

CJ Contracting, LLC
Carl Fleury
11924 Forest Hill Blvd STE 10A-267
Wellington, FL, 33414
Phone:561-662-4514.- Fax:561-228-1354
Carl.cjcontracting@gmail.com
1/18/2017

City of Delray Beach
100 NW 1st Ave
Delray Beach, FL, 33444

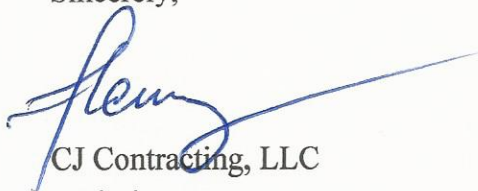
To whom it may concern:

This letter is to inform you of our intent to perform as a roofing contractor for the solicitation number 2017-022.

Founded in 2008, CJ Contracting has completed various general contracting services and roofing services for various public entities throughout the State of Florida. As a General and Roofing Contractor, we are fully aware of the scope of work to be rendered and what needs to be completed. We have completed several roofing projects during the past few years for the City of Delray Beach through the neighborhood services division. All of our work was completed in a professional and safe manner. If selected, the project manager for the projects will be Carl Fleury and the contact info is listed above.

If selected for this contract, CJ Contracting, LLC intends to perform above and beyond the requirements stated in the ITB.

Sincerely,



CJ Contracting, LLC
Carl Fleury
Owner


Form 1 - Bid Submittal Signature Page

By signing this Form 1, Bid Submittal Signature Page, the Bidder certifies that it satisfies all legal requirements as an entity to do business with the City, including all Conflict of Interest and Code of Ethics provisions. By signing this Bid Bidder agrees to furnish and deliver all materials and to do and perform all work in accordance with the Contract Documents for the Project entitled:

**ITB No. 2017-022
Contract for Roof Maintenance and Repairs**

By signing this Form 1, Bidder acknowledges it has examined the site and locality where the Work is to be performed, the legal requirements (federal, state and local laws, ordinances, rules and regulations) and the conditions affecting cost, progress or performance of the Work and has made such independent investigations as Bidder deems necessary. **Bidder warrants and represents that there are no defects, errors or inconsistencies in the plans, specifications or any of the Contract Documents and that the actual site conditions comport to the conditions set forth therein.**

Firm Name: CJ Contracting, LLC
Street Address: 11924 Forest Hill Blvd Ste 10A-267 Wellington, FL 33414
Mailing Address (if different from Street Address): _____
Telephone Number(s): 561-273-9985, 561-662-4514
Fax Number(s): 561-228-1354
Email Address: CJ Contracting9@aol.com
Federal Identification Number: 26-3730772

Signature:  Date: 1-18-17
Printed Name and Title: Carl Fleury / Owner

By signing this document, the Bidder has examined copies of all the Contract documents and addenda and agrees to all terms and conditions of the ITB and the resulting agreement.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF BIDDER TO BE BOUND BY THE TERMS OF ITS BID. FAILURE TO SUBMIT THIS FORM EXECUTED BY AN AUTHORIZED REPRESENTATIVE WHERE INDICATED SHALL RENDER THE BID NON-RESPONSIVE. THE CITY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY BID THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER TO THE TERMS OF ITS BID.

Signature Authority

Indicate below Bidder's type of organization and provide the required documentation as applicable to demonstrate that the executor of Bidder's Bid is duly authorized to execute on behalf of, and as the official act of, Bidder.

Select	Type of Organization	Officer Who Signed Proposal Submittal Signature Page	Required Authorizing Documentation
<input type="checkbox"/>	Corporation	President, Vice President, or Chief Executive Officer	None
<input type="checkbox"/>	Corporation	Director, Manager, or other title	Corporate resolution
<input type="checkbox"/>	Limited Liability Company (LLC) – Member-Managed	Member	Articles of Organization or Operating Agreement
<input checked="" type="checkbox"/>	Limited Liability Company (LLC) – Manager-Managed	Manager	Articles of Organization or Operating Agreement
<input type="checkbox"/>	Limited Partnership	General Partner	Document demonstrating the legal authority to bind the Limited Partnership
<input type="checkbox"/>	Partnership	Partner	None
		CEO, Director, Manager or other title	Authorizing documentation
<input type="checkbox"/>	Individual	Individual	None

☐ Documentation is not required per the instructions above.

☒ The required authorizing documentation is included with Bid.

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106857

Entity Name: CJ CONTRACTING, LLC

Current Principal Place of Business:

11924 FOREST HILL BLVD
SUITE 10A-267
WELLINGTON, FL 33414

Current Mailing Address:

11924 FOREST HILL BLVD
SUITE 10A-267
WELLINGTON, FL 33414 US

FEI Number: 26-3730772

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FLEURY, CARL
11924 FOREST HILL BLVD
SUITE 10A-267
WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name FLEURY, CARL
Address 11924 FOREST HILL BLVD
SUITE 10A-267
City-State-Zip: WELLINGTON FL 33414

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARL FLEURY

MGR

01/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Form 11 - BIDDER INFORMATION

Bidder shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and may cause its rejection. Additional sheets shall be attached as required.

- (1) Bidder's full and complete legal name including any dba and address:

CJ Contracting, LLC, 11924 Forest Hill Blvd
Ste 10A-267, Wellington, FL 33414

- (2) Organization Type (e.g., corporation, partnership, LLC): Corporation

- (3) Years in Business: 9

- (4) Address of corporate headquarters and local office (if any):

Corporate Office: _____

Local Office: _____

- (5) Bidder's telephone and facsimile numbers: P: 561-273-9985, F: 561-228-1354

- (6) Bidder's website URL address: —

- (7) Bidder's Representative and contact for this ITB:

Name and Title: Carl Fleury Owner

Phone: 561-662-4514

Email: Carl.CJContracting@gmail.com

- (8) Number of years Bidder has in Roofing Contractor work: 9

- (9) Names and titles of all officers of Bidder's firm:

Carl Fleury - Owner / President

- (10) Any additional organizational information that Bidder wishes to supply regarding its organization:

CJ Contracting LLC offers general contracting
and roofing services, we are a leader in
providing value construction services to our
customers by performing the highest level

of quality construction and roofing service at
a fair and competitive price. We maintain
the highest level of professionalism,
integrity, honesty and fairness.

Signature of Bidder

By: Fleury

Print Name: Carl Fleury

Date: 1-18-17

Form 12 - QUESTIONNAIRE

The undersigned guarantees the truth and accuracy of all statements and answers contained in this Form 12.

1. How many years has Bidder's organization been in business in the State of Florida as a Contractor?

CJ Contracting, LLC has been in business in the State of Florida for 9 years.

2. Identify the most recent project for roofing repairs, maintenance or installation that Bidder has completed (meaning acceptance has been made by owner and final payment has been made) Provide the project name, date completed, owner's name, owner's contact phone number and email address, and the project location.

The most recent project for roofing installation was with the City of Delray Beach Neighborhood Services. The owner's name is City of Delray Beach. Owner's contact person and number is Steven Lee at 561-243-7381. Email is lee@mydelraybeach.com

3. Has Bidder failed to complete work on an awarded project in the last seven years for any reason. If yes, identify the project, where it was located, and provide an explanation why Bidder did not complete the work.

CJ Contracting, LLC has never failed to complete work on an awarded project.

4. Provide three client references for which Bidder has performed work and who are agreeable to respond to the City's request for feedback.

Client Reference 1

Client Name: City of Delray Beach
 Work Performed: Install various SBS Modified Bitumen roofing systems
 Contact Name: Steven Lee
 Contact Telephone: 561-243-7281
 Contact Email: Lee@mydelraybeach.com

Client Reference 2

Client Name: South Florida Water Management District
 Work Performed: Install roofing system
 Contact Name: Timothy Harper
 Contact Telephone: 561-628-6289
 Contact Email: Tharper@sfwmd.gov

Client Reference 3

Client Name: All A/C Storage
 Work Performed: General Contracting Services and roof repair
 Contact Name: Larry Shelton
 Contact Telephone: 561-282-7913
 Contact Email: Shelton2210@yahoo.com

5. List the following information concerning all roofing projects in which Bidder is engaged in Palm Beach, Martin and Broward counties as of the date of submission of this Bid. (In case of co-ventures, list the information of all co-venturers).

Name of Project	Owner	Total Project Value	Contracted Completion Date	% of Completion (to date)
Neighborhood Services	City of Delray Beach	\$17,000.00	11/18/2017	100%
Homesite B40 & B142	South Florida Water Management	\$135,000.00	4/2016	100%
Roof replacement	All A/C Storage	\$42,000.00	11/2016	100%

6. Does Bidder have a plan for monitoring and ensuring full performance of the requirements of this Bid, if awarded? If yes, briefly explain the plan. If no, explain why Bidder does not have a plan.

☒ Yes

☐ No

I award a Project Manager will be on site to supervise all work being completed.

7. Of the following categories, identify those that Bidder can perform with its own forces and those it plans to subcontract: concrete tile roofs, asphalt shingle roofs, flat membrane roofs, metal roofs, steep slope roofs (greater than 4.12 pitch), and roofs on multiple story buildings.

Item	Description	Who will perform, Bidder / Subcontractor
1	Concrete tile roofs	Bidder
2	Asphalt shingle roofs	Bidder
3	Flat membrane roofs	Bidder
4	Metal roofs	Bidder
5	Steep slope roofs (greater than 4.12 pitch)	Bidder
6	Roofs on multiple story buildings	Bidder

8. **Subcontractor Information:** Provide a list of subcontractors Bidder proposes to utilize and the categories, as show above, of work to be performed by each.

Subcontractor 1	N/A
Full Legal Name	
Corporate Location (City/State)	
Local Office (City)	
Years in Business	
Category of work to be performed by subcontractor	

Subcontractor 2	N/A
Full Legal Name	
Corporate Location (City/State)	
Local Office (City)	
Years in Business	
Category of work to be performed by subcontractor	

Subcontractor 3	N/A
Full Legal Name	
Corporate Location (City/State)	
Local Office (City)	
Years in Business	
Category of work to be performed by subcontractor	

Subcontractor 4	N/A
Full Legal Name	
Corporate Location (City/State)	
Local Office (City)	
Years in Business	
Category of work to be performed by subcontractor	

9. Provide a list of primary equipment that Bidder owns that is available for the work under this ITB? (Attach additional sheets as necessary).

Item	Description / Manufacturer / Model/Year
1	1995 Ford Dump Truck
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

10. Provide a list of primary equipment Bidder proposes to purchase or rent for the work under this ITB? (Attached additional sheets as necessary).

Item	Description / Manufacturer / Model/Year
1	N/A
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

By: CJ Contracting, LLC
(Bidder Name)

By: [Signature]
(Signature of Authorized Official)

Printed Name: Carl Fleury

Title: Owner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/01/2016

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 772 692 0110 772 692 1761
ARMELLINO AGENCY INC
1304 NW FEDERAL HIGHWAY
STUART, FL 34994

CONTACT NAME: JOHN ARMELLINO
PHONE (A/C No. Ext): 772 692 0110 FAX (A/C No.): 772 692 1761
E-MAIL
ADDRESS:

INSURED
CJ CONTRACTING LLC
11924 FOREST HILL BLVD SUITE 10A-267
STUART, FL 34994

INSURER(S) AFFORDING COVERAGE
INSURER A: PREFERRED INSURANCE COMPANY NAIC#
INSURER B:
INSURER C:
INSURER D:
INSURER E:
INSURER F:

COVERAGES

CERTIFICATE NUMBER:

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
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>	GL- 727910	04/01/2016	04/01/2017	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 - COM/OP AGG \$ 2,000,000 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

GENERAL CONTRACTOR

CERTIFICATE HOLDER

ADDITIONAL INSURED:
CITY OF DELRAY BEACH
100 NW 1ST AVENUE
DELRAY BEACH, FL 33444

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

INSURED:
CJ CONTRACTING, LLC
349 Knotty Wood Ln
Wellington FL 33414

City Of Delray Beach
100 NW 1st Ave
Delray Beach, FL 33444

CERTIFICATE HOLDER:

City Of Delray Beach

POLICY NUMBER: 2003864786
POLICY EFF DATE: 05/16/2016
POLICY EXP DATE: 05/16/2017
UNDERWRITING COMPANY: Integon Preferred Insurance Company

Date: 01/18/2017

CERTIFICATE OF INSURANCE

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER.**

**THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE
AFFORDED BY THE POLICY BELOW.**

This is to certify that the policy of insurance shown above has 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 policy described herein is subject to all the terms, exclusions and conditions of such policy. Limits shown may have been reduced by paid claims.

Type of Insurance	Limits of Liability Provided	
Auto Liability: Scheduled Auto	\$1,000,000 Combined Single Limit	Property Damage N/A

Auto Physical Damage Coverage Provided

2006	TOYT	TUNDRA D	5TBET34156S552674
<input checked="" type="checkbox"/>	Collision	Lessor of ACV or Stated Amount Subject to \$1,000 Deduction From Each Loss	
<input checked="" type="checkbox"/>	Comprehensive	Lessor of ACV or Stated Amount Subject to \$1,000 Deduction From Each Loss	
<input type="checkbox"/>	Specific Perils	Lessor of ACV or Stated Amount Subject to n/a Deduction From Each Loss	

Cancellation:

Should the above described policy be cancelled before the expiration date thereof, we will mail written notice of cancellation that complies with state statutes to the certificate holder named above, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Cathy Powell

Authorized Representative

01/18/2017

Issue Date:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/17/2017

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	CONTACT NAME:
FrankCrum Insurance Agency, Inc. 100 South Missouri Avenue Clearwater, FL 33756	PHONE (A/C, No, Ext): (800) 277-1620 X4800 FAX (A/C, No): (727) 797-0704
INSURED	E-MAIL ADDRESS:
FrankCrum L/C/F CJ Contracting, LLC 100 South Missouri Avenue Clearwater, FL 33756	INSURER(S) AFFORDING COVERAGE
	INSURER A: Frank Winston Crum Insurance Company NAIC#: 11600
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 419344 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 INSRD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	OTHER:						PRODUCTS-COMP/OP AGG \$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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	WC201700000	01/01/2017	01/01/2018	X 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

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

Effective 03/30/2015, coverage is for 100% of the employees of FrankCrum leased to CJ Contracting, LLC (Client) for whom the client is reporting hours to FrankCrum. Coverage is not extended to statutory employees.

CERTIFICATE HOLDER

CANCELLATION

City of Delray Beach 100 NW 1st Ave. Delray Beach, FL 33444	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



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

FLEURY, CARL
CJ CONTRACTING LLC
11924 FOREST HILL BLVD STE10A-267
WELLINGTON FL 33414

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CGC1516638

ISSUED: 07/11/2016

CERTIFIED GENERAL CONTRACTOR
FLEURY, CARL
CJ CONTRACTING LLC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2018 L1607110000713

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CGC1516638	

The GENERAL CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

FLEURY, CARL
CJ CONTRACTING LLC
11924 FOREST HILL BLVD STE10A-267
WELLINGTON FL 33414



ISSUED: 07/11/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607110000713



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD
2601 BLAIR STONE ROAD
TALLAHASSEE FL 32399-0783

(850) 487-1395

FLEURY, CARL
CJ CONTRACTING, LLC
11924 FOREST HILL BLVD STE10A-267
WELLINGTON FL 33414

Congratulations! With this license you become one of the nearly one million Floridians licensed by the Department of Business and Professional Regulation. Our professionals and businesses range from architects to yacht brokers, from boxers to barbeque restaurants, and they keep Florida's economy strong.

Every day we work to improve the way we do business in order to serve you better. For information about our services, please log onto www.myfloridalicense.com. There you can find more information about our divisions and the regulations that impact you, subscribe to department newsletters and learn more about the Department's initiatives.

Our mission at the Department is: License Efficiently, Regulate Fairly. We constantly strive to serve you better so that you can serve your customers. Thank you for doing business in Florida, and congratulations on your new license!



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND
PROFESSIONAL REGULATION

CCC1330396

ISSUED: 07/11/2016

CERTIFIED ROOFING CONTRACTOR
FLEURY, CARL
CJ CONTRACTING, LLC

IS CERTIFIED under the provisions of Ch.489 FS.
Expiration date : AUG 31, 2018 L1607110000591

DETACH HERE

RICK SCOTT, GOVERNOR

KEN LAWSON, SECRETARY

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
CONSTRUCTION INDUSTRY LICENSING BOARD

LICENSE NUMBER	
CCC1330396	

The ROOFING CONTRACTOR
Named below IS CERTIFIED
Under the provisions of Chapter 489 FS.
Expiration date: AUG 31, 2018

FLEURY, CARL
CJ CONTRACTING, LLC
11924 FOREST HILL BLVD STE10A-267
WELLINGTON FL 33414



ISSUED: 07/11/2016

DISPLAY AS REQUIRED BY LAW

SEQ # L1607110000591

United States Environmental Protection Agency

This is to certify that

CJ Contracting, LLC

has fulfilled the requirements of the Toxic Substances Control Act (TSCA) Section 402, and has received certification to conduct lead-based paint activities pursuant to 40 CFR Part 745.226

In the Jurisdiction of:

Florida

This certification is valid from the date of issuance and expires February 22, 2019

FL-30528-1

Certification #

February 08, 2016

Issued On



A handwritten signature in black ink, appearing to read "Michelle Price", is written over a horizontal line.

Michelle Price, Chief

Lead, Heavy Metals, and Inorganics Branch

State of Florida

Department of State

I certify from the records of this office that CJ CONTRACTING, LLC is a limited liability company organized under the laws of the State of Florida, filed on November 18, 2008, effective January 1, 2009.

The document number of this limited liability company is L08000106857.

I further certify that said limited liability company has paid all fees due this office through December 31, 2017, that its most recent annual report was filed on January 4, 2017, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Fourth day of January, 2017*



Ken Detjen
Secretary of State

Tracking Number: CC2172517564

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CJ Contracting, LLC	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) 11924 Forest Hill Blvd Ste 10A-267	Requester's name and address (optional)
6 City, state, and ZIP code Wellington, FL 33414	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

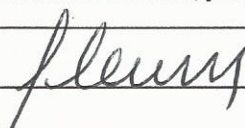
Social security number										
			-				-			
or										
Employer identification number										
2	6		-	3	7	3	0	7	7	2

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 1-18/2017
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Form 2 - Public Entity Crimes

NOTIFICATION OF PUBLIC ENTITY CRIMES LAW

Pursuant to Section 287.133, *Florida Statutes*, you are hereby notified that a person or affiliate who has been placed on the convicted Bidders list following a conviction for a public entity crime may not submit a Bid on a Bidder to provide any goods or services to a public entity; may not submit a Bid on a Bidder with a public entity for the construction or repair of a public building or public work; may not submit Bids on leases or real property to a public entity; may not be awarded or perform work as a Bidder, supplier, sub-Bidder, or consultant under a Bidder with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017 [F.S.] for Category Two [\$35,000.00] for a period of thirty-six (36) months from the date of being placed on the convicted Bidders list.

Acknowledged by:

CJ Contracting, LLC
Firm Name (print)

Flury
Signature

11/18/17
Date

Carl Flury /owner
Printed Name and Title

Form 3 - Drug-Free Workplace

If identical tie bids exist, preference will be given to the vendors who submit a certification with their bid/Bid certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. The drug-free workplace preference is applied as follows:

IDENTICAL TIE BIDS: Preference shall be given to businesses with drug-free workplace programs. Whenever two or more bids which are equal with respect to price, quality, and service are received by the State or by any political subdivision for the procurement of commodities or contractual services, a bid received from a business that certifies that it has implemented a drug-free workplace program shall be given preference in the award process. Established procedures for processing tie bids will be followed if none of the tied vendors have a drug-free workplace program.

As the person authorized to sign this statement, I certify that this firm complies fully with the following requirements:

- 1) This firm 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) This firm 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) This firm gives each employee engaged in providing the commodities or Bidder services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), this firm notifies the employees that, as a condition of working on the commodities or Bidder 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) This firm imposes a sanction on or requires 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) This firm will continue to make a good faith effort to maintain a drug-free workplace through implementation of this section.

CJ Contracting, LLC

Firm Name (print)

Signature

Carl Fleury

Printed Name and Title

Owner

Date

1/18/17

Form 4 - Conflict of Interest Disclosure Form

The award of this ITB is subject to the provisions of Chapter 112, Florida Statutes and Palm Beach County Ordinance Section 2-443. All Bidders must disclose: the name of any officer, director, or agent who is also an employee or relative of an employee of the City.

Furthermore, all Bidders must disclose the name of any City employee or relative(s) of a City employee who owns, directly or indirectly, an interest in the Bidders firm or any of its branches.

The purpose of this disclosure form is to give the City the information needed to identify potential conflicts of interest for key personnel involved in the award of this ITB.

The term "conflict of interest" refers to situations in which financial or other personal considerations may adversely affect, or have the appearance of adversely affecting, an employee's professional judgment in exercising any City duty or responsibility in administration, management, instruction, research, or other professional activities.

Select the statement below which applies to Bidder and, if applicable attach supporting information:

☒ To the best of our knowledge, the undersigned firm has no potential conflict of interest as defined in Chapter 112, Florida Statutes and Section 2-443, Palm Beach County Code of Ordinances.

☐ The undersigned firm, by attachment to this form, submits information which may be a potential conflict of interest as defined in Chapter 112, Florida Statutes and Section 2-443, Palm Beach County Code of Ordinances.

Acknowledged by:

CJ Contracting, LLC

Firm Name (print)

Carl Fleury

Signature

1-18-17

Date

Carl Fleury owner

Printed Name and Title

Disclose the name of any officer, director or agent of Bidder who is also an employee of the City. Disclose the name of any City employee who owns, directly or indirectly, any interest in the Bidder's firm or any of its branches. If no conflicts of interests exist enter N/A.

N/A

Form 5 - Acknowledgment of Addenda

The Bidder hereby acknowledges the receipt of the following addenda, which were issued by the City and incorporated into and made part of this ITB. The Bidder acknowledges that it is solely responsible for ensuring that it is aware of, and in receipt of, all addenda.

ADDENDUM NUMBER	DATE RECEIVED	PRINT NAME OF AGENT	TITLE OF AGENT	SIGNATURE OF AGENT
1	12/12/16	Carl Fleury	Owner	Fleury
2	12/16/16	Carl Fleury	Owner	Fleury
3	12/19/16	Carl Fleury	Owner	Fleury
4	12/20/16	Carl Fleury	Owner	Fleury
5	12/21/16	Carl Fleury	Owner	Fleury

CJ Contracting, LLC

Bidder (firm name)

Fleury

Signature

Date

Carl Fleury Owner

Printed Name and Title

Form 7 – Genuine Bid

By signing this Form 7, Genuine Bid, Bidder confirms this Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; Bidder has not solicited or induced any person, firm or a corporation to refrain from bidding; and Bidder has not sought by collusion to obtain for himself any advantage over any other Bidder or over the City; no City official nor any City employee has a direct or indirect interest in said bid, in the supplies or work to which it relates, to any person associated with the firm performing the work, or to the profits resulting from the work.

Firm Name: CJ Contracting, LLC
Street Address: 11924 Forest Hill Blvd Ste 10A-267 Wellington, FL 33414
Mailing Address (if different from Street Address): _____
Telephone Number(s): 561-662-4514, 561-273-9985
Fax Number(s): 561-228-1354
Email Address: CJContracting9@aol.com
Federal Identification Number: 26-3730772

Signature: flenny Date: 1-18-17
Printed Name and Title: Carl Fleury Owner

Form 8 — Bid Guaranty NOT REQUIRED

The undersigned Bidder agrees to the following:

The Bid Bond submitted in response to this ITB shall be forfeited by the Bidder if Bidder is the Successful Bidder, and (1) the undersigned Bidder shall fail to execute the Agreement within the specified time period; (2) the undersigned Bidder shall fail to furnish security and/or performance bond(s) as required in the Agreement and in the time period specified; and/or (3) the undersigned Bidder shall fail to furnish insurance certificates as required in the Agreement and within the time specified. Otherwise, said certified check, cashier's check or bid bond will be returned as provided herein. NOTE: Bidder must use the Bid Bond forms on the following pages.

Accompanying this Bid is a

- ☐ Certified check;
☐ Cashier's check; or
☐ Bid bond

meeting the requirements of this ITB. Bid bond is 5% of the Total Bid Price in the amount of

(written amount equal to 5% of Total Bid Price)

(\$) payable to the City of Delray Beach.

NOTE: Surety must enter an exact dollar amount on the Bid Bond Document. Bids Bonds stating "5% of the Total Bid Price" or other similar language will not be accepted.

Firm Name (print)

Signature

Date

Printed Name and Title

Form 9 - CONE OF SILENCE

The Palm Beach County Lobbyist Registration Ordinance (Sections 2-351 through 2-357 of the Palm Beach County Code of Ordinances) is applicable in the City of Delray Beach. Section 2-355 of the Palm Beach County Lobbyist Registration Ordinance includes a "Cone of Silence" provision that limits communication during the City's procurement process in regard to this ITB, which provides as follows:

Sec. 2-355. Cone of silence.

- (a) Cone of silence means a prohibition on any communication, except for written correspondence, regarding a particular request for proposal, request for qualification, bid, or any other competitive solicitation between:
 - (3) Any person or person's representative seeking an award from such competitive solicitation; and
 - (4) Any county commissioner or commissioner's staff, any member of a local governing body or the member's staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer's staff, or any employee authorized to act on behalf of the commission or local governing body to award a particular contract.
- (b) For the purposes of this section, a person's representative shall include but not be limited to the person's employee, partner, officer, director, consultant, lobbyist, or any actual or potential subcontractor or consultant of the person.
- (c) The cone of silence shall be in effect as of the deadline to submit the proposal, bid, or other response to a competitive solicitation. The cone of silence applies to any person or person's representative who responds to a particular request for proposal, request for qualification, bid, or any other competitive solicitation, and shall remain in effect until such response is either rejected by the county or municipality as applicable or withdrawn by the person or person's representative. Each request for proposal, request for qualification, bid or any other competitive solicitation shall provide notice of cone of silence requirements and refer to this article.
- (d) The provisions of this article shall not apply to oral communications at any public proceeding, including pre-bid conferences, oral presentations before selection committees, contract negotiations during any public meeting, presentations made to the board or local municipal governing body as applicable, and protest hearings. Further, the cone of silence shall not apply to contract negotiations between any employee and the intended awardee, any dispute resolution process following the filing of a protest between the person filing the protest and any employee, or any written correspondence at any time with any employee, county commissioner, member of a local municipal governing body, mayor or chief executive officer that is not a member of the local municipal governing body, or advisory board member or selection committee member, unless specifically prohibited by the applicable competitive solicitation process.
- (e) The cone of silence shall not apply to any purchases made in an amount less than the competitive bid threshold set forth in the county purchasing ordinance (County Code, chapter 2, article III, division 2, part A, section 2-51 et seq.) or municipal ordinance as applicable.
- (f) **The cone of silence shall terminate at the time the board, local municipal governing body, or a county or municipal department authorized to act on behalf of the board or local municipal governing body as applicable, awards or approves a contract, rejects all bids or responses, or otherwise takes action which ends the solicitation process.**
- (g) Any contract entered into in violation of the cone of silence provisions in this section shall render the transaction voidable.

By signing below, Bidder agrees to abide by the restrictions in this Cone of Silence.

Signature: Carl Fleury

Date: 1-18-17

Printed Name: Carl Fleury

Title: Owner

Form 10 – Non-Collusion Affidavit

STATE OF FLORIDA

)SS

COUNTY OF Palm Beach

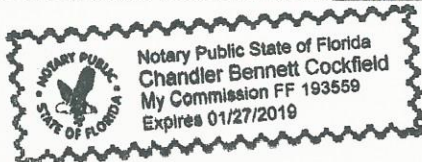
CARL FLEURY being first duly sworn, deposes and states that:
(Name)

- (1) He/She is the owner of CJ Contracting, LLC,
(Owner, Partner, Officer, Representative or Agent)
- (2) He/She is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
- (3) Such Bid is genuine and is not a collusive or sham Bid;
- (4) Neither the said Bidder nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any Bidder, firm, or person to fix the price or prices in the attached Bid or any other Bidder, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other Bidder, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;
- (5) The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the Bidder or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

By: [Signature]

Print Name: CARL FLEURY

Subscribed and sworn to before me this 18 day of January, 20 17.



[Signature]
Signature and Stamp of Notary Public
My Commission Expires: 01/27/2019

Form 6 - Schedule of Pricing

- A. **PRICE:** Bidder must submit pricing for all items in Group I, II and III shown below utilizing this Form 6 – Schedule of Pricing. Failure to submit pricing for all items may be cause for rejection of the Bid. NOTE: Bidder should not reference the words “No Charge”, “N/C”, “Included”, or other such terminology on any of the line items of this Form. Estimated annual hours are for evaluation purposes only and do not represent any guarantee of work to be performed. Prices for services are divided into three groups as follows:

Group I - Hourly labor rate, which shall include travel time to and from the work site. Bid the hourly labor rate for Foreman/Supervisor, Senior Roofing Carpenter, Roofing Laborer and Apprentice during working hours (7:30 a.m. thru 4:30 p.m., Monday – Friday)

Group II - Hourly labor rate which shall include travel time to and from the work site. Bid the hourly rate of labor for Foreman/Supervisor, Senior Roofing Carpenter, Roofing Laborer and Apprentice for after-hours work (4:30 p.m. through 7:30 a.m., weekends and City holidays).

Group III - Percentage (%) mark-up over Bidder's cost for parts and materials. The City will pay for parts on a cost plus mark-up factor. Successful Bidder's invoices must be accompanied by its invoices for all parts and materials billed.

GROUP I – Business hours of 7:30 a.m. through 4:30 p.m.				
Item	Labor Type	Total Est. Annual Hours	Hourly Rate	Total Est. Annual Labor Cost (Hours X Rate)
1.	Foreman/Supervisor	75	\$ 65.00	\$ 4875.00
2.	Roofing Carpenter	300	\$ 30.00	\$ 9000.00
3.	Roofing Laborer	300	\$ 18.00	\$ 5400.00
4.	Apprentice	50	\$ 14.00	\$ 700.00
GROUP I SUBTOTAL				\$ 19,975.00
GROUP II – After hours of 4:30 p.m. through 7:30 a.m., weekends and City holidays				
Item	Labor Type	Total Est. Annual Hours	Hourly Rate	Total Est. Annual Labor Cost
5.	Foreman/Supervisor	15	\$ 97.50	\$ 1462.50
6.	Roofing Carpenter	75	\$ 45.00	\$ 3375.00
7.	Roofing Laborer	75	\$ 27.00	\$ 2025.00
8.	Apprentice	10	\$ 15.00	\$ 150.00
GROUP II SUBTOTAL				\$ 7012.50

GROUP III – Parts and Materials			
	Total Estimated Annual Cost for Parts and Materials	Bidders percentage of mark-up for Parts/Materials (above Bidder's cost)	Total Est. Annual Parts/Material Spend (Est. Annual Cost X Percentage)
8.	\$ 250,000	15 %	
GROUP III SUBTOTAL			\$ 287,500.00
GRAND TOTAL GROUPS I, II & III (IN NUMERALS)			
			\$ 314,487.50

GRAND TOTAL (IN WORDS) Three Hundred Fourteen Thousand
Four Hundred Eighty Seven & 50/100. DOLLARS

B. FIRM PRICE: Hourly labor rates submitted are firm for the initial two-year term of the Agreement. Pricing must be submitted as all inclusive to provide roof maintenance, repair and installation services in accordance with the requirements set forth in this ITB.

C. INDEMNIFICATION: The City will pay to the Contractor the specific consideration of ten dollars and other good and valuable consideration as specific consideration for the indemnification provided herein. Contractor acknowledges that the Grand Total bid price above includes said consideration for the indemnification provision.

☒ Yes ☐ No

D. JOINT BIDDING, CO-OPERATIVE PURCHASING AGREEMENT: Will extend same price, terms, and conditions of this bid to other Palm Beach, Martin and Broward County Governmental agencies?

☒ Yes ☐ No

E. BID INFORMATION WAS OBTAINED FROM:

☒ BidSync ☐ Newspaper Ad ☐ City Hall
☐ City Website ☐ Other (specify) _____

Schedule of Pricing (cont'd)

TRENCH SAFETY ACT
Florida Statutes Section 553.60 et seq.

"Trench Safety Act" Compliance

Bidder acknowledges that the Florida Trench Safety Act, Section 553.60 et. seq., which became effective October 1, 1990, shall be in effect during the period of construction of the project. The Bidder by signing and submitting a Bid is, in writing, assuring that it will perform any trench excavation in accordance with the applicable trench safety standards. The Bidder further identifies the following separate item of cost of compliance with the applicable trench safety standards as well as the method of compliance.

Method of Compliance

Cost

N/A

Bidder acknowledges that the Trench Safety Act Method of Compliance Cost shown above is included in the applicable items of its Bid and in the Grand Total bid price. Failure to complete the above may result in the Bid being deemed non-responsive.

The Bidder is, and the City and Engineer are not, responsible to review or assess City's safety precautions, programs or costs, or the means, methods, techniques or technique adequacy, reasonableness of cost, sequences or procedures of any safety precaution, program or cost, including but not limited to, compliance with any and all requirements of Florida Statute Section 553.60 et. seq. cited as the "Trench Safety Act". Bidder is, and the City and Engineer are not, responsible to determine if any safety or safety related standards apply to the project, including, but not limited to, the "Trench Safety Act".

1. **Name of project owner**
South Florida Water Management District
Contact name
Kevin Snell
Contact email
Ksnell@sfwmd.gov
Location/ address of project
21939 Griffin Rd
Ft. Lauderdale, FL
Dates of project (start/ end)
Started: April/2015
Ended: June/ 2015

S9A Pump Station Roof Replacement

Roof replacement with three plies modified Bitumen system along with tapered insulation, the material that was used was from Johns Manville and a 20 year no dollar limit warranty was provided to the owner.

2. **Name of project owner**
South Florida Water Management District
Contact name
Kevin Snell
Contact email
Ksnell@sfwmd.gov
Location/ address of project
21939 Griffin Rd
Ft. Lauderdale, FL
Dates of project (start/ end)
Started: April/2015
Ended June/ 2015

S9A Office Building

Roof replacement with three plies modified Bitumen system along with tapered insulation, the material that was used was from Johns Manville and a 20 year no dollar limit warranty was provided to the owner.

3. **Name of project owner**
South Florida Water Management District
Contact name
Tim Harper
Contact email
Tharper@sfwmd.gov
Location/ address of project
2195 NE 8th St.
Homestead, FL 33033
Dates of project (start/ end)
Started: February/2016
Ended April/ 2016

Homestead Field Station

Roof replacement with three plies modified Bitumen system along with tapered insulation, the material that was used was from Firestone and a 20 year no dollar limit warranty was provided to the owner

4. **Name of project owner**
South Florida Water Management District
Contact name
Tim Harper
Contact email
Tharper@sfwmd.gov
Location/ address of project
2195 NE 8th St.
Homestead, FL 33033
Dates of project (start/ end)
Started:February/2016
Ended: April/ 2016

Homestead Office Building

Roof replacement with three plies modified Bitumen system along with tapered insulation, the material that was used was from Firestone and a 20 year no dollar limit warranty was provided to the owner

5. **Name of project owner**
All AC Self Storage
Contact name
Larry Shelton
Contact email
Shelton2210@yahoo.com
Location/ address of project
1177 W Blue Heron Blvd
Riviera Beach FL 33404
Dates of project (start/ end)
Started: July/ 2016
Ended: Ongoing

Repair and maintenance of various roof systems at different locations throughout Palm Beach County. All AC Self Storage has various locations and we maintain all their facilities, patch and repair on an as needed basis. We have used CertainTeed and Firestone. A one year warranty is provided on all repairs.