Sensor Floats for Residential Grinder Systems

Cost Work Sheet Bid Form - Schedule A Attachment D



Company Name: _Alpha General Services, Inc._____

No.	Item Description		Unit Quantity		Unit Cost		Toal Amount		
1	Sensor Float - Part #1002170	EA	20,000	\$	30.00	\$	600,000.00		

TOTAL	\$ 600,000.00

CONTRACTOR'S GENERAL INFORMATION WORKSHEET eBID #20210012 - ATTACHMENT I

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.

Da	ted at1578 Alpha Ro (Location)	ad E, Sebring, FL 33870	, this8th day o	of <u>December</u> , 2	2020
Na	me of Organization/Co	ntractor:Alpha Genera	al Services, Inc		
Ву	:Richard LaPadula, I Name and Title	President		<u> </u>	
1.	Corporation, Partnersh	ip, Joint Venture, Individ	ual or other?Corpora	tion	
2.	Firm's name and main	office address, telephone	and fax numbers		
		eneral Services, Inc.			_
	Address: 1578 A	lpha Road E			_
	Sebring, FL 338	70			<u>=</u>
	Telephone Numl	per: 863-382-1544			-
	Fax Number: 86	3-382-0567			
3.	Contact person:	Sherri LaPadula E	mail: sherri@alphagenera	al.com	
4.	Firm's previous nar	mes (if any). Alpha Septic	Industries, Inc.		
5.	How many years ha	as your organization been	in business? 42		
5.	Number of days for	delivery after receipt of	order (ARO)?5 ca	alendar days	
7.	ADDENDUM AC received and are in-	KNOWLEDGMENT - I	Bidder acknowledges that	the following addend	a have been
	Addendum Number	Date Issued	Addendum Number	Date Issued	

Total Number	of Projects where Failure to Complete Work Occurred:0
5	Project Number 1
Project Name:	
Project Location	n:
Client Name as	nd Phone Number:
Engineer Name	and Phone Number:
Date:	20 Section 12 95 (2023)
Reason:	
Ingart additional	projects if needed.
, , I	
	nonding or completed within the next five (5) years involving the corneration
List any lawsuits	pending or completed within the past five (5) years involving the corporation ividuals with more than ten percent (10 %) interest:
List any lawsuits partnership or ind	
List any lawsuits partnership or ind	ividuals with more than ten percent (10 %) interest:
List any lawsuits partnership or ind None N/A is not an accomplete.	ividuals with more than ten percent (10 %) interest:
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List any lawsuits partnership or ind None (N/A is not an accurate any judgment of the list any judgment of the list any criminal of the list and	reptable answer - insert lines if needed) ts from lawsuits in the last five (5) years: reptable answer - insert lines if needed) reptable answer - insert lines if needed) reptable answer - insert lines if needed) violations and/or convictions of the Proposer and/or any of its principals:

NOTICE TO ALL PROPOSERS - ATTACHMENT C

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. Robyn Holder, Issuing Officer, for the procurement of these services.

All questions regarding this Solicitation are to be submitted in writing to Robyn Holder, Procurement Manager with the Procurement Management Department via e-mail rholder@cityofpsl.com, or by phone 772-344-4293. 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: Richard LaPadula	
Signed:	
Company and Job Title: Alpha General Services, Inc., President	
Date: 12/08/2020	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/8/2020

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to

the terms and conditions of the policy certificate holder in lieu of such endor						tement on th	is certificate do	es not co	nfer ri	ghts to the
PRODUCER				CONTAC NAME:	T Sarah Lile	s				
Heacock Insurance Group, LLC 32313 Broadway St.					PHONE (A/C, No, Ext): 863-385-5171 FAX (A/C, No): 863-38				63-38	5-4130
Suite 101								(140) 110)		
Sebring FL 33870				ADDRESS: Sliles@heacock.com					NAIC #	
					INSURER(S) AFFORDING COVERAGE					24112
INSURED ALPHGEN-01					INSURER A: Westfield Insurance					
Alpha General Services, Inc.			INSURER B : Bridgefield Employers Ins Co						10701	
PÓ Box 3331				INSURER C:						
Sebring FL 33871				INSURER D:						
				INSURER E :						
001/501070				INSURE	RF:					
COVERAGES CERTIFICATE NUMBER: 335834700 THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA				VE DEEL	LICOLIED TO		REVISION NUM			
INDICATED. NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY ED BY BEEN R	' CONTRACT THE POLICIE EDUCED BY	OR OTHER (S DESCRIBE(PAID CLAIMS.	DOCUMENT WITH	H RESPEC BJECT TO	T TO V	VHICH THIS
NSR TYPE OF INSURANCE	INSD	WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		
A X COMMERCIAL GENERAL LIABILITY			TRA3984144		1/1/2020	1/1/2021	EACH OCCURRENCE DAMAGE TO RENT			00
CLAIMS-MADE X OCCUR							PREMISES (Ea occu	rrence) S	\$ 150,00	<u> </u>
							MED EXP (Any one	person) S	\$ 1,000	
							PERSONAL & ADV	INJURY S	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREC	SATE S	\$ 2,000,0	Ю0
POLICY PRO- JECT LOC							PRODUCTS - COMP		\$ 2,000,0	00
A AUTOMOBILE LIABILITY			TRA3984144		1/1/2020	1/1/2021	COMBINED SINGLE (Ea accident)	LIMIT	1,000,0	100
X ANY AUTO					BODILY INJURY (Pe			00		
ALL OWNED SCHEDULED					V	l	BODILY INJURY (Pe	er accident) \$	<u> </u>	
X HIRED AUTOS X AUTOS NON-OWNED AUTOS				1		ì	PROPERTY DAMAG	-	·	
AUTOS AUTOS						ì	(Per accident) PIP/FL No-Fault		10,000	
A X UMBRELLA LIAB X OCCUR			TRA3984144		1/1/2020	1/1/2021	EACH OCCURRENCE			
EXCESS LIAB CLAIMS-MADE								\$ 1,000,000		
CEAIWIS-WIADE	1						AGGREGATE		1,000,0	00
B WORKERS COMPENSATION			83020271		1/1/2020	1/1/2021	X PER X	1	5	
AND EMPLOYERS' LIABILITY			00020271		17172020	17172021				
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDE		1,000,0	
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	1						E.L. DISEASE - EA	EMPLOYEE S	1,000,0	00
DÉSCRIPTION OF OPERATIONS below	-						E.L. DISEASE - POL	ICY LIMIT 9	1,000,0	00
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ACORD	101, Additional Remarks Schedu	le, may be	attached if moi	e space is requir	ed)			
CERTIFICATE HOLDER					OANOELI ATION					
CERTIFICATE HOLDER C					ELLATION					
City of Port St. Lucie				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
121 S.W. Port St. Lucie Blvd. Port St. Lucie FL 34984			AUTHORIZED REPRESENTATIVE							

DRUG-FREE WORKPLACE FORM E-Bid # 20210012 - Attachment H Sensor Floats for Residential Grinder Systems

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

<u>ALPHA GENERAL SERVICES INC</u> does:

(Name of Business)

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

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

Bidder's Signature

12/8/20

Date:



CASHIER'S CHECK

CHECK NO: 1335309

Employee #: 269

Receipt #: 502779

Date/Time: 12-08-2020 10:26:08 AM

Account: Business Checking Interest Alpha General Services Inc Cashier's Check Issue

Check #: 1335309

\$1,000.00

City of Port St Lucie

NON-NEGOTIABLE

DETACH AND RETAIN UPPER PORTION BEFORE DEPOSITING

THIS DOCUMENT HAS A TRUE WATERMARK. ABSENCE OF THIS FEATURE WILL INDICATE A COPY.

CASHIER'S CHECK

CHECK NO: 1335309

DATE: 12/08/2020

2ay

2631

Credit Union P.O. Box 8008 . Lakeland, Florida 33802 . (863) 688-3733

AMOUNT

******1,000.00

VOID OVER \$1,000.00

City of Port St Lucie

Alpha General Services Inc

GladVAbram

VOID AFTER 90 DAYS

PAYABLE THROUGH BOKF, NA EUFAULA OK

1335309# ##103100551#0140010105089#

E-Verify Form

Supplier/Consultant acknowledges and agrees to the following:

- 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.

E-Verify Company Identification Number	SLAP1899				
Date of Authorization	12/01/2020				
Name of Contractor	Alpha General Services, Inc.				
Name of Project	Sensor Float				
Solicitation Number (If Applicable)	20210012				
I hereby declare under penalty of perjury that Executed on December	08 Sebring (city), FL(state). Richard LaPadula				
Signature of Authorized Officer SUBSCRIBED AND SWORN BEFORE ME	Printed Name and Title of Authorized Officer or Agent				
ON THIS THE 8th DAY OF Decem	My Comm. Expires October 9, 2023				
My Commission Expires: 10 9 20	Commission # GG917291				

NON-COLLUSION AFFIDAVIT

Solicitation 20210012 Sensor Floats for Residential Grinder Systems

State of FLORIDA
County of HIGHLANDS }
RICHARD LAPADULA , being first duly sworn, disposes and says that:
(Name/s)
1. They are PRESIDENT of ALPHA GENERAL SERVICES the Proposer that
(Title) (Name of Company)
has submitted the attached PROPOSAL;
2. He is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such PROPOSAL;
3. Such Proposal is genuine and is not a collusive or sham Proposal;
4. Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly with any other Proposer, firm or person to submit a collusive or sham Proposal in connection with the contract for which the attached proposal has been submitted or to refrain from proposing in connection with such Contract or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Port St. Lucie or any person interested in the proposed Contract; and
5. The price or prices quoted in the attached Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant. (Signed)
(Title) PRESIDENT

STATE OF FLORIDA COUNTY OF ST. LUCIE) SS:

The foregoing instrument was acknowledged before me this (Date) December 8, 2020

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

Commission No. GG917271

Official Seal F. ELGIN BAYLESS, III

Notary Print: F. Elgin Bayles III

Notary Public, State of Florida My Comm. Expires October 9, 2023

Commission # GG917291