

## CF-1- BIDDER CHECKLIST - ATTACHMENTS: CITY FORMS

**BIDDER:** Please submit one **original hard copy**, one **copy**, and a digital version on a **USB flash drive**. The bid schedule must be in **Excel format**, and all other documents must be in **PDF format**.

Please check (✓) off all documents that have been submitted.

- ✓ **CF-1:** Bidder checklist ( Include this list with submittal and place ✓ by forms)
- ✓ **CF 2:** Sealed Bid Label (if not using the provided label on the next page, please make sure all information is provided on envelope as label).
- ✓ **CF 3:** Bid Schedule (Excel format, separate document) – DO NOT RECREATE SPREADSHEET
  - Must complete the entire schedule, print original, copy, and save on USB drive in excel format.
- ✓ **CF-4:** Bid Form
- ✓ **CF-5:** Statement of Organization
- ✓ **CF-6:** Addenda Acknowledgement and Bid Bond Terms
- ✓ **CF-7:** City Bid Bond Form (DO NOT RECREATE AND ONLY USE THIS FORM)
- ✓ **CF-8** Equipment and Source of Supply/Subcontractor List
- ✓ **CF-9:** Qualifications and Experience Form
- ✓ **CF-10:** Insurance – Bidder to acknowledge by initialing the bottom of page.
- ✓ **CF-11:** Construction Indemnification – See Sample Contract
- ✓ **CF-12:** Certification Regarding Lobbying
- ✓ **CF-13:** Non-Collusive Affidavit
- ✓ **CF-14:** Conflict of Interest Form
- ✓ **CF-15:** Public Entity Crime Information Form
- ✓ **CF-16:** Drug-Free Workplace Form
- ✓ **CF-17:** The Florida trench Safety Act
- ✓ **CF-18:** Scrutinized company Certification Form
- ✓ **CF-19:** Vendor's Certification For E-Verify System
- ✓ **CF-20:** Performance and Payment Bond Terms - Bidder to acknowledge by initialing the bottom of page.
- ✓ **CF-21:** Payment and Performance Bond Form – Awarded vendor must use this form.
- ✓ **CF-22:** Human Trafficking Affidavit
- ✓ **CF-23:** Foreign Entities of Concern Affidavit
- N/A **CF-24:** Affidavit Claiming Status as a Local Business **or** North Port Local Business Status (If not claiming, state N/A)

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

EXHIBIT 3C/CF-3. BID SCHEDULE					
RFB NO. 2025-45 CITY OF NORTH PORT PAN AMERICAN WRF CENTRIFUGE BUILDING					
ITEM	DESCRIPTION	ESTIMATED QUANTITY		UNIT PRICE	AMOUNT
I. MISCELLANEOUS					
1	Mobilization/Demobilization* (mobilization shall not exceed 5% of the subtotal)	1	LS		\$ 12,710.00
2	Erosion and Sediment Control	1	LS	\$ 1,500.00	\$ 1,500.00
3	Record Drawings and Project Close-out	1	LS	\$ 5,000.00	\$ 5,000.00
MISCELLANEOUS TOTAL					\$ 19,210.00
II. BUILDING FOUNDATION AND SITE CIVIL					
4	Demolition and Repair of Asphalt Pavement	12	SY	\$ 875.00	\$ 10,500.00
5	Concrete Pedestal Foundations	7	CY	\$ 5,571.00	\$ 38,997.00
6	3-ton , Manual Trolley Hoist	1	LS	\$ 1,500.00	\$ 1,500.00
BUILDING FOUNDATION AND SITE CIVIL TOTAL					\$ 50,997.00
III. PRE-ENGINEERED METAL BUILDING					
7	Pre-Engineered Metal Building, Including Roofing, Siding, Monorail Beam for Trolley Hoist, Anchor Bolts, Gutters and Downspouts	1,500	SF	\$ 105.00	\$ 157,500.00
8	Electrical, Including Lighting, Service to Building, Timer	1	LS	\$ 26,000.00	\$ 26,000.00
PRE-ENGINEERED METAL BUILDING TOTAL					\$ 183,500.00
SUMMARY					
I. MISCELLANEOUS					\$ 19,210.00
II. BUILDING FOUNDATION AND SITE CIVIL					\$ 50,997.00
III. PRE-ENGINEERED METAL BUILDING					\$ 183,500.00
CONSTRUCTION TOTAL					\$ 253,707.00

## PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING

CF-4:

## BID FORM

Company Name: Close Construction Services, LLCBusiness Address: 305 NW 4th Ave., Okeechobee, FL 34972

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 Addend, Request for Bids, Instructions to Bidders, General Provisions, Special Provisions, Technical Specifications & Conditions, Bid Form, City Forms, Contract Drawings and or Plans, Attachments and Exhibits to this solicitation, Insurance Requirements, Plans, and any other reports or documentation for: **RFB NO. 2025-45 Pan American Wastewater Reclamation Facility Centrifuge Building** 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:

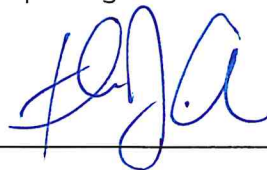
**PROJECT TOTAL:** Two hundred fifty-three thousand seven hundred seven \$ 253,707.00

**PRINT** **NUMERICAL**

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: 10.9.2025

Signed (Person authorized to bind the company):


Name (printed): Thomas J. CloseTitle: Vice President**THIS PAGE MUST BE COMPLETED AND SUBMITTED**



## PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING

**CF-5:  
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** Close Construction Services, LLC

**Telephone #** 863.467.0831 **E-Mail** ccs@closeconstructionllc.com **Fax #** 863.763.6337

**Main Office Address**  
305 NW 4th Ave

**City** Okeechobee **State** Florida **Zip Code** 34972

**Address of Office Servicing City of North Port, if different than above:** ☒ **SAME AS ABOVE**

**Office Address**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **E-mail** \_\_\_\_\_ **Fax #** \_\_\_\_\_

**Name & Title of Firm Representative** Thomas J. Close, Vice President

**Federal Identification Number:** 85-09574573

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.: \_\_\_\_\_

**Does it use a registered fictitious name:**

☐ Yes or ☒ No

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**



**Names of Officers:**

**President:** Thomas C. Close **Secretary:** Melissa Boromei

**Vice President:** Thomas J. Close **Treasurer:** Sheryl Wells

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

**Other:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Name of Corporation** (As used in Florida):

Close Construction Services, LLC

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

**Corporate Address:**

Post Office Box: \_\_\_\_\_


City, State Zip: \_\_\_\_\_

Street Address: 305 NW 4th Ave

City, State, Zip: Okeechobee, FL 34972

**Date:** 10.9.2025

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



**Name (printed):** Thomas J. Close

**Title:** Vice President

## PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING

**THIS PAGE MUST BE COMPLETED AND SUBMITTED****CF-6:****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.

<b>Addendum No.</b>	1	Dated	9.26.2025	<b>Addendum No.</b>	Dated	
<b>Addendum No.</b>	2	Dated	10.8.2025	<b>Addendum No.</b>	Dated	
<b>Addendum No.</b>		Dated		<b>Addendum No.</b>	Dated	
<b>Addendum No.</b>		Dated		<b>Addendum No.</b>	Dated	

**BID BOND TERMS****(SEE FORM NEXT PAGE)**

**BID BOND: ACCOMPANYING THIS PROPOSAL IS** Bid 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: 10.9.2025

Signed (Person authorized to bind the company):

Name (printed): Thomas J. Close

Title: Vice President

## PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**  
**CF-7**

## 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 Close Construction Services, LLC, authorized by law to do business as a General Contractor in the State of Florida, as Principal, and Great American Insurance Group, a Corporation chartered and existing under the laws of the State of Ohio, as Surety, with its principal offices in the City of Cincinnati, 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 10/09/2025, for **(RFB NO. 2025-45 Pan American Wastewater Reclamation Facility Centrifuge Building)**.

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 10/09/2025, 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:

Courtney Galassi  
(By) Courtney Galassi

Thomas J. Close (SEAL)  
(Principal)

Witness as to Surety:

Cathy Phan  
Cathy Phan

Thomas J. Close  
Printed Name  
Great American Insurance Group (SEAL)  
(Surety's Name)

Matthew T Smith  
(By-As Attorney-in-Fact, Surety)  
Matthew T Smith



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



# GREAT AMERICAN INSURANCE COMPANY®

Administrative Office: 301 E 4TH STREET • CINCINNATI, OHIO 45202 • 513-369-5000 • FAX 513-723-2740

The number of persons authorized by  
this power of attorney is not more than TWO

No. 0 22567

## POWER OF ATTORNEY

**KNOW ALL MEN BY THESE PRESENTS:** That the GREAT AMERICAN INSURANCE COMPANY, a corporation organized and existing under and by virtue of the laws of the State of Ohio, does hereby nominate, constitute and appoint the person or persons named below, each individually if more than one is named, its true and lawful attorney-in-fact, for it and in its name, place and stead to execute on behalf of the said Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; provided that the liability of the said Company on any such bond, undertaking or contract of suretyship executed under this authority shall not exceed the limit stated below.

Name	Address	Limit of Power
MATTHEW T SMITH	BOTH OF	BOTH
CATHY PHAN	ST. PETERSBURG, FLORIDA	\$100,000,000

This Power of Attorney revokes all previous powers issued on behalf of the attorney(s)-in-fact named above.

IN WITNESS WHEREOF the GREAT AMERICAN INSURANCE COMPANY has caused these presents to be signed and attested by its appropriate officers and its corporate seal hereunto affixed this 29TH day of OCTOBER, 2024.



*Matthew T. Smith*

Assistant Secretary

*John Webster*

Divisional Senior Vice President

STATE OF OHIO, COUNTY OF HAMILTON - ss:

JOHN WEBSTER (877-377-2405)

On this 29TH day of OCTOBER, 2024, before me personally appeared JOHN WEBSTER, to me known, being duly sworn, deposes and says that he resides in Cincinnati, Ohio, that he is a Divisional Senior Vice President of the Bond Division of Great American Insurance Company, the Company described in and which executed the above instrument; that he knows the seal of the said Company; that the seal affixed to the said instrument is such corporate seal; that it was so affixed by authority of his office under the By-Laws of said Company, and that he signed his name thereto by like authority.



SUSAN A KOHORST  
Notary Public  
State of Ohio  
My Comm. Expires  
May 18, 2025

*Susan A Kohorst*

This Power of Attorney is granted by authority of the following resolutions adopted by the Board of Directors of Great American Insurance Company by unanimous written consent dated June 9, 2008.

**RESOLVED:** That the Divisional President, the several Divisional Senior Vice Presidents, Divisional Vice Presidents and Divisional Assistant Vice Presidents, or any one of them, be and hereby is authorized, from time to time, to appoint one or more Attorneys-in-Fact to execute on behalf of the Company, as surety, any and all bonds, undertakings and contracts of suretyship, or other written obligations in the nature thereof; to prescribe their respective duties and the respective limits of their authority; and to revoke any such appointment at any time.

**RESOLVED FURTHER:** That the Company seal and the signature of any of the aforesaid officers and any Secretary or Assistant Secretary of the Company may be affixed by facsimile to any power of attorney or certificate of either given for the execution of any bond, undertaking, contract of suretyship, or other written obligation in the nature thereof, such signature and seal when so used being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

## CERTIFICATION

I, STEPHEN C. BERAHA, Assistant Secretary of Great American Insurance Company, do hereby certify that the foregoing Power of Attorney and the Resolutions of the Board of Directors of June 9, 2008 have not been revoked and are now in full force and effect.

Signed and sealed this 9th day of October, 2025



*Stephen C. Beraha*

Assistant Secretary

**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING**

**THIS PAGE MUST BE COMPLETED AND SUBMITTED  
CF-8**

**EQUIPMENT LIST (If Not Applicable, State N/A)**

Equipment is located at: Okeechobee, FL

Please make sure your list of equipment contains the following: Description of 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
1. <u>Refer to attached list of heavy equipment.</u>				
2. _____				
3. _____				

**SOURCE OF SUPPLY AND SUBCONTRACTOR FORM**

The following sources of supply and subcontractors shall be used for the **2025-45 Pan American Wastewater Reclamation Facility Centrifuge Building**. 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. To Be Determined

2. \_\_\_\_\_

3. \_\_\_\_\_

**SUPPLIER(S)**

1. To Be Determined

2. \_\_\_\_\_

Date: 10.9.2025

Signed (Person authorized to bind the company): 

Name (printed): Thomas J. Close Title: Vice President

**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

**Close Construction Services. LLC**  
**Equipment List Heavy Equipment**

Description	Manufacturer	Year	Condition	Leased/Owned
325 G Compact Track Loader	John Deere	2021	2-Good	Owned
50G Compact Excavator	John Deere	2021	2-Good	Owned
T250 Skid Loader	Bobcat	2007	2-Good	Owned
Mini Excavator	Kubota	2004	2-Good	Owned
444 Loader	John Deere	2000	2-Good	Owned



**CF-9**

**QUALIFICATIONS AND REFERENCES**

The Bidder (Company) **shall** have been in **COMMERCIAL CONSTRUCTION BUSINESS WITH EXPERIENCE** in projects involving wastewater treatment plants. **Bidder shall demonstrate successful completion of a minimum of three (3) projects completed within the past five (5) years of similar size and scope to the Pan American Wastewater Reclamation Facility Centrifuge Building**

1. Business/Customer Name: City of Port St. Lucie Project Name: Sportman Park Maintenance and Storage

Name of Contact Person/Title: Mike Kendrick, Project Manager

Telephone# Office: 772.871.5260  
Cell: 772.370.3901 E-mail mkendrick@cityofpsl.com

Address 121 SW Port St. Lucie Blvd, Port St. Luice, FL 34984

Phone Number 772.871.1000

Duration of Contract or business relationship March 2023 to May 2024

Type of Services Provided Construction of new maintenance building, demolition of existing asphalt, fence storage area, new dumpster enclosure, asphalt repairs, grading, sod and irrigation repairs.

Contract Period: FROM March 2023 TO May 2024

Contract Price \$ 621,916.00 Contract Price at Completion of the Project \$ 647,464.19

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

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

Telephone# \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Date: 10.9.2025

Signed (Person authorized to bind the company): 

Name (printed): Thomas J. Close Title: Vice President

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

**RFB NO. 2025-45**

**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING**

Duration of Contract or business relationship\_\_\_\_\_

Type of Services Provided\_\_\_\_\_

3. Business/Customer Name: City of Fellsmere Project Name: Police Station and Maintenance Facility Hardening

Name of Contact Person/Title: Kenny Evans, Public Works Director

Telephone# 772.646.6316 E-mail PWDirector@cityoffellsmere.org

Address 22 South Orange Street, Fellsmere, FL 32948

Contract Period: FROM March 2023 TO August 2023

Contract Price \$ 94,950.00 Contract Price at Completion of the Project \$ 171,493.80

Phone Number 772.571.1616

Duration of Contract or business relationship March 2023 to August 2023

Type of Services Provided Installation of gutters and impact resistant glass; stapping, clips and gable end reinforcement; sheathing, fastening, secondary water barrier and roof ventilation reinforcement.

Contract Period: FROM March 2023 TO August 2023

Contract Price \$ \_\_\_\_\_ Contract Price at Completion of the Project \$ \_\_\_\_\_

4. Business/Customer Name: Indian River County Project Name: Kiwanis Hobart Park New Restroom and sewer connection

Name of Contact Person/Title: Aj Fasano, Project Manager

Telephone# Office: 772.794.4152  
Cell: 732.814.6558 Fax N/A E-mail AJ.Fasano@kimley-horn.com

Address 1800 27th St. Vero Beach, FL 32960

Phone Number 772.226.1469

Duration of Contract or business relationship April 2024 to April 2025

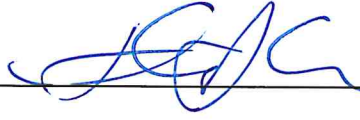
Type of Services Provided Installation of a lift station and force main, construction for a new restroom building, decommissioning of existing se

Contract Period: FROM April 2024 TO April 2025

**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING**

Contract Price \$ 638,885.00 Contract Price at Completion of the Project \$ 593,735.99

Signed (Person authorized to bind the company):



Name (printed): Thomas J. Close Title: Vice President

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



**CF-10**  
**PROJECT INSURANCE REQUIREMENTS**

A. Insurance.

- (1) Before performing any work, the Contractor and subcontractors must procure and maintain during the Contract Time the insurance identified in this Section against all claims of injury to persons or damage to property which may arise from or in connection with its performance of the Contract work, unless otherwise specified. The insurance policies must remain in full force and effect until their obligations and warranty periods have been discharged or satisfied.
- (2) The policies of insurance must be primary and written on forms acceptable to the City, placed with insurance carriers approved and licensed by the State of Florida Department of Financial Services, and meet a minimum financial A.M. Best and Company, Inc. rating of no less than "A – Excellent: FSC VII."
- (3) The City Manager or designee may alter the amounts or types of insurance policies required by this Contract upon written agreement with the Contractor.
- (4) Proof of insurance must be filed by the Contractor with the City within ten (10) calendar days after the Effective Date of this Contract.
- (5) These insurance requirements are minimum requirements and in no way limit the indemnity covenants contained in this Contract. The City in no way warrants that the minimum limits are sufficient to protect the Contractor from liabilities that might arise out of the performance of the work done by the Contractor, its agents, representatives, employees, or subcontractors. The Contractor is free to purchase additional insurance as it may determine necessary. The extent of the Contractor's liability for indemnity of the City must 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.

B. Workers' Compensation and Employers' Liability Insurance. Coverage pursuant to Florida Statutes, Chapter 440 must apply to all employees at the statutory limits provided by state and federal laws. The policy must include Employers' Liability with a limit of \$500,000 for each accident; \$500,000 for each employee; and \$500,000 policy limit for bodily injury or disease.

C. Comprehensive Commercial General Liability Insurance. A comprehensive commercial general liability policy, including but not limited to bodily injury, property damage, broad form contractual liability and Explosion, Collapse and Underground (XCU) coverage.

- (1) The general aggregate limit must apply separately to this Contract, or the general aggregate limit must be twice the required occurrence limit.
- (2) The policy must include General Liability with a limit of \$2,000,000 for general aggregate; \$2,000,000 for each occurrence; \$2,000,000 for products and completed operations; \$100,000 for damage to rented premises.

- (3) The City of North Port is to be named additionally insured on the insurance policy.
- D. Automobile Liability Insurance. Automobile liability insurance to include all owned, leased, hired, and non-owned vehicles.
- (1) Automobile liability insurance must be written on a standard ISO form (CA 00 01) covering any auto (Code 1), or if the Contractor has no owned autos, hired (Code 8) and non-owned (Code 9) autos.
- (2) The policy must include liability insurance with a limit of \$1,000,000 for Combined Single Limit (CSL) for each accident; \$1,000,000 per person for bodily injury; \$1,000,000 per accident for bodily injury; and \$1,000,000 per accident for property damage.
- (3) The City of North Port is to be named additionally insured on the insurance policy.
- E. Other Insurance. Other insurance is only required if checked below. If not checked, the referenced insurance is not required.
- [ n/a ]** Builder's Risk Insurance for the Course of Construction or Installation Floater Insurance. The policy must include the "All Risk" (Special Perils) coverage with limits equal to the completed value of the project; and must not include coinsurance penalty provisions.
- [ n/a ]** Contractor's Pollution Legal Liability for Projects Involving Environmental Hazards. The policy must include liability insurance with a limit of \$1,000,000 for each occurrence or claim and \$1,000,000 for policy aggregate.
- [ n/a ]** Environmental/Pollution Liability. Required when chemicals being used are listed as "hazardous" on www.epa.gov website. The Environmental/Pollution Liability policy must include a limit of \$500,000 general aggregate, and \$500,000 each occurrence. The Contractor must notify the City prior to usage of hazardous chemicals so that adequate insurance coverage is provided prior to use. Failure to notify the City shall be deemed a material breach of this Contract.
- F. Waiver of Subrogation. All required insurance policies, except for Workers' Compensation, are to be endorsed with a Waiver of Subrogation. The insurance companies, by proper endorsement or through other means, must agree to waive all rights of subrogation against the City, its Commissioners, officers, officials, employees, volunteers, and the City's insurance carriers, for losses paid under the terms of these policies that arise from the contractual relationship or work performed by the Contractor for the City. It is the Contractor's responsibility to notify its 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, AGREE 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 APPLIES TO ANY DEDUCTIBLES OR SELF-INSURED RETENTIONS FOR WHICH THE CONTRACTOR OR ITS AGENTS MAY BE RESPONSIBLE.



G. Policy Form.

- (1) All policies required by this Contract, except for Workers' Compensation and Professional Liability, or unless specific approval is given by Risk Management through the City's Purchasing Division, are to be written on an occurrence basis, and must name the City of North Port, Florida, its Commissioners, officers, agents, employees, and volunteers as additional insured as their interest may appear under this Contract. Claims made policies may be accepted for professional liability, hazardous materials and other risks as are authorized by the City's Purchasing Division. All claims made policies contributing to the satisfaction of the insurance requirements must have an extended reporting period option or automatic coverage of not less than two (2) years. If provided as an option, the Contractor must 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.
- (2) Insurance requirements itemized in this Contract, and required of the Contractor, must be provided by or on behalf of all subcontractors to cover their operations performed under this Contract. The Contractor is responsible for any modifications, deviations, or omissions in these insurance requirements as they apply to its subcontractors.
- (3) Each insurance policy required by this Contract must:
  - (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 must 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's Purchasing Division of any occurrence by written notice via certified mail, return receipt requested.
- (4) The City retains the right to review, at any time, coverage, form, and amount of insurance.
- (5) The Contractor is solely responsible for payment of all premiums for insurance required in this Contract and is solely responsible for the payment of all deductibles, SIR (self-insured retentions), any loss or portion of any loss that is not covered by any available insurance policy, and retention as set forth in the policies, whether the City is an insured under the policy. The Contractor's insurance is considered primary for any loss, regardless of any insurance maintained by the City.
- (6) All certificates of insurance must be approved by the City before commencement of any work. All required certificates of insurance must be accompanied by a copy of the additionally insured documents/endorsements (CG 20101185 or combination of CG 2010370704 and CG 20370704). 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 Division at 4970 City Hall Boulevard, Suite 337, North Port, FL 34286 prior to commencement of the work and a minimum of thirty (30) calendar days prior to expiration of the insurance contract when applicable. The certificate of insurance issued by the underwriting department of the insurance carrier must certify compliance with the insurance requirements of

TJC



**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING**


this Contract. No changes may be made to these specifications without prior written approval by the City Manager or designee.

- H. Notices. Notices of Accidents (Occurrences) and Notices of Claims associated with work being performed must be provided to the Contractor's insurer(s) and the City's Purchasing Division as soon as practicable after notice to the insured Contractor.

**UPON REVIEW OF THE INSURANCE REQUIREMENTS, I CONFIRM THAT IF AWARDED THIS BID, I WILL PROVIDE THE SPECIFIED COVERAGE.**

Date: 10.9.2025

Signed (Person authorized to bind the company):



Name (printed): Thomas J. Close

Title: Vice President

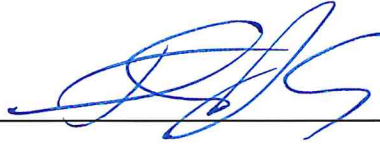
**THIS PAGE MUST BE COMPLETED AND SUBMITTED**

**CF-11**

**CONSTRUCTION INDEMNIFICATION**

**SEE CONSTRUCTION CONTRACT**

**Date:** 10.9.2025

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

**Name (printed):** Thomas J. Close **Title:** Vice President

**CF-12**

**CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge, that:

1. No Federal 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 an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.



Signature of Contractor's Authorized Representative

Thomas J. Close

Name

Vice President

Title

10.9.2025

Date

**CF-13**  
**NON-COLLUSIVE AFFIDAVIT**

Before me, the undersigned authority ("Affiant"), personally appeared:

Thomas J. Close who, being first duly sworn, deposes and says that:

1. Affiant is the Vice President [insert Owner, Partner, Officer, Representative or Agent] of Close Construction Services, LLC, [insert name of Contractor] the Respondent that has submitted the attached reply;
2. Affiant 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 on October 9, 2025.

Signature

Thomas J. Close

Printed Name

Vice President

Title

**SWORN ACKNOWLEDGMENT**

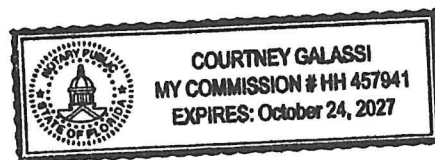
STATE OF Florida  
COUNTY OF Okeechobee

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 9 day of October, 2025, by Thomas J. Close.

Notary Public

Personally Known ☒ OR Produced Identification ☐

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





**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING****CF-14****CONFLICT OF INTEREST FORM**

Florida Statutes Section 112.313 places limitations on public officers (including advisory board members) and employees' ability to contract with the City of North Port, Florida ("City") either directly or indirectly.

**PART I.** *[Select and complete all that apply]:*

☐ I am an employee, public officer, or advisory board member of the City.

Identify the position and/or board: \_\_\_\_\_

☐ I am the spouse or child of an employee, public officer, or advisory board member of the City.

Identify the name of the spouse or child: \_\_\_\_\_

☐ I am an employee, public officer or advisory board member of the City, or my spouse or child, is an officer, partner, director, or proprietor of Respondent/Contractor or has a material interest in Contractor. "Material interest" means direct or indirect ownership of more than 5 percent of the total assets or capital stock of any business entity. For the purposes of Florida Statutes Section 112.313, indirect ownership does not include ownership by a spouse or minor child.

Identify the name of the person and the entity \_\_\_\_\_

☐ Bidder/Contractor employs or contracts with an employee, public officer, or advisory board member of the City.

Identify the name of the employee, public officer, or advisory board member \_\_\_\_\_

☒ None of the Above

**PART II: Will you request an advisory board member waiver?**

☐ I WILL request an advisory board member waiver under §112.313(12)

☐ I WILL NOT request an advisory board member waiver under §112.313(12)

☒ N/A

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

  
\_\_\_\_\_  
Signature of Person Authorized to Bind the Contractor

\_\_\_\_\_  
Printed Name

Thomas J. Close

\_\_\_\_\_  
Title

Vice President

\_\_\_\_\_  
Date

10.9.2025

**CF-15**  
**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, Thomas J. Close, being an authorized representative of the Contractor,  
have read and understand the contents above.

I certify that the Contractor is not disqualified from replying to this solicitation/contracting because of Florida Statutes Section 287.133.

Telephone #: 863.467.0831 Fax #: 863.763.6337  
Federal ID #: 85-09574573 Email: ccs@closeconstructionllc.com

  
\_\_\_\_\_  
Signature of Contractor's Authorized Representative  
Thomas J. Close, Vice President  
\_\_\_\_\_  
Name and Title of Contractor's Authorized Representative  
10.9.2025  
\_\_\_\_\_  
Date

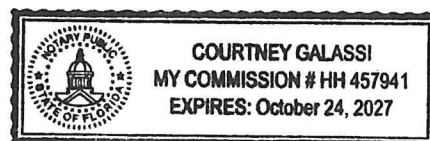
**SWORN ACKNOWLEDGMENT**

STATE OF FLORIDA  
COUNTY OF Okeechobee

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online  
notarization, this 9 day of October, 2025, by Thomas J. Close.

  
\_\_\_\_\_  
Notary Public – State of Florida

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



**CF-16**  
**DRUG FREE WORKPLACE FORM**

The undersigned, in accordance with Florida Statutes Section 287.087, hereby certifies that the Contractor,  
Close Construction Services, LLC (Company Name):

1. Publishes 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. Informs 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. Gives 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), notifies 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. Imposes 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. Makes a good faith effort to continue to maintain a drug free workplace through implementation of this section.

**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 

Printed Name Thomas J. Close

Title Vice President

Date 10.9.2025



**RFB NO. 2025-45**

**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING**

**CF-17**

**SWORN STATEMENT: THE FLORIDA TRENCH SAFETY ACT**

Pan American  
Wastewater Reclamation  
Facility Centrifuge Building

1. This Sworn Statement is submitted with or Contract No. RFP No. 2025-45 for the construction of \_\_\_\_\_.
2. This Sworn Statement is submitted by Close Construction Services, LLC ("Contractor") whose business address is 305 NW 4th Ave., Okeechobee, FL 34972 and (if applicable) its Federal Employer Identification Number (FEIN) is 85-0974573.
3. The Trench Safety Standards that will be in effect during the construction of this Project are Florida Statute Section 553.60-55.64, Trench Safety Act, and OSHA Standard.
4. The undersigned assures that the entity will comply with the applicable Trench Safety Standards and agrees to indemnify and hold harmless the County and ENGINEER, and any of their agents or employees from any claims arising from the failure to comply with said standard.
5. The Contractor has appropriated \$ 100.00 per linear foot of trench to be excavated over 5' deep for compliance with the applicable standards and intends to comply by instituting the following procedures: Trench Box
6. The Contractor has appropriated \$ 100.00 per square foot for compliance with shoring safety requirements and intends to comply by instituting the following procedures:
7. The undersigned, in signing this Sworn Statement, represents that he or she has reviewed and considered all available geotechnical information and made such other investigations and tests as he or she may deem necessary to adequately design the trench safety system(s) the Contractor will utilize on this Project.

Signature

Thomas J. Close

Name

Vice President

Title

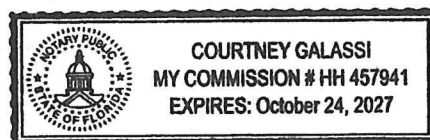
**SWORN ACKNOWLEDGEMENT**

STATE OF Florida  
COUNTY OF Okeechobee

Sworn to (or affirmed) and subscribed before me by means of ☒ physical presence or ☐ online notarization, this 9 day of October 2025, by Thomas J. Close (name), as Vice President (title) for Close Construction Services, LLC (entity).

Courtney Galassi  
Notary Public

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





**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING****CF-18****SCRUTINIZED COMPANY CERTIFICATION FORM**

Contractor Name: Close Construction Services, LLC  
 Authorized Representative Name and Title: Thomas J. Close, Vice President  
 Address: 305 NW 4th Ave City: Okeechobee State: FL ZIP: 34972  
 Phone Number: 863.467.0831 Email Address: ccs@closeconstructionllc.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 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 of Contractor's Authorized Representative

Name Thomas J. Close

Title Vice President

Date 10.9.2025

**CF-19**  
**VENDOR'S CERTIFICATION FOR E-VERIFY SYSTEM**

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.
7. Vendor understands that pursuant to Florida Statutes, section 448.095, the submission of a false certification may result in the termination of the contract if one is entered into, and may subject the Vendor named in this certification to civil penalties, attorney's fees and costs.

VENDOR: Close Construction Services, LLC (Vendor's Company Name)

Certified By: \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE SIGNATURE

Print Name and Title: Thomas J. Close, Vice President

Date Certified: 7.28.2022

**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING****CF-20****PERFORMANCE AND PAYMENT BOND REQUIREMENTS****A. Security.**

- (1) The Contractor must provide the required performance and payment bond or other acceptable security to the City within **ten (10) business days** of executing this Contract. Failure by the Contractor to provide the bond within **ten (10) business days** constitutes a default. Pursuant to Section 2-404 of the Code of City of North Port, Florida, upon default the City may immediately award the bid to the next lowest responsive and responsible bidder and recover from the original successful bidder the difference in cost between the original winning bid and the next lowest responsive and responsible bidder. The default is only curable at the option of the City.
- (2) In addition, the Contractor is responsible and bears all cost associated with recording the Performance and Payment Bond with the Sarasota County Clerk's Office. The Contractor must furnish the receipt of the recording and certified copy of the recorded bond to the Purchasing Division at the time of the pre-construction meeting. Such default is only curable at the option of the City.

**B. Performance and Payment Bond.** The Contractor must provide a Performance and Payment Bond, in the form prescribed in Florida Statutes Section 255.05, in the amount of one hundred percent (100%) of the Contract price, the costs of which are to be paid by the Contractor. The bond must be acceptable to the City only if the Surety Company:

- (1) Is licensed to do business in the State of Florida;
- (2) Holds a certificate of authority authorizing it to write surety bonds in the State of Florida;
- (3) Has twice the minimum surplus and capital required by the Florida Insurance Code at the time the invitation to bid is issued;
- (4) Is otherwise in compliance with the provisions of the Florida Insurance Code;
- (5) Holds a currently valid certificate of authority issued by the United States Department of Treasury under 31 U.S.C. §§ 9304-9308;
- (6) Has a current rating of at least Excellent (A or A-) as reported in the most current Best Key Rating Guide, published by A.M. Best Company, Inc., of 75 Fulton Street, New York, New York 10038; and
- (7) Has an underwriting limitation of at least two times the dollar amount of the Contract price.

**C. Substitute Bond Required.** If the Surety Company for any bond furnished by the Contractor files for bankruptcy, has a receiver appointed, is declared bankrupt, becomes insolvent, has an assignment made for the benefit of creditors, has its right to do business terminated in the State of Florida, or ceases to meet the requirements imposed by this Contract, the Contractor must, within **five (5) calendar days** thereafter, substitute another Bond and Surety Company, both of which are subject to the City's approval.

**D. Surety Acceptance of Terms.** By execution of the bond, the Surety Company acknowledges that it has read the surety qualifications and surety obligations imposed by this Contract and satisfies all conditions.



PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING

CF-21

PERFORMANCE AND PAYMENT BOND

*In compliance with F.S. Section 255.05(10) and Code of the City of North Port  
Sec. 2-414*

<b>BOND NO.:</b>	_____
<b>BOND AMOUNT:</b>	\$ _____
<b>CONTRACTOR NAME:</b>	_____
<b>PRINCIPAL ADDRESS:</b>	_____
<b>PRINCIPAL PHONE NO.:</b>	_____
<b>SURETY COMPANY NAME:</b>	_____
<b>SURETY AGENT:</b>	_____
<b>PRINCIPAL ADDRESS:</b>	_____
<b>PRINCIPAL PHONE NO.:</b>	_____
<b>CITY NAME:</b>	City of North Port, Florida
<b>PRINCIPAL ADDRESS:</b>	4970 City Hall Boulevard
	North Port, Florida 34286
<b>CITY CONTACT PHONE NO.:</b>	(941) _____ <i>[insert project manager number]</i>
<b>CONTRACT NO.: (if applicable)</b>	_____
<b>PROJECT ADDRESS:</b>	_____
<b>(if applicable)</b>	North Port, Florida _____ <i>[insert zip code]</i>
<b>DESCRIPTION OF PROJECT:</b>	_____
<b>(if applicable)</b>	_____
	_____
	_____
	_____
	_____
<b>DESCRIPTION OF IMPROVEMENT:</b>	_____
	_____
	_____
	_____
	_____

TJC

**PAN AMERICAN WASTEWATER RECLAMATION FACILITY CENTRIFUGE BUILDING**


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**By this Bond**, we, \_\_\_\_\_, as Principal ("Contractor") and \_\_\_\_\_, a corporation organized and existing under the laws of the State of \_\_\_\_\_, with its principal office in the City of \_\_\_\_\_, as Surety ("Surety") are held firmly bound unto the City of North Port, Florida, as Obligee ("City"), in the amount of \_\_\_\_\_ Dollars (\$\_\_\_\_\_), for the payment whereof Contractor and Surety bind themselves, their heirs, executors, administrators, personal representatives, successors, and assigns, jointly and severally, firmly by these presents.

**WHEREAS**, Contractor has by written agreement dated \_\_\_\_\_, entered into a Contract with City \_\_\_\_\_ for \_\_\_\_\_

in accordance with drawings and specifications prepared by \_\_\_\_\_, which Contract is by reference made a part hereof, and is hereinafter referred to as the CONTRACT.

NOW, THEREFORE, THE CONDITION OF THIS BOND is such that if Contractor:

1. Performs the Contract dated \_\_\_\_\_, between Contractor and City for construction for the **DESCRIPTION** the Contract being made a part of this bond by reference, at the times and in the manner prescribed in the Contract: and
2. Promptly makes payments to all claimants, as defined in Section 255.05(1), Florida Statutes, supplying Contractor with labor, materials, or supplies, used directly or indirectly by Contractor in the prosecution of the work provided for in the Contract: and
3. Pays City all losses, damages, expenses, costs, and attorney's fees, including appellate proceedings, that City sustains because of a default by Contractor under the Contract: and
4. Performs the guarantee of all work and materials furnished under the Contract for the time specified in the Contract, then this bond is void: otherwise it remains in full force.

Any action instituted by City under this bond for payment must be in accordance with the notice and time limitation provisions in Section 255.05(2), Florida Statutes.

Any changes in or under the Contract documents and compliance or noncompliance with any formalities connected with the Contract or the changes does not affect Surety's obligation under this bond.

TJC

IN WITNESS WHEREOF, the said Contractor and Surety have signed and sealed this instrument as follows:

**CONTRACTOR**

\_\_\_\_\_ *[insert name of principal]*

By: \_\_\_\_\_

\_\_\_\_\_  
Title

(SEAL)

\_\_\_\_\_  
Date

**SURETY**

\_\_\_\_\_ *[insert name of surety]*

By: \_\_\_\_\_ (SEAL)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Any Claims under this bond may be addressed to  
(name and address of Surety):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No: \_\_\_\_\_

Name and address of agent or representative in Florida if different from above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_



**CF-22**  
**HUMAN TRAFFICKING AFFIDAVIT**

The undersigned, on behalf of the entity listed below ("Entity"), hereby attests and declares as follows:

1. I am over the age of 18 and I have personal knowledge of the matters stated in this affidavit except as otherwise set forth herein.
2. I currently serve as Vice President (title) of Close Construction Services, LLC (Entity).
3. The Close Construction Services, LLC (Entity) does not use coercion for labor or services, as those terms are defined in Florida Statutes Section 787.06.
4. This affidavit is made pursuant to Florida Statutes Section 92.525.
5. I understand that making a false statement in this affidavit may subject me to criminal penalties.
6. I am authorized to execute this document on behalf of the entity.

Under penalties of perjury, I, Thomas J. Close **[insert person's name]** as Vice President **[insert title]**, declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated in it are true.

ENTITY

CLOSE CONSTRUCTION SERVICES, LLC **[insert name of legal entity, in bold ALLCAPS]**

 **[signature]**

Thomas J. Close, Vice President **[insert name and title]**

10.9.2025 **[insert date]**

**CF-23**

**AFFIDAVIT OF COMPLIANCE REGARDING FOREIGN ENTITY OF CONCERN LAWS**


The undersigned, on behalf of the entity listed below ("Entity"), hereby attests and declares as follows:

1. Entity is not owned by the government of a foreign country of concern as defined in Florida Statutes Section 287.138.
2. The government of a foreign country of concern does not have a controlling interest in Entity.
3. Entity is not organized under the laws of, and does not have a principal place of business in, a foreign country of concern.
4. Entity is not owned or controlled by the government of a foreign country of concern, as defined in Florida Statutes Section 692.201.
5. Entity is not a partnership, association, corporation, organization, or other combination of persons organized under the laws of or having its principal place of business in a foreign country of concern, as defined in Florida Statutes Section 692.201, or a subsidiary of such entity.
6. Entity is not a foreign principal, as defined in Florida Statutes Section 692.201.
7. Entity complies with all applicable requirements of Florida Statutes Sections 692.202, 692.203, and 692.204.
8. **[Insert if purchasing real property]** Entity is not a foreign principal prohibited from purchasing the subject real property. Entity is either (1) not a person or entity described in Florida Statutes Section 692.204(1)(a) or (2) authorized under Florida Statutes Section 692.204(2) to purchase the subject property. Entity complies with the requirements of Florida Statutes Section 692.204.
9. The undersigned is authorized to execute this affidavit on behalf of Entity.

Under penalties of perjury, I declare that I have read the foregoing document and that the facts stated in it are true.

ENTITY

CLOSE CONSTRUCTION SERVICES, LLC **[insert name of legal entity, in bold ALLCAPS]**

 **[signature]**

Thomas J. Close, Vice President **[insert name and title]**

10.9.2025 **[insert date]**

  
**CF-24:**

**Local Business or North Port Local Business Status Affidavit**

**AFFIDAVIT**

**Claiming Status as a LOCAL BUSINESS**

**\*\*CONTRACTOR MUST MEET ALL 4 REQUIREMENTS BELOW TO CLAIM LOCAL BUSINESS STATUS\*\***

State of \_\_\_\_\_  
County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared: \_\_\_\_\_  
who, being first duly sworn, deposes and says that:

1. I am the \_\_\_\_\_ (Owner, Partner, Officer, Representative or Agent) of \_\_\_\_\_, the Bidder that has submitted the attached proposal:

**AND**

2. I am fully informed respecting the operation and employees of the Bidder:

**AND**

3. I affirm that the Bidder has maintained a physical business address located within the limits of Sarasota County, Charlotte County or Desoto County for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port. If requested by the City, the Bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the Bidder's submission being deemed non-responsive.

**Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City Contracts for a period of three (3) years.**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_\_ physical presence or \_\_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_ 2025, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public – State of Florida

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

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



**AFFIDAVIT**

**Claiming Status as a North Port Local Business**

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

State of N/A

County of \_\_\_\_\_

Before me, the undersigned authority, personally appeared: \_\_\_\_\_  
who, being first duly sworn, deposes and says that:

1. I am the \_\_\_\_\_ (Owner, Partner, Officer, Representative or Agent) of  
\_\_\_\_\_, the Bidder that has submitted the attached bid:

**AND**

2. I am fully informed respecting the operation and employees of the Bidder:

**AND**

3. I affirm that the Bidder has maintained its primary physical business address within the limits of the City of North Port for a period of six (6) months or more before submitting this bid, from which the Bidder operates or performs business. The qualifying local address is  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

**4. I affirm that at least fifty percent (50%) of the Bidder's employees are residents of the City of North Port.**

If requested by the City, the Bidder will be required to provide documentation substantiating the information given in this affidavit. City of North Port reserves the right to request supporting documentation as evidence to substantiate the information given in this affidavit. Failure to do so will result in the Bidder's submission being deemed non-responsive.

**Any Bidder that misrepresents its status as a local business or North Port local business shall be barred from receiving any City Contracts for a period of three (3) years.**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me by means of \_\_\_\_ physical presence or \_\_\_\_ online notarization, this \_\_\_\_ day of \_\_\_\_\_ 2025, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public – State of Florida

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

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

**This page to be returned ONLY if Contractor is claiming a North Port Local Business Status.**



Ron DeSantis, Governor

Melanie S. Griffin, Secretary



# STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

## CONSTRUCTION INDUSTRY LICENSING BOARD

THE GENERAL CONTRACTOR HEREIN IS CERTIFIED UNDER THE  
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

**CLOSE, THOMAS CHRISTOPHER**

CLOSE CONSTRUCTION SERVICES, LLC  
305 NW 4TH AVENUE  
OKEECHOBEE FL 34972

LICENSE NUMBER: CGC1526474

EXPIRATION DATE: AUGUST 31, 2026

Always verify licenses online at [MyFloridaLicense.com](http://MyFloridaLicense.com)

ISSUED: 06/04/2024

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Pritchards And Associates 1802 S Parrott Avenue Okeechobee FL 34974	<b>CONTACT NAME:</b> Stevie White	
	<b>PHONE (A/C, No, Ext):</b> 863-763-7711	<b>FAX (A/C, No):</b>
<b>E-MAIL ADDRESS:</b> stevie@pritchardsinc.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		
<b>INSURER A :</b> Southern Owners		
<b>INSURER B :</b> Auto-Owners Insurance Company#~		
<b>INSURER C :</b> Florida Citrus Business & Industry for Work Comp		
<b>INSURER D :</b> Guideone National Insurance Co		
<b>INSURER E :</b>		
<b>INSURER F :</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b> 94715067	<b>REVISION NUMBER:</b>
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.		

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	72637778	6/14/2025	6/14/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	4457286400	6/14/2025	6/14/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	10665448-2025	4/1/2025	4/1/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Pollution			ENV562012894-02	1/13/2025	1/13/2026	Aggregate Occurrence \$2,000,000 \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes Only

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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