

January 27, 2022

Shelby Dolan Procurement Agent II City of Port St. Lucie

Re: Pavement Condition & Right-of-Way Asset Surveys, Electronic Bid (eBid) Number 20220022

Ms. Dolan,

Transmap Corporation is pleased to present the City of Port St. Lucie (the Agency) with our response to the Agency's eBid for Pavement Condition & Right-of-Way Asset Surveys, eBid Number 20220022. I have outlined some principal strengths below that you will find beneficial in qualifying Transmap as the best-qualified provider for your pavement and asset management needs:

- **Overall Experience:** 400+ completed pavement and roadway asset projects pavement and roadway asset management is our only focus
- Florida Experience: Transmap has performed over 35 similar projects in Florida over the last five years
- **Team:** Our core team has over 25 years of experience working together and includes PhDs, PEs, and GISPs on staff
- **Pavement:** Transmap assumes a city standard road segmentation of 750-foot segments; all segments will have 100% distress inspection
- Assets: Transmap approximates 48,000 assets to be extracted, standard attributes will be added
- Our System: Fully utilized Pavemetrics 3D Laser Crack Measurement Systems (LCMS, LCMS2) technology 100% continuous coverage, every lane collected all distress loaded to produce PCI/PCR (No Sampling);
 project-level crack intelligence; automated error tracking; field verification (QA/QC); pavement condition
 analysis; customer delivery interface; crack map orthophotography/Geodatabase
- **Technology Focused:** Panoramic 30MP camera + HD LiDAR, 8,000 x 4,000-pixel resolution, at no additional cost; easy to use standard LAS file (LiDAR); street-level 0rthophotography No White Labeling Vehicle We own and operate all of our vehicles
- Pavement Management Software: Lucity (Central Square) Data successfully implemented into Lucity for many projects - Pavement Condition Index (PCI)
- Open Source: Non-proprietary solution data seamlessly implemented into many software systems
- **GIS Integration:** 23-Year Esri Public Works Solutions Partner; historic data integration; centerline integrated with pavement data; street/crack map orthophotography as standard MrSID files

As President and CEO of Transmap, I am authorized to make representations on behalf of the firm and bind the firm to a contract. For further questions, I can be contacted at hluxhoj@transmap.com or (614) 886-4100.

Best regards,

Howard Luxhoj, PE President and CEO Transmap Corporation

CONTRACTOR'S GENERAL INFORMATION WORK SHEET eBID #20220022

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 Columbus, Ohio , thi | s 27 day of January, 202 2. |
|--------|---|--|
| | (Location) | |
| Name | of Organization/Contractor: Transmap Corporation | |
| | | |
| By:l | Howard Luxhoj, PE / President & CEO | |
|] | Name and Title | |
| 1. Co | rporation, Partnership, Joint Venture, Individual or othe | r? Corporation |
| 2. Fir | m's name and main office address, telephone and fax nu | imbers |
| | Name: Transmap Corporation | |
| | Address: 5030 Transamerica Dr | |
| | Columbus, OH 43228 | |
| | · | |
| | Telephone Number: (614) 481-6799 | |
| | Fax Number: (614) 481-4017 | |
| 3. | Contact person: Howard Luxhoj, PE/President & CEO | Email: hluxhoj@transmap.com |
| 4. | Firm's previous names (if any). None | |
| 5. | How many years has your organization been in business | ss? <u>28 years</u> |
| 6. | Total number of staff at this location:5 Total nu | mber of staff on the Treasure Coast: 0 |
| 7. | Is the Firm a minority business: YES / NO | |
| | If no, is your company planning to implement such a p | rogram? NO |
| 8. | Is the firm claiming Local Preference under City Ordin | nance 35.12? YES / NO |

| 9. | 2. List the license(s) that qualifies your firm to perform this project: | | | | |
|------|--|--|---|--|--|
| | Florida Cert | ificate of | Authorization #30691 | Florida Secretary of Sta | ate #F01000004462 |
| | Howard Lux | hoj, PE | - #73717 Robert Litt | le, PE - #37974 | |
| | | | | | |
| ADDI | | | | owledges that the following | addenda have been |
| | Addendum N | | ed in its proposal/bid: Date Issued | Addendum Number | Date Issued |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 11. | BID RESPO | NSE: | | | |
| | Bidder will / will not accept the Purchasing Card (Visa). (please circle one) | | | | |
| | 11.2 | Percentage of discount when payment is made with Visa: | | | |
| | 11.3 | (This factorial (This factoria) (This factorial (This factorial (This factorial (This factoria | igure must match the Co dStar web page. Discrepo nandStar, the dollar amou Tork Sheet #20220022 uplo | ancies between the Cost Wo ant listed on the web page a | are that is to be used on the orksheet spreadsheet uploaded t the time of submittal and the pe resolved in favor of the Cost |

$Reference\ Use\ Only-Use\ E-Bid\ Reply-Schedule\ "A"\ Spreadsheet\ to\ reply\ to\ this\ Bid$

| Line # | Item Description | Unit | Estimated Quantity |
|-----------|--|------|--------------------|
| 1 | Mobilization | LS | 1 |
| 2 | Pre Data Collection Coordination Meeting | LS | 1 |
| 3 | Right of Way and Roadway Asset Data Collection | MI | 917 |
| 4 | Create Asset Database | MI | 917 |
| 5 | Pavement Evaluation/Rating | MI | 917 |
| 6 | Quality Control/Quality Assurance | LS | 1 |

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.

<u>Interpretation of the Approximate Quantities</u> - 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) Pavement Condition & Right-of-Way Asset Survey** projects similar to this project completed by your firm in the last 5 years along with a brief description of project, location of project, client name, client phone number, email, value of contract, your firm's percentage of the total contract value, as well as the number of change orders and the total change order value. **DO NOT USE the City of Port St Lucie as a reference**.

Project Number 1

Project Name: DelrayBeachFL2019 - Pavement and Asset Inspection - Repeat Costumer Description: In 2013, Transmap completed a payement inspection for the City. Distress data were loaded into CarteGrapgh to produce OCI values. In 2014, Transmap completed a sign inspection. In 2019, Transmap successfully re-inspected 160 centerline miles of roadway. Location: Delray Beach, Florida Client Name, Phone Number & Email: Begoña Krane, PE/(561) 243-7322/krane@mydelraybeach.com Value of Total Contract: \$141,581.02 Date of Completion: 2013, 2014, 2019 Firm's Percentage of Total Contract: 100 Number of Change Orders: 0 0 Value of Change Orders: Was Project Completed on Schedule: The project was completed on schedule. yes Was Project Completed within Budget? ves **Project Number 2** Project Name: HollywoodFL2020 - Pavement and Asset Inspection - Repeat Customer Description: In 2013, Transmap successfully completed a pavement and asset inspection. PAVER training was also conducted in 2014. In 2020, Transmap performed a 360 centerlane miles pavement and asset re-inspection to the City, including 89 miles alley. Location: City of Hollywood, Florida

Client Name, Phone Number & Email: Azita Behmardi, PE/(954) 921-3251/abehmardi@hollywoodfl.org

| Value of Total Contract: \$293,466.76 |
|--|
| Date of Completion: 2014, 2021 |
| Firm's Percentage of Total Contract: 100 |
| Number of Change Orders: |
| Value of Change Orders: 0 |
| Was Project Completed on Schedule: The project was completed on schedule. Ves |
| Was Project Completed within Budget? yes |
| Project Number 3 |
| Project Name: PalmCoastFL2021 - Pavement Inspection - Repeat Costumer |
| Description: From 2017 to 2019, Transmap had a continued service of pavement and asset |
| inspection for the City. A total of 546 centerline miles of pavement and roadway assets were |
| inventoried. Recently in 2021, Transmap conducted a 546 centerline miles pavement re-inspection. |
| Location: City of Palm Coast, Florida |
| Client Name, Phone Number & Email: Carl Cote/(386) 986-3748/ccote@palmcoastgov.com |
| Value of Total Contract: \$370,919.64 |
| Date of Completion: 2017-2019, 2021 |
| Firm's Percentage of Total Contract: 100 |
| Number of Change Orders: 0 |
| Value of Change Orders: 0 |
| Was Project Completed on Schedule: The project was completed on schedule. yes |
| Was Project Completed within Budget? yes |
| Project Number 4 |
| Project Name: StPetersburgFL 2021 - Pavement and Asset Inspection |
| Description: In 2019, Transmap conducted a pavement and asset inspection for the City's |
| 970 centerline miles using our LCMS technology. In 2020, Transmap completed a PAVER |
| training for the City. In 2021, Transmap inspected tree extract, striping, markings, & crosswalks. |
| Location: St. Petersburg, Florida |
| Client Name, Phone Number & Email: Nicole E. Allen/(727) 893-7316/nicole.allen@stpete.org |
| Value of Total Contract: \$564,784.71 |
| Date of Completion: 2019, 2020, 2021 |
| Firm's Percentage of Total Contract: 100 |
| Number of Change Orders: 2 Addtitional Asset Requested |
| Value of Change Orders: \$282,892.04 |
| Was Project Completed on Schedule: The project was completed on schedule. yes |
| Was Project Completed within Budget? yes |

| | Project Number 5 |
|-----|---|
| | Project Name: PalmBayFL2018 - Pavement/Asset Inspection |
| | Description: In 2016, Transmap successfully completed a pavement inspection for the City. |
| | A total of 872 centerline miles of pavement were collected and analyzed. Analysis data was |
| | formatted using ASTM D6433 standards. In 2018, asset inspection was also completed for the City. |
| | Location: Palm Bay, Florida |
| | Client Name, Phone Number & Email: Camille Gordon-Taylor/(321) 409-6343/camille.gordon- |
| | Value of Total Contract: \$210,897.55 taylor@palmbayflorida.org |
| | Date of Completion: 2016, 2018 |
| | Firm's Percentage of Total Contract: 100 |
| | Number of Change Orders: 0 |
| | Value of Change Orders: 0 |
| | Was Project Completed on Schedule: The project was completed on schedule. Yes |
| | Was Project Completed within Budget? Yes, Under Budget |
| 13. | Status of current contracts. Please provide the name & number of current contracts as well as a sample list of the projects currently underway. Nine Current Contracts |
| | St Johns County, FL / City of Palm Coast, FL / City of Pinellas Park, FL |
| | City of Tamarac, FL / City of El Paso, TX / City of Mesa, AZ / City of Shreveport, LA |
| | Town of Carolina Beach, NC / City of Spokane, WA |
| | |
| 14. | How will the Contractor be able to meet the project timeline and budget given the current workload, work force and equipment? We have the staff and equipment to complete this project on time and under budget. |
| | |
| | Transmap owns all equipment / We build our own equipment / Multiple Systems |
| | System Backup / 2 day vehicle swap |
| | Transmap just completed a 970-mile pavement and asset project for the City of Richmond, VA |
| | in under 150 days. |
| 15. | List the number of personnel that will be assigned to the project and include job titles and their licenses or certifications. Howard Luxhoj, PE Project Principal PE FL No. 73717, NCEES #46928, Model Law Engineer (MLE) Craig Schorling, GISP Project and Account Manager/GIS Lead URISA GiSP No. 18882 Chris Crocker Data QA/QC Lead/Trainer |
| | Robert Little, CBI, PE Reporting Engineer PE FL No. 37974, Certified Bridge Inspector, FL No. 00090 (Fixed & Movable) David Ferguson, PhD Software Developer |
| | Support Staff GIS/Pavement Technicians |

| Use additional pages if needed. | 7.1.0 |
|---|--|
| Total Number of Projects where Failure to Complete W | Vork Occurred:0 |
| Project Number 1 | |
| Project Name: | |
| Project Location: | |
| Client Name and Phone Number: | |
| Engineer Name and Phone Number: | |
| Date: | |
| Reason: | |
| Insert additional projects if needed. | |
| Has the Contractor or any of its principals ever been decle Chapter 11 or put into receivership? Yes () Yes, please explain: | ared bankrupt or reorganized under No (✓) |
| | |
| partnership or individuals with more than ten percent (10 Transmap does not have any pending or completed lawsu | %) interest: |
| partnership or individuals with more than ten percent (10 Transmap does not have any pending or completed lawsum (N/A is not an acceptable answer - insert lines if needed) List any judgments from lawsuits in the last five (5) years | %) interest: iits within the past five (5) years. S: |
| partnership or individuals with more than ten percent (10 Transmap does not have any pending or completed lawsu (N/A is not an acceptable answer - insert lines if needed) List any judgments from lawsuits in the last five (5) years Transmap does not have any judgments from lawsuits in | %) interest: iits within the past five (5) years. s: i the last five (5) years. |
| partnership or individuals with more than ten percent (10 Transmap does not have any pending or completed lawsu (N/A is not an acceptable answer - insert lines if needed) List any judgments from lawsuits in the last five (5) years Transmap does not have any judgments from lawsuits in (N/A is not an acceptable answer - insert lines if needed) List any criminal violations and/or convictions of the Pro | %) interest: its within the past five (5) years. s: the last five (5) years. poser and/or any of its principals: |
| List any lawsuits pending or completed within the past fir partnership or individuals with more than ten percent (10 Transmap does not have any pending or completed lawsu (N/A is not an acceptable answer - insert lines if needed) List any judgments from lawsuits in the last five (5) years Transmap does not have any judegments from lawsuits in (N/A is not an acceptable answer - insert lines if needed) List any criminal violations and/or convictions of the Pro Transmap and/or its principals does not have any criminal (N/A is not an acceptable answer - insert lines if needed) | %) interest: its within the past five (5) years. s: the last five (5) years. poser and/or any of its principals: |
| partnership or individuals with more than ten percent (10 Transmap does not have any pending or completed lawsum (N/A is not an acceptable answer - insert lines if needed) List any judgments from lawsuits in the last five (5) years transmap does not have any judegments from lawsuits in (N/A is not an acceptable answer - insert lines if needed) List any criminal violations and/or convictions of the Pro Transmap and/or its principals does not have any criminal | %) interest: its within the past five (5) years. s: the last five (5) years. poser and/or any of its principals: |

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EBID #20220022

Attachment C

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 Ms. Shelby Dolan Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Shelby Dolan, Procurement Agent with the Procurement Management Department via e-mail sdolan @cityofpsl.com, or by phone 772-873-6338. Please reference the Solicitation number on all correspondence to the City.

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

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

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

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

| Typed Name: | Howard Luxhoj, PE | |
|------------------|----------------------|--|
| Signed: | | |
| Company and Joj | fitle: President/CEO | |
| Date: January 27 | , 2022 | |



"A City for All Ages"

e-BID #20220022 CONTRACTOR'S CODE OF ETHICS

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

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

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

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

| Name of Organization/Proposer Transmap Corporation |
|---|
| Signature |
| Printed Name and Title Howard Luxhoj, PE, President/CEO |
| |
| Date _ January 27, 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.

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
- 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 | 518774 | | |
|--|--|--|--|
| Date of Authorization | 3/12/2012 | | |
| Name of Contractor | Transmap Corporation | | |
| Name of Project | Pavement Condition&ROW Asset Surveys | | |
| Solicitation Number (If Applicable) | 20220022 | | |
| I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on <u>Sanuar</u> , 22, 20, 22 in <u>Westeville</u> (city), Ohro (state). | | | |
| Signature of Authorized Officer | Craig Schorling Vice President Printed Name and Title of Authorized Officer or Agent | | |
| SUBSCRIBED AND SWORN BEFORE ME | | | |
| ON THIS THE 22 DAY OF January NOTARY PUBLIC Roy My Commission Expires: November 2 | RICHARD PINNEY NOTARY PUBLIC STATE OF OHIO | | |

Attachment C

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EBID #20220022

November 25, 2023

NON-COLLUSION AFFIDAVIT RFP

EBID #20220022
Pavement Condition & Right-of-Way Asset Surveys

| State of Ohio | _} |
|----------------------------|---|
| County of Franklin | _} |
| Craig Schorling | , being first duly sworn, disposes and says that: |
| (Name/s) | |
| 1. They are Vice President | Transmap Corporation 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) Vice President

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

The foregoing instrument was acknowledged before me this (Date) January 22, 2022

by: Craig Schorling

who is personally known to me or who has produced

Driver License as identification and who did (did not) take an oath.

Commission No. 2018-re-755758

Notary Print: Richa

Notary Signature:



RICHARD PINNEY

NOTARY PUBLIC STATE OF OHIO

My Commission Expires November 25, 2023

DRUG-FREE WORKPLACE FORM eBid # 20220022 Pavement Condition & Right-of-Way

Asset Surveys

| The | e undersigned Contractor in accordance with Florida Statute 287.087 hereby certifies that Transmap Corporationdoes: (Name of Business) |
|-----|--|
| 1. | Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition. |
| 2. | Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations. |
| 3. | Give each employee engaged in providing the commodities or contractual services that are under proposal a copy of the statement specified in subsection (1). |
| 4. | In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 Florida Statutes or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction. |
| 5. | Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted. |
| 6. | Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section. |
| | e person authorized to sign the statement, I certify that this firm complies fully with the above ements. Bidder's Signature January 27, 2022 |
| | Date: |





CASHIER'S CHECK

56-933/441

WHITEHALL, OH

January 26, 2022

| PAY TO TH | E |
|-----------|---|
| ODDED OF | |

THE CITY OF PORT ST LUCIE FLORIDA

AMOUNT

МЕМО

Remitter

Remitter

TRANSMAP CORPORATION

**** Five Hundred and 00/100****

\$500.00

HEARTLAND BANK

PURCHASER'S RECEIPT

225849# #:044109336# 500000#

225849

DATE January 26, 2022

\$ 500.00

THE CITY OF PORT ST LUCIE FLORIDA

**** Five Hundred and 00/100****

TRANSMAP CORPORATION

NOT NEGOTIABLE

MEMORANDUM

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

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

| Interna | Revenue Service | ▶ Go to www.irs.gov/FormW9 for instructions and the latest information. | | | | | | | | | | |
|---|--|--|--------------------------------|-------------------|-----------------|--------------------|---------|---------|--|--|--|--|
| | 1 Name (as shown | on your income tax return). Name is required on this line; do not leave this line blank. | | - | | | | | | | | |
| on page 3. | Transmap Corporation | | | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | | | |
| | Check appropriation following seven Individual/sol | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): | | | | | | | | | | |
| e. | single-memb | Exempt p | oayee (| code | (if any |) | | | | | | |
| Print or type. Specific Instructions on page | Limited liabili | | | | | | | | | | | |
| | Note: Check LLC if the LL another LLC is disregarde | Exemption from FATCA reporting code (if any) | | | | | | | | | | |
| Ğ | Other (see in: | I from the owner should check the appropriate box for the tax classification of its owner. tructions) ▶ | (Applies to a | ccounts | mainte | ained out | side th | e U.S.) | | | | |
| Spe | | r, street, and apt. or suite no.) See instructions. Requester's name ar | nd addres | ss (opt | iona | l) | | | | | | |
| See | 5030 Transame | rica Dr | | | | | | | | | | |
| | 6 City, state, and 2 | | | | | | | | | | | |
| | Columbus, Ohio | 43228 | | | | | | | | | | |
| | 7 List account nun | ber(s) here (optional) | | | | | | | | | | |
| | | | | | | | | | | | | |
| Par | ti Taxpa | ver Identification Number (TIN) | | | | | | | | | | |
| Enter | | propriate box. The TIN provided must match the name given on line 1 to avoid Social secu | urity num | ıber | | | | | | | | |
| | | individuals, this is generally your social security number (SSN). However, for a | | | | | | | | | | |
| | | rietor, or disregarded entity, see the instructions for Part I, later. For other yer identification number (EIN). If you do not have a number, see How to get a | - | | - | | | | | | | |
| TIN, la | | or | | | | | | | | | | |
| | | The state of the s | Employer identification number | | | | | | | | | |
| Numb | er To Give the Re | quester for guidelines on whose number to enter. 3 1 - | 1 4 | 1 | 4 | 2 | 1 | 4 | | | | |
| Par | t II Certifi | | | | | | | | | | | |
| | r penalties of perju | | | | - | | | | | | | |
| 2. I ar Ser | n not subject to bavice (IRS) that I ar | n this form is my correct taxpayer identification number (or I am waiting for a number to be issuckup withholding because: (a) I am exempt from backup withholding, or (b) I have not been non subject to backup withholding as a result of a failure to report all interest or dividends, or (c) teackup withholding; and | tified by | / the I | Inter | | | | | | | |
| 3. I ar | n a U.S. citizen or | other U.S. person (defined below); and | | | | | | | | | | |
| 4. The | e FATCA code(s) e | ntered on this form (if any) indicating that I am exempt from FATCA reporting is correct. | | | | | | | | | | |
| you ha | ave failed to report sition or abandonm | s. You must cross out item 2 above if you have been notified by the IRS that you are currently subjeall interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For ent of secured property, cancellation of debt, contributions to an individual retirement arrangement vidends, you are not required to sign the certification, but you must provide your correct TIN. See the | mortgaç (IRA), an | ge inte Id gen | erest nerall | t paid, ly, pay | mer | nts | | | | |
| Sign Here | | Date ► January | 6, 202 | 22 | | | | | | | | |
| Ge | neral Insti | uctions • Form 1099-DIV (dividends, including t | hose fro | m sto | ocks | or m | utua | | | | | |

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-MISC (various types of income, prizes, awards, or gross
- 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,





CERTIFICATE OF LIABILITY INSURANCE

SSCHLEGEL

DATE (MM/DD/YYYY) 1/21/2022

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).

| th | nis certificate does not confer rights to | o the | cert | ificate holder in lieu of su | | |). | | | | |
|----------------------|--|-------|-------|----------------------------------|---|------------------|-------------------|---------------------------------|-------------------|--------|--------------|
| | DUCER | | | | CONTAC NAME: | СТ | | | | | |
| And | Ires O'Neil & Lowe Insurance Agency North Lynn Street | | | | PHONE (A/C, No | o, Ext): (800) (| 636-0983 | | FAX (A/C, No): | 419) | 636-0132 |
| | an, OH 43506 | | | | E-MAIL ADDRES | ss: agency@ | andreson | eilandlowe.co | | | |
| - | | | | | | INS | SURER(S) AFFO | RDING COVERAGE | | | NAIC # |
| | | | | | INSURER A : Cincinnati Insurance Company | | | | | | 10677 |
| INSU | JRED | | | | INSURER B : Landmark American Insurance Company | | | | | | |
| TRANSMAP Corporation | | | | | | INSURER C: | | | | | |
| | Transmap Engineering LLC | | | | INSURE | | | | | | |
| | 5030 Transamerica Drive Columbus, OH 43228 | | | | INSURE | | | | | | |
| | | | | | INSURE | | | | | | |
| CO | VERAGES CER | TIFI | ^ATE | E NUMBER: | INCORE | | | REVISION NU | MRFR: | | |
| | HIS IS TO CERTIFY THAT THE POLICIE | | | | HAVE B | FEN ISSUED | TO THE INSUI | | | HE PO | OLICY PERIOD |
| ١N | IDICATED. NOTWITHSTANDING ANY R | EQU | REM | ENT, TERM OR CONDITION | N OF A | NY CONTRA | CT OR OTHER | R DOCUMENT W | TH RESPE | CT TO | O WHICH THIS |
| | ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH | | | | | | | | SUBJECT T | O ALL | . THE TERMS, |
| INSR | | ADDL | SUBR | | DEEN | POLICY EFF | POLICY EXP | | | | |
| LTR A | TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY | INSD | WVD | POLICY NUMBER | | (MM/DD/YYYY) | (MM/DD/YYYY) | | LIMIT | | 1,000,000 |
| ^ | CLAIMS-MADE X OCCUR | | | END 0000067 | 2/3/2019 | 2/2/2040 | 2/3/2022 | DAMAGE TO REN | ΓED | \$ | 500,000 |
| | CLAIIVIS-IVIADE X OCCUR | | | ENP 0008067 | | 2/3/2022 | PREMISES (Ea occ | currence) | \$ | 10,000 | |
| | | | | | | | | MED EXP (Any one person) | | \$ | 1.000.000 |
| | | | | | | | | PERSONAL & ADV | | \$ | 2,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | | GENERAL AGGRE | | \$ | 2,000,000 |
| | POLICY PRO- X LOC | | | | | | | PRODUCTS - COM | IP/OP AGG | \$ | 2,000,000 |
| _ | OTHER: | | | | | | | COMBINED SINGL | FIIMIT | \$ | 1,000,000 |
| Α | AUTOMOBILE LIABILITY | | | | | | | (Ea accident) | L LIIVII I | \$ | 1,000,000 |
| | ANY AUTO | | | ENP 0008067 | | 2/3/2019 | 2/3/2022 | BODILY INJURY (F | er person) | \$ | |
| | OWNED AUTOS ONLY SCHEDULED AUTOS | | | | | | | BODILY INJURY (F | Per accident) | \$ | |
| | X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY | | | | | | | PROPERTY DAMA (Per accident) | GE | \$ | |
| | | | | | | | | | | \$ | |
| Α | X UMBRELLA LIAB X OCCUR | | | | | | | EACH OCCURREN | ICE | \$ | 2,000,000 |
| | EXCESS LIAB CLAIMS-MADE | | | ENP 0008067 | | 2/3/2019 | 2/3/2022 | AGGREGATE | | \$ | 2,000,000 |
| | DED RETENTION \$ | | | | | | | | | \$ | |
| Α | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | | X PER STATUTE | OTH- ER | | |
| | AND EMPLOYERS LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | EWC 0359509 | | 10/12/2021 | 10/12/2022 | E.L. EACH ACCIDE | NT | \$ | 500,000 |
| | | N/A | | | | | | E.L. DISEASE - EA | EMPLOYEE | \$ | 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | | E.L. DISEASE - POLICY LIMIT | | | 500,000 |
| В | Professional Liab. | | | LHR785127 | | 10/31/2021 | 10/31/2022 | | | | 1,000,000 |
| Α | Employers Liability | | | ENP 0008067 | | 2/3/2019 | 2/3/2022 | \$1M/\$1M/\$1M | | | |
| | | | | | | | | | | | |
| DES | CRIPTION OF OPERATIONS / LOCATIONS / VEHIC | LES (| ACORE | 0 101, Additional Remarks Schedu | ıle, may b | e attached if mo | re space is requi | red) | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| CE | PTIEICATE HOI DED | | | | CANC | TELL ATION | | | | | |
| CE | RTIFICATE HOLDER | | | | CANC | ELLATION | | | | | |
| | | | | | SHO | ULD ANY OF | THE ABOVE D | ESCRIBED POLI | CIES BE C | ANCE | LLED BEFORE |
| | For Information only | | | | THE | EXPIRATIO | N DATE TH | IEREOF, NOTIC | | | |
| | 1 of information only | | | | ACC | ORDANCE W | IH IHE POLIC | CY PROVISIONS. | | | |
| | | | | | | | | | | | |
| | | | | | AUTHO | RIZED REPRESE | NTATIVE | | | | |

EBID #20220022 Scedule A-Bid Reply

| Company Name: | Transmap Corporation |
|---------------|----------------------|
| Company Name. | Transmap corporation |

| Line # | Item Description | Unit | Estimated Quantity | l | Unit Price | Total | | |
|--------|--|------|--------------------|-----|---------------|-------|------------|--|
| 1 | Mobilization | LS | 1 | \$ | 2,300.00 | \$ | 2,300.00 | |
| 2 | Pre Data Collection Coordination Meeting | LS | 1 | \$ | 850.00 | \$ | 850.00 | |
| 3 | Right of Way and Roadway Ass | MI | 917 | \$ | 89.99 | \$ | 82,520.83 | |
| 4 | Create Asset Database | MI | 917 | \$ | 102.60 | \$ | 94,084.20 | |
| 5 | Pavement Evaluation/Rating | MI | 917 | \$ | 56.98 | \$ | 52,250.66 | |
| 6 | Quality Control/Quality Assurance | LS | 1 | \$ | 6,500.00 | \$ | 6,500.00 | |
| | | | | Tot | al Bid Amount | \$ | 238,505.69 | |

NOTE: The City's Estimated Annual Usage as indicated in this document has been inserted to establish a possible annual usage. Actual quantities that will be ordered by the City during the Contract Period may vary substantially from the Estimated Annual Usage. Bidders are cautioned that the anticipated quantities used for this computation will be estimates. The City makes no guarantee as to the actual quantity or type of services that will be utilized during the Contract period.

Attachement A EBID #20220022