

SUBMISSION CHECKLIST

Attachment 1

Bidder certifies by signature below that the following Documents are included in the Bid Submittal, fully completed in accordance with the bid requirements. It's the bidder's responsibility to contact the Purchasing Division prior to submitting a bid to ascertain if any addenda have been issued, to obtain any and all such addenda and return executed addenda with this bid.

Bidder must submit one (1) original signature (clearly marked as such) of the response Bidder must submit one (1) original signature (clearly marked as such) of the response and one (1) copy (clearly marked as such) of the response and one (1) PDF of the original document on a USB Flash Drive containing one PDF file of the full response EXCEPT the excel PRICE SCHEDULE is to stay in excel format (See Attachment 5).

Bidder should check off each of the following items as completed and submit with bid response:

INCLUDED

- Attachment 1 Submission Checklist
- Attachment 2 Label
- Attachment 3 (exhibit 1) – Excel Tabulation - Price Schedule on USB drive in excel format only.
- Attachment 4 Insurance Requirements (Read and acknowledge)
- Attachment 5 Bid Form (**TOTAL PROJECT COST READ AT BID OPENING**)
- Attachment 6 Statement of Organization
- Attachment 7 Addenda Acknowledgement and Bond Information
- Attachment 8 Equipment & Source of Supply/Subcontractor List Form
- Attachment 9 (A). Qualifications and (B). References
- Attachment 19 Bid Bond (**MUST USE THIS FORM**) *Certified Check Provided*

Bidder Statement:

We understand the requirements requested and agree to fully comply.

BIDDER'S NAME TITLE Athletic Resources, Inc. TITLE John M. Kresbaum, President

AUTHORIZED SIGNATURE DATE *[Signature]* DATE 3-30-23

THIS PAGE MUST BE COMPLETED AND SUBMITTED



FIRST FOUNDATION

18101 VON KARMAN AVE., SUITE 750
IRVINE, CA 92612

Remitter

ATHLETIC RESOURCES INC

Memo **AFB NO. 2023-26**

90-8758
122

61982

Mar 29, 2023

PAY TO THE ORDER OF **CITY OF NORTH PORT**

\$8,450.00

Pay Exactly Eight Thousand Four Hundred Fifty and 00/100*****

CASHIER'S CHECK

NOTICE TO CUSTOMER
As a condition to this institution's issuance of this check, purchaser agrees to provide an indemnity bond prior to the refund or replacement of this check in the event it is lost, misplaced, or stolen.



AUTHORIZED SIGNATURE

Maryna Kuperova
MP

⑈061982⑈ ⑆12228758⑆ 6000000056⑈

SECTION IV
ATTACHMENT 5:
BID FORM

Name of Bidder/Company Name: Athletic Resources, Inc.
Business Address: 8162 Lombard Drive
City/State/Zip Code: Naples, FL 34109
Bidder/Company Telephone Number: 239-793-8900
E-mail Address: STEVE@ATHLETICRESOURCES.COM
Contractor License #: LCC20140000778
FEID #: 59-3693315

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 NO. 2023-26**

MORGAN FAMILY COMMUNITY CENTER GYMNASIUM FLOOR REPLACEMENT

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:
One Hundred Sixty Nine Thousand Dollars^{00/100} \$ 169,000-

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: 3-30-23

Signed (Person authorized to bind the company): John M. Keegden

Name (printed): John M. Keegden Title: President

BID SCHEDULE

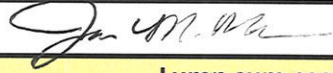
IN EXCEL FORMAT

SEPARATE ATTACHMENT

- DO NOT RECREATE
- SUBMIT AN (1) ORIGINAL AND (1) HARD COPY
- DO NOT PDF EXCEL SPREADSHEET SAVE 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 GREEN 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 spaces. 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.

RFB NO. 2023-26 REPLACEMENT GYM FLOORING AT THE MORGAN FAMILY COMMUNITY CENTER BID SCHEDULE		BIDDER: Athletic Resources, Inc.	
Bidders are required to complete all fields shaded in white (UNIT PRICES PREVAIL)			
Name of Business:		Athletic Resources, Inc.	
Contact Person:		John M. Kriegbaum	
Email Address:		matt@athleticresources.com	
Authorized Signature:			
Location		Lump sum cost	
Complete replacement of the gym floor at the Morgan Family Community Center.		\$169,000.00	
TOTAL COST		\$169,000.00	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/13/2022

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).

PRODUCER
Brown & Brown Of Florida, Inc.
6611 Orion Drive
Suite 201
Fort Myers FL 33912

CONTACT NAME: Karin Staruch
PHONE (A/C No.): 239-213-2019 FAX (A/C No.): 239-278-5306
E-MAIL: kstaruch@bbswfla.com
Address: kstaruch@bbswfla.com

INSURED
Athletic Resources, Inc.
8162 Lowbank Drive
Naples FL 34109

ATHE-1

INSURER A :	INSURER B :	INSURER C :	INSURER D :	INSURER E :	INSURER F :
The Travelers Indemnity Company of America	West American Insurance Company	The Ohio Casualty Insurance Company	Ohio Security Insurance Company		
NAIC # 25666	44393	24074	24082		

COVERAGES

CERTIFICATE NUMBER: 908284985

REVISION NUMBER:

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 SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF. (MM/DD/YYYY)	POLICY EXP. (MM/DD/YYYY)	LIMITS
B	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BLW58167717	11/13/2022	11/13/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$ 200,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input checked="" type="checkbox"/> PRO- <input type="checkbox"/> JECT- <input type="checkbox"/> LOC OTHER:					
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		BAS58167717	11/13/2022	11/13/2023	COMBINED SINGLE LIMIT (EA accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB EXCESS LIAB		USO58167717	11/13/2022	11/13/2023	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If Yes, describe under DESCRIPTION OF OPERATIONS below		UB5K970555	5/18/2022	5/18/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Athletic Flooring Sales and Installation
Blanket Additional Insured status for ongoing operations on a primary and non-contributory basis per form on CG 85 83 04 13 - when required by written Contract, Agreement or Permit.
(Designated Construction Project(s) General Aggregate Limit per CG8870 (12-08), with regards to designated construction project(s) all when required by written contract.
Blanket additional insured with regards to automobile liability including waiver of subrogation per form AC 85 34 06 18
Worker's Compensation Waiver of Subrogation in favor of certificate holder per Waiver of Our Right to Recover Endorsement When Required by Written Contract per form WC000313. Umbrella Follows Forms.

CERTIFICATE HOLDER

CANCELLATION

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

ATTACHMENT 6:

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 Athletic Resources Inc.

239-793-8900 Stewart Athletic Resources.com 239-643-8988

Telephone # 8162 Lombank Drive E-Mail _____ Fax # _____

Main Office Address Naples FL 34109

City _____ State _____ Zip Code _____

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 John M. Knezdaw President

Federal Identification Number: 59-3693315

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.: 401A00003201

Does it use a registered fictitious name: Yes or No

Names of Officers:

President: John M. Kingsbaum Secretary: Debra A. Kingsbaum

Vice President: _____ Treasurer: _____

Director: _____ Director: _____

Other: _____ Other: _____

Name of Corporation (As used in Florida):

Athletic Resources Inc.
(Spelled exactly as it is registered with the state or federal government)

Corporate Address:

Post Office Box: _____

City, State Zip: _____

Street Address: 8162 Lombard Ave

City, State, Zip: Maple, FL 34109

Date: 3-30-23

Signed (Person authorized to bind the company): John M. Kingsbaum

Name (printed): John M. Kingsbaum Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 19, 2001

ATTORNEYS' TITLE

The Articles of Incorporation for ATHLETIC RESOURCES, INC. were filed on January 19, 2001 and assigned document number P0100007449. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT/UNIFORM BUSINESS REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT/UNIFORM BUSINESS REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT/UNIFORM BUSINESS REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Joey Bryan, Document Specialist
New Filing Section

Letter Number: 401A00003201

State of Florida



The seal of the State of Florida, featuring a central figure holding a scale and a sword, surrounded by a circular border with the text 'IN GOD WE TRUST'. The seal is flanked by decorative scrollwork.

Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of ATHLETIC RESOURCES, INC., a Florida corporation, filed on January 19, 2001, as shown by the records of this office.

The document number of this corporation is P01000007449.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Nineteenth day of January, 2001

Katherine Harris
Katherine Harris
Secretary of State



CR2EO22 (1-99)

ARTICLES OF INCORPORATION
OF
ATHLETIC RESOURCES, INC.

FILED
01 JAN 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as the sole Incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation:

ARTICLE ONE

NAME

1.01 The name of the Corporation is Athletic Resources, Inc.

ARTICLE TWO

DURATION

2.01 This Corporation shall commence its existence on the date of filing of these Articles of Incorporation and shall exist perpetually thereafter unless sooner dissolved according to law.

ARTICLE THREE

PURPOSE

3.01 The purpose of the Corporation is to engage in any activity or business permitted under Section 607.0301 of the Florida Business Corporation Act.

ARTICLE FOUR

CAPITAL STOCK

4.01 The aggregate number of shares that the Corporation has authority to issue is 7,500 all of which shall be common shares without par value.

ARTICLE FIVE

NO PRE-EMPTIVE RIGHTS

5.01 There shall be no pre-emptive rights for any shareholder.

ARTICLE SIX

REGISTERED AND PRINCIPAL OFFICES

6.01 The street address of the initial registered office of the Corporation is 6058 Shallows Way, Naples, Florida 34109 and the name of the initial registered agent at that address is John Matthew Kriegbaum.

6.02 The street address of the principal office of the Corporation is 6058 Shallows Way, Naples, Florida 34109.

ARTICLE SEVEN

INCORPORATOR

7.01 The name and address of the Incorporator is Mr. John Matthew Kriegbaum, 6058 Shallows Way, Naples, Florida 34109.

ARTICLE EIGHT

DIRECTORS

8.01 The initial Board of Directors of the Corporation shall consist of one (1) member. The number of Directors may be changed from time to time by resolution duly adopted by the shareholders of the Corporation.

8.02 The name and address of the sole Director is: Mr. John Matthew Kriegbaum, 6058 Shallows Way, Naples, Florida 34109.

ARTICLE NINE

INCREASING QUORUM OR VOTING REQUIREMENTS FOR SHAREHOLDERS

9.01 The shareholders may adopt or amend a bylaw that fixes a greater quorum or voting requirement for shareholders. The adoption or amendment of a bylaw that adds, changes, or deletes a greater quorum or voting requirement for shareholders must meet the same quorum requirement and be adopted by the same vote required to take action under the quorum and voting requirement then in effect or proposed to be adopted, whichever is greater.

ARTICLE TEN

RESTRICTIONS ON TRANSFER OF STOCK

10.01 Provisions restricting the transfer of stock may be contained in the bylaws, in any shareholder agreement or buy-sell agreement filed at the corporation's principal office, or stated on the front or back of any stock certificate, and purchasers of any shares shall be deemed to have notice of such restrictions.

IN WITNESS WHEREOF, I have subscribed my name at Naples, Florida on January 18, 2001.

[Signature]
JOHN MATTHEW KRIEGBAUM
Incorporator

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this 18th day of January, 2001 by JOHN MATTHEW KRIEGBAUM, who is personally known to me or has produced as identification. NOTE: If a type of identification is not inserted in the blank provided, then the person executing this instrument was personally known to me.

[Signature]
Notary Public

Thomas A. Collins, II
Typed, Printed or Stamped Name

My Commission Expires: _____
My Commission No: _____



ACCEPTANCE BY REGISTERED AGENT

Having been designated in the foregoing Articles of Incorporation as the Registered Agent of the above-named Corporation to accept service of process for said Corporation, at the place designated as the Registered Office, I hereby accept such designation and agree to act in such capacity and to comply with the provisions of the Florida Business Corporation Act in all other respects.

Dated: January 18, 2001

[Signature]
JOHN MATTHEW KRIEGBAUM
Registered Agent

FILED
01 JAN 19 PM 3:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTACHMENT 7:

ADDENDA AND BOND INFORMATION

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

Addendum No.	Dated	Addendum No.	Dated
1	3-15-23		
2	3-16-23		
3	3-23-23		

BID BOND AND PERFORMANCE/PAYMENT BOND (SEE ATTACHMENTS 19)

BID BOND: ACCOMPANYING THIS PROPOSAL IS Certified Check

(insert: "cash", "Bidder's bond", or "certified check", as the case may be) in an amount equal to at least 5% of the total amount of the bid, payable to the City of North Port. Cashier's checks will be returned to all Bidders after award of bid. 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.

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

Date: 3-30-23

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

Name (printed): John M. Kneegahan Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 8:

EQUIPMENT AND SUBCONTRACTOR/SUPPLIER LIST

Equipment is located at: Heavy Equipment/Vehicles will not be used in road floor installation.
Our office address is 8162 Lombank Drive Morris, IL 34109
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>N/A</u>				
2. _____				
3. _____				

SOURCE OF SUPPLY AND SUBCONTRACTOR FORM

The following sources of supply and subcontractors shall be used for the **RFB NO. 2023-26**
MORGAN FAMILY COMMUNITY CENTER GYMNASIUM FLOOR REPLACEMENT

• 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. N/A
2. _____
3. _____

SUPPLIER(S)

1. Wood Flooring will be installed by Action Floor Systems Merger, WI
2. _____
3. _____

Date: 3-30-23

Signed (Person authorized to bind the company): John M. King

Name (printed): John M. King Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

ATTACHMENT 9 (A & B):

A. QUALIFICATIONS

If the CONTRACTOR does not meet ANY ONE of the Minimum Qualification Requirement, they will be deemed non-responsive and/or non-responsible and thereby rejected.

Technician Qualifications – Maintenance, repair or installation of the power unit and generator shall be performed by fully trained generator technicians with the ability to fully understand and speak the English language. These technicians shall have at least two (2) years' experience in service repair and installation to generators and related equipment at other facilities with application similar to that of City of North Port.

The City will only entertain bids from bidders with a minimum of two (2) years' experience in generator services. Additionally, Bidders shall submit a **commercial** client listing, with at least five (5) accounts, detailing the longevity of the accounts and disclosing the contact name, email address and phone number for each account, work scope and area included in "Scope of Work". The City reserves the right to make contact with any or all of the clients to acquire a reference; however, the Bidder is encouraged to submit written client reference letters.

List customers for the services specified in the solicitation in the spaces provided below giving the company name, contact person, email address, telephone number, and date services were performed, as described. Note: A contact person shall be someone who has personal knowledge of Bidder's performance for the specific requirement listed. Contact person must have been informed that they are being used as a reference and that the CITY representative may be calling them. **DO NOT list persons who will be unable to answer specific questions regarding the requirements. (Attach additional sheets if necessary)**

1. The Bidder shall demonstrate a minimum of TWO (2) CONSECUTIVE YEARS of GENERATOR SERVICES IN FACILITIES
 - At least two (2) references shall be located within the state of Florida.
2. FLORIDA CONTRACT – Did you reference AT LEAST 2 OR MORE contracts with FLORIDA customers?
 Yes or No

3. FRANCHISE COMPANIES:

- a) Are you the franchise OWNER:
Check One: YES NO
4. Have you enclosed written proof of ownership must be submitted with your response.
Check One: YES NO

b) **PERFORMANCE QUESTIONNAIRE – CONTRACTORS shall complete the following questionnaire in its entirety:**

5. Has the CONTRACTOR ever failed to complete a contract/project awarded to them?
Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____
Reason for failure to complete: _____

6. Has the CONTRACTOR ever defaulted on any awarded contract/project?
Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Reason for default: _____

7. Does the CONTRACTOR have current: 1) Outstanding contract claims against them by any Owner; or 2) contract litigation or dispute with any Owner; 3) Performance/Payment Bonds claims?

Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Provide a detailed description of current claims or litigation with contract/project Owner:

8. Does the CONTRACTOR have pervious: 1) Contract claims against them by any Owner; or 2) Contract litigation or disputes with any Owner; 3) Performance/Payment Bonds claimed within the past THREE (3) YEARS?

Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Provide a detailed description of claims or litigation with any contract/project Owner:

9. Is the CONTRACTOR currently debarred or suspended from bidding on any governmental agencies' solicitations?
Check One: No or Yes – If YES, complete the following:

Project Description: _____ Owner: _____

Reason for debarment or suspension: _____

10. Location of Working Office that will provide services:

Less Than 100 miles CITY limits

More than 100 miles CITY limits

No local office presence

B. REFERENCES

The City will only entertain bids from bidders with a minimum of two (2) years' experience in generator services. Additionally, Bidders shall submit a **commercial** client listing, with at least five (5) accounts, detailing the longevity of the accounts and disclosing the contact name, email address and phone number for each account, work scope and area included in "Scope of Work". The City reserves the right to make contact with any or all of the clients to acquire a reference; however, the Bidder is encouraged to submit written client reference letters.

1. Business/Customer Name: Charlotte County - Tinsori Recreation Center

Name of Contact Person/Title: Martin Samuda - Supervisor

Telephone# 941-681-3742 Fax _____ E-mail martin.samuda@charlottecountyfl.gov

Address 3460 N. Access Rd. Englewood FL 34224

Phone Number _____

Duration of Contract or business relationship 7+ years

Type of Services Provided Supply, install, and refinish wood Flooring's supply & install All type Equipment

Contract Period: FROM 2014 TO 2021

Contract Price \$ 74,000 Contract Price at Completion of the Project \$ _____

2. Business/Customer Name: City of Seaside - Seaside Civic Center

Name of Contact Person/Title: Jairo Rodriguez - Project Manager

Telephone# 954.747.4644 fax _____ E-mail jrodriguez@therafo-inc.com

Address 10610 W. Ocklawad Park Blvd. Sunrise FL 33351

Phone Number _____

Duration of Contract or business relationship 1 year

Type of Services Provided Supply and install athletic flooring

Contract Period: FROM 2019 TO 2020

Contract Price \$ 154,000 Contract Price at Completion of the Project \$ _____

Date: 3-30-23

Signed (Person authorized to bind the company): Jan M. W

Name (printed): John M. Knagdam Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

3. Business/Customer Name: City of Alachua - Legacy Park Multipurpose Center

Name of Contact Person/Title: Schurr Construction

Telephone# 386.462.0455 Fax _____ E-mail aboutkari@cityofalachua.org

Address 15400 Pessy Road Alachua, FL 32615

Contract Period: FROM 2016 TO 2017

Contract Price \$ 180,000 Contract Price at Completion of the Project \$ _____

Phone Number _____

Duration of Contract or business relationship 1 year

Type of Services Provided Supply and install wood flooring

Contract Period: FROM 2016 TO 2017

Contract Price \$ 180,000 Contract Price at Completion of the Project \$ _____

4. Business/Customer Name: Wintrop Charter School

Name of Contact Person/Title: Sean Geary - Supervisor

Telephone# 813-678,2030 Fax _____ E-mail Sgeary@redapple-services.com

Address 12802 W.S. 301 Riverway, FL 33578

Phone Number _____

Duration of Contract or business relationship 3+ years

Type of Services Provided Athletic Flooring & equipment

Contract Period: FROM 2020 TO 2022

Contract Price \$ 217,000 Contract Price at Completion of the Project \$ _____

Date: 3-30, 23

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

Name (printed): John M. Kinsman Title: President

THIS PAGE MUST BE COMPLETED AND SUBMITTED

5. Business/Customer Name: Venice Christian School

Name of Contact Person/Title: Ann Ross

Telephone# 941-496-4411 Fax _____ E-mail annross@venicechristianschool.org

Address 1200 Center Rd, Venice, FL 34292

Contract Period: FROM 2013 TO 2023

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

Phone Number _____

Duration of Contract or business relationship 10+ years

Type of Services Provided wood Flooring & Gymnasium Equipment

Contract Period: FROM 2013 TO 2023

Contract Price \$ 108,000 Contract Price at Completion of the Project \$ _____

6. 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: 3-30-23

Signed (Person authorized to bind the company): John M. Kingburn

Name (printed): John M. Kingburn Title: Resident

THIS PAGE MUST BE COMPLETED AND SUBMITTED

* Certified Check Provided

ATTACHMENT 19:
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 _____, authorized by law to do business as a Contractor in the State of Florida, as Principal, and _____, a Corporation chartered and existing under the laws of the State of _____, as Surety, with its principal offices in the City of _____, 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 _____, for (RFB NO. 2023-26), CITYWIDE Morgan Family Community Center Gym Floor Replacement.

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 _____, 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: _____ (SEAL)

(Principal)

(By)

Witness as to Surety: _____ Printed Name _____ (SEAL)

(Surety's Name)

(By-As Attorney-in-Fact, Surety)

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

THIS PAGE MUST BE COMPLETED AND SUBMITTED



8162 Lowbank Drive
Naples, Florida 34109
Office: (239) 793-8900
Fax: (239) 643-8988
www.athleticresources.com

Wednesday, March 29, 2023

PROJECT NAME: City of North Port – Morgan Family Community Center
 BID CLARIFICATION: Hurricane Ian Gymnasium Floor Replacement
 PROJECT MANAGER: Steve Cunningham; Cell: 239-357-1606; Email: steve@athleticresources.com
 FOR DELIVERY / COMPLETION: 2023

ATHLETIC RESOURCES, INC. will provide all new material as specified below. All work will be performed in a substantial and timely, workmanlike manner to the manufacturer's specifications. Any changes or deviations will be approved in writing.

SCOPE OF WORK:

Wood Athletic Flooring

- 1. Deliver and Install Action Cush I Wood Flooring System by Action Floor Systems for Gymnasium
 - a. 6 mil Polyethylene Vapor Barrier
 - b. 3/8" Performance Pads
 - c. Two Layers of 15/32" Rated Sheathing
 - d. 25/32" x 2-1/4" 2nd Grade and Better Northern Hard Maple
 - e. Painted Game Lines for Three Basketball Courts and Two Volleyball Courts
 - f. Two Coats of Oil Based Sealer
 - g. Two Coats of Oil Based Finish
 - h. Vented Cove Base

EXCLUSIONS AND CLARIFICATIONS:

Subfloor must meet manufacturer's requirements for moisture content; All remediation costs will be the responsibility of the owner.
 Wood flooring system will follow the contour of the existing concrete slab.
 Owner to provide access to 208 v, 3 phase power that is compatible with our equipment for installation of the wood athletic flooring.
 Owner to provide any HVAC filter protection if needed.

TOTAL AMOUNT PROPOSED: \$169,000.00

ATHLETIC RESOURCES: John M. Kriegbaum, President DATE: 3/29/23
 John M. Kriegbaum, President

Attachment 5

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.

John M. Vlc
Signature of Contractor's Authorized Representative

John M. Krieselman
Name

President
Title

3.29.30
Date

"Purchase Order" or "Contract" No. _____

Attachment 5

Attachment 6

NON-COLLUSIVE AFFIDAVIT

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

John M. Kriesborn who, being first duly sworn, deposes and says

that:

- 1. Affiant is the President [insert Owner, Partner, Officer, Representative or Agent] of Atlantic Resources Inc. [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 March 29, 2023.

John M. Kriesborn
 Signature
John M. Kriesborn
 Printed Name
President
 Title

SWORN ACKNOWLEDGMENT

STATE OF Florida
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me by means of ✓ physical presence or _____ online notarization, this 29 day of March, 2023, by _____.

Steven J. Cunningham
Notary Public

Personally Known ✓ OR Produced Identification _____
Type of Identification Produced _____



Attachment 7

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.

"Purchase Order" or "Contract" No. _____

Attachment 7

John M. Kniesbauer

Signature of Person Authorized to Bind the Contractor

John M. Kniesbauer

Printed Name

President

Title

3.29.23

Date

Attachment 8

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, John M. Kippelbaum, 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 #: 239-793-8900 Fax #: 239-643-8988

Federal ID #: 59-3693315 Email: mkipp@kippelbaumservices.com

John M. Kippelbaum
Signature of Contractor's Authorized Representative

John M. Kippelbaum President
Name and Title of Contractor's Authorized Representative

3.29.23
Date

SWORN ACKNOWLEDGMENT

STATE OF FLORIDA
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 29 day of March 2023, by _____.

Steven J. Cunningham
Notary Public - State of Florida

Personally Known OR Produced Identification
Type of Identification Produced _____



Attachment 9
DRUG FREE WORKPLACE FORM

The undersigned, in accordance with Florida Statutes Section 287.087, hereby certifies that the Contractor,
Athletic Resources Inc. (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.

John M. Warren
Signature
John M. Warren
Printed Name
President
Title
3-29-23
Date

Attachment 11
SCRUTINIZED COMPANY CERTIFICATION FORM

Contractor Name: Athletic Resources Inc.
Authorized Representative Name and Title: John M. Kriesdorn President
Address: 8162 Landeak Ave City: Naples State: FL ZIP: 34109
Phone Number: 239.793.8900 Email Address: marketing@athresourcenet.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:

John M. Kriesdorn
Signature of Contractor's Authorized Representative

John M. Kriesdorn
Name

President
Title

3.29.23
Date

Attachment 12

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.

ATHLETIC RESOURCES INC
 Vendor's Company Name
John M. M.
 Signature
John M. Kresdorn
 Signatory's Name
President
 Signatory's Title

SWORN ACKNOWLEDGEMENT

STATE OF Florida
COUNTY OF Collier

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, this 25 day of March 2023 by John M. Kresdorn (name), as President (title) for ATHLETIC RESOURCES INC (entity).

Hein Gler
Notary Public

Personally Known OR _____ Produced Identification
Type of Identification Produced _____



Attachment 15

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS

This contract is a covered transaction for purposes of 2 C.F.R. pt. 180 and 2 C.F.R. pt. 3000.

The Contractor certifies that, neither the firm nor any person associated therewith in the capacity of owner, partner, director, officer, principal, investigator, project director, manager, auditor, and/or position involving the administration of federal funds:

- (a) is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions, as defined in 49 CFR s29.110(a), by any federal department or agency;
- (b) has within a three-year period preceding this certification been convicted of or had a civil judgment rendered against it for: commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or public contract; violation of federal or state antitrust statutes; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) is presently indicted for or otherwise criminally or civilly charged by a federal, state, or local governmental entity with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) has within a three-year period preceding this certification had one or more federal, state, or local government public transactions terminated for cause or default.

The Contractor certifies that it shall not knowingly enter into any transaction with any subcontractor, material supplier, or vendor who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this project by any federal agency unless authorized by the City of North Port.

The Contractor must comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C and must include a requirement to comply with these regulations in any lower tier covered transaction it enters into.

This certification is a material representation of fact relied upon by the City of North Port. If it is later determined that the contractor did not comply with 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C, in addition to remedies available to the City of North Port, the Federal Government may pursue available remedies, including but not limited to suspension and/or debarment.

The bidder or proposer agrees to comply with the requirements of 2 C.F.R. pt. 180, subpart C and 2 C.F.R. pt. 3000, subpart C while this offer is valid and throughout the period of any contract that may arise from this offer.

The Contractor further agrees to include a provision requiring such compliance in its lower tier covered transactions.

Athlete Resources, Inc Tax ID Number 59-3693315
Company Name (Contractor)

John M. Kresdeman Authorized Representative Signature
Authorized Representative Name

59-3693315 Federal Issued Tax Identification Number
CAGE Code issued through www.sam.gov
(If Social Security number DO NOT enter) DATE: 3-29-23