

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
PURCHASING DEPARTMENT
3300 Forest Hill Boulevard, Suite A-323
West Palm Beach, FL 33406-5813

INVITATION TO BID
Bidder Acknowledgement

Vendor Name: GLANZ TECHNOLOGIES

Vendor Mailing Address: 687 NE 124TH STREET
NORTH MIAMI, FL 33161

E-Mail Address: gdennis@glanztech.com

Area Code / Telephone Number: 3058931269

Toll-Free Telephone Number:

Fax Number: 3058998526

Web Address: www.glanztech.com

FEID No. or SS #: 59-2245696

Delivery calendar days after receipt of order: 3

ANTI-COLLUSION

By electronically submitting your bid, the bidder certifies that they have not divulged, discussed or compared their bid with other bidders and have not colluded with any other bidder or parties to a bid whatsoever. No premiums, rebates or gratuities permitted either with, prior to, or after any delivery of material. Any such violation will result in the cancellation and/or return of materials (as applicable) and the removal from the bid lists for the School District of Palm Beach County, Florida and I hereby certify that I have read and understand the requirements of this Invitation to Bid and that I am duly authorized to execute this offer document and any contract(s) and/or other transaction by award of this bid.

BID CERTIFICATION

I further certify that I have read the entire contents of this Invitation to Bid document and agree to full, complete and unconditional acceptance of the contents of this Invitation to Bid and all appendices and the contents of any Addendum released hereto. I further certify that by virtue of executing and returning this Bidder Acknowledgement Form, I am submitting the following information as this company's response.

Name of Representative Submitting Bid: GERYL DENNIS

Title of Company Representative: PROJECT MANAGER

Date: 3/27/2019

**SCHOOL DISTRICT OF PALM BEACH COUNTY
PURCHASING DEPARTMENT
3300 Forest Hill Blvd, Suite A-323
West Palm Beach, FL 33406-5813**

REQUIRED RESPONSE FORM

This information package should be submitted to BidSync for the School District of Palm Beach County, Purchasing Department. Information Packages are due and will be opened at this time.

Anti-Collusion Statement / Public Domain

I, the undersigned responder(s), have not divulged, discussed, or compared this information package with any other responder(s), and have not colluded with any other Responder(s) in the preparation of this information package in order to gain an unfair advantage in the award of this information package.

I acknowledge that all information contained herein is part of the public domain as defined in the Public Records Act, Chapter 119, F.S.

Information Package Certification

I hereby certify that I am electronically submitting the following information as my company's information package. Information Package must be signed by an officer or employee having authority to legally bind the responder(s).

RESPONDER(S) (firm name): GLANZ TECHNOLOGIES

STREET ADDRESS: 687 NE 124TH STREET

CITY & STATE: NORTH MIAMI, FL

ELECTRONIC SIGNATURE OF AUTHORIZED REPRESENTATIVE: GERYL DENNIS

TITLE: PROJECT MANAGER **DATE:** 03/27/2019

CONTACT PERSON: GERYL DENNIS

CONTACT PERSON'S ADDRESS: 687 NE 124TH STREET NORTH MIAMI, FL 33161

TELEPHONE: 3058931269 **FAX:** 3058998526 **TOLL FREE:**

E-MAIL ADDRESS: gdennis@glanztech.com **INTERNET URL:** www.glanztech.com

RESPONDER(S) TAXPAYER IDENTIFICATION NUMBER: 59-2245696



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Beneficial Interest and Disclosure of Ownership Affidavit

Bid No. 19C-24T Project No./ Title Cabling Contractor Services

Corporate Name Glanz Technologies Inc.

Tax FEIN No. 59-2245696

Before me, the undersigned authority, personally appeared, Mark Glanz, ("Corporate Representative") this 5th day of April, 2019, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

- 1) Corporate Representative has read the contents of this Affidavit, has actual knowledge of the facts contained herein, and states that the facts contained herein are true, correct, and complete.
- 2) The following is a list of every "person" (as defined in Section 1.01(3), Florida Statutes to include individuals, children firms, associates, joint adventures, partnerships, estates, trusts, business trusts, syndicates, fiduciaries, corporations and all other groups and combinations) holding 5% or more of the beneficial interest in the disclosing entity: (If more space is needed, attach separate sheet)

A. Persons or corporate entities owning 5% or more:

Name	Address	Percentage
Mark Glanz	50 Park Drive #10 Bal Harbour FL 33154	100

B. Persons or corporate entities who hold by proxy the voting power of 5% or more:

Name	Address	Percentage

C. Stock held for others and for whom held:

1. Name / 2. From Whom Held	Address	Percentage
1.		
2.		
1.		
2.		
1.		
2.		

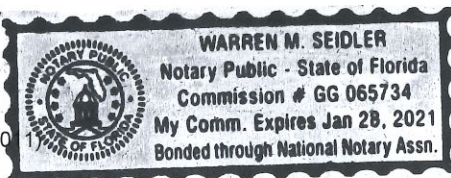
CORPORATE REPRESENTATIVE

By: Mark Glanz 

SWORN TO and subscribed before me this 5th day of April, 20 19, by Mark Glanz Such person(s) (Notary Public must check applicable box).

is/are personally known to me. produced a current driver license(s). produced _____ as identification.

(NOTARY PUBLIC SEAL)



Warren M. Seidler
 Notary Public
 Warren M. Seidler, Notary Public
 (Print, Type or Stamp Name of Notary Public)

State of Florida

Department of State

I certify from the records of this office that GLANZ TECHNOLOGIES, INC. is a corporation organized under the laws of the State of Florida, filed on January 6, 1982, effective January 6, 1982.

The document number of this corporation is F61186.

I further certify that said corporation has paid all fees due this office through December 31, 2013, that its most recent annual report/uniform business report was filed on January 23, 2013, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this is
the Twenty third day of January,
2013*



Ken Dietzner
Secretary of State

Authentication ID: CC1273063654

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

<https://efile.sunbiz.org/certauthver.html>

SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

AREA REPRESENTATIVE

Please list the contact for this contract Add additional forms if necessary

Vendor Name:	GLANZ TECHNOLOGIES
Area Representative:	GERYL DENNIS
Address:	687 NE 124TH STREET
City/Zip Code:	33161
Email Address:	gdennis@glanztech.com
Telephone:	3058931269
Cell Phone	3052192871
Fax Number:	3058998526
Emergency Number:	3052381090

SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

DEBARMENT CERTIFICATION

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY
AND VOLUNTARY EXCLUSION
LOWER TIER COVERED TRANSACTIONS**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated. (Before Completing Certification, Read Instructions on Following Page)

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.**
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this proposal.**

Organization Name: GLANZ TECHNOLOGIES

Solicitation Number or Project Name: 19C-24T

Name of Authorized Representative: GERYL DENNIS

Title of Representative: PROJECT MANAGER

Date: 3/27/2019

INSTRUCTION CERTIFICATIONS

1. By electronic submission of this the prospective lower tier participant is providing the certification set out on the reverse side in accordance with these instructions.

2. The certification in this clause is a material representation of fact upon reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage section so rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this that it will include this clause titled, "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.



THE SCHOOL DISTRICT OF PALM BEACH COUNTY
Drug-Free Workplace Certification

Preference must be given to vendors submitting a certification with their bid/proposal certifying they have a drug-free workplace in accordance with Section 287.087, Florida Statutes. This requirement affects all public entities of the State and becomes effective January 1, 1991. The special condition is 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, a business shall:

- 1) Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- 2) Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
- 3) Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
- 4) In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
- 5) Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
- 6) Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

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

VENDOR'S SIGNATURE

DATE

GLANZ TECHNOLOGIES
COMPANY NAME



PBSD 0580 (Rev. 4/8/2003)

ORIGINAL - Purchasing Department

SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

EARLY PAYMENT TERMS

Bid number/Name: 19C-24T

Vendor Name: GLANZ TECHNOLOGIES

If vendor chooses not to participate in Early Payment Terms, please acknowledge by placing N/A here → .

EARLY PAYMENT: Specify terms and discount for early payment. Check which terms you will be willing to provide for the duration of this contract to the School District.
0.5% 10 net 30 *
0.75% 5 net 30 *

* Upon receipt of invoice by the School District of Palm Beach County Accounts Payable Department.

Note: Updating to these terms will affect all of your District payments. If you choose to revise these terms at a later date, the terms will affect all of your payments from the District.

The School District of Palm Beach County

SMALL BUSINESS ENTERPRISE (SBE)
CERTIFICATION INFORMATION

Certification applications are available through the Office of Diversity in Business Practices:

<http://www.palmbeachschools.org/diversityinbusiness>

Office of Diversity in Business Practices
School District of Palm Beach County
3300 Summit Boulevard
West Palm Beach, FL 33406
Phone: (561) 681-2403

Are you an SBE vendor certified by the School District of Palm Beach County?

YES*

NO

* If yes, please provide your certification information below and attach a copy of your certification:

Certification Expiration Date:

Ethnicity Classification:

If you are not a certified SBE vendor and intend to sub-contract with a certified SBE firm(s), please list the vendors and the estimated dollar value below:

Vendor

Estimated Dollar Value

\$

\$

\$

					Yes No		
					Yes No		
					Yes No		
					Yes No		

PROPOSER'S STATEMENT OF PRINCIPAL PLACE OF BUSINESS
(Must be completed & submitted with each competitive solicitation)

Name of Proposer: **GLANZ TECHNOLOGIES**

Identify the state in which the Proposer has its principal place of business: **FLORIDA**

Proceed as follow: IF your principal place of business above is located within the State of Florida, the Proposer may sign below and attach to your solicitation. No further action is required. IF your principal place of business is outside of the State of Florida the following must be completed by an attorney and returned with your solicitation. Failure to comply shall be considered to be non-responsive to this solicitation.

OPINION OF OUT-OF-STATE BIDDER'S ATTORNEY ON BIDDING PREFERENCES

(To be completed by the Attorney for an Out-of-State Proposer)

NOTICE: Section 287.084(2), Fla. Stat., provides that "a vendor whose principal place of business is outside this state must accompany any written bid, proposal, or reply documents with a written opinion of an attorney at law licensed to practice law in that foreign state, as to the preferences, if any or none, granted by the law of that state [or political subdivision thereof] to its own business entities whose principal places of business are in that foreign state in the letting of any or all public contracts." See also: Section 287.084(1), Fla. Stat.

LEGAL OPINION ABOUT STATE BIDDING PREFERENCES

(Please Select One)

The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state do not grant a preference in the letting of any or all public contracts to business entities whose principal places of business are in that state.

The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state grant the following preference(s) in the letting of any or all public contracts to business entities whose principal places of business are in that state: [Please describe applicable preference(s) and identify applicable state law(s)]:

LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES

(Please Select One)

The Proposer's principal place of business is in the political subdivision of **NORTH MIAMI** and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision.

The Proposer's principal place of business is in the political subdivision of and the laws of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision: [Please describe applicable preference(s) and identify applicable authority granting preference(s)]:

Signature of out-of-state Proposer's attorney:

Printed name of out-of-state Proposer's attorney:

Address of out-of-state bidder's attorney:

Telephone Number of out-of-state bidder's attorney: ()

Email address of out-of-state bidder's attorney:

Attorney's states of bar admission:

Proposer's Printed Name: Signature

Company Name:

SCHOOL DISTRICT OF PALM BEACH COUNTY

PURCHASING DEPARTMENT

REFERENCES

Vendor Name: GLANZ TECHNOLOGIES

Bid number/Name: 19C-24T

This information will be used in the evaluation of this bid.

List a minimum number of required references as stated in the Special Conditions which show experience in similar work, to include nature and scope of work, which demonstrates an expertise in providing the services as stated herein. Provide scope of work, contact name, addresses, telephone numbers and dates of service.

Reference 1 – New Customer (one year or less)

Name of Firm:	MIAMI DADE PARKS AND RECREATION
Scope of Work:	INSTALLATION OF GATE ACCESS CONTROL SYSTEM, STRUCTURED CABLING, AND BARRIER ARMS
Cost of Service:	\$33,000.00
Date of Service:	3/22/2019
Contact Person:	ANA LANG
Email:	ana.lang@miamidade.gov
Phone #:	3053752996
Address:	111 NW 1st Street Miami, fl

Reference 2 – Past Customer (currently not doing business)

Name of Firm:	MIAMI DADE FIRE RESCUE
Scope of Work:	INSTALLATION OF STRUCTURED CABLING, ACCESS CONTROL, INTERCOMS
Cost of Service:	\$46,500.00
Date of Service:	3/2017
Contact Person:	RAFAEL ROJAS
Email:	Rafael.Rojasjr@miamidade.gov
Phone #:	7864572526
Address:	9300 NW 41st Street Doral, Fl 33178

Reference 3 – Repeat or Long Term Customer

Name of Firm:	MIAMI DADE COUNTY ISD
Scope of Work:	INSTALLATION OF STRUCTURED CABLING, IP CAMERAS, ACCESS CONTROL, PANIC BUTTONS, ELECTRONIC INTRUSION SYSTEMS

Cost of Service:	\$700,000.00
Date of Service:	ON GOING
Contact Person:	JUAN SILVA
Email:	silvaj@miamidade.gov
Phone #:	3053753907
Address:	111 MW 1st Street Miami, Fl

Reference 4 – Repeat or Long Term Customer

Name of Firm:	
Scope of Work:	
Cost of Service:	
Date of Service:	
Contact Person:	
Email:	
Phone #:	
Address:	

Reference 5 – Repeat or Long Term Customer

Name of Firm:	
Scope of Work:	
Cost of Service:	
Date of Service:	
Contact Person:	
Email:	
Phone #:	
Address:	

April 9, 2019

Attn: Dennis Messerli

RE: Contract 19C-4T, Section Z. Organization Profile.

Glanz Technologies, Inc. is a Florida Corporation with corporate headquarters located at 687 NE 124th Street, North Miami, FL 33161.

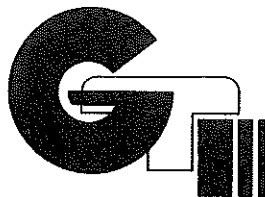
The following personnel are authorized to answer all inquiries pertaining to Contract 19C-4T:

1. Mark Glanz, President
687 NE 124th Street, North Miami, FL 33161
305-893-1269
mglanz@glanztech.com
2. Warren Seidler, GM
687 NE 124th Street, North Miami, FL 33161
305-893-1269
wmseidler@glanztech.com
3. Anya Bass, Office Manager
687 NE 124th Street, North Miami, FL 33161
305-893-1269
abass2@glanztech.com
4. Sheila "Pat" Motro, Bookkeeper
687 NE 124th Street, North Miami, FL 33161
305-893-1269
pmotro@glanztech.com
5. Geryl Dennis, Sales Manager
687 NE 124th Street, North Miami, FL 33161
305-893-1269
gdennis@glanztech.com

Number of Years in Business: est. 1982
Number of Locations: 1 (address above)



Mark Glanz, President



GLANZ TECHNOLOGIES, INC.

687 N.E. 124th STREET • NORTH MIAMI, FLORIDA 33161 • (305) 893-1269 • FAX (305) 899-8526

April 9, 2019

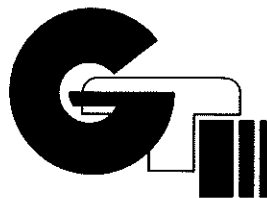
Attn: Dennis Messerli

RE: Contract 19C-4T, Section X. Conflict of Interest.

Glanz Technologies, Inc. does not employ anyone (including officers, directors, and/or agents), who are also employed with the District.

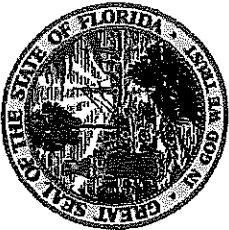


Mark Glanz, President



GLANZ TECHNOLOGIES, INC.

687 N.E. 124th STREET • NORTH MIAMI, FLORIDA 33161 • (305) 893-1269 • FAX (305) 899-8526



RICK SCOTT, GOVERNOR

JONATHAN ZACHEM, SECRETARY



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION
ELECTRICAL CONTRACTORS LICENSING BOARD

THE ALARM SYSTEM CONTRACTOR I HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

GLANZ, MARK

GLANZ TECHNOLOGIES INC

687 NE 124 STREET

NORTH MIAMI FL 33161-5547

LICENSE NUMBER: EF0000922

EXPIRATION DATE: AUGUST 31, 2020

Always verify licenses online at MyFloridaLicense.com



Do not alter this document in any form.

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

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.
Glanz Technologies, Inc.

2 Business name/disregarded entity name, if different from above

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.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

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.

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) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
687 N.E. 124th Street

6 City, state, and ZIP code
N. Miami, FL 33161

7 List account number(s) here (optional)

Requester's name and address (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 *How to get a TIN*, later.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

OR

Employer identification number

5	9	-	2	2	4	5	6	9	6
---	---	---	---	---	---	---	---	---	---

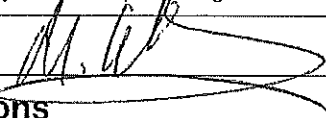
Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 ▶ 

Date ▶ **04/09/2019**

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.

000649

Local Business Tax Receipt

Miami-Dade County, State of Florida
-THIS IS NOT A BILL - DO NOT PAY



1586990

BUSINESS NAME/LOCATION
GLANZ TECHNOLOGIES INC
687 NE 124TH ST
NORTH MIAMI FL 33161

RECEIPT NO.
RENEWAL
1586990

EXPIRES
SEPTEMBER 30, 2019

Must be displayed at place of business
Pursuant to County Code
Chapter 8A - Art. 9 & 10

OWNER
GLANZ TECHNOLOGIES INC

SEC. TYPE OF BUSINESS
196 SPEC ELECTRICAL CONTRACTOR
EF0000922

PAYMENT RECEIVED
BY TAX COLLECTOR
\$45.00 07/18/2018
CHECK21-18-071525

Worker(s) 10

This Local Business Tax Receipt only confirms payment of the Local Business Tax. The Receipt is not a license, permit, or a certification of the holder's qualifications, to do business. Holder must comply with any governmental or nongovernmental regulatory laws and requirements which apply to the business.

The RECEIPT NO. above must be displayed on all commercial vehicles - Miami-Dade Code Sec 8a-276.

For more information, visit www.miamidade.gov/taxcollector

Building Industry Consulting Service International

THE PROFESSIONAL DESIGNATION OF

**REGISTERED COMMUNICATIONS
DISTRIBUTION DESIGNER®**

IS AWARDED TO

Ron Bundy

by BICSI in recognition of having successfully completed BICSI's registration and examination requirements.

Designation Number: 111548
Registration Start Date: 1/1/2019
Registration End Date: 12/31/2021



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RCDD
Since

8/13/2000

George E. Shoumry

Chair, Registrations & Credentials Supervision Committee

R. L. Thies

Director of Credentialing

THE SCHOOL DISTRICT OF PALM BEACH COUNTY
PURCHASING DEPARTMENT

Supplier Information

Solicitation 19C-24T

This form must be filled out along with the W9 Form. (Note: It is your responsibility to contact our office if any of this information should change. Any acquisition or changes in ownership are required on letterhead and a new W9 must be obtained). **Purchase orders are required for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order.** Go to the following link to read the School District's Terms & Conditions:
<http://www.palmbeachschools.org/purchasing/bids/purch/info/index.asp>

For questions on this form, please contact DENNIS MESSERLI at

Phone 561-434-8507 (Email): Dennis.Messerli@palmbeachschools.org or Fax: 561-963-3823

ORDER TO:

Business Name **GLANZ TECHNOLOIGES**

Business Name, if different than above

Street Address **687 NE 124TH STREET**

City **NORTH MIAMI** State **FL** Zip Code **33161**

Company Email Address for Electronic Purchase Orders **gdennis@glanztech.com**

Fax Number **3058998526**

Taxpayer ID Number **59-2245696**

Contact Name **GERYL DENNIS**

Phone **3058931269** Ext. **115**

REMIT PAYMENT TO:

Same as above

Business Name

Street Address

City State Zip Code

COMPLETED BY GERYL DENNIS

Title **PROJECT MANAGER**

Date **03/27/2019**

Use the attached form "**Divisions or Subsidiary Companies**" that fall under the parent company and use the same tax ID number (TIN) but they have different order to and remit to locations.

Supplier Information for Divisions or Subsidiary Companies

Check here if this section does not apply

This part of the is used for Divisions or Subsidiary companies that fall under the parent company and use the same tax ID number (TIN) but have different order to and remit to locations, including fax numbers and email addresses for Purchase Orders, please complete the following:

Parent Company Name

ORDER TO: GLANZ TECHNOLOGIES

Taxpayer ID Number **59-2245696**

Division/Subsidiary Name **GLANZ TECHNOLOGIES**

Street Address **687 NE 124TH STREET**

City **NORTH MIAMI** State **FL** Zip Code **33161**

Company Email Address for Electronic Purchase Orders **gdennis@glanztech.com**

Fax Number

Contact Name **GERYL DENNIS**

Phone **3058931269** Ext. **115**

REMIT PAYMENT TO:

Same as above

Division/Subsidiary Name

Street Address

City State Zip Code

COMPLETED BY

Title

Date

W-9

(Rev. December 2018)
Department of the Treasury Internal
Revenue Service

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.

Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

GLANZ TECHNOLOGIES

Business name/disregarded entity name, if different from above

GLANZ TECHNOLOGIES

Check appropriate box for federal tax classification:

Individual/sole proprietor or single-member LLC C Corporation S Corporation
Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)

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

Other (see instructions)

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)
(Applies to accounts maintained outside the U.S.)

Address (number, street, and apt. or suite no.)

687 NE 124TH STREET

Requester's name and address (optional)

City, state, and ZIP code

NORTH MIAMI, FL 33161

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.

Social security number

59-2245696

Employer identification number

59-2245966

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.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below), and
- 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

MARK GLANZ

Date **03/27/2019**

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.

- 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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
- 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.

Purpose of

A person 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)





