ATTACHMENT 3: Bid Form # 36 | / | | |
| ATTACHMENT 4: Statement of Organization | /, | | |
| ATTACHMENT 5: Addenda and Bid Bond Form | /, | | |
| ATTACHMENT 6: Equipment and Source of Supply/Subcontractor List | / | | |
| ATTACHMENT 7: Qualifications and References | V. | | |
| ATTACHMENT 8: Non-Collusive Affidavit | | | |
| ATTACHMENT 9: Conflict of Interest | 1/ | | |
| ATTACHMENT 10: Public Entity Crime Information | V. | | |
| ATTACHMENT 11: Drug-Free Workplace Form | | | |
| ATTACHMENT 12: Affidavit Claiming Status as a Local Business or North Port Local Business Status (If not claiming, state N/A) | NIA | | |
| ATTACHMENT 13: Scrutinized Company Certification Form | | | |
| ATTACHMENT 14: Lobbying Certification | V | | |
| ATTACHMENT 15: Vendor's Certification For E-Verify System | 1 | | |
| | | | |

ENVELOPES MUST BE MARKED "SEALED BID ENVELOPE LABEL BELOW (NEXT PAGE)".

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

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

| Date: | 1-12-24 | |
|--------------------------|--------------------------|---------|
| Signed (Person authorize | ed to bind the company): | |
| Name (printed): | mannoso | _Title: |

ATTACHMENT 1:

EXCEL TABULATION

SEPARATE ATTACHMENT

- DO NOT RECREATE
- COMPLETE AND SUBMIT IN EXCEL FORMAT ON USB DRIVE

It is understood that the estimated summary of pay item quantities are approximate only and are solely for the purpose of facilitating the comparison of bids, and that the Contractor's compensation shall be computed upon the basis of the actual quantities in the completed work, whether they be more or less than those shown.

Preparation of Bid Schedules: Contractor <u>MUST</u> use the City provided <u>excel spreadsheet</u>. DO NOT RECREATE FORM. All blank spaces in the Bid Form to be filled. *Bidder should not reference the words "No Charge, N/A, included, dash, etc." in any of the blocks. Bidder must identify a monetary amount for each <u>UNIT COST</u> (unless the unit price is "x" out by the City). UNIT COST prevails over EXTENDED COST. Failure to identify a monetary amount in any of the UNIT COST line items shall cause Bidder to be deemed non-responsive and bid response be rejected. In case of discrepancy between unit price and extended price, the unit price will govern. Apparent errors in extension will be corrected.*



CITY OF NORTH PORT

OFFICIAL BID TABULATION PRIOR TO LOCAL PREFERENCE

RIGHT-OF-WAY MOWING SERVICES RFB NO. 2024-21

BID OPENING DATE: JUNE 12, 2024 DEPARTMENT: PUBLIC WORKS

COMPANY NAME:

TGA Equipment Inc

*Only populate amounts in the yellow highlighted boxes

| Location (s) 1 (per Map Area 1) | Unit | Est. Qty | # Cycles | Per Acre Unit Price* | Exte | nded Price |
|---|----------------|--------------|-------------|-------------------------|------|-------------|
| A. Arterials and collectors' rights-of-ways mowing. | PER ACRE/CYCLE | 635 | | 21.50 | \$ | 13,653 |
| | | Total Cycles | 8 | | \$ | 109,220 |
| B. Local roads rights-of-ways mowing. | PER ACRE/CYCLE | 1,344 | | 19.50 | \$ | 26,208 |
| | | Total Cycles | 6 | | \$ | 157,248 |
| C. Drainage rights-of-ways mowing. (Retention ditches and drainage swales.) | PER ACRE/CYCLE | 397 | | 22.50 | \$ | 8,933 |
| | | Total Cycles | 6 | | \$ | 53,595 |
| | | | Locati | on (s) 1 TOTAL | \$ | 320,063 |
| Location (s) 2 (per Map Area 2) | Unit | Est. Qty | # Cycles | Per Acre Unit Price | Exte | ended Price |
| A. Arterials and collectors' rights-of-ways mowing. | PER ACRE/CYCLE | 125 | | 21.50 | \$ | 2,688 |
| | , | Total Cycles | 8 | | \$ | 21,500 |
| B. Local roads rights-of-ways mowing. | PER ACRE/CYCLE | 388 | | 19.50 | \$ | 7,566 |
| | | Total Cycles | 6 | | \$ | 45,396 |
| C. Drainage rights-of-ways mowing. (Retention ditches and drainage swales.) | PER ACRE/CYCLE | 174 | | 22.50 | \$ | 3,915 |
| | | Total Cycles | 6 | | \$ | 23,490 |
| | | | Locati | on (s) 2 TOTAL | \$ | 90,386 |
| Location (s) 3 (per Map Area 3) | Unit | Est. Qty | # Cycles | Per Acre Unit Price | Exte | ended Price |
| A. Arterials and collectors' rights-of-ways mowing. | PER ACRE/CYCLE | 0 | | 0.00 | \$ | - |
| | | Total Cycles | 0 | | \$ | |
| B. Local roads rights-of-ways mowing. | PER ACRE/CYCLE | 0 | | 0.00 | \$ | - |
| | | Total Cycles | 0 | | \$ | |
| C. Drainage rights-of-ways mowing. (Retention ditches and drainage swales.) | PER ACRE/CYCLE | 215 | | 22.50 | \$ | 4,838 |
| | • | Total Cycles | 6 | | \$ | 29,025 |
| | | | Locati | on (s) 3 TOTAL | \$ | 29,025 |
| | L | OCATION 1, 2 | 2, AND 3 TO | TAL BID PRICE | \$ | 439,474 |
| COMPANY NAME: TGA Equipment Inc | | | | | | |

ATTACHMENT 2:

INSURANCE REQUIREMENTS

Contractor and subcontractors shall procure and maintain until all of their obligations have been discharged, including any warranty periods under this Contract are satisfied, insurance against claims for injury to persons or damage to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors.

The insurance requirements herein are minimum requirements for this Contract and in no way limit the indemnity covenants contained in this Contract. The City in no way warrants that the minimum limits contained herein are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work under this Contract by the Contractor, his agents, representatives, employees, or subcontractors. Contractor is free to purchase such additional insurance as may be determined necessary.

<u>LIMITS OF INSURANCE</u> - Contractor shall provide coverage with limits of liability not less than those stated below. An excess liability policy or umbrella liability policy may be used to meet the minimum liability requirements provided that the coverage is written on a "following form" basis.

Requirements:

1. Commercial General Liability – Occurrence Form (CG 00 01)

Policy shall include bodily injury, property damage, broad form contractual liability, and Explosion, Collapse and Underground (XCU) coverage. The general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

The Contractor shall procure and maintain, and require all subcontractors to procure and maintain a comprehensive general liability policy, including, but not limited to

- General Aggregate \$1,000,000
- Each Occurrence \$1,000,000
- products and completed ops \$1,000,000
- damage to rented premises \$100,000
- a) The policy shall be endorsed to include the following additional insured language: "City of North Port and it officers, employees, agents and volunteers" shall be named as an additional insured with respect to liability arising out of the activities performed by, or on behalf of the Contractor.
- b) Contractor's subcontractors shall be subject to the same minimum requirements identified above.
- c) Policy shall be endorsed for a waiver of subrogation against the City of North Port.

2. Commercial Automobile Liability

Bodily injury and property damage for any owned, hired, and non-owned vehicles used in the performance of this Contract. Automobile liability must be written on a standard ISO form (CA 00 01) covering any auto (Code 1), or if Contractor has no owned autos, hired (Code 8) and non-owned (Code 9) autos.

- Combined Single Limit (CSL) (Ea Accident) \$1,000,000
- Bodily Injury (per person) \$1,000,000
- Bodily Injury (per accident) \$1,000,000
- Property Damage (per accident) \$1,000,000
- a. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
- b. Policy shall contain a waiver of subrogation against the City of North Port.

3. Worker's Compensation and Employers' Liability (PER CHAPTER 440. FLORIDA STATUTES)

The Contractor shall procure and maintain Worker's Compensation insurance for all his employees to be engaged in work on the project under this Contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation insurance for all of the latter's employees to be engaged in such work unless such employees are covered by protection afforded by the Contractor's Workers Compensation insurance. For additional information contact the Department of financial Services, Workers' Compensation Division at 850.413.1601 or on the web at www.fldfs.com. In case any class of employees engaged in hazardous work on the project under this Contract is not protected under the Worker's Compensation Statute, the Contractor shall provide, and shall cause each subcontractor to provide, Employer's Liability Insurance for the protection of such of his employees not otherwise protected under such provisions. The minimum liability limits of such insurance shall not be less than herein specified or in that amount specified by law for that type of damage claim.

Proof of such insurance shall be filed by the Contractor with the City within ten (10) days after the execution of this Contract.

Workers' Compensation Employers' Liability

- Each Accident, each employee, bodily injury or disease \$500,000.00
- a. Policy shall contain a waiver of subrogation against the City of North Port.
- b. Contractor's sub-contractors shall be subject to the same minimum requirements identified in this section.
- c. If the contractor has no employees, the contractor must submit to the City the Workers Compensation Exemption from the State of Florida.

GENERAL REQUIREMENTS:

A. The City of North Port is to be named additional insured on **Comprehensive Commercial General Liability Policy and Auto Policy**. All certificates of insurance must be on file with and approved by the City before commencement of any work activities under this Contract.

Any and all deductibles to the above referenced policies are to be the responsibility of the Contractor. The Contractor's insurance is considered primary for any loss regardless of any insurance maintained by the City. The Contractor is responsible for all insurance policy premiums, deductibles, or SIR (self-insured retentions) or any loss or portion of any loss that is not covered by any available insurance policy.

All insurance policies must be issued by companies of recognized responsibility licensed to do business in Florida and must contain a provision that prohibits cancellation unless the City is provided notice as stated within the policy. It is the Contractor's responsibility to provide notice to the City.

B. WAIVER OF SUBROGATION: All required insurance policies, with the exception of Workers Compensation, are to be endorsed with a waiver of subrogation. The insurance companies, by proper endorsement or thru other means, agrees to waive all rights of subrogation against the City, its officers, officials, employees and volunteers, and the City's insurance carriers, for losses paid under the terms of these polices that arises from the contractual relationship or work performed by the Contractor for the City. It is the Contractor's responsibility to notify their insurance company of the Waiver of Subrogation and request written authorization or the proper endorsement. Additionally, the Contractor, its officers, officials, agents, employees, volunteers, and any Subcontractors, agrees to waive all rights of subrogation against the City and its insurance carriers for any losses paid, sustained or incurred, but not covered by insurance, that arise from the contractual relationship or work performed. This waiver also applies to any deductibles or self-insured retentions the Contractor or its agents may be responsible for.

C. POLICY FORM:

- 1. All policies, required by this Contract, with the exception of Workers Compensation, or unless specific approval is given by Risk Management through the City's Purchasing Office, are to be written on an occurrence basis, shall name the City of North Port, its Commissioners, officers, agents, employees and volunteers as additional insured as their interest may appear under this Contract. Insurer(s), with the exception of Professional Liability and Workers Compensation, shall agree to waive all rights of subrogation against the City of North Port, its Commissioners, officers, agents, employees, or volunteers.
- Insurance requirements itemized in this Contract, and required of the Contractor, shall be provided
 by or on behalf of all subcontractors to cover their operations performed under this Contract. The
 Contractor shall be held responsible for any modifications, deviations, or omissions in these
 insurance requirements as they apply to subcontractors.
- 3. Each insurance policy required by this Contract shall:
 - a. Apply separately to each insured against whom claim is made and suit is brought, except with respect to limits of the insurer's liability.
 - b. Be endorsed to state that coverage shall not be suspended, voided or cancelled by either party except after notice is delivered in accordance with the policy provisions. The Contractor is to notify the City Purchasing Office by written notice via certified mail, return receipt requested.
- 4. The City shall retain the right to review, at any time, coverage, form, and amount of insurance.

- 5. The procuring of required policies of insurance shall not be construed to limit Contractor's liability nor to fulfill the indemnification provisions and requirements of this Contract. The extent of Contractor's liability for indemnity of the City shall not be limited by insurance coverage or lack thereof, or unreasonably delayed for any reason, including but not limited to, insurance coverage disputes between the Contractor and its carrier.
- 6. The Contractor shall be solely responsible for payment of all premiums for insurance contributing to the satisfaction of this Contract and shall be solely responsible for the payment of all deductibles and retentions to which such policies are subject, whether or not the City is an insured under the policy.
- 7. Claims Made Policies will be accepted for professional and hazardous materials and such other risks as are authorized by the City's Risk Office. All Claims Made Policies contributing to the satisfaction of the insurance requirements herein shall have an extended reporting period option or automatic coverage of not less than two (2) years. If provided as an option, the Contractor agrees to purchase the extended reporting period on cancellation or termination unless a new policy is affected with a retroactive date, including at least the last policy year.
- 8. Certificates of Insurance Evidencing Claims Made or Occurrences form coverage and conditions to this Contract, as well as the contract number and description of work, are to be furnished to the City's Purchasing Office (4970 City Hall Boulevard, Suite 337, North Port, FL 34286) prior to commencement of work AND a minimum of thirty (30) calendar days prior to expiration of the insurance contract when applicable. All insurance certificates shall be received by the City's Purchasing Office before the Contractor will be allowed to commence or continue work. The Certificate of Insurance issued by the underwriting department of the insurance carrier shall certify compliance with the insurance requirements provided herein.

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

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

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

Bidder Statement:

We understand the requirements requested and agree to fully comply

BIDDER'S NAME TITLE

AUTHORIZED SIGNATURE DAT

DATE

ATTACHMENT 36: BID FORM

| TOO Equipment to |
|--|
| Name of Bidder/Company Name: 1011 Calculate 1011 Ca |
| Business Address: DOLO NE ATTENDED TO MESSELLO STE 35033 |
| City/State/Zip Code: 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| Bidder/Company Telephone Number: 300-38448 E-mail Address: 400-000 Address: 400-000 |
| E-mail Address: Contractor License #: |
| FEID #: |
| To the City Commission of the City of North Port pursuant to and in compliance with your notice inviting sealed bids (Invitation to Bid), Instructions to Bidders, and the other documents relating thereto, the undersigned Bidder, having familiarized himself/herself with the terms of the Contract documents, local conditions affecting the performance of the Contract, and the cost of the work at the place where the work is to be done, hereby proposes and agrees to perform within the time stipulated in the Contract, including all of its component parts and everything required to be performed, and to provide and furnish any and all of the labor, material, tools, expendable equipment, and all utility and transportation services and design of certain items necessary to perform the Contract and complete in a workmanlike manner, all of the work required in connection with the construction of said work all in strict conformity with the plans and specifications and other Contract documents for the prices hereinafter set forth. |
| The undersigned, as Bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Attachments, Exhibits, Insurance Requirements, Bid Form, Permit Fees, Plan Revisions, Plans, and any other reports or documentation for: <i>RFB 2024-21 RIGHT-OF-WAY MOWING, TRIMMING AND LITTER REMOVAL</i> and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price line items as indicated on the bid schedule form(s) submitted. The above specified documents are herein incorporated into the Bid Form. |
| The undersigned as Bidder, declares that the only persons or parties interested in this submittal as principals are those named herein: that this submittal is made without collusion with any person, firm, or corporation: and he/she proposes and agrees, if the proposal is accepted, that he/she will execute a Contract with the City in the form set forth in the Contract documents and that he/she will accept in full payment thereof the following prices, to wit: |
| PROJECT TOTAL: Four hundred thirty nine thousand four \$ 439,474 hundred Seventy four |
| Through the signing of this Bid Form, Bidder attests his/her bid is guaranteed for a period of not less than NINETY (90) DAYS from the date of the official bid opening. |
| Date: 0 - 12 - 24 |
| Signed (Person authorized to bind the company): |
| Name (printed): Title: Office Warrage |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 4:

STATEMENT OF ORGANIZATION

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

| TON TO | | T | | | |
|--|--------------------|-----------------|---------|-------------------------------|---------------|
| Company Name 6 E94 | pment | Inc | | | |
| 305-328-4148 tole | huioment | Falnhao | · Com |) | |
| Telephone # #-Mail 3020 NE 4 Terra | e #25 | Fax # | | | |
| Main Office Address | Florida | 330 | 133 | | |
| City | State | Zip Cod | de | | |
| Address of Office Servicing City of North Port | if different that | n above: 🗌 SA | ME AS | ABOVE | |
| Office Address | Ionda | 3426 | 06 | | |
| 305-338-448 +aa | State -eg WPN | ento Ja | | lom | |
| Telephone # E-mail | Hul | Fax# | - | | |
| Name & Title of Firm Representative | , | | | | |
| Federal Identification Number: | AL | PA 124 | 17 | 25 | |
| Bidder shall submit proof that it is authorized law. | d to do business | in the State of | Florida | unless registration is not re | equired by |
| | | (Please Check (| One) | | |
| Is this a Florida Corporation: | | Yes or | No | | |
| If not a Florida Corporation, | | | | | |
| In what state was it created: | | | | | |
| Name as spelled in that State: | | | | | |
| What kind of corporation is it: | | "For Profit" | or | "Not for Profit" | |
| Is it in good standing: | | Yes | or | □No | |
| Authorized to transact business in Flor | ida: | Yes | or | □No | |
| State of Florida Department of State Ce | rtificate of Autho | ority Document | No · | 13000092802 | \mathcal{C} |

| RFB NO. 2024-21 RIGHT-OF-WAY MOW | VING, TRIMMING AND LITTER REMOVAL |
|--|---|
| Does it use a registered fictitious name: | ☐Yes or ☑No |
| Names of Officers: | |
| President: (AM) AMONSO | Secretary: |
| Vice President: | Treasurer: |
| Other: On So | _Director: Other: |
| Name of Corporation (As used in Florida): (Spelled exactly as it is registered with the | e state or federal government) |
| Corporate Address: | |
| Post Office Box: City, State Zip: Street Address: City, State, Zip: | NE HTerrale #255 read Flonde 33033 Duncan Road Gordy, Flonde 33982 |
| STATE OF FLORIDA COUNTY OF MIAM DADE | |
| Personally KnownOR Produced Identification | otary Public – State of Florida |
| Type of Identification Produced | |
| Date: 4 4-5-24 | |
| Signed (Person authorized to bind the company): | |
| Name (printed): | Title: |

ATTACHMENT 5

ADDENDA ACKNOWLEDGEMENT

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. | 1 | Dated | 5-16-24 | Addendum No. | 1 | Dated | 6.6.24 |
|--------------|---|-------|---------|--------------|---|-------|----------|
| Addendum | Á | Dated | | Addendum No. | 1 | Dated | 1 15 |
| No. | 2 | | 5.16.24 | | Q | | 10-10-24 |
| Addendum | 2 | Dated | 1 | Addendum No. | | Dated | 9 1 |
| No. | 9 | | 5.25-24 | | | | |
| Addendum | 1 | Dated | | Addendum No. | | Dated | |
| No. | 4 | | 5.29-24 | | | | |

BID BOND TERMS

(SEE FORM NEXT PAGE)

BID BOND: ACCOMPANYING THIS PROPOSAL IS DI Older'S DONG

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

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 preconstruction meeting.

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

| Date: | 2-24 | Λ |
|-----------------------------------|---------------|------------------|
| Signed (Person authorized to bind | the company): | |
| | . , , | |
| Name (printed): | thonso | Title: He Warage |

CITY OF NORTH PORT BID BOND

In Compliance with F.S. Chapter 255.051

| STATE OF FLORIDA, CITY OF NORTH PORT | | |
|--|---|--|
| know all by these presents, that <u>TGA EQUIPMENT II</u> business as a <u>General</u> Contractor in <u>United States Fire Insurance Company</u> , a Corpor of the State of <u>DE</u> , as Surety, with its princic authorized to do business in the State of Florida, and in Statues, are held and firmly bound unto the City of North F the Total Bid Price, in good and lawful money of the United by the City of North Port, to which payment well and trul executors, administrators, and assigns, joint and severally a | the State of Florida, as Pripration chartered and existing unpal offices in the City of Morristo accordance with Section 255.0 Port, Florida, in the full and just sold States of America, to be paid up to be made, we bind ourselve | ncipal, and der the laws wn, NJ, and 051, Florida um of 5% of con demand |
| The condition of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such, that whereas the Prior of the obligation is such as the obligation is such as the obligation of the obligation of the obligation of the obligation is such as the obligation of the obligat | | |
| NOW, THEREFORE, if the Principal shall withdraw said by shall within 10 days after the prescribed forms are present Contract with City of North Port, Florida, in accordance with and Payment Bond with good and sufficient surety or sperformance and proper fulfillment of such Contract are furnishing labor or materials in connection therewith or, Contract and give such bond within the time specified, if the between the amount specified in said bid and the amount work and/or supplies provided the latter amount to be except the above obligations shall be void: otherwise, to remain in | ted to him for signature enter in in the bid as accepted and give a F ureties as may be required for ind for the prompt payment of in the event of failure to ente the Principal shall pay the City the for which the City may procure theses of the amount specified in sa | to a written Performance the faithful all persons er into such e difference the required |
| IN THE WITNESS WHEREOF, the above written parties several seals dated $\underline{06/17/2024}$, the name and corporate seal and these presents duly signed by its undersigned represented. | of each corporate party being he | ereto affixed |
| Witness as to Principal: | TGA EQUIPMENT INC | (SEAL) |
| (By) | (Principal) Amolos | |
| | Carol Amoros | 50 |

Printed Name

Witness as to Surety:

CITY OF NORTH PORT BID BOND

In Compliance with F.S. Chapter 255.051

STATE OF FLORIDA, CITY OF NORTH PORT

| , | | |
|--|---|--|
| business as a General Great Midwest Insurance Company of the State of Texas authorized to do business in the State of Statues, are held and firmly bound unto the Total Bid Price, in good and lawful mo | Contractor in tage of the contractor in tage of the Contractor in the City of North Ponts of the United and truly | he State of Florida, as Principal, and ration chartered and existing under the laws pal offices in the City of Houston, and accordance with Section 255.051, Florida port, Florida, in the full and just sum of 5% of States of America, to be paid upon demand y to be made, we bind ourselves, our heirs, and firmly by these presents. |
| | | ncipal has submitted the attached Bid, dated AY MOWING, TRIMMING, AND LITTER |
| shall within 10 days after the prescribed of Contract with City of North Port, Florida, if and Payment Bond with good and suffice performance and proper fulfillment of furnishing labor or materials in connecting Contract and give such bond within the time between the amount specified in said bid | forms are present naccordance with cient surety or susuch Contract and therewith or, ime specified, if the amount famount to be except. | d prior to the date of opening the same, or ed to him for signature enter into a written the bid as accepted and give a Performance areties as may be required for the faithful d for the prompt payment of all persons in the event of failure to enter into such the Principal shall pay the City the difference for which the City may procure the required tess of the amount specified in said bid, then full force and effect. |
| several seals dated $\frac{06/14/2024}{}$, the name a | nd corporate seal | have executed this instrument under their of each corporate party being hereto affixed tative, pursuant to authority of its governing |
| Witness as to Principal: | Ву | (Principal) (SEAL) |
| (By) | | Carol Amonso |
| Witness as to Surety: | | Printed Name |

ADDENDA

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. | Dated | Addendum | 5 | Dated | 10 10-74 |
|----------------|----------|-------------|---|-------|----------|
| | | 1-10-24 No. | 0 | | U-W OFT |
| Addendum No. 🤈 | Dated | Addendum | , | Dated | 1 10 2.1 |
| | 5 |)- OH No. | 0 | | 6-10-24 |
| Addendum No. 🦙 | Dated | Addendum | | Dated | |
| | b | 23-24 No. | | | |
| Addendum No. 🗶 | Dated | Addendum | | Dated | |
| 7 | 5 | 29.24 No. | | | |

| Date: | |
|---|--------------------|
| Signed (Person authorized to bind the company): | |
| Name (printed): Anathonomy | Title: Ohle Marago |

ATTACHMENT 6:

| | EQUIP | MENT AND SUBCON | 1 | | id 31/17/10 |
|--------|--|-----------------------|---|------------------|--|
| Equipm | ent is located at: | W Carltons | Henry A | tread Flo | nda 3421de |
| | owing is a listing of your equipment, inclu for this project in accordance with the f d.) | | | | |
| , | Description | Manufacturer | Year | Condition | Leased/Owned (If leased, date of expiration |
| | "See coHached" | | | | |
| | | | | | |
| have a | SOURCE lowing sources of supply and subcontract source of supply or subcontractor, insert ect to City approval. (If not applicable, sta | "to be determined". \ | he RFB NO. 2024 When a source o | -08 CALCIUM CHLC | |
| | (PLEASE INCL | UDE ADDRESS/TELEPH | | & E-MAIL) | |
| 1. | , | | | <u> </u> | |
| 2 | | | | | |
| 3 | 1 1 1 1 | | | | |
| 1 | Jade a Grove Su Trove Equipment | SUPPLIER(S | Avon Y | Park 843 | 453-3142 |
| 3(| Thenango Supply | Co., Pun- | la Boro | la 94. | 637-1165 |
| | 0 |) ′ | | | 62 |

TGA EQUIPMENT INC

Billing Address

3020 NE 41st Terrrace, Homestead, FL 33033

Physical Address

6413 SW Carlton Avenue, Arcadia, FL 34266

| Year | Quantity | Make | Model | VIN | Condition |
|---------|----------|------------|------------|-------------------|-----------|
| 20 | 019 | Case | 135 | HACMX135CJEH07560 | 1 Owned |
| 20 | 022 | Case | 150 | HACMX150CLEH20760 | 1 Owned |
| 2 | 022 | Case | 150 | HACMX150HMDH05602 | 1 Owned |
| 2 | 022 | Case | 150 | HACMX150CMDH05599 | 1 Owned |
| 20 | 023 | Kubota | M5 111HDC | KBUM4EDCAN8C66941 | 1 Owned |
| 20 | 023 | Kubota | M5 111HDC | KBUM4EDCTN8C66865 | 1 Owned |
| 20 | 023 | Kubota | M5 111HDC | KBUM4EDCPN8C66964 | 1 Owned |
| 20 | 024 | Case | 135 | HACMX135KNDH05526 | 1 Owned |
| 20 | 024 | Case | 135 | HACMX135JNDH05687 | 1 Owned |
| | | | | | |
| 20 | 023 | RAM | 2500 | 3C6UR5FL4PG559330 | 1 Owned |
| 2 | 023 | RAM | 2500 | 3C6UR5FL1PG540475 | 1 Owned |
| 20 | 024 | RAM | 2500 | 3C6UR5FL4RG177155 | 1 Owned |
| | | | | | |
| 20 | 019 | Ford | Super Duty | 1FT8W3BT6KEE86653 | 1 Owned |
| 20 | 019 | Chevy | Silverado | 2GC2KREG1K1224348 | 1 Owned |
| | | | | | |
| 2015-20 | 020 18 | John Deere | Gators | | 1 Owned |
| | | | | | |
| 2020-20 | 024 12 | Landpride | Batwings | | 1 Owned |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | |] |
| | | | | | |
| | | | | | |

| | RFB NO. 2024-21 RIGHT-OF-WAY MOWING, TRIMMING AND LITTER REMOVAL |
|-------------|---|
| Date: | (0-12-24 |
| Signed (Per | son authorized to bind the company): |
| Name (prin | ted): Title: Office Margar |
| | THIS PAGE MUST BE COMPLETED AND SUBMITTED |
| | |
| | ATTACHMENT 7: |
| | QUALIFICATIONS AND REFERENCES |
| Ve | endor shall submit a minimum of two (2) recent (within the past five (5) years) references of projects of |
| | similar size and scope involving chemical deliveries and product consistency. |
| 1. | Business/Customer Name: COLOTO |
| Na | ame of Contact Person/Title: Chuck Peters Hoper Marager |
| Te | lephone#94505368Fax E-mail(hud Yeters Wyarlote County) 901 |
| Ad | Idress 18500 Myrdock Circle Port Charlotte, FL 33948 |
| Ph | one Number 94-575-3458 |
| Du | uration of Contract or business relationship |
| Ту | pe of Services Provided Right - of - Way Mowing Trimming and little Removal |
| Со | ontract Period: FROM TO TO |
| Co | ontract Price \$ 940, 000 Contract Price at Completion of the Project \$ 940, 000 |
| 2. | Business/Customer Name: HONDA DEPORTMENT OF VANS PORTADION |
| Na | ame of Contact Person/Title: NanCh Gonzale Appet Marager |
| Те | lephone#8059.409Fax E-mail Manichi, gonzale bold, stale, flus |
| Ad | Idress 2040 State Local La West, Bartow, FL 33830 |
| Ph | ione Number <u>805-519-4109</u> |
| Du | uration of Contract or business relationship |
| Ту | pe of Services Provided Right- of- Way Moung, Little Removal |
| Co | ontract Period: FROM 3 22 TO 12 24 |
| Co | entract Price \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| Da | nte: 0-12-24 |
| Sig | ned (Person authorized to bind the company): |

Name (printed): Title: Title: THIS PAGE MUST BE COMPLETED AND SUBMITTED

| 3. Business/Customer Name: Honda Department of Transortation |
|--|
| Name of Contact Person/Title: Chery Court Philadelanage |
| Telephone#203491-1815 Fax E-mail Chery, Court Dat, Stale, H.U.S |
| Address 80 N. Bradway Avenue, Dartow, FL 33830 |
| Contract Period: FROM 120 TO 124 |
| Contract Price \$ 420, Contract Price at Completion of the Project \$ 420,000 |
| Phone Number 96-491-1815 |
| Duration of Contract or business relationship |
| Type of Services Provided Right-of-Way Mowing, Edging and Litter Removal |
| Contract Period: FROM 100 TO 124 |
| Contract Price \$ 420,000 Contract Price at Completion of the Project \$ 420,000 |
| 4. Business/Customer Name: |
| Name of Contact Person/Title: |
| Telephone#FaxE-mail |
| Address |
| Phone Number |
| Duration of Contract or business relationship |
| Type of Services Provided |
| Contract Period: FROM TO |
| Contract Price \$ Contract Price at Completion of the Project \$ |
| Date: (0-12-24) |
| Signed (Person authorized to bind the company): |
| Name (printed): ANE AMONSO Title: Othe Langer |

ATTACHMENT 8:

NON-COLLUSIVE AFFIDAVIT

| State of Horida |
|---|
| County of Mani - Dade Ss. |
| Before me, the undersigned authority, personally appeared: |
| who, being first duly sworn, deposes and says that: |
| 1. He/She is the Representative or Agent) of the first that 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 of 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 Agy of Printed Name Printed Name |
| STATE OF FLORIDA |
| COUNTY OF MANIE DANE |
| Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this day of June 2024, by May 1000 |
| Personally Known OR Produced Identification Type of Identification Produced THIS PAGE MUST BE COMPLETED AND SUBMITTED |
| THIS PAGE MUST BE COMPLETED AND SUBMITTED |

ATTACHMENT 10: PUBLIC ENTITY CRIME INFORMATION

As provided by F.S. §287.133, a person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a Contract to provide any goods or services to a public entity, may not submit a bid on a Contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a Contractor, supplier, Subcontractor, or Consultant under a Contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

| I, being an authorized representative of the Respondent |
|--|
| -16'A Eguprient Inc |
| Located at: 3020 NE 41st Terrale #255 |
| City: DML Lead State: FL Zip Code: 33033 , 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 #: 305-338 4148 Fax #: |
| Federal ID #: 4124785 E-mail: 19aegupments ahoo con |
| State of Flord 84 |
| County of MANI - DADE |
| STATE OF Florasy |
| COUNTY OF WIRM DANE |
| Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this O day of JULE 2024, by AMA AMONOSO Notary Public - State of Flores A 10 TARY 1 |
| Personally KnownOR Produced Identification |
| Type of Identification Produced |
| Date: JUNE 10, 2024 |
| Signed (Person authorized to bind the company): |
| Name (printed): Title: Office Unam |

ATTACHMENT 11:

DRUG-FREE WORKPLACE FORM

| | e undersigned Respondent in accordance with Florida Statute \$287.087 hereby certifies at: |
|----|--|
| | 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. |
| | 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. |
| | Make a good faith effort to continue to maintain a drug free workplace through implementation of this section. 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 Print Name |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

Date

ATTACHMENT 13:

Scrutinized Company Certification Form

| Company Name: TGA Equipment Inc |
|---|
| Authorized Representative Name and Title: Anamonso office llancate |
| Address 3000 NE41 Terrace city: Homestead State: FL ZIP: 33033 |
| Phone Number: 305-338-4148 Email Address: Languip Ment Lychoo. Com |
| A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a Contract with the City of North Port for goods or services of any amount if, at the time of bidding on, submitting a proposal for, or entering into or renewing such Contract, the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Florida Statutes, section 215.4725, or is engaged in a boycott of Israel. |
| A company is ineligible to, and may not, bid on, submit a proposal for, or enter into or renew a Contract with the City of North Port for goods or services of \$1 million or more if, at the time of bidding on, submitting a proposal for, or entering into or renewing such Contract, the company is on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, created pursuant to Florida Statutes, section 215.473, or with companies engaged in business operations in Cuba or Syria. |
| CHOOSE ONE OF THE FOLLOWING |
| This bid, proposal, Contract or Contract renewal is for goods or services of less than \$1 million. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel. |
| This bid, proposal, Contract or Contract renewal is for goods or services of \$1 million or more. As the person authorized to sign on behalf of the above-named company, and as required by Florida Statutes, section 287.135(5), I hereby certify that the above-named company is not participating in a boycott of Israel, is not on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and it does not have business operations in Cuba or Syria. |
| I understand that pursuant to Florida Statutes, section 287.135, the submission of a false certification may result in the termination of the Contract if one is entered into, and may subject the above-named company to civil penalties, attorney's fees and costs. |
| Certified By: AUTHORIZED REPRESENTATIVE SIGNATURE Print Name and Title: AUTHORIZED REPRESENTATIVE SIGNATURE |
| Date Certified: U- Q-24 |

THIS PAGE MUST BE COMPLETED AND SUBMITTED

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

ATTACHMENT 14:

LOBBYING CERTIFICATION

| "The undersigned hereby certifies, to the best of his or her knowledge and belief, that": |
|--|
| STATE OF Florida |
| COUNTY OF LIAMI-Dade |
| This |
| (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 |
| STATE OF FLOWER 4 |
| COUNTY OF <u>au Aru</u> DavE |
| Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 5 day of 1000 Notary Public – State of 10000 |
| Type of Identification Produced |

ATTACHMENT 15: VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM

| STATE OF | 1 | OV | 1 | de | _ ^ |
|----------|---|-----|----|------|------|
| COUNTY O | F | lie | in | 11-1 | Dade |

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: A CHAPMANT INC (Vendor's Company Name) |
|--|
| (Vendor signature) |
| (Vendor's name printed) (Title) |
| Summary to and a described before the boundary of Marketine and Tarakine and Taraki |
| Sworn to and subscribed before me by means of $\cancel{\mathbb{D}}$ physical presence or \square online notarization, this $\underline{\underline{}}$ day |
| of JUNE, 2024, by AUA ROSA SMONOSO Pas OFFICE MIGHTS OF |
| addle - |
| Notary Public ARDO LOS |
| Personally Known OR Produced Identification |
| Type of Identification Produced E NOTARY |
| |
| PUBLIC N. E |
| THIS PAGE MUST BE COMPLETED AND SUBMITTED HHH 30 ROLL HH 30 ROLL HHH 30 ROLL HH 3 |
| THE OF FLORING |