

**CONTRACTOR'S GENERAL INFORMATION WORK SHEET / QUESTIONNAIRE**  
**eBID #20220108**

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 Okeechobee, this 31st day of October 2022  
(Location)

Name of Organization/Contractor: Close Construction Services, LLC

By: Thomas C. Close, President  
Name and Title

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

Name: Close Construction Services, LLC

Address: 305 NW 4<sup>th</sup> Ave

Okeechobee, FL 34972

Telephone Number: 863-467-0831

Fax Number: 863-763-6337

3. Contact person: Thomas C. Close Email: ccs@closeconstructionllc.com
4. Firm's previous names (if any). N/A
5. How many years has your organization been in business? 4
6. Total number of staff at this location: 12 Total number of staff on the Treasure Coast: ☐
7. Is the Firm a minority business: YES / ☒ NO  
If no, is your company planning to implement such a program? No
8. Is the firm claiming Local Preference under City Ordinance 35.12? YES / ☒ NO

## Attachment R

9. All work is to be backed with a 1 year workmanship and manufacturers warranties
- Bidders shall include in the submittal a Projected Construction Schedule.
  - Bidders shall be required to obtain building permits and provide required product engineering NOA's and any additional documentation that may be required during the permit process.
  - All associated fees are to be included in the base bid.
  - All work shall be done in the strict compliance with ALL Federal , State and Local Agencies " Rules and Regulations".
  - The Contractor must have all required licenses and certifications necessary to perform this work
  - The approved licenses for this work include a State of Florida General Contractors License.
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10. **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
1	9-22-2022		
2	9-22-2022		
3	10-20-2022		

11. **BID RESPONSE:**


11.1 Bidder will / will not accept the Purchasing Card (Visa).  
(please circle one)

11.2 Percentage of discount when payment is made with Visa: 0 %  
*Please Note: The City has implemented a **Purchasing Card Program**. The Bidder can take advantage of this project and in consideration receive payment within several days instead of the City's payment policy. Any percentage off the bid price for the acceptance of Visa will be consideration in the bid award. If no such percentage is given, the City shall assume zero (0) percent discount applies.*

11.3 Bid Reply Total from Cost Worksheet – Schedule "A": \$ 621,916.00  
*(This figure must match the Cost Worksheet and the figure that is to be used on the DemandStar web page. Discrepancies between the Cost Worksheet spreadsheet uploaded on DemandStar, the dollar amount listed on the web page at the time of submittal and the Cost Work Sheet #20220081 uploaded on DemandStar will be resolved in favor of the Cost Worksheet – Schedule "A" that is uploaded at time of submittal.)*

**Attachment L #20220108**  
**SPORTSMANS PARK MAINTENANCE BUILDING**  
**Cost Work Sheet Schedule A**  
**Company Name : \_Close Construction Services, LLC\_**

LINE #	DESCRIPTION	UNIT	UNIT PRICE
	SITE WORK / UTILITIES		
1	MOBILIZATION/BONDS	LS	\$10,000.00
2	GENERAL CONDITIONS	LS	\$60,000.00
3	PRE-CONSTRUCTION VIDEO	LS	\$1,200.00
4	CONSTRUCTION SURVEY LAYOUT & RECORD DRAWINGS	LS	\$7,500.00
5	MAINTENANCE OF TRAFFIC	LS	\$1,200.00
6	SEDIMENT BARRIER / TEMPORARY FENCE	LF	\$3,500.00
7	ASPHALT REPAIRS	LS	\$18,000.00
8	CLEARING, GRUBBING, DEMO	LS	\$12,000.00
9	CONCRETE SLAB/BLOCK/TIE BEAMS	LS	\$45,000.00
10	SOD REPAIRS	SY	\$7.00
11	SITE UTILITIES /FORCE MAIN	LS	\$40,000.00
12	MAINTENANCE BUILDING/ STRUCTURAL STEEL	LS	\$208,000.00
13	FRAMING /DRYWALL/ ACOUSTICAL CEILING	LS	\$20,000.00
14	INTERIOR PAINTING	LS	\$15,000.00
15	TILE	LS	\$7,500.00
16	STUCCO/ EXTERIOR PAINTING	LS	\$16,000.00
17	PLUMBING	LS	\$22,000.00
18	HVAC	LS	\$25,000.00
19	ELECTRICAL	LS	\$75,000.00
20	DUMPSTER ENCLOSURE	LS	\$15,000.00
21	GATES & FENCING	LS	\$15,000.00
22	SQUARE FOOT PRICE FOR POSSIBLE ADDITIONAL SIDEWALK REPAIR	LS	\$9.00
23	WARRANTIES / AS-BUILTS	LS	\$5,000.00
	GRAND TOTAL		\$621,916.00

Contractors Signature : 

Contractors Name : Close Construction Services, LLC

Contractors Phone Number : 863-467-0831

Contractors Email: ccs@closeconstructionllc.com

**Reference Use Only – Use E-Bid Reply – Schedule “A” Spreadsheet to reply to this Bid**

LINE #	DESCRIPTION	UNIT
	SITE WORK / UTILITIES	
1	MOBILIZATION/BONDS	LS
2	GENERAL CONDITIONS	LS
3	PRE-CONSTRUCTION VIDEO	LS
4	CONSTRUCTION SURVEY LAYOUT & RECORD DRAWINGS	LS
5	MAINTENANCE OF TRAFFIC	LS
6	SEDIMENT BARRIER / TEMPORARY FENCE	LF
7	ASPHALT REPAIRS	LS
8	CLEARING, GRUBBING, DEMO	LS
9	CONCRETE SLAB/BLOCK/TIE BEAMS	LS
10	SOD REPAIRS	SY
11	SITE UTILITIES /FORCE MAIN	LS
12	MAINTENANCE BUILDING/ STRUCTURAL STEEL	LS
13	FRAMING /DRYWALL/ ACOUSTICAL CEILING	LS
14	INTERIOR PAINTING	LS
15	TILE	LS
16	STUCCO/ EXTERIOR PAINTING	LS
17	PLUMBING	LS
18	HVAC	LS
19	ELECTRICAL	LS
20	DUMPSTER ENCLOSURE	LS
21	GATES & FENCING	LS
22	SQUARE FOOT PRICE FOR POSSIBLE ADDITIONAL SIDEWALK REPAIR	LS
23	WARRANTIES / AS-BUILTS	LS

Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity that will be utilized during the Contract period. A unit price for each item shall be offered shall be shown, and such price shall include packing and shipping unless otherwise specified. A total shall be entered in the “Total” column for each separate item. In case of discrepancy between the unit price and the extended price, the unit price will supersede. The total amount shall be entered on line 11.3 above and entered on the DemandStar web page. The City reserves the right to split the award, if in the City’s opinion such a split is in the best interest of the City.

**Interpretation of the Approximate Quantities** - The Bidder's attention is called to the fact that any estimate of quantities of work to be done and materials to be furnished under the specifications as shown on the proposed form (or elsewhere) is approximate only and not guaranteed by the City. The City does not assume any responsibility that the final quantities shall remain in strict accordance with the estimated quantities, nor shall the Bidder plead misunderstanding or deception because of such estimate of quantities or of the character, location of the work, or other condition pertaining thereto.

12. List five (5) Park Maintenance and Storage Projects for government organizations similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, clients name, 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.**

**Project Number 1**

Project Name: Design Build for Environmental Education Building/Bunkhouse Lake  
Woodruff National Wildlife Preserve

Description: Construction of environmental education/bunkhouse building

Location: De Leon Springs, FL

Client Name and Phone Number: Bluescope Construction Inc. 816-245-6000 (Brian Aldrich)

Email: bnaldrich@bluescopeconstruction.com

Value of Total Contract: \$484,529.00

Date of Completion: July 2018

Firm's Percentage of Total Contract: 44%

Number of Change Orders: 3

Value of Change Orders: \$26,860.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 2**

Project Name: Renovations at Campbell Park

Description: For the boardwalk, gazebo and overlook tower we removed and replaced deck boards, joist, post, install top caps and rails.

Location: Deltona, FL

Client Name and Phone Number: City of Deltona 386-878-8558 (Mark Manning)

Email: mmanning@deltonafl.gov

Attachment R

Value of Total Contract: \$99,034.00

Date of Completion: June 2018

Firm's Percentage of Total Contract: 70%

Number of Change Orders: 1

Value of Change Orders: \$610.40

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 3**

Project Name: Douglas Brown Community Center Lift Station Improvements

Description: Replace the existing sanitary sewer septic system, install grinder system

Location: Okeechobee, FL

Client Name and Phone Number: Okeechobee County BOCC 763-763-0805 (Donnie odon)

Email: doden@okeechobee.fl.us

Value of Total Contract: \$80,635.00

Date of Completion: February 2018

Firm's Percentage of Total Contract: 80%

Number of Change Orders: 1

Value of Change Orders: \$2,235.00

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 4**

Project Name: St. Lucie County Administration Building Drainage Connection

Description: Irrigation, drainage connections improvements.

Location: St. Lucie County

Client Name and Phone Number: St. Lucie County 772-462-1704 (Desiree Ciminod)

Email: ciminod@stlucie.co .org

Value of Total Contract: \$81,426.00

Attachment R

Date of Completion: February 2018

Firm's Percentage of Total Contract: 35%

Number of Change Orders: 2

Value of Change Orders: \$49,991.49

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

**Project Number 5**

Project Name: Replace the Security Gates at Torry Island

Description: Install new gates, fencing, gate operators and proxy card reader system  
For two entrances.

Location: Belle Glade, FL

Client Name and Phone Number: City of Belle Glade 561-992-1606 (Craig Jordan)

Email: cjordan@belleglade-fl.com

Value of Total Contract: \$97,450.00

Date of Completion: June 2018

Firm's Percentage of Total Contract: 68%

Number of Change Orders: 0

Value of Change Orders: 0

Was Project Completed on Schedule: Yes

Was Project Completed within Budget? Yes

13. How will the Contractor be able to meet the project timeline and budget given the current workload, materials, work force and equipment?

Our current workload allows us to take on more projects.

14. Has the Contractor or any principals of the applicant organization failed to qualify as a responsible Contractor; refused to enter 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. NONE

Attachment R

Total Number of Projects where Failure to Complete Work Occurred: None

Project Number 1

Project Name: None

Project Location:

Client Name and Phone Number:

Engineer Name and Phone Number:

Date:

Reason:

Insert additional projects if needed.

15. 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:

16. 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:

None

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

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

None

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

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

None

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

19. List subcontractors and major material suppliers for the project. Include telephone numbers. Insert additional sheets if necessary.

Stryker Electric 772-758-1200



Attachment R

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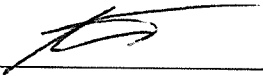
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20. Provide a Projected Construction Schedule.
21. Provide Management Plan.
22. The Prime Contractor must Possess a State of Florida General Contractor License. All other subcontractors are required to possess the proper licenses required to perform this work in the City of Port St. Lucie.

 _____ Signature	<u>President</u> _____ Title
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Ron DeSantis, Governor

Melanie S. Griffin, 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

**CLOSE, THOMAS CHRISTOPHER**

CLOSE CONSTRUCTION SERVICES, LLC  
305 NW 4TH AVENUE  
OKEECHOBEE FL 34972

LICENSE NUMBER: CGC1526474

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at [MyFloridaLicense.com](http://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.



AND COUNTY ORDINANCE NO.79-2

CLOSE CONSTRUCTION

301 NW 4TH AVE  
OKEECHOBEE

FL 34972

		PRIOR	
		COUNTY	<u>\$54.00</u>
		PENALTY	<u></u>
BUSINESS #	01494	AMOUNT DUE	<u>\$54.00</u>

LICENSE # 00808  
DATE PAID 8/17/2022

CELESTE WATFORD, TAX COLLECTOR  
OKEECHOBEE COUNTY  
409 NW 2ND AVE SUITE A  
OKEECHOBEE, FL 34972

2022  
2023

CONTRACTOR CERTIFIED GENERAL

3

THIS LICENSE IS VALID ONLY IF NO  
OTHER LAW OR ORDINANCE IS  
VIOLATED. ESPECIALLY ZONING

ORIGINAL CUSTOMER COPY

THOMAS JACOB CLOSE  
000-0000

CITY OF OKEECHOBEE  
**BUSINESS TAX RECEIPT**

55 SE 3rd Avenue, Okeechobee, FL 34974

October 1, 2022 - September 30, 2023

No. 6241

Date: 8/16/22

Address: STATE LICENSE IS REQUIRED FOR RENEWAL  
305 NW 4TH AVE  
Activity: OKEECHOBEE, FL 34972  
201 CONTRACTOR

RECEIPT 52.50  
PENALTY  
APP/TRANS  
BLDG INSP  
FIRE INSP  
Total Paid 52.50

Issued to: CLOSE CONSTRUCTION SERVICES, LLC  
THOMAS JACOB CLOSE  
305 NW 4TH AVE  
OKEECHOBEE, FL 34972



*John R. Riedel*

Finance Director

A



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/22/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Pritchards And Associates 10791 SW Tradition Square Port Saint Lucie FL 34987	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (863) 763-7711 <b>E-MAIL ADDRESS:</b> lpritchard@pritchardsinc.com <b>FAX (A/C, No):</b>
<b>INSURED</b> Close Construction Services, LLC 305 NW 4th Ave Okeechobee, FL 34972	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : Southern Owners INSURER B : Auto-Owners Insurance Company# INSURER C : Florida Citrus Business & Industry for Work Comp INSURER D : INSURER E : INSURER F :
<b>CLOSCON-01</b>	<b>NAIC #</b> 10190 18988

**COVERAGES****CERTIFICATE NUMBER:** 758560911**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		72637778	6/14/2022	6/14/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		4457286400	6/14/2022	6/14/2023	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		10665448	4/1/2022	4/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.I. EACH ACCIDENT \$ 1,000,000 E.I. DISEASE - EA EMPLOYEE \$ 1,000,000 E.I. DISEASE - POLICY LIMIT \$ 1,000,000

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

**CERTIFICATE HOLDER****CANCELLATION**

For Informational Purposes Only

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

## BID BOND

Atlantic Specialty Insurance Company  
605 Highway 169 North, Suite 800, Plymouth, MN 55441

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**CONTRACTOR:**

*(Name, legal status and address)*

Close Construction Services, LLC  
305 NW 4th Ave.  
Okeechobee, FL 34972

**OWNER:**

*(Name, legal status and address)*

City of Port St Lucie  
121 SW Port St Lucie Blvd  
Port St Lucie, FL 34984

**SURETY:**

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

Atlantic Specialty Insurance Company  
605 Highway 169 North, Suite 800  
Plymouth, MN 55441

**BOND AMOUNT:** Five Percent (5%) of Contractors Bid

**PROJECT:**

*(Name, location or address, and Project number, if any)*

Sportsman Park Maintenance and Storage Project  
Port St Lucie, FL

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.

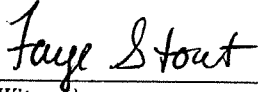
When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement 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.

Signed and sealed this 31st day of October, 2022.

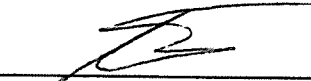
Close Construction Services, LLC

(Principal)

(Seal)



(Witness)



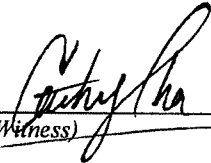
(Title)

Thomas C Close, President

Atlantic Specialty Insurance Company

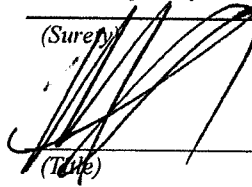
(Surety)

(Seal)



(Witness)

Cathy Phan



(Title)

Matthew T. Smith (E148192),  
Attorney-in-Fact



## Power of Attorney

KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Matthew T. Smith, Heather Paruta, Jessica Martin**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

This power of attorney is signed and sealed by facsimile under the authority of the following Resolution adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:


Resolved: That the signature of an Authorized Officer, the signature of the Secretary or the Assistant Secretary, and the Company seal may be affixed by facsimile to any power of attorney or to any certificate relating thereto appointing an Attorney-in-Fact for purposes only of executing and sealing any bond, undertaking, recognizance or other written obligation in the nature thereof, and any such signature and seal where so used, being hereby adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed.

IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

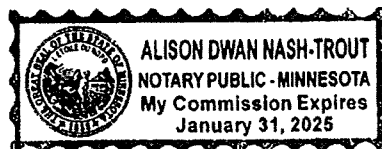
STATE OF MINNESOTA  
HENNEPIN COUNTY




By

  
Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.





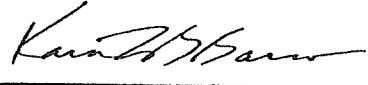
Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 31st day of October, 2022.



This Power of Attorney expires  
January 31, 2025



Kara Barrow, Secretary



# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

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

## Close Construction Services, LLC

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.

305 NW 4th Avenue

6 City, state, and ZIP code

Okeechobee, FL 34972

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.

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.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

8 5 - 0 9 7 4 5 7 3

## 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 ►

*Sheryl Wells, Treasurer*

Date ► 6/21/22

## 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](http://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.

## Attachment N

### 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 India Barr for the procurement of these services.**

All questions regarding this Solicitation are to be submitted in writing to India Barr, via e-mail @ [lbarr@cityofpsl.com](mailto:lbarr@cityofpsl.com). 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 addends 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: Thomas C. Close

Signed: 

Company and Job Title: Close Construction Services, LLC President

Date: 10/31/2022



"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.
3. The Contractor hereby represents that it is in compliance with the requirements of Sections 448.09 and 448.095, Florida Statutes. The Contractor further represents that it will remain in compliance with the requirements of Sections 448.09 and 448.095 Florida Statutes, during the term of this contract and all attributed renewals.
4. The Contractor hereby warrants that it has not had a contract terminated by a public employer for violating Section 448.095, Florida Statutes, within the year preceding the effective date of this contract. If the Contractor has a contract terminated by a public employer for any such violation during the term of this contract, it must provide immediate notice thereof to the City.

E-Verify Company Identification Number 1860778

Date of Authorization 7/28/2022

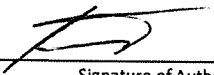
Name of Contractor Close Construction Services, LLC

Name of Project Sportsmans Park Maintenance And Storage Project

Solicitation Number  
(If Applicable) 20220108

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

Executed on October 31, 2022 in Okeechobee (city), FL (state).

  
\_\_\_\_\_  
Signature of Authorized Officer

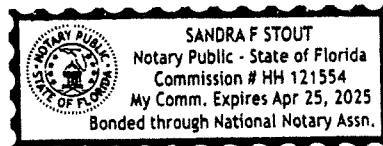
Thomas C. Close, President  
\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 31st DAY OF October, 2022.

NOTARY PUBLIC Sandra F. Stout

My Commission Expires: 4/25/2025





Company ID Number: 1860778

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Close Construction Services, LLC
Company Facility Address	305 NW 4th Avenue OKEECHOBEE, FL 34972
Company Alternate Address	
County or Parish	OKEECHOBEE
Employer Identification Number	850974573
North American Industry Classification Systems Code	236
Parent Company	
Number of Employees	1 to 4
Number of Sites Verified for	1 site(s)

#### Project Management Plan:

Contractor will supply an English-speaking rep that will have full authority to speak on behalf of the contractor. He will have a full office staff to bolster his project management. He will call and direct the subcontractors when the schedule dictates for the sub to be onsite. The rep will be available to lay out the project features and to make certain the project is crafted following the plans and specifications provided. Safety first is our motto.

## Project Personnel

Thomas C. Close – Project Manager

**NON-COLLUSION AFFIDAVIT**  
**E-Bid #20220108- Attachment P**

State of Florida

County of Okeechobee }

Thomas C. Close, being first duly sworn, disposes and says that:  
(Name/s)

1. They are President of Close Construction Services, LLC 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) President

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

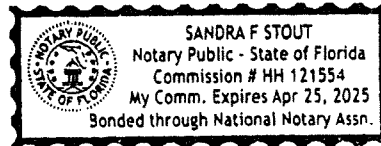
The foregoing instrument was acknowledged before me this (Date) 10/31/2022

by: Thomas C. Close who is personally known to me or who has produced  
\_\_\_\_\_ as identification and who did (did not) take an oath.

Commission No. \_\_\_\_\_

Notary Print: Sandra F Stout

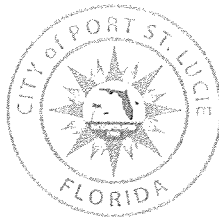
Notary Signature: Sandra F. Stout





## Sportsman Park

1. Bid award
2. Submit permit
3. NTP
4. Submittals
5. Mobilize
6. Procure materials
7. Demolition
8. Install utility (s)
9. Dumpster enclosure
10. Bldg slab prep F/R/P
11. Relocate electric
12. Off load bldg
13. Erect structure
14. Install MEP's
15. Install finishes
16. Final AB's
17. Demob



"A City for All Ages"

**RFP #20220108**  
**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 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,

## Attachment S

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 Close Construction Services, LLC

Signature \_\_\_\_\_

Printed Name and Title Thomas C. Close, President

Date 10/31/2022

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.