

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

**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: 6-12-24

Signed (Person authorized to bind the company): \_\_\_\_\_

Name (printed): Anastasio Title: Office Manager

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 **MUST** use the City provided excel spreadsheet. **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 UNIT COST (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*	Extended 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
<b>Location (s) 1 TOTAL</b>					<b>\$ 320,063</b>
Location (s) 2 (per Map Area 2)	Unit	Est. Qty	# Cycles	Per Acre Unit Price	Extended 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
<b>Location (s) 2 TOTAL</b>					<b>\$ 90,386</b>
Location (s) 3 (per Map Area 3)	Unit	Est. Qty	# Cycles	Per Acre Unit Price	Extended 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
<b>Location (s) 3 TOTAL</b>					<b>\$ 29,025</b>
<b>LOCATION 1, 2, AND 3 TOTAL BID PRICE</b>					<b>\$ 439,474</b>

COMPANY NAME: TGA Equipment Inc

Signature of Agent with Binding Authority

**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.

**LIMITS OF INSURANCE** - 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 its 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](http://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 policies 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.
2. 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

T&A Equipment Inc TITLE Office Manager

AUTHORIZED SIGNATURE DATE

Arac Amoroso DATE 6-12-24

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

**ATTACHMENT 36:  
BID FORM**

Name of Bidder/Company Name: TGA Equipment Inc  
Business Address: 3020 NE #1 Terrale #255, Homestead, FL 33033  
City/State/Zip Code: Homestead, FL 33033  
Bidder/Company Telephone Number: 305-338-4148  
E-mail Address: tgaequipment@yahoo.com  
Contractor License #: \_\_\_\_\_  
FEID #: 464124785

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: **RFB 2024-21 RIGHT-OF-WAY MOWING, TRIMMING AND LITTER REMOVAL** 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 hundred seventy four \$ 439,474

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: 6-12-24  
Signed (Person authorized to bind the company): [Signature]  
Name (printed): Ana Amoroso Title: Office Manager

**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.

Company Name TGA Equipment Inc  
305-338-4148 tgaequipment@yahoo.com  
 Telephone # 3020 NE 4 Terrace #255 E-Mail  Fax #   
 Main Office Address Homestead Florida 33033  
 City State Zip Code

Address of Office Servicing City of North Port, if different than above:  SAME AS ABOVE  
4413 SW Carlton Avenue  
 Office Address Arcadia Florida 34266  
 City State Zip Code  
305-338-4148 tgaequipment@yahoo.com  
 Telephone # E-mail Fax #  
Ann Amorse, Office Manager  
 Name & Title of Firm Representative

Federal Identification Number: 464124785

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

(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 Florida:  Yes or  No

State of Florida Department of State Certificate of Authority Document No.: P13000092802

RFB NO. 2024-21 RIGHT-OF-WAY MOWING, TRIMMING AND LITTER REMOVAL

Does it use a registered fictitious name:  Yes or  No

Names of Officers:

President: Carol Amoroso Secretary: \_\_\_\_\_

Vice President: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Director: \_\_\_\_\_ Director: \_\_\_\_\_

Other: Ana Amoroso Other: \_\_\_\_\_

Name of Corporation (As used in Florida):

TGA Equipment Inc  
(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

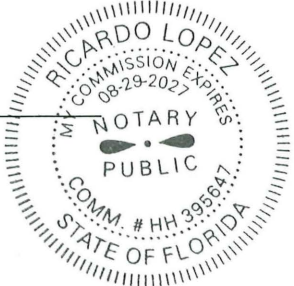
Post Office Box: \_\_\_\_\_  
City, State Zip: 3020 NE 4 Terrace #255  
Street Address: Homestead Florida 33033  
City, State, Zip: 4462 Duncan Road  
Punta Gorda, Florida 33982

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 5<sup>th</sup> day of June 2024, by Ana Rosa Amoroso

[Signature]  
Notary Public - State of Florida



Personally Known  OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Date: 6-5-24

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

Name (printed): Ana Amoroso Title: \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**



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.	5	Dated	6-6-24
Addendum No.	2	Dated	5-16-24	Addendum No.	6	Dated	6-10-24
Addendum No.	3	Dated	5-23-24	Addendum No.		Dated	
Addendum No.	4	Dated	5-29-24	Addendum No.		Dated	

**BID BOND TERMS**

(SEE FORM NEXT PAGE)

**BID BOND: ACCOMPANYING THIS PROPOSAL IS** Bidder's bond

(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. 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 pre-construction 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: 6-12-24

Signed (Person authorized to bind the company): Jh.

Name (printed): Arc Amoroso Title: Office Manager

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**



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 TGA EQUIPMENT INC, authorized by law to do business as a General Contractor in the State of Florida, as Principal, and United States Fire Insurance Company, a Corporation chartered and existing under the laws of the State of DE, as Surety, with its principal offices in the City of Morristown, NJ, and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statutes, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents.

The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated 06/17/2024, for ( RFB NO. 2024-21 RIGHT OF WAY MOWING, TRIMMING, AND LITTER REMOVAL).

NOW, THEREFORE, if the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void: otherwise, to remain in full force and effect.

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated 06/17/2024, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal:
[Signature]
(By)

TGA EQUIPMENT INC (SEAL)
(Principal)
Carol Amoroso
Carol Amoroso

Witness as to Surety:

Printed Name

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 TGA Equipment Inc, authorized by law to do business as a General Contractor in the State of Florida, as Principal, and Great Midwest Insurance Company, a Corporation chartered and existing under the laws of the State of Texas, as Surety, with its principal offices in the City of Houston, and authorized to do business in the State of Florida, and in accordance with Section 255.051, Florida Statutes, are held and firmly bound unto the City of North Port, Florida, in the full and just sum of 5% of the Total Bid Price, in good and lawful money of the United States of America, to be paid upon demand by the City of North Port, to which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, and assigns, joint and severally and firmly by these presents.

The condition of the obligation is such, that whereas the Principal has submitted the attached Bid, dated 06/17/2024, for ( RFB NO. 2024-21 RIGHT OF WAY MOWING, TRIMMING, AND LITTER REMOVAL).

NOW, THEREFORE, if the Principal shall withdraw said bid prior to the date of opening the same, or shall within 10 days after the prescribed forms are presented to him for signature enter into a written Contract with City of North Port, Florida, in accordance with the bid as accepted and give a Performance and Payment Bond with good and sufficient surety or sureties as may be required for the faithful performance and proper fulfillment of such Contract and for the prompt payment of all persons furnishing labor or materials in connection therewith or, in the event of failure to enter into such Contract and give such bond within the time specified, if the Principal shall pay the City the difference between the amount specified in said bid and the amount for which the City may procure the required work and/or supplies provided the latter amount to be excess of the amount specified in said bid, then the above obligations shall be void: otherwise, to remain in full force and effect.

IN THE WITNESS WHEREOF, the above written parties have executed this instrument under their several seals dated 06/14/2024, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Witness as to Principal:
[Signature]
(BY)

TGA Equipment Inc
By [Signature] (SEAL)
(Principal)

[Signature]
Printed Name

Witness as to Surety:

**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. 1				Dated	5-16-24	Addendum No. 5	Dated	6-6-24
Addendum No. 2				Dated	5-16-24	Addendum No. 6	Dated	6-10-24
Addendum No. 3				Dated	5-23-24	Addendum No.	Dated	
Addendum No. 4				Dated	5-29-24	Addendum No.	Dated	

Date: 6-12-24

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

Name (printed): Ana Amoroso Title: Office Manager

**(THIS PAGE MUST BE COMPLETED AND SUBMITTED)**



**ATTACHMENT 6:**

**EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST**

Equipment is located at: 6413 SW Carlton Avenue, Arcadia, Florida 34206

The following is a listing of your equipment, inclusive of manufacturer, year and condition. List the condition of equipment/vehicles utilized for this project 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)
"See attached"				

**SOURCE OF SUPPLY AND SUBCONTRACTOR FORM**

The following sources of supply and subcontractors shall be used for the **RFB NO. 2024-08 CALCIUM CHLORIDE**. 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).

**SUBCONTRACTOR(S)**

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

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
- N/A

**SUPPLIER(S)**

1. Glade & Groves Supply Co., Aron Park 863-453-3142
2. Grove Equipment Service Inc., Bartow 863-537-1345
3. Chenango Supply Co., Punta Gorda 941-637-1165



Date: 6-12-24

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

Name (printed): Araceli Morales Title: Office Manager

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

ATTACHMENT 7:

**QUALIFICATIONS AND REFERENCES**

Vendor 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: Charlotte County

Name of Contact Person/Title: Chuck Peters / Project Manager

Telephone# 941-575-3658 Fax \_\_\_\_\_ E-mail Chuck.Peters@CharlotteCountyfl.gov

Address 18500 Murdock Circle, Fort Charlotte, FL 33948

Phone Number 941-575-3658

Duration of Contract or business relationship 15 yrs

Type of Services Provided Right-of-Way mowing, Trimming and Litter Removal

Contract Period: FROM 9/22 TO 10/25

Contract Price \$ 840,000 Contract Price at Completion of the Project \$ 840,000

2. Business/Customer Name: Florida Department of Transportation

Name of Contact Person/Title: Nanichi Gonzalez / Project Manager

Telephone# 863-519-4109 Fax \_\_\_\_\_ E-mail nanichi.gonzalez@dtd.state.fl.us

Address 2740 State Road 60 West, Bartow, FL 33830

Phone Number 863-519-4109

Duration of Contract or business relationship 2 yrs

Type of Services Provided Right-of-way mowing, Litter Removal

Contract Period: FROM 3/22 TO 12/26

Contract Price \$ 1,500,000 Contract Price at Completion of the Project \$ 1,500,000

Date: 6-12-24

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



RFB NO. 2024-21 RIGHT-OF-WAY MOWING, TRIMMING AND LITTER REMOVAL

Name (printed): Arc Amoroso Title: Office Manager

THIS PAGE MUST BE COMPLETED AND SUBMITTED

3. Business/Customer Name: Florida Department of Transportation

Name of Contact Person/Title: Cheryl Court / Project Manager

Telephone# 803-491-1815 Fax \_\_\_\_\_ E-mail Cheryl.Court@dot.state.fl.us

Address 201 N. Broadway Avenue, Bartow, FL 33830

Contract Period: FROM 1/20 TO 1/24

Contract Price \$ 420,000 Contract Price at Completion of the Project \$ 420,000

Phone Number 803-491-1815

Duration of Contract or business relationship 4 yrs

Type of Services Provided Right-of-Way Mowing, Edging and Litter Removal

Contract Period: FROM 1/20 TO 1/24

Contract Price \$ 420,000 Contract Price at Completion of the Project \$ 420,000

4. Business/Customer Name: \_\_\_\_\_

Name of Contact Person/Title: \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax \_\_\_\_\_ E-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: 6-12-24

Signed (Person authorized to bind the company): \_\_\_\_\_

Name (printed): Arc Amoroso Title: Office Manager

ATTACHMENT 8:  
NON-COLLUSIVE AFFIDAVIT

State of Florida  
County of Miami-Dade } SS.

Before me, the undersigned authority, personally appeared:

Ana Amoroso who, being first duly sworn, deposes and says that:

1. He/She is the Representative (Owner, Partner, Officer, Representative or Agent) of TGA Equipment 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 5th day of June, 2024.

By: Ana Amoroso  
(Printed Name)  
Office Manager  
(Title)

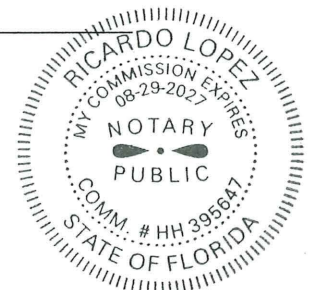
STATE OF FLORIDA

COUNTY OF Miami-Dade

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 5th day of June 2024, by ANA ROSA AMOROSO

[Signature]  
Notary Public - State of Florida

Personally Known  OR Produced Identification   
Type of Identification Produced \_\_\_\_\_



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, Ana Amoroso, being an authorized representative of the Respondent TGA Equipment Inc,

Located at: 3020 NE 4<sup>th</sup> Terrace #205

City: Homestead 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: 6-10-24

Telephone #: 305-338-4148 Fax #: \_\_\_\_\_

Federal ID #: 464124785 E-mail: tgaequipment@yahoo.com

State of Florida

County of MIAMI-DADE

STATE OF Florida

COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 10<sup>th</sup> day of JUNE 2024, by Ana Amoroso

Notary Public - State of Florida

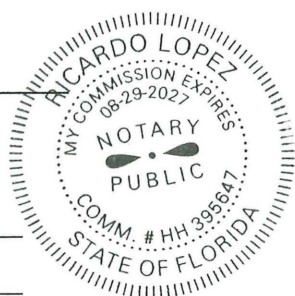
Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

Date: June 10, 2024

Signed (Person authorized to bind the company): \_\_\_\_\_

Name (printed): Ana Amoroso Title: Office Manager



THIS PAGE MUST BE COMPLETED AND SUBMITTED



**ATTACHMENT 11:  
DRUG-FREE WORKPLACE FORM**

The undersigned Respondent in accordance with Florida Statute §287.087 hereby certifies that: TSA Equipment Inc (Company Name) does:

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  
Ana Amoroso  
\_\_\_\_\_  
Print Name  
6-12-24  
\_\_\_\_\_  
Date

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

ATTACHMENT 13:

Scrutinized Company Certification Form

Company Name: TRA Equipment Inc.  
Authorized Representative Name and Title: Ana Amoroso, Office Manager  
Address: 3020 NE 4<sup>th</sup> Terrace City: Homestead State: FL ZIP: 33033  
Phone Number: 305-338-4148 #355 Email Address: traequipment@yahoo.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: [Signature]  
AUTHORIZED REPRESENTATIVE SIGNATURE

Print Name and Title: Ana Amoroso, Office Manager

Date Certified: 6-12-24

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

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**



ATTACHMENT 14:

LOBBYING CERTIFICATION

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

STATE OF Florida

COUNTY OF Miami-Dade

This \_\_\_\_\_ day \_\_\_\_\_ of 2024 Ana Amoroso, being first duly sworn, deposes and says that he or she is the authorized representative of TS Equipment 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 5th day of June, 2024.

By: [Signature]  
(Printed Name)  
Office Manager  
(Title)

STATE OF FLORIDA

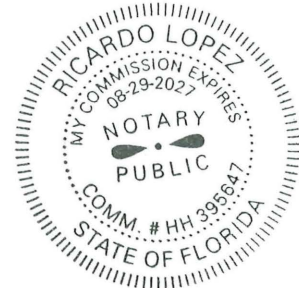
COUNTY OF MIAMI DADE

Sworn to (or affirmed) and subscribed before me by means of  physical presence or  online notarization, this 5th day of June 2024, by Ana Rosa Amoroso

[Signature]  
Notary Public - State of FLORIDA

Personally Known  OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

THIS PAGE MUST BE COMPLETED AND SUBMITTED





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

STATE OF Florida  
COUNTY OF Miami-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 remuneration.
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: TAA Equipment Inc (Vendor's Company Name)  
Ava Amoroso (Vendor signature)  
Ava Amoroso (Vendor's name printed)  
Office Manager (Title)

Sworn to and subscribed before me by means of  physical presence or  online notarization, this 5th day of JUNE, 2024, by Ava Rosa Amoroso, as OFFICE MANAGER.

[Signature]  
 Notary Public

Personally Known  OR Produced Identification   
 Type of Identification Produced \_\_\_\_\_

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

