

**Bid Tabulation Packet  
for  
Solicitation 23C-5L**

**Acrylic Coating for Sports Surfaces**

**Bid Designation: Public**



**The School District of Palm Beach County**

## Papico Construction, Inc.

Bid Contact **Amy C Pappas**  
**papicosports@gmail.com**  
**Ph 772-260-0051**  
**Fax 772-288-1844**

Address **P.O. Box 384**  
**Palm City, FL 34991**

Bid Notes **Spec #321823 applies to Track surfaces ONLY. Tennis Basketball & Play court surfaces scope is #321800 -- not found in SDPBC Master specs**

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
23C-5L--01-01	USE BID SUMMARY DOCUMENT TO SUBMIT PRICING	<b>Supplier Product Code:</b>	<b>First Offer -</b>	1 / each	<b>Y</b>	<b>Y</b>
Supplier Total					<b>\$0.00</b>	

**Papico Construction, Inc.**

Item: **USE BID SUMMARY DOCUMENT TO SUBMIT PRICING**

**Attachments**

23C-5L Beneficial Interest Form .pdf

23C-5L Part Letter of Intent.pdf



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

Bid No. 23C-5L Project No./ Title Acrylic Coating form Sport Surfaces

Corporate Name Papico Construction Inc. Tax FEIN No. 59-2519200

Before me, the undersigned authority, personally appeared, Steven Pappas, ("Corporate Representative") this 20th day of July, 2022, who, first being duly sworn, as required by law, subject to the penalties prescribed for perjury, deposes and says:

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

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

Table with 3 columns: Name, Address, Percentage. Row 1: Steven Pappas, 9987 SW Ventura Dr Palm City, FL 34990, 100%

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

Table with 3 columns: Name, Address, Percentage. (Empty rows)

C. Stock held for others and for whom held:

Table with 3 columns: 1. Name / 2. From Whom Held, Address, Percentage. (Empty rows)

CORPORATE REPRESENTATIVE

By: Steven Pappas

SWORN TO and subscribed before me this 20th day of July, 2022, by Steven Pappas Such person(s) (Notary Public must check applicable box).

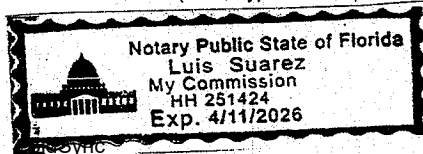
[x] is/are personally known to me. [ ] produced a current driver license(s). [ ] produced as identification.

(NOTARY PUBLIC SEAL)

Notary Public signature and name: Luis Suarez

(Print, Type or Stamp Name of Notary Public)

PBSD 1997 (Rev. 02/22/2011)





THE SCHOOL DISTRICT OF PALM BEACH COUNTY OFFICE OF DIVERSITY IN BUSINESS PRACTICES

Participation Letter of Intent

Minority/Women Business Enterprise (M/WBE) Small Business Enterprise (SBE)

Submit completed form to the Senior Project Administrator (SPA). Direct all questions to (561) 681-2403. Form must be submitted to Bidsync.com

BID/RFP or Project Name 23C-5L Acrylic Coating for Sports Surfaces

Name of Bidder/Construction Manager Papico Construction Inc.

The undersigned intends to perform work with the above project as (check one):

- Individual Partnership Corporation Joint Venture\* If a joint venture, attach letterhead or other documentation proving relationship.

The undersigned intends to perform work with the above project as (check one):

- Subcontractor Subconsultant Manufacturer Supplier

The undersigned is: Certified with the School District of Palm Beach County as a M/WBE Vendor.

Certified with the School District of Palm Beach County as a SBE Vendor.

Certified with the State of Florida, Department of General Services (Provisional).

The undersigned is: (M/WBE or SBE must check one in Column 1 and Column 2; Column 3, if applicable)

Column 1

Column 2

Column 3

- African American Native American Female Male Physically Impaired
Asian American American
Hispanic American

PARTICIPATION The undersigned intends to perform the following work in connection with the above project:

Table with 4 columns: Item No., Division No., Contract (Trade) Items (Description/Division), Amount. Handwritten entry: 32, Furnish & Install Acrylic Coatings for Sport Surfaces, N/A. Note: NOT Certified M/WBE or SBE

If the undersigned intends to sub-contract any portion of this subcontract to a non-certified M/WBE or SBE subcontractor, the amount of any such subcontract must be stated: \$ N/A

Name of M/WBE or SBE Subcontracting Firm N/A

Name and Position (type or print) Steven Pappas, President Owner

INTERNAL USE ONLY - ROUTING DISPOSITION All executed originals of the form must be submitted to the Office of Diversity in Business Practices 3300 Summit Blvd., West Palm Beach, FL 33406-5813

Signature Steven Pappas Date

The Prime vendor understands and agrees to inform the Office of Diversity in Business Practices (ODBP) of any changes to the information contained in this form within five (5) business days.

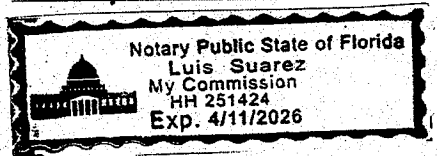
STATE OF FLORIDA )
) SS
COUNTY OF )

BEFORE ME, the undersigned authority, personally appeared Steve Pappas who, being first duly sworn, on oath deposes and says that the information provided on PBS D 1525 Participation Letter of Intent is true and correct and that he or she has read the information provided on PBS D 1525 Participation Letter of Intent and knows the contents thereof.

The foregoing instrument was acknowledged before me this 25 day of July, 2022 by Steve Pappas

as personally known to me or who has produced as identification and who did (did not) take an oath.

NOTARY PUBLIC: Signature: Luis Suarez State of Florida at Large (Seal) My commission expires: 4/11/2026



Supplier: **Papico Construction, Inc.**

## School District of Palm Beach County FL



### Solicitation No.

23C-5L

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**RESPONSES ARE DUE PRIOR TO:**

Jul 21, 2022

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**RESPONSES MUST BE SUBMITTED ELECTRONICALLY TO:**

[www.BidSync.com](http://www.BidSync.com)

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The School District of Palm Beach County is an  
Equal Education Opportunity Provider and Employer.

<https://www.palmbeachschools.org/cms/one.aspx?pageId=6165437>

Supplier: **Papico Construction, Inc.**

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

**INVITATION TO BID  
Bidder Acknowledgement**

**Vendor Name: PAPICO CONSTRUCTION INC**

**Vendor Mailing Address: P.O. BOX 384  
PALM CITY, FL 34990**

**E-Mail Address: papicosports@gmail.com**

**Area Code / Telephone Number: 772-288-1826**

**Toll-Free Telephone Number: 1-800-330-7274**

**Fax Number: 772-288-1844**

**Web Address: papicosportsurfaces.com**

**FEID No. or SS #: 59-2519200**

**Delivery calendar days after receipt of order: per contract**

**ANTI-COLLUSION**

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

**BID CERTIFICATION**

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

**Name of Representative Submitting Bid: Steven G Pappas**

**Title of Company Representative: Pres/Owner**

**Date: 07/20/2022**

Revised 1/9/14



**Supplier: Papico Construction, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**AREA REPRESENTATIVE**

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

Vendor Name:	<b>PAPICO CONSTRUCTION INC.</b>
Area Representative:	<b>AMY OJEDA PAPPAS</b>
Address:	<b>3520 SW ARMELLINI AVE, BAY E</b>
City/Zip Code:	<b>PALM CITY, FL 34990</b>
Email Address:	<b>papicosports@gmail.com</b>
Telephone:	<b>772-288-1826</b>
Cell Phone	<b>772-260-0051</b>
Fax Number:	<b>772-288-1844</b>
Emergency Number:	<b>772-260-0051</b>

Supplier: **Papico Construction, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**DEBARMENT CERTIFICATION**

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

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

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

**Organization Name: PAPICO CONSTRUCTION INC**

**Solicitation Number or Project Name: 20C-35K**

**Name of Authorized Representative: STEVEN G. PAPPAS**

**Title of Representative: PRESIDENT/OWNER**

**Date: 7/20/2022**

**INSTRUCTION CERTIFICATIONS**

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

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

Supplier: **Papico Construction, Inc.**



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

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

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

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

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

**Steven G. Pappas**  
*VENDOR'S SIGNATURE*

**7/20/2022**  
*DATE*

**papicosports@gmail.com**  
*COMPANY NAME*

**Must be executed and returned with attached bid at time of bid opening to be considered.**

PBSD 0580 (Rev. 4/8/2003)

ORIGINAL - Purchasing Department

Supplier: **Papico Construction, Inc.**



**THE SCHOOL DISTRICT OF PALM BEACH COUNTY**  
**Subconsultant, Subcontractor & Vendor Participation Services**

1. PROJECT NAME Acrylic Coating for sports	2. PROJECT NUMBER 23C-5L	3. PHASE (Precon, Demo, Const)	4. TOTAL BID OR CM SERVICES * AMT. (Required) 0.00
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**\* GMP SUMMARY AMOUNTS (Pre-construction phase fee + Construction phase fee + CM Fee only)**

Subject to Agreement with the Construction Manager, the Subcontractor firms (minority & non-minority) listed below will participate in this project for the Contract (Trade) Items and the dollar amounts shown.

Check One:  MWBE  SBE    Check One:  Subconsultant  Subcontractor  Vendor

Div. No.	SUBCONTRACTOR/SUBCONSULTANT/VENDOR NAME	BUDGET (Est. Cost)	CONTRACT AMOUNT	DESCRIPTION	MWBE or SBE (Yes or No)	AMOUNT	PERCENTAGE %
32	papico construction inc	0	0	track surface repairs/rebuild/new	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
32	papico construction inc			acrylic sport coatings	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
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					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Subcontractors represented as Certified MWBEs/SBEs are certified according to requirements established in the Proposal & Contract documents. A copy of the certification and signed Letter of Intent must be attached for each MWBE/SBE. List must also include non-minority firms.					<b>SUBTOTAL(this page only)&gt;</b>	<b>0</b>	<b>0</b>
CM's Firm Name					<b>TOTAL SBE/MWBE Services Participation</b>	<b>0</b>	<b>0</b>
Name/Position <b>President</b>					<b>TOTAL Non-MWBE/SBE Participation</b>	<b>0</b>	<b>0</b>
Signature/Date <b>Steven Pappas</b>					<b>TOTAL Percentage of Total Bid (Alternates &amp; Change Orders)</b>	<b>0</b> (Do not exceed 100%)	

1. PROJECT NAME	2. PROJECT NUMBER	3. PHASE (Precon, Demo, Const)	4. TOTAL BID OR CM SERVICES * AMT. (Required)
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Div. No.	SUBCONTRACTOR/SUBCONSULTANT/VENDOR NAME	BUDGET (Est. Cost)	CONTRACT AMOUNT	DESCRIPTION	MWBE or SBE (Yes or No)	AMOUNT	PERCENTAGE %
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
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					<input type="checkbox"/> No		
					<b>SUBTOTAL(this page only)&gt;</b>		

1. PROJECT NAME		2. PROJECT NUMBER		3. PHASE (Precon, Demo, Const)		4. TOTAL BID OR CM SERVICES * AMT. (Required)	
Div. No.	SUBCONTRACTOR/SUBCONSULTANT/VENDOR NAME	BUDGET (Est. Cost)	CONTRACT AMOUNT	DESCRIPTION	MWBE or SBE (Yes or No)	AMOUNT	PERCENTAGE %
	papico construction inc				<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
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					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<b>SUBTOTAL(this page only)&gt;</b>		



Supplier: **Papico Construction, Inc.**

**PeriscopeS2G PROPOSER'S STATEMENT OF PRINCIPAL PLACE OF BUSINESS**  
**(Must be completed & submitted with each competitive solicitation)**

Name of Proposer: **Papico Construction Inc**

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

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

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

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

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

**LEGAL OPINION ABOUT STATE BIDDING PREFERENCES**

*(Please Select One)*

- The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state do not grant a preference in the letting of any or all public contracts to business entities whose principal places of business are in that state.
- The Proposer's principal place of business is in the State of and it is my legal opinion that the laws of that state grant the following preference(s) in the letting of any or all public contracts to business entities whose principal places of business are in that state: [Please describe applicable preference(s) and identify applicable state law(s)]:

**LEGAL OPINION ABOUT POLITICAL SUBDIVISION BIDDING PREFERENCES**

*(Please Select One)*

- The Proposer's principal place of business is in the political subdivision of and it is my legal opinion that the laws of that political subdivision **do not grant a preference** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision.
- The Proposer's principal place of business is in the political subdivision of and the laws of that political subdivision **grant the following preference(s)** in the letting of any or all public contracts to business entities whose principal places of business are in that political subdivision: [Please describe applicable preference(s) and identify applicable authority granting preference(s)]:

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

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

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

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

Email address of out-of-state bidder's attorney: **papicosports@gmail.com**

Attorney's states of bar admission:

Proposer's Printed Name: **Steven Pappas** Signature **Steven Pappas**

Company Name: **Papico Construction Inc**

**Supplier: Papico Construction, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**REFERENCES**

**Vendor Name: PAPICO CONSTRUCTION INC**

**Bid number/Name: 23C-5L Acrylic Coating for Sport Surfaces**

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

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

**Reference 1 – New Customer (one year or less)**

Name of Firm:	<b>Barth Construction- Harbor Ridge Y&amp;CC</b>
Scope of Work:	<b>construction, and Surfacing &amp; Striping of new Pickleball courts using Plexipave system</b>
Cost of Service:	<b>128,500</b>
Date of Service:	<b>10/2021</b>
Contact Person:	<b>Darline Hannon</b>
Email:	<b>receptionist@barthconstruction.com</b>
Phone #:	<b>772-778-3072</b>
Address:	<b>1717 Indian River Blvd, suite 202A Vero Beach, FL 32960</b>

**Reference 2 – Past Customer (currently not doing business)**

Name of Firm:	<b>Collier County Schools</b>
Scope of Work:	<b>Resurfacing of all Outdoor Sport Courts using Plexipave &amp; Plexitrac system district wide</b>
Cost of Service:	<b>50,000</b>
Date of Service:	<b>2019</b>
Contact Person:	<b>Gerardo Guzman</b>
Email:	<b>guzmag@collierschools.com</b>
Phone #:	<b>239-377-0639</b>
Address:	<b>5775 Osceola Trails Naples, FL</b>

**Reference 3 – Repeat or Long Term Customer**

Name of Firm:	<b>St. Johns County SD</b>
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Scope of Work:	<b>Resurfacing of all Outdoor Sport Courts using Plexipave &amp; Plexitrac systems district wide -- over 20+ years</b>
Cost of Service:	<b>250,000</b>
Date of Service:	<b>2020-2022</b>
Contact Person:	<b>Michael Oxborough</b>
Email:	<b>Michael.K.Oxborough@stjohns.k12.fl.us</b>
Phone #:	<b>904-547-3707</b>
Address:	<b>40 Orange Street St. Augustine, FL 32084</b>

**Reference 4 – Repeat or Long Term Customer**

Name of Firm:	<b>St. Lucie County Schools</b>
Scope of Work:	<b>Resurfacing of all Outdoor Sport Courts using Plexipave &amp; Plexitrac system district wide -- 20+ years</b>
Cost of Service:	<b>100,000</b>
Date of Service:	<b>2020-2022</b>
Contact Person:	<b>Ricky Isenhour</b>
Email:	<b>ricky.isenhour@stlucieschools.org</b>
Phone #:	<b>772-201-3709</b>
Address:	<b>9461 Brandywine Lane Port St. Lucie 34986</b>

**Reference 5 – Repeat or Long Term Customer**

Name of Firm:	<b>Martin County School District</b>
Scope of Work:	<b>Resurfacing of all Outdoor Sport Courts using Plexipave system district wide 30+ yrs</b>
Cost of Service:	<b>150,000</b>
Date of Service:	<b>2021-2022</b>
Contact Person:	<b>Ron Martin</b>
Email:	<b>martinr@martin.k12.fl.us</b>
Phone #:	<b>772-260-0225</b>
Address:	<b>Maintenance Dept 2845 SE Dixie Hwy Stuart, FL 34994</b>

Supplier: **Papico Construction, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**3300 Forest Hill Blvd, Suite A-323**

**West Palm Beach, FL 33406-5813**

**REQUIRED RESPONSE FORM**

**This information package should be submitted to PeriscopeS2G for the School District of Palm Beach County, Purchasing Department. Information Packages are due and will be opened at this time.**

**Anti-Collusion Statement / Public Domain**

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

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

**Information Package Certification**

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

RESPONDER(S) (firm name): **Papico Construction Inc**

STREET ADDRESS: **3520 SW Armellini Ave, Bay E**

CITY & STATE: **Palm City, FL**

ELECTRONIC SIGNATURE OF AUTHORIZED REPRESENTATIVE: **Steven Pappas**

TITLE: **President** DATE: **7/20/2022**

CONTACT PERSON: **Amy Ojeda Pappas**

CONTACT PERSON'S ADDRESS: **same**

TELEPHONE: **772-260-0051** FAX: **772-288-1844** TOLL FREE:

E-MAIL ADDRESS: **papicosports@gmail.com** INTERNET URL:

RESPONDER(S) TAXPAYER IDENTIFICATION NUMBER: **59-2519200**

**Supplier: Papico Construction, Inc.**

# W-9

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

## Request for Taxpayer Identification Number and Certification

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

Print or type  
See Specific  
Instructions  
on page 2.

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

**PAPICO CONSTRUCTION INC.**

Business name/disregarded entity name, if different from above

**PAPICO CONSTRUCTION INC.**

Check appropriate box for federal tax classification:

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

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

• **Note:** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner

Other (see instructions)

Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any)

Exemption from FATCA reporting code (if any)

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

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

**3520 SW ARMELLINI AVE, BAY E**

City, state, and ZIP code

**PALM CITY, FL 34990**

Requester's name and address (optional)

**PALM BEACH COUNTY SCHOOL DISTRICT**

List account number(s) here (optional)

### Part I

#### Taxpayer Identification Number (TIN)

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

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

**Social security number**

**195-42-0768**

**Employer identification number**

**59-2519200**

### Part II

#### Certification

Under penalties of perjury, I certify that:

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

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or

abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here**

Signature of  
U.S. person

STEVEN G. PAPPAS

Date **7/20/2022**

## General Instructions

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

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

## Purpose of

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

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

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

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

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

By signing the filled-out form, you:

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

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business.

Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exemption contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.



**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f) (2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a) 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

- I—A common trust fund as defined in section 584(a) J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1) M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.



**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee  The actual owner
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>2</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.  
<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.  
 \*Note. Grantor also must provide a Form W-9 to trustee of trust.  
 Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

- To reduce your risk:
- Protect your SSN,
  - Ensure your employer is protecting your SSN, and
  - Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



Supplier: **Papico Construction, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**VARIANCES**

**BID NAME/NUMBER 23C-5L Acrylic Coating for Sport Surfaces**

**VENDOR NAME: Papico Construction Inc.**

\*If vendor chooses not to participate in Variances Document, please acknowledge by placing N/A here  
→N/A.

**VARIANCES:** State any variances, however slight, to the above specifications. If none are indicated, it will be assumed materials and/or services bid are identical to those specified.

**Bid Summary Document Item #5, A & B, cost includes removal and disposal of existing rubber materials prior to removing asphalt. Omitted from Document -- no line item provided. Rubber particles are charged as Tire waste with special dump fees charged by PBC - Waste Mgmt.**

**Supplier: Papico Construction, Inc.**

Certification for E-Verify

VENDOR hereby certifies compliance with the following:

Vendor shall utilize the U.S. Department of Homeland Security's E-Verify system to verify the employment eligibility of all new employees hired by Vendor while performing work or providing services for the School Board of Palm Beach County, Florida. Vendor shall also include in any related subcontracts a requirement that subcontractors performing work or providing services for the School Board of Palm Beach County, Florida on its behalf utilize the E-Verify system to verify the employment eligibility of all new employees hired by subcontractors.

VENDOR:

**PAPICO CONSTRUCTION INC.**

Business Name

**STEVEN PAPPAS**

Signature Name:

**STEVEN G. PAPPAS**

Printed Name:

**PRESIDENT/OWNER**

Printed Title

**7/20/2022**

Date

Supplier: **Papico Construction, Inc.**

**SCHOOL DISTRICT OF PALM BEACH COUNTY**

**PURCHASING DEPARTMENT**

**EARLY PAYMENT TERMS**

**Bid number/Name: 23C-5L Acrylic Coatings for Sport Surfaces**

**Vendor Name: PAPICO CONSTRUCTION INC.**

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

<b>EARLY PAYMENT:</b> Specify terms and discount for early payment. Check which terms you will be willing to provide for the duration of this contract to the School District.
<input type="checkbox"/> 0.5% 10 net 30 *
<input type="checkbox"/> 0.75% 5 net 30 *

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

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

Rev. 4/4/13

Supplier: **Papico Construction, Inc.**

THE SCHOOL DISTRICT OF PALM BEACH COUNTY  
PURCHASING DEPARTMENT

## Supplier Information

### Solicitation 23C-5L

This form must be filled out along with the W9 Form. (Note: It is your responsibility to contact our office if any of this information should change. Any acquisition or changes in ownership are required on letterhead and a new W9 must be obtained). Purchase orders are **required** for all purchases. No school district employee is authorized to place an order for merchandise or services without a purchase order.

For questions on this form, please contact *Michael J Callahan* at

Phone *561-434-8507* (Email): *michael.j.callahan@palmbeachschools.org* or Fax: 561963.3823

**PLEASE NOTE:** [The School District of Palm Beach County DOES NOT make changes with PeriscopeS2G \(our bidding provider\), you must contact PeriscopeS2G @ 1-800-990-9339 to ensure your contact information is correct in order to receive any future notifications regarding advertised solicitation.](#)

### ORDER TO:

Business Name **Papico Construction Inc.**

Business Name, if different than above

Street Address **3520 SW Armellini Ave, Bay E**

City **Palm City** State **FL** Zip Code **34990**

Company Email Address for Electronic Purchase Orders

Company Email Address for Electronic Purchase Orders **papicosports@gmail.com**

Fax Number **772-288-1844**

Taxpayer ID Number **59-2519200**

Contact Name **Amy Ojeda Pappas**

Phone **772-260-0051** Ext.

### REMIT PAYMENT TO:

Business Name **Papico Construction Inc.**

Street Address **P.O. Box 384**

City **Palm City** State **FL** Zip Code **34991**

**COMPLETED BY Amy O. Pappas**

Title **Administrator**

Date **7-20-2022**

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

## Supplier Information for Divisions or Subsidiary Companies

Indicate N/A here if not applicable N/A

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

Parent Company Name

### **ORDER TO:**

Taxpayer ID Number

Division/Subsidiary Name

Street Address

City State Zip Code

Company Email Address for Electronic Purchase Orders **papicosports@gmail.com**

Fax Number

Contact Name

Phone Ext.

### **REMIT PAYMENT TO:**

Same as above

Division/Subsidiary Name

Street Address

City State Zip Code

COMPLETED BY

Title

Date



Supplier: **Papico Construction, Inc.**

**The School District of Palm Beach County**

SMALL BUSINESS ENTERPRISE (SBE)  
CERTIFICATION INFORMATION

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

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

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

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

YES\*

NO

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

Certification Expiration Date:

Ethnicity Classification:

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

Vendor

Estimated Dollar Value

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_