

ADDENDUM #3
E-BID #20210016
E-BID REPLY EXCEL SPREADSHEET
REPLACEMENT OF LIFT STATION SP-16
CONSTRUCTION PROJECT
COST WORKSHEET - SCHEDULE "A" - Attachment C (Revised)

COMPANY NAME: Felix Associates of Florida, Inc.

| Line Item | Pay Item No. | Description | Unit | Quantity | Unit Price | Total Cost |
|-----------|--------------|---|------|----------|---------------|---------------|
| 1 | 33-3016 - 1 | Mobilization/Demobilization | LS | 1 | \$ 60,000.00 | \$ 60,000.00 |
| 2 | 33-3016 - 2 | Maintenance of Traffic | LS | 1 | \$ 3,000.00 | \$ 3,000.00 |
| 3 | 33-3016 - 3 | Pre-Construction Survey Lay-out | LS | 1 | \$ 4,100.00 | \$ 4,100.00 |
| 4 | 33-3016 - 4 | Post Construction Survey & As-Built Drawings | LS | 1 | \$ 2,500.00 | \$ 2,500.00 |
| 5 | 33-3016 - 5 | Erosion and Pollution Control (F&I) | LS | 1 | \$ 6,000.00 | \$ 6,000.00 |
| 6 | 33-3016 - 6 | Density Testing | EA | 44 | \$ 26.00 | \$ 1,144.00 |
| 7 | 33-3016 - 7 | Concrete Slump & Compression Testing | EA | 4 | \$ 103.00 | \$ 412.00 |
| 8 | 33-3016 - 8 | Clearing & Grubbing | LS | 1 | \$ 20,000.00 | \$ 20,000.00 |
| 9 | 33-3016 - 9 | Fine Grade, 1" Below Finish Grade (F&I) | LS | 1 | \$ 10,000.00 | \$ 10,000.00 |
| 10 | 33-3016 - 10 | 2 Ply 40 ml Visqueen & Gravel (F&I) | SY | 115 | \$ 42.00 | \$ 4,830.00 |
| 11 | 33-3016 - 11 | 6" Concrete Slab (4000 psi w/ Fiber Mesh) (F&I) | SY | 50 | \$ 62.00 | \$ 3,100.00 |
| 12 | 33-3016 - 12 | 6" Concrete Driveway Turnout (4000 psi w/ Fiber Mesh) (F&I) | SY | 390 | \$ 62.00 | \$ 24,180.00 |
| 13 | 33-3016 - 13 | Dewatering | LS | 1 | \$ 15,000.00 | \$ 15,000.00 |
| 14 | 33-3016 - 14 | Existing Lift Station Demolition (F&I) | LS | 1 | \$ 18,750.00 | \$ 18,750.00 |
| 15 | 33-3016 - 15 | 6" C900 PVC Force Main & Location Wire (F&I) | LF | 130 | \$ 48.00 | \$ 6,240.00 |
| 16 | 33-3016 - 16 | 6" C900 PVC DR18 Low Pressure Main & Location Wire (F&I) | LF | 120 | \$ 50.00 | \$ 6,000.00 |
| 17 | 33-3016 - 17 | C-153, 350 PSI, D.I.P Fittings, Restraints & Pipe (F&I) | TN | 3.5 | \$ 1,000.00 | \$ 3,500.00 |
| 18 | 33-3016 - 18 | 6" Check Valves (F&I) | EA | 3 | \$ 1,900.00 | \$ 5,700.00 |
| 19 | 33-3016 - 19 | 6" Plug Valves (F&I) | EA | 3 | \$ 1,700.00 | \$ 5,100.00 |
| 20 | 33-3016 - 20 | 2" Automatic Air Release Valve (F&I) | EA | 1 | \$ 2,800.00 | \$ 2,800.00 |
| 21 | 33-3016 - 21 | Tie-in to Existing 12" Force Main (F&I) | LS | 1 | \$ 4,000.00 | \$ 4,000.00 |
| 22 | 33-3016 - 22 | Functional Testing - 6" Force Main (F&I) | LS | 1 | \$ 1,000.00 | \$ 1,000.00 |
| 23 | 33-3016 - 23 | Tie-in to Existing 6" Low Pressure Main (F&I) | LS | 1 | \$ 4,450.00 | \$ 4,450.00 |
| 24 | 33-3016 - 24 | Functional Testing - 6" Low Pressure Main (F&I) | LS | 1 | \$ 1,000.00 | \$ 1,000.00 |
| 25 | 33-3016 - 25 | Lift Station Complete | LS | 1 | \$ 183,000.00 | \$ 183,000.00 |
| 26 | 33-3016 - 26 | Electrical Service (Complete) (F&I) | LS | 1 | \$ 13,750.00 | \$ 13,750.00 |
| 27 | 33-3016 - 27 | Control Panel with Fiber Communication (F&I) | LS | 1 | \$ 59,000.00 | \$ 59,000.00 |
| 28 | 33-3016 - 28 | Fiber Optic Cable | LF | 1,730 | \$ 24.00 | \$ 41,520.00 |
| 29 | 33-3016 - 29 | 6' Chain Link Fence, (w/2-10' Gates) (F&I) | LS | 1 | \$ 16,000.00 | \$ 16,000.00 |
| 30 | 33-3016 - 30 | Temporary 6' Chain Link Fence (F&I) | LS | 1 | \$ 100.00 | \$ 100.00 |
| 31 | 33-3016 - 31 | Seed and Mulch (F&I) | SY | 500 | \$ 2.00 | \$ 1,000.00 |
| 32 | 33-3016 - 32 | Site Beautification Allowance | LS | 1 | \$ 10,000.00 | \$ 10,000.00 |
| 33 | 33-3016 - 33 | Bahia Sod (F&I) | SY | 1,000 | \$ 4.00 | \$ 4,000.00 |
| 34 | 33-3016 - 34 | Water Service Assembly & 1" W (F&I) | LS | 1 | \$ 5,100.00 | \$ 5,100.00 |
| 35 | 33-3016 - 35 | Culvert (F&I) | LS | 1 | \$ 6,000.00 | \$ 6,000.00 |
| 36 | 33-3016 - 36 | Site Fill and Grade (F&I) | CY | 200 | \$ 8.00 | \$ 1,600.00 |
| 37 | 33-3016 - 37 | Biofilter Odor Scrubber (F&I) | LS | 1 | \$ 21,400.00 | \$ 21,400.00 |
| 38 | 33-3016 - 38 | 6" Gate Valves, Underground (F&I) | EA | 2 | \$ 1,600.00 | \$ 3,200.00 |
| 39 | 33-3016 - 39 | Demolition of 8" Force Main at Camden St. Lift Station | LS | 1 | \$ 1,200.00 | \$ 1,200.00 |
| 40 | 33-3016 - 40 | Demolition of 6" LPM at Camden St. Lift Station | LS | 1 | \$ 1,200.00 | \$ 1,200.00 |

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COMPANY NAME: Felix Associates of Florida, Inc.

| Line Item | Pay Item No. | Description | Unit | Quantity | Unit Price | Total Cost |
|-----------------------|--------------|---|-----------|----------|--------------------|----------------------|
| 41 | 33-3016 - 41 | Abandonment of 8" Force Main on Camden St. with line stop and end caps | LS | 1 | \$ 12,000.00 | \$ 12,000.00 |
| 42 | 33-3016 - 42 | Abandonment of 6" LPM on Camden St. | LS | 1 | \$ 2,100.00 | \$ 2,100.00 |
| 43 | 33-3016 - 43 | 6" Line Stop and Cut & Cap 6" LPM on Camden St. | LS | 1 | \$ 6,600.00 | \$ 6,600.00 |
| 44 | 33-3016 - 44 | 6" LPM Connection on Mantua St. with 6" Wet Tap, 6" Tee and Two 90° Bends | LS | 1 | \$ 5,100.00 | \$ 5,100.00 |
| 45 | 33-3016 - 45 | Abandonment of 6" LPM on Mantua St. Melaleuca Blvd. | LS | 1 | \$ 3,750.00 | \$ 3,750.00 |
| 46 | 33-3016 - 46 | LPM Service Connections | EA | 2 | \$ 1,650.00 | \$ 3,300.00 |
| BASE BID TOTAL | | | | | | \$ 613,726.00 |

NOTES:

- 1 The City reserves the right to award the bid items listed above in their entirety or partially. In the event that a partial list is awarded, the City reserves the right to adjust the total bid amount by deleting those items not included in the award.
- 2 All underground valves and fittings shall include electronic marker balls.
- 3 Unit prices may only be 2 decimals.
Example: \$5.2555 is not acceptable - \$5.25 is acceptable

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. Felix Associates of Florida, 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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" 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) ▶ _____ <small>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.</small> <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.) See instructions. 8528 Southwest Kansas Avenue | Requester's name and address (optional) |
| 6 City, state, and ZIP code Stuart, Florida 34997 | |
| 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 *How to get a TIN*, later.

| | | | | | | | | | | | |
|---------------------------------------|---|--|---|---|---|---|---|---|---|---|--|
| Social security number | | | | | | | | | | | |
| | | | | | | | | | | | |
| OR | | | | | | | | | | | |
| Employer identification number | | | | | | | | | | | |
| 2 | 6 | | - | 4 | 2 | 9 | 9 | 3 | 3 | 5 | |

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:

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 ▶ | Date ▶ 01/18/2021 |
|------------------|----------------------------|-------------------|

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2020

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 C & H Agency 783 Riverview Drive P.O. Box 324 Totowa NJ 07511 | CONTACT NAME: Jo-Ann Intiso PHONE (A/C, No, Ext): (973) 890-0900 E-MAIL ADDRESS: jintiso@chagency.com | FAX (A/C, No): (973) 812-9860 | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED Felix Associates of Florida, Inc. 8526 SW Kansas Avenue Stuart FL 34997 | INSURER A: Executive Risk Indemnity | | 35181 |
| | INSURER B: Federal Insurance Co. | | 20281 |
| | INSURER C: Clear Blue Specialty Ins. Co. | | 37745 |
| | INSURER D: Landmark American Insurance Co. | | 33138 |
| | INSURER E: | | |
| INSURER F: | | | |

COVERAGES CERTIFICATE NUMBER: 20-21 GL,A,U,WC, 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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | | |
|----------|---|-----------|----------|---------------------|-------------------------|-------------------------|---|-------------------|--------------|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | 54326202 | 12/31/2020 | 12/31/2021 | EACH OCCURRENCE | \$ 2,000,000 | |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 300,000 | |
| | <input checked="" type="checkbox"/> XCU-Completed Ops | | | | | | MED EXP (Any one person) | \$ 10,000 | |
| B | <input checked="" type="checkbox"/> Blanket Contractual | | | 54326201 | 12/31/2020 | 12/31/2021 | PERSONAL & ADV INJURY | \$ 2,000,000 | |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COM/PROPAGG | \$ 4,000,000 | |
| C | <input type="checkbox"/> UMBRELLA LIAB | | | WCCN-CEL-0000824-01 | 12/31/2020 | 12/31/2021 | | \$ | |
| | <input checked="" type="checkbox"/> EXCESS LIAB | | | | | | EACH OCCURRENCE | \$ 5,000,000 | |
| | | | | | | | AGGREGATE | \$ 5,000,000 | |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | 54326203 | 12/31/2020 | 12/31/2021 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER | | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N | N/A | | | | E.L. EACH ACCIDENT | \$ 1,000,000 | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | |
| D | Excess Liability | | | LHA092685 | 12/31/2020 | 12/31/2021 | Each Occurrence | 5,000,000 | |
| | | | | | | | Aggregate | 5,000,000 | |

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

RE: Proof of Coverage

| | |
|--|--|
| CERTIFICATE HOLDER City of Port St. Lucie 121 S.W. Port St. Lucie Blvd. Port St. Lucie FL 34987-5099 | 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 |
|--|--|

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page ____ of ____

| | | | |
|------------------------|-----------|--|--|
| AGENCY C & H Agency | | NAMED INSURED Felix Associates of Florida, Inc. | |
| POLICY NUMBER | | EFFECTIVE DATE: | |
| CARRIER | NAIC CODE | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance: Notes

E. Excess Liability
Carrier: Landmark American
Policy #: LHA092685
Policy Dates: 12/31/20 - 12/31/21
Limits: \$5,000,000 Occurrence/\$5,000,000 Aggregate



"A City for All Ages"

DRUG-FREE WORKPLACE FORM
e-BID #20210016
Replacement of Lift Station SP-16
Attachment K

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

Felix Associates of Florida, Inc.

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

January 20, 2021

Date

 **AIA** Document A310™ – 2010**Bid Bond****CONTRACTOR:***(Name, legal status and address)*

Felix Associates of Florida, Inc.
8528 SW Kansas Avenue
Stuart, FL 34997

SURETY:*(Name, legal status and principal place of business)*

Philadelphia Indemnity Insurance Company
One Bala Plaza East, Ste. 100
Bala Cynwyd, PA 19004

OWNER:*(Name, legal status and address)*

City of Port St. Lucie
121 S.W. Port St. Lucie Blvd.
Port St. Lucie, FL 34984

BOND AMOUNT: \$ Five Percent of Bid Amount**PROJECT:***(Name, location or address, and Project number, if any)*

Replacement of Lift Station SP-16

ADDITIONS AND DELETIONS:

The author of this document has added information needed for its completion. The author may also have revised the text of the original AIA standard form. An *Additions and Deletions Report* that notes added information as well as revisions to the standard form text is available from the author and should be reviewed. A vertical line in the left margin of this document indicates where the author has added necessary information and where the author has added to or deleted from the original AIA text.

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Init.

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User Notes:

(877089080)

Signed and sealed this 20th day of January, 2021



(Witness) IVANIECE STRAHM



(Witness) Stephanie F. Foy

Felix Associates of Florida, Inc.

(Principal) _____ (Seal)

(Title) BENJAMIN MUELNER VICE PRESIDENT
Philadelphia Indemnity Insurance Company

(Surety) _____ (Seal)

(Title) Lisa Nosal, Atty-In-Fact



Init.

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User Notes:

(877099080)

ACKNOWLEDGEMENT OF SURETY

State of New Jersey]
 |-ss
County of Passaic]

On January 20, 2021, before me personally came Lisa Nosal to me known, who, being by me duly sworn, did depose and say that she is an attorney-in-fact of Philadelphia Indemnity Insurance Company the corporation described in and which executed the within instrument; that she knows the corporate seal of said corporation, and that the seal affixed to the within instrument is such corporate seal, and that she signed the said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

My Commission expires:


Notary Public



PHILADELPHIA INDEMNITY INSURANCE COMPANY
One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Louis A. Vlahakas, Robert Culnen, Joseph W. Mallory, Lisa Nosal, and Stephanie Foy of C&H Agency, Inc., its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto, and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

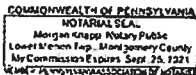
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 20th day of January, 20 21.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

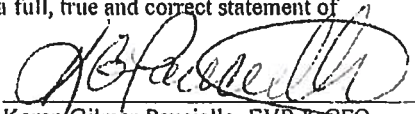
PHILADELPHIA INDEMNITY INSURANCE COMPANY


**Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus
(in thousands, except par value and share amounts)**

| <u>Admitted Assets</u> | As of December 31, | |
|---|---------------------|---------------------|
| | 2019 | 2018 |
| Bonds (fair value \$7,329,360 and \$7,036,118) | \$ 7,059,903 | \$ 7,018,246 |
| Preferred stocks (fair value \$23,575 and \$46,324) | 22,761 | 46,213 |
| Common stocks (cost \$65,563 and \$14,897) | 64,634 | 14,853 |
| Mortgage loans | 803,679 | 473,067 |
| Real estate | 10,305 | 1,514 |
| Other invested assets (cost \$231,120 and \$211,099) | 243,127 | 219,251 |
| Derivatives | - | 157 |
| Receivables for securities sold | 684 | 1,109 |
| Cash, cash equivalents and short-term investments | <u>59,534</u> | <u>65,668</u> |
| Cash and invested assets | 8,264,627 | 7,840,078 |
| | | |
| Premiums receivable, agents' balances and other receivables | 874,835 | 968,504 |
| Reinsurance recoverable on paid losses | 54,706 | 34,694 |
| Accrued investment income | 76,312 | 82,576 |
| Receivable from affiliates | 657 | 5,480 |
| Federal income taxes receivable | 28,027 | - |
| Net deferred tax asset | 134,628 | 121,266 |
| Other assets | <u>3,541</u> | <u>5,586</u> |
| Total admitted assets | <u>\$ 9,437,333</u> | <u>\$ 9,058,184</u> |
| | | |
| <u>Liabilities and Capital and Surplus</u> | | |
| <u>Liabilities:</u> | | |
| Net unpaid losses and loss adjustment expenses | \$ 5,007,616 | \$ 4,581,608 |
| Net unearned premiums | 1,597,243 | 1,616,043 |
| Reinsurance payable on paid loss and loss adjustment expenses | 45,391 | 30,374 |
| Ceded reinsurance premiums payable | 100,299 | 89,591 |
| Commissions payable, contingent commissions and other similar charges | 216,136 | 234,551 |
| Federal income taxes payable | - | 3,141 |
| Funds held | 66,937 | 61,944 |
| Payable to affiliates | 16,383 | 13,148 |
| Provision for reinsurance | 78 | - |
| Payable for purchased securities | 58,784 | 20,741 |
| Accrued expenses and other liabilities | <u>27,116</u> | <u>37,562</u> |
| Total liabilities | <u>7,135,983</u> | <u>\$ 6,688,703</u> |
| | | |
| <u>Capital:</u> | | |
| Common stock, par value of \$10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding | 4,500 | 4,500 |
| | | |
| <u>Surplus:</u> | | |
| Gross paid-in and contributed surplus | 386,071 | 386,071 |
| Unassigned surplus | <u>1,910,779</u> | <u>1,978,910</u> |
| Total surplus | <u>2,296,850</u> | <u>2,364,981</u> |
| Total capital and surplus | <u>2,301,350</u> | <u>2,369,481</u> |
| Total liabilities and capital and surplus | <u>\$ 9,437,333</u> | <u>\$ 9,058,184</u> |

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the said Company and is duly qualified to act as Surety under such laws; that said Company has also complied with and is duly qualified to act as Surety under the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 Attest: Kimberly A. Kessleski, Notary Public
 Lower Merion Twp., Montgomery County
 My Commission Expires Dec. 18, 2020
 MEMBER PENNSYLVANIA ASSOCIATION OF NOTARIES


 Karen Gilmer-Pauciello, EVP & CFO


 Kimberly Kessleski, Notary

Sworn to before me this 27th day of May 2020.



"A City for All Ages"

E-Verify Form - Attachment I

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 26-4299335
Date of Authorization January 20, 2021
Name of Contractor Felix Associates of Florida, Inc.
Name of Project Replacement of Lift Station SP-16
Solicitation Number (If Applicable)

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

Executed on January 20th, 2021 in Stuart (city), FL (state).

Signature of Authorized Officer

Benjamin Miller - Vice President
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 20th DAY OF January, 2021.

NOTARY PUBLIC

My Commission Expires: 5/5/2021



CITY OF PORT ST. LUCIE, FLORIDA
SEALED BID NO. 20210016 - Attachment H
PROJECT TITLE: Replacement of Lift Station SP-16 Construction Project

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Location: S.E. Melaleuca Boulevard

Instructions:

Chapter 90-96 of the Laws of Florida requires all Contractors' engaged by The City of Port St. Lucie, Florida to comply with Occupational Safety and Health Administration Standard 29 C.F.R. s. 1926.650 Subpart P. All prospective Contractors are required to sign the compliance statement and provide compliance cost information where indicated below. The costs for complying with the Trench Safety Act must be incorporated into this project's base bid.

Certify this form in the presence of a notary public or other officer authorized to administer oaths.

Certification

1. I understand that Chapter 90-96 of the Laws of Florida (The Trench Safety Act) requires me to comply with OSHA Standard 29 C.F.R. s. 1926.650 Subpart P. I will comply with The Trench Safety Act and I will design and provide trench safety systems at all trench excavations in excess of five feet in depth for this project.

2. The estimated cost imposed by compliance with The Trench Safety Act will be:

twelve thousand Dollars
(Written)

\$12,000.00
(Figures)

3. The amount listed above has been included within the Base Bid.

Certified: Felix Associates of Florida, Inc.

(Company-Contractor)

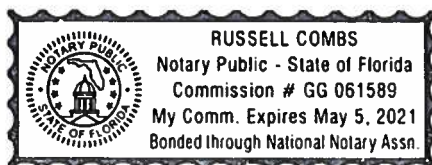
By: Vincent James Amato -

(President's Signature)

(President's Typed or Printed Name)

Sworn to and subscribed before me in Martin County, Florida on the day of January 20, 2021

NOTARY PUBLIC



#20210016



"A City for All Ages"

NON-COLLUSION AFFIDAVIT
Solicitation #20210016
Replacement of Lift Station SP-16
Attachment J

State of Florida }

County of Martin }

Benjamin Miller, being first duly sworn, disposes and says that:
(Name/s)

1. They are Vice President of Felix Associates of Florida, Inc. 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) 

(Title) Vice President



"A City for All Ages"

STATE OF FLORIDA }
COUNTY OF ST. LUCIE) SS:

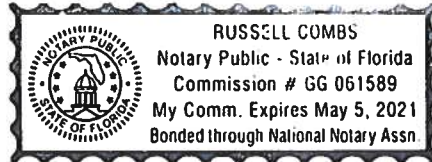
The foregoing instrument was acknowledged before me this (Date) January 20, 2021

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

Commission No. GG 061589

Notary Print: RUSSELL COMBS

Notary Signature: _____





Ron DeSantis, Governor

Halsey Beshears, Secretary



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

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



AMATO, VINCENT JAMES

FELIX ASSOCIATES OF FLORIDA INC
19270 PINETREE DR
JUPITER FL 33469

LICENSE NUMBER: CGC1507744

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

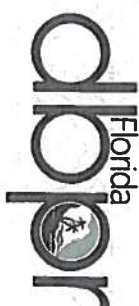
This is your license. It is unlawful for anyone other than the licensee to use this document.





Ron DeSantis, Governor

Halsey Beshears, Secretary



STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

THE UNDERGROUND UTILITY & EXCAVATION CO HEREIN IS CERTIFIED UNDER THE
PROVISIONS OF CHAPTER 489, FLORIDA STATUTES

MILLER, BENJAMIN MICHAEL

FELIX ASSOCIATES OF FLORIDA INC
8528 S W KANSAS AVE
STUART FL 34997

LICENSE NUMBER: CUC1224947

EXPIRATION DATE: AUGUST 31, 2022

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.



2020 - 2021

**MARTIN COUNTY
BUSINESS TAX RECEIPT**

Honorable Ruth Pietruszewski CFC, Tax Collector
3485 S.E. Willoughby Blvd., Stuart, FL 34994
(772) 288-5604

Lic Fee 26.25
Penalty 0.00
Coll-Fee 0.00
Transfer 0.00

Account 2012-518-0753 Cert CGC1507744
Category 518 Sic No 236220
Phone (772)220-2722
Location 8528 SW KANSAS AVE



TOTAL 26.25
AMATO, VINCENT

FELIX ASSOCIATES OF FLORIDA, INC.

Has satisfied requirements to engage in the business profession
or occupation of 518 CERT. GENERAL CONTRACTOR
at location listed for the period beginning on
August 04, 2020

FELIX ASSOCIATES OF FLORIDA, INC.
8528 SW KANSAS AVE
STUART, FL 34997

AND ENDING September 30, 2021

INT-19-00241746 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30th, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER
UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT
EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.

2020 - 2021

**MARTIN COUNTY
BUSINESS TAX RECEIPT**
Honorable Ruth Pietruszewski CFC, Tax Collector
3485 S.E. Willoughby Blvd., Stuart, FL 34994
(772) 288-5604

Account 2011-520-0892 Cert CUC1224947
Category 520 Sic No 561990
Phone (772)220-2722
Location 8528 SW KANSAS AVE

Lic Fee 26.25
Penalty 0.00
Coll-Fee 0.00
Transfer 0.00



TOTAL 26.25
MILLER, BENJAMIN MICHAEL (CONTRACTOR)

FELIX ASSOCIATES OF FLORIDA, INC.

Has satisfied requirements to engage in the business profession
or occupation of 520 UNDERGROUND UTILITY/EXCAVATION
at location listed for the period beginning on
July 29, 2020

FELIX ASSOCIATES OF FLORIDA, INC.
8528 SW KANSAS AVE
STUART, FL 34997

AND ENDING September 30, 2021

INT-19-00241722 PAID

THIS FORM BECOMES A RECEIPT ONLY WHEN VALIDATED BY RECEIPTING MACHINE.

ANYONE DOING BUSINESS WITHOUT A VALID BUSINESS TAX RECEIPT IS
SUBJECT TO A \$250 FINE. IF NOT PAID BY SEPT. 30th, A DELINQUENT PENALTY OF 10%
FOR THE MONTH OF OCTOBER, PLUS A 5% PENALTY FOR EACH MONTH THEREAFTER
UP TO 25%, PLUS COLLECTION COSTS WILL APPLY.

NOTE: A PENALTY IS IMPOSED FOR FAILURE TO KEEP THIS BUSINESS TAX RECEIPT
EXHIBITED CONSPICUOUSLY AT YOUR ESTABLISHMENT OR PLACE OF BUSINESS.



"A City for All Ages"

**eBID #20210016 – ATTACHMENT M
CONTRACTOR'S CODE OF ETHICS**

The City of Port St Lucie ("City), through its Procurement Management Department ("Procurement Management Department") is committed to a procurement process that fosters fair and open competition, is conducted under the highest ethical standards and enjoys the complete confidence of the public. To achieve these purposes, Procurement Management Department requires each vendor who seeks to do business with the City to subscribe to this Contractor's Code of Ethics.

- ◆ A Contractor's bid or proposal will be competitive, consistent and appropriate to the bid documents.
- ◆ A Contractor will not discuss or consult with other Vendors intending to bid on the same contract or similar City contract for the purpose of limiting competition. A Vendor will not make any attempt to induce any individual or entity to submit or not submit a bid or proposal.
- ◆ Contractor will not disclose the terms of its bids or proposal, directly or indirectly, to any other competing Vendor prior to the bid or proposal closing date.
- ◆ Contractor will completely perform any contract awarded to it at the contracted price pursuant to the terms set forth in the contract.
- ◆ Contractor will submit timely, accurate and appropriate invoices for goods and/or services actually performed under the contract.
- ◆ Contractor will not offer or give any gift, item or service of value, directly or indirectly, to a City employee, City official, employee family member or other vendor contracted by the City.
- ◆ Contractor will not cause, influence or attempt to cause or influence, any City employee or City Official, which might tend to impair his/her objectivity or independence of judgment; or to use, or attempt to use, his/her official position to secure any unwarranted privileges or advantages for that Vendor or for any other person.
- ◆ Contractor will disclose to the City any direct or indirect personal interests a City employee or City official holds as it relates to a Vendor contracted by the City.
- ◆ Contractor must comply with all applicable laws, codes or regulations of the countries, states and

localities in which they operate. This includes, but is not limited to, laws and regulations relating to environmental, occupational health and safety, and labor practices. In addition, Contractor must require their suppliers (including temporary labor agencies) to do the same. Contractor must conform their practices to any published standards for their industry. Compliance with laws, regulations and practices include, but are not limited to the following:

- Obtaining and maintaining all required environmental permits. Further, Contractor will endeavor to minimize natural resource consumption through conservation, recycling and substitution methods.
- Providing workers with a safe working environment, which includes identifying and evaluating workplace risks and establishing processes for which employee can report health and safety incidents, as well as providing adequate safety training.
- Providing workers with an environment free of discrimination, harassment and abuse, which includes establishing a written antidiscrimination and anti-bullying/harassment policy, as well as clearly noticed policies pertaining to forced labor, child labor, wage and hours, and freedom of association.

Name of Organization/Proposer Felix Associates of Florida, Inc.

Signature _____

Printed Name and Title Benjamin Miller - Vice President

Date January 20, 2021

DISCLAIMER: This Code of Ethics is intended as a reference and procedural guide to contractors. The information it contains should not be interpreted to supersede any law or regulation, nor does it supersede the applicable contractor contract. In the case of any discrepancies between it and the law, regulation(s) and/or contractor contract, the law, regulatory provision(s) and/or vendor contract shall prevail.



LIST THREE (3) LIFT STATION

#1:

| | |
|--------------------------------------|--|
| Project Name: | Lift Station 114 Rehabilitation |
| Location: | Marcinski Rd, Jupiter FL – Town of Jupiter |
| Client Name, Phone Number & Email: | Kris Dean – Loxahatchee River Environmental Control District; (561) 747-5700; kris.dean@loxahatcheeriver.org |
| Value of Total Contract: | \$427,393.00 |
| Firm's Percentage of Total Contract: | 77% |
| Number if Change Orders: | 4 |
| Value of Change Orders: | \$2,453.00 |
| Description: | Rehabilitation of Lift Station 114 located in the Town of Jupiter. Work includes but is not limited to demolition and removal of existing piping, fittings, valves and structures and installation of new piping, fittings, valves, structures, installing owner furnished pumps and generator, demolition of existing electrical equipment and engineering design/permitting/installation of new electrical, instrumentation and control equipment, chemical feed piping, general site work and all associated labor, materials, equipment, permits and maintenance of traffic to result in a complete and functional installation as shown on the construction plans and specifications. |

#2:

| | |
|--------------------------------------|---|
| Project Name: | Lift Station 20 & 89 Rehabilitation |
| Location: | LS 20 – N Flagler Drive & LS 89 – Village Blvd, West Palm Beach FL |
| Client Name, Phone Number & Email: | Luis Perez City of West Palm Beach; (561) 801-3659; lperez@wpb.org |
| Value of Total Contract: | \$1,143,800.00 |
| Firm's Percentage of Total Contract: | 74% |
| Number if Change Orders: | 8 |
| Value of Change Orders: | \$158,781.02 |
| Description: | Triplex submersible lift stations, demolish and replace existing pump discharge auto couplings, base plates, pipes, valves, and fittings, pipe supports, and ancillary components. Demolish and replaces existing electrical systems and diesel driven emergency generator systems, and existing lift station instrumentation and control systems at each site. |



LIST THREE (3) LIFT STATION

#3:

| | |
|--------------------------------------|--|
| Project Name: | Martin County Lift Station Rehab 2019 |
| Location: | 7 different location in the Martin County Area |
| Client Name, Phone Number & Email: | Dan Brothers – Martin County Utilities; (772) 260-8392; dbrothers@martin.fl.us |
| Value of Total Contract: | \$140,400.00 |
| Firm's Percentage of Total Contract: | 90% |
| Number if Change Orders: | 0 |
| Value of Change Orders: | \$0.00 |
| Description: | The rehabilitation of seven (operating lift stations): LS 121 – SE Market Place, LS 177 – Municipal Court; LS 411 – Ocean Boulevard; LS 159 – SE Federal Hwy; LS 344 – Goldenrod Rd; LS 422 – NE Ocean Blvd & LS 441 – NE Gulfstream Way. |



"A City for All Ages"

NOTICE TO ALL PROPOSERS - Attachment F

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 772-871-5222. 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: Benjamin Miller

Signed: 

Company and Job Title: Felix Associates of Florida, Inc. - Vice President

Date: January 20, 2021

Mandatory Questions

These questions are Pass/Fail. To be considered responsive, responsible and eligible for award, you must answer all questions in this section.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

| Question # | Questions per Proposal Factors/Categories | Response by Contractor. Some Answers may be Answered by a Yes or No: However, Some Questions May Require a Detailed Response | Upload Attachments with Additional Information? | Attachment File Name (Must Reference Page Number of Answer to Corresponding Question) |
|-------------------------|---|--|---|---|
| Proposal Factors | | | | |
| 1 | Has the Company received a cure notice from a government entity in the past 3 years? | No | | |
| 2 | Does the Company have a drug-free workplace program? | | | |
| 3 | Is the Company claiming Local Preference under City Ordinance 35.12? | No | | |
| 4 | Does the Bidder accept the Purchasing Card (Visa)? | No | | |
| 5 | Has the Proposer or any of its principals ever been declared bankrupt or reorganized under Chapter 11 or put into receivership? | No | | |
| 6 | Does the Company have any lawsuits pending or completed within the past five (5) years involving the corporation, partnership or individuals with more than ten percent (10%) interest? | No | | |
| 7 | Does the Company have any judgments from lawsuits in the last five (5) years? | No | | |
| 8 | Does the Company have any criminal violations and/or convictions of the Proposer and/or any of its principals? | No | | |
| 9 | List three (3) lift station contracts similar to this Bid completed by your firm along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. DO NOT USE the City of Port St Lucie as a reference. | | Yes | Lift Station Completed Attachment No 1 |
| 10 | Does the Company accept the Purchasing Card (Visa)? | No | | |