

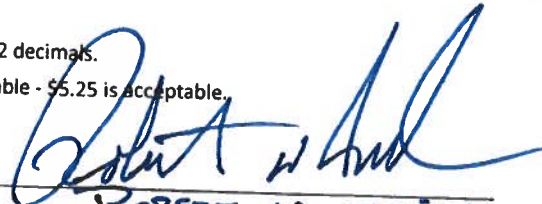
E-BID #20220110
 Ready Mix Concrete, Fiber Mesh & Flowable Fill
 Cost Worksheet - Schedule A
 Attachment A (REVISED)
 Addendum #4

Company Name: CEMEX CONSTRUCTION MATERIALS, FLORIDA LLC

Line #	Description	Unit	Qty	Unit Price	Total Amount
1	READY MIX CONCRETE 2500 PSI WITH FIBER, PRICE TO INCLUDE FUEL CHARGE	CY	400	\$ 164.50	\$ 65,800.00
2	READY MIX CONCRETE 3000 PSI WITH FIBER, PRICE TO INCLUDE FUEL CHARGE	CY	800	\$ 166.50	\$ 133,200.00
3	READY MIX CONCRETE 300 PSI WITH FIBER MESH, FINISH TIME 1 HR, DRYING TIME 3-HRS PRICE TO INCLUDE FUEL CHARGE	CY	800	\$ 171.50	\$ 137,200.00
4	PEA ROCK, 3000 PSI, SIZE #8 PRICE TO INCLUDE FUEL SURCHARGE	CY	200	\$ 170.50	\$ 34,100.00
5	CURB MIX, CONCRETE CLASS I, WITH GREADE #7 AGGREGATE OR GRADE #57 AGGREGATE. PRICE TO INCLUDE FUEL SURCHARGE	CY	350	\$ 166.50	\$ 58,275.00
6	SHORT LOAD UNDER 4 CUBIC YARDS, PRICE TO INCLUDE FUEL SURCHARGE	CY	12	\$ 350.00	\$ 4,200.00
7	SHORT LOAD UNDER 4 CUBIC YARDS OR LESS THAN 7 CUBIC YARDS, PRICE TO INCLUDE FUEL SURCHARGE	CY	77	\$ 250.00	\$ 19,250.00
8	FLOWABLEFILL PRICE TO INCLUDE FUEL SURCHARGE	CY	132	\$ 127.50	\$ 16,830.00
9	CEMENT 1 INCH CLUMP, PORTLAND, #47 BAG, PRICE TO INCLUDE FUEL SURCHARGE	BG	400	\$ 10.75	\$ 4,300.00
10	ONE (1%) PERCENT CHLORIDE ACCELERATOR	CY	1,438	\$ 6.50	\$ 9,347.00
11	FIBERT MESH BY THE CASE	BAG	1,300	\$ 8.00	\$ 10,400.00
12	DOUBLE CALL BACK CHARGES	PER LOAD	25	\$ 250.00	\$ 6,250.00
13	ENVIRONMENTAL CHARGE	PER LOAD	100	\$ 25.00	\$ 2,500.00
14	#89 STONE, PRICE TO INCLUDE FUEL SURCHARGE	PER TON	100	\$ 55.00	\$ 5,500.00
15				TOTAL	\$ 507,152.00

16	WHAT IS THE NUMBER OF DAYS REQUIRED FOR DELIVERY AFTER RECEIPT OF ORDER?	<u>5-7 DAYS</u>
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Note: Unit prices are limited to 2 decimals.
 Example: \$5.2555 is not acceptable - \$5.25 is acceptable.

Contractor Signature: 
 Contractor's Name: ROBERT W IRISH
 Contractor's Phone Number: 772-216-5661
 Contractor's Email Address: ROBERTW.IRISH@CEMEX.COM

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. CEMEX, INC.		
	2 Business name/disregarded entity name, if different from above CEMEX CONSTRUCTION MATERIALS FLORIDA, LLC		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) <u>E</u> <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions. 10100 KATY FREEWAY, SUITE 300		Requester's name and address (optional)
6 City, state, and ZIP code HOUSTON, TX 77043			
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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																							
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> <tr> <td colspan="9" style="text-align: center;">or</td> </tr> <tr> <td colspan="9" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 25px; height: 25px; text-align: center;">7</td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">-</td> <td style="width: 25px; height: 25px; text-align: center;">0</td> <td style="width: 25px; height: 25px; text-align: center;">2</td> <td style="width: 25px; height: 25px; text-align: center;">9</td> <td style="width: 25px; height: 25px; text-align: center;">6</td> <td style="width: 25px; height: 25px; text-align: center;">5</td> </tr> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px; text-align: center;">0</td> </tr> </table>	Social security number																		or									Employer identification number									7	2		-	0	2	9	6	5									0
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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 for Part II, later.	

Sign Here	Signature of U.S. person ▶ Digitally signed by Louis T. Hale Date: 2022.01.11 08:19:52 -06'00'	Date ▶ 1/11/2022
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General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.



"A City for All Ages"

NOTICE TO ALL PROPOSERS:

To ensure fair consideration is given for all Proposers, it must be clearly understood that upon release of the proposal and during the proposal process, firms and their employees of related companies as well as paid or unpaid personnel acting on their behalf shall not contact or participate in any type of contact with City employees, department heads or elected officials, up to and including the Mayor and City Council. The "Cone of Silence" is in effect for this solicitation from the date the solicitation is advertised on DemandStar, until the time an award decision has been approved by City Council and fully executed by all parties. Information about the Cone of Silence can be found under the City of Port St. Lucie Ordinance 20-15, Section 35.13. Contact with anyone other than the Issuing Officer may result in the vendor being disqualified. All contact must be coordinated through Michelle Fentress, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Michelle Fentress, Procurement Agent I with the Procurement Management Department via e-mail mfentress@cityofpsl.com, or by phone 772-8715222. Please reference the Solicitation number on all correspondence to the City.

All questions, comments and requests for clarification must reference the Solicitation number on all correspondence to the City. Any oral communications shall be considered unofficial and non-binding.

Only written responses to written communication shall be considered official and binding upon the City. The City reserves the right, at its sole discretion, to determine appropriate and adequate responses to the written comments, questions, and requests for clarification.

*NOTE: All addendums and/or any other correspondence before bid close date (general information, question and responses) to this solicitation will be made available exclusively through the DemandStar's Website for retrieval. All notice of intent to award documentation will be published on the City Clerk's Website. Proposers are solely responsible for frequently checking these websites for updates to this solicitation.

I understand and shall fully comply with all requirements of City of Port. St. Lucie Ordinance 20-15, Section 35.13.

Typed Name: ROBERT W IRISH

Signed: _____

Company and Job Title: CEMEX MATERIALS / TERRITORY MANAGER

Date: 01-11-2023

CONTRACTOR'S GENERAL INFORMATION WORK SHEET
eBID #20220110

It is understood and agreed that the following information is to be used by the City to determine the qualifications of prospective Contractor to perform the work required. The Contractor waives any claim against the City that might arise with respect to any decision concerning the qualifications of the Contractor.

The undersigned attests to the truth and accuracy of all statements made on this questionnaire. Also, the undersigned hereby authorizes any public official, Engineer, Surety, bank, material or equipment manufacturer, or distributor, or any person, firm or corporation to furnish the City any pertinent information requested by the City deemed necessary to verify the information on this questionnaire.

Dated at FORT PIERCE, FL, this 12 day of JANUARY 2023, 2022
 (Location)

Name of Organization/Contractor: CEMEX CONSTRUCTION MATERIALS FLORIDA, LLC

By: ROBERT W IRISH / TERRITORY MANAGER
 Name and Title

1. Corporation, Partnership, Joint Venture, Individual or other? CORPORATION
2. Firm's name and main office address, telephone and fax numbers

Name: CEMEX CONSTRUCTION MATERIALS FLORIDA, LLC
 Address: 6100 MIDWAY RD.
FORT PIERCE, FL 34981
 Telephone Number: 772-216-5661
 Fax Number: _____

3. Contact person: ROBERT W IRISH Email: ROBERTW.IRISH@CEMEX.COM
4. Firm's previous names (if any). _____
5. How many years has your organization been in business? 117 YEARS
6. Number of days for delivery after receipt of order (ARO)? 5-7 calendar days

7. **ADDENDUM ACKNOWLEDGMENT** - Bidder acknowledges that the following addenda have been received and are included in its proposal/bid:

Addendum Number	Date Issued	Addendum Number	Date Issued
<u># 1</u>	<u>11-8-22</u>		
<u># 2</u>	<u>11-16-22</u>		
<u># 3</u>	<u>12-6-22</u>		
<u># 4</u>	<u>12-6-22</u>		
<u># 5</u>	<u>12-15-22</u>		

8. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter into a contract after an award has been made; failed to complete a contract

during the past five (5) years or been declared to be in default in any contract or been assessed liquidated damages in the last five (5) years? List the name of project, location, client, engineer, date and reason. Use additional pages if needed.

Total Number of Projects where Failure to Complete Work Occurred: 0

Project Number 1

Project Name:

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

9. Has the Contractor or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership?

Yes ()

No (X)

If yes, please explain:

10. List any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10 %) interest:

LEGAL DEPT. ADVISED TO NOT RELEASE THIS INFORMATION

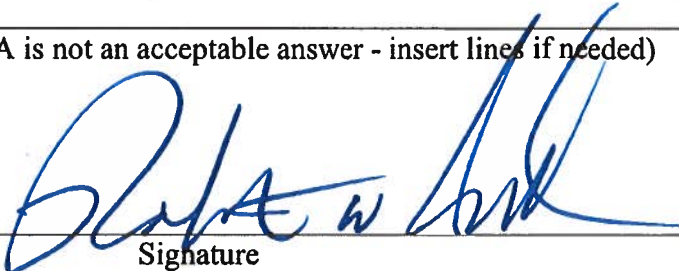
(N/A is not an acceptable answer - insert lines if needed)

11. List any judgments from lawsuits in the last five (5) years:

(N/A is not an acceptable answer - insert lines if needed)

12. List any criminal violations and/or convictions of the Proposer and/or any of its principals:

(N/A is not an acceptable answer - insert lines if needed)


Signature

TERRITORY MANAGER
Title



"A City for All Ages"

DRUG-FREE WORKPLACE FORM
e-BID #20220110

Ready Mix Concrete, Fiber Mesh & Flowable Fill

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that

CEMEX CONSTRUCTION MATERIALS, FLORIDA LLC does:
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, 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 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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


Contractor's Signature

01-11-2023
Date



"A City for All Ages"

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 1. Shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the Supplier/Consultant during the term of the contract; and
2. Shall expressly require any subcontractors performing work or providing services pursuant to the state contract to likewise utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by the subcontractor during the contract term.

E-Verify Company Identification Number LEGAL DEPT. ADVISED WE
Date of Authorization DO NOT DO THIS UNLESS
Name of Contractor THE JOB SITE REQUIRES THIS.
Name of Project
Solicitation Number (If Applicable)

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 11 Jan, 2023 in Sebastian (city), FL (state).

[Handwritten Signature]
Signature of Authorized Officer

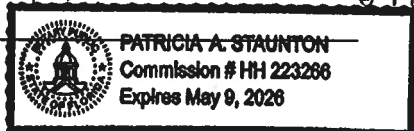
ROBERT W IRISH
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 11 DAY OF Jan, 2023

NOTARY PUBLIC [Handwritten Signature]

My Commission Expires:



5/9/2026



"A City for All Ages"

NON-COLLUSION AFFIDAVIT
Solicitation #20220110
Ready Mix Concrete, Fiber Mesh & Flowable Fill

State of FLORIDA }

County of ST. LUCIE }

ROBERT W IRISH, being first duly sworn, disposes and says that:
(Name/s)

1. They are TERRITORY MGR of CEMEX the Proposer that
(Title) (Name of Company)

has submitted the attached PROPOSAL;

2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;

3. Such Proposal is genuine and is not a collusive or sham Proposal;

4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and

5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

(Signed) [Signature]

(Title) TERRITORY MANAGER



"A City for All Ages"

STATE OF FLORIDA }
COUNTY OF ~~ST. LUCIE~~ } SS: Indian River

The foregoing instrument was acknowledged before me this (Date) Jun. 11, 2023

by: Robert W. Irish who is personally known to me or who has produced
_____ as identification and who did (did not) take an oath.

Commission No. HH223266

Notary Print: Patricia A. Staunton

Notary Signature: Patricia A. Staunton

