E-BID #20230073

ADDENDUM #10 - Dated 7/25/2023

RHABILITATION / MODIFICATIONS TO SWW-1 WATER CONTROL **STRUCTURE PROJECT**

COST WORK SHEET - SCHEDULE A

£3W Mechanical Contracting

| ITEM | | | ESTIMATED | | |
|------|---|------|-----------|--------------|---------------|
| NO. | DESCRIPTION | UNIT | QUANTITY | UNIT COST | PROJECT COST |
| | MOBILIZATION | LS | 1 | \$ 24,020.85 | \$ 24,020.85 |
| | MAINTENANCE OF TRAFFIC (MOT) | LS | 1 | \$ 16,800.00 | \$ 16,800.00 |
| 3 | PRE AND POST CONSTRUCTION VIDEO | LS | 1 | \$ 3,500.00 | \$ 3,500.00 |
| 4 | CONSTRUCTION STAKING AND RECORD DRAWINGS | LS | 1 | \$ 20,750.00 | \$ 20,750.00 |
| 5 | STAKED SILT FENCE | LF | 240 | \$ 9.62 | \$ 2,308.80 |
| 6 | FLOATING TURBIDITY BARRIER | LF | 400 | \$ 16.00 | \$ 6,400.00 |
| 7 | SOIL TRACKING PREVENTION DEVICE | EA | 1 | \$ 10,500.00 | \$ 10,500.00 |
| 8 | CLEARING AND GRUBBING | AC | 3 | \$ 4,250.00 | \$ 10,625.00 |
| 9A | REGULAR EXCAVATION | CY | 60 | \$ 100.00 | \$ 6,000.00 |
| 9B | CHANNEL EXCAVATION | CY | 200 | \$ 293.00 | \$ 58,600.00 |
| 10 | EMBANKMENT | CY | 210 | \$ 92.50 | \$ 19,425.00 |
| 11 | DEWATERING OPERATIONS - COMPLETE (w/ Coffer Dam) | LS | 1 | \$ 94,500.00 | \$ 94,500.00 |
| 12 | REMOVAL OF EXISTING STRUCTURES/DEMOLITION | LS | 1 | \$ 12,863.00 | \$ 12,863.00 |
| 13 | FURNISH AND INSTALL 30" CORRUGATED HDPE PIPE | LF | 187 | \$ 183.00 | \$ 34,221.00 |
| 14. | RIP-RAP DITCH LINING w/ BEDDING STONE & FILTER FABRIC | SY | 300 | \$ 136.00 | \$ 40,800.00 |
| 15A | FENCING, TYPE B - 6' WITH VINYL COATING | LF | 240 | \$ 87.90 | \$ 21,096.00 |
| 15B | FENCE GATE - TYPE B, DOUBLE - 12' WIDE | EA | 2 | \$ 2,500.00 | \$ 5,000.00 |
| 16A | 2" UNDERGROUND CONDUIT, F&I | LF | 6,444 | \$ 12.50 | \$ 80,550.00 |
| 16B | 2" UNDER PAVEMENT CONDUIT, F&I | LF | 30 | \$ 75.00 | \$ 2,250.00 |
| 16C | FIBER OPTIC CABLE 96F, SM, LT, UG, w/ TRACE WIRE F&I | LF | 3,222 | \$ 7.75 | \$ 24,970.50 |
| | PULL & SPLICE BOX, FIBER OPTIC, 17"x30"x30", F&I | EA | 5 | \$ 5,712.00 | \$ 28,560.00 |
| | PULL & SPLICE BOX, FIBER OPTIC, 30"x48"x30", F&I | EA | 3 | \$ 9,250.00 | \$ 27,750.00 |
| 16F | FIBER OPTIC DELINEATORS | EA | 11 | \$ 500.00 | \$ 5,500.00 |
| 17A | 30" ACTUATOR GATES & MOUNTING BRACKETS | AS | 2 | \$ 34,387.50 | \$ 68,775.00 |
| 17B | SCADA CONTROL PANEL & CABINET - AUTOMATIC GATES | | 1 | \$ 78,690.00 | \$ 78,690.00 |
| | B SCADA CONTROL PANEL & CABINET - AUTOMATIC GATES EA 1 \$ 78,690.00 \$ 78 | | | | |
| | 12" 45 DEGREE COUCH ANGLE PUMP, MOTOR & SCADA CONTROL PANEL/CAB | AS | 1 | \$ 81,131.00 | \$ 81,131.00 |
| 18B | 12" A1-39B STEEL PIPE w/ 12" FLAP GATE & PUMP SUPPORTS | AS | 1 | \$ 40,635.00 | \$ 40,635.00 |
| 19A | CONCRETE POLE 22' - CAMERA MOUNT | EA | 1 | \$ 16,882.00 | \$ 16,882.00 |
| | CAMERA ASSEMBLY, (SONY HD 720 P) (F&I) | EA | 1 | \$ 3,500.00 | \$ 3,500.00 |
| | SERVICE POLE 12' TYPE P-II | EA | 1 | \$ 2,000.00 | \$ 2,000.00 |
| | ELECTRIC SERVICE DISCONNECT, F&I, POLE MOUNT | AS | 1 | \$ 42,836.50 | \$ 42.836.50 |
| 20C | ELECTRICAL POWER SERVICE, F&I, OVERHEAD, METER BY CONTRACTOR | AS | 1 | \$ 19,049.00 | \$ 19,049.00 |
| | PERFORMANCE TURF, SOD | SY | 960 | \$ 7.10 | \$ 6,816.00 |
| 22 | MODIFY AND REHABILITATE EXISTING STRUCTURE | LS | 1 | \$ 7,350.00 | \$ 7,350.00 |
| 23 | CATWALK COMPLETE | LS | 1 | \$ 24,000.00 | \$ 24,000.00 |
| | | | | | |
| | | | | BID TOTAL | \$ 948,654.65 |
| | ALTERNATE BID ITEM | | | | |
| 25 | CONTROL STRUCTURE TYPE H > 10' (5' x 10') | EA | 1 | \$ 36,500.00 | \$ 36,500.00 |
| - 20 | | | ' | ψ 30,300.00 | φ 30,000,00 |
| | | | | | |

Contractor's Signature:

Contractor's Name (Printed)

Contractor's Phone Number: 777-473-8
Contractor's Email Address: Ew mechanica contracting Ogmail.com

######

Listed from most recent first

Project number 1

Project name: Moorehen Marsh Low Energy Aquatic Plant System

Description and Size: Nutrient removal system for surface water destined for the Indian River Lagoon (IRL). Funded by a FDEP grant (\$10M), developed, and supervised by Indian River County Public Works, engineering by Kimberly-Horn, General Contractor Allen Masonry and Concrete, mechanical work by E&W Mechanical Contracting (\$2M). Built on 70 acres, adjacent to the Main relief canal (influent source) and downstream receiver of effluent. Eight scrubbers populated with water lettuce, supplied water by 1-60 hp submersible pump, and 1-40hp submersible pump, approximately 3,000 gpm. Complete automation system, bar screen, underground distribution piping (24" DI). Gravity discharge(weir at the far end of each of the scrubbers) back to the main relief canal. The water lettuce is to be periodically harvested and the sequestered nutrients transported to the Landfill. The effluent is designed to be lower in nutrient concentration due to the plant sequestration.

Location: Indian River County, Florida

Owners Representative:

Richard Reichenbach, Project Engineer

Indian River County

Public Works

772-226-4340

rreichenbach@ircgov.com

Value of Total Contract: \$10,000,000

Date of Completion: 2/20/2023

Firm's percentage of Contract: 20%

Number of Change Orders: 0

Value of Change Orders: 0

Was the Project Completed on schedule: no

Was the Project completed within budget: yes

Project 2

Project name: Venture Properties Industrial Park, Fire Pump

Description and Size: Emergency Standby Fire Pump Station, diesel powered, lake fed, 1,200 gpm@140 psi connected to underground 10" C-900 pipe and hydrants for the fire protection of an Industrial Park.

Location: Martin County, Florida

Owners Representative:

Devin Wheaton

Treasure Coast General Contractors

772-201-5426

treasurecoastgc@gmail.com

Value of Total Contract: \$50,000(labor only)

Date of Completion: 6/15/2023

Firm's percentage of Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was the Project Completed on schedule: yes

Was the Project completed within budget: yes

Project number 3

Project name: City of Cape Canaveral Wastewater Treatment Plant Emergency Bypass Pump

Description and Size: Standalone, diesel powered, headworks bypass pump to prevent the headworks

structure from overflowing during storm events.

Location: Brevard County, Florida

Owners Representative:

Jeff Ratliff, Capital Projects Director

City of Cape Canaveral

321-868-1220 ext.221

CapitalProjects@cityofcapecanaveral.org

Value of Total Contract: \$600,000

Date of Completion: 2/20/2022

Firm's percentage of Contract: 100

Number of Change Orders: 0

Value of Change Orders: 0

Was the Project Completed on schedule: yes

Was the Project completed within budget: yes

Project 4:

Project name: St. Andrews Towers hurricane Michael repairs Panama City, Fl.

Description and Size: St. Andrews Towers was a 14 story, 236-unit condominium that lost two exterior walls, indoor partition walls, the HVAC system, water pumps, electrical systems, roof, and flooring, to storm damage. Our task was to repair/replace the potable water, fire pumps, chilled water system, hot water(heating) system and replace 200 individual fan coil units. Hydronic piping and equipment.

Location: Bay County, Florida

Owners Representative:

Benchmark St. Andrews Towers Assoc. LP

Mark DellaBovi,

716-833-4986 ext 334

mtdellabovi@benchmarkgrp.com

Value of Total Contract: \$1,800,000

Date of Completion: 2/20/2021

Firm's percentage of Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was the Project Completed on schedule: yes

Was the Project completed within budget: yes

Project 5

Project name: VBHS Districtwide Chilled water plant

Description and Size: Plan, design, budget, obtain cost neutral financing, engineering, contracting, and Board(SDIRC) approval for a 1,600-ton chilled water plant that serves buildings in a 4-block area of Vero Beach. Underground piping includes 8 round crossings, multiple governmental agencies. Both supply and return lines to all buildings and connections/BAS and SCADA controls, 20 vfd's/pumps up to 140 hp, two chillers, one chiller with a magnetic levitating compressor shaft(s).

Location: Indian River County, Florida

Owners Representative:

John Earman, Director of the Physical Plant, SDIRC

Owners Representative

772-473-8554

Contractor:

Midstate Mechanical, Bob Fields, President

772-473-1208

bob@midstatemech.com

Value of Total Contract: \$14,000,000

Date of Completion: 2/20/2018

Firm's percentage of Contract: 100%

Number of Change Orders: 0

Value of Change Orders: 0

Was the Project Completed on schedule: yes

Was the Project completed within budget: yes

Project Management Plan

| | Project Management Flan | |
|----|--|--------------|
| 1 | Receive Recommendation of Award | E&W Staffing |
| 2 | Start submittal preperation | 1 |
| 3 | Contract Award | |
| 4 | Take site video, call for utility locates | 1 |
| 5 | Apply for Building Department Permits | 1 |
| 6 | Apply for Electric Service | 1 |
| 7 | Apply for address, install Address signage | 1 |
| 8 | Install silt fence, soil tracking prevention | 2 |
| 9 | Install security fence | vendor |
| 10 | Install turbidity barrier | 2 |
| 11 | Tree removal | vendor |
| 12 | stump removal/grubbing | 2+trucks |
| 13 | Install Coffer damn | 4 |
| 14 | install dewatering pump | 4 |
| 15 | install test plugs in leeward side pipes | 2 |
| 16 | Install pair of pipes, backfill/test | 3 |
| 17 | Install pump discharge pipe to waterstop | |
| 18 | Install Rip rap | |
| 19 | move plugs to new pipe | 2 |
| 20 | Install fiber conduit system | 3 |
| 21 | move coffer damn/pump to other side | 4 |
| 22 | Install pair of pipes, backfill/test | 3 |
| 23 | Install pump discharge pipe to waterstop | 3 |
| 24 | Install walkway pillings/stilling well | 3 |
| 25 | install catwalk | 2 |
| 26 | Install gates/rehab wetwell | 3 |
| 27 | finish grade | 2 |
| 28 | sod slopes | vendor |
| 29 | rough in ug electric and controls conduits | vendor |
| 30 | install walkway grates | 2 |
| 31 | remove coffer damn | 4 |
| 32 | remove turbity barriers/soil trap | 4 |
| 33 | finish sod | vendor |
| 34 | install fence/signage | vendor |
| 35 | remove plugs | 2 |
| 36 | install electric meter | vendor |
| 37 | final inspections/survey | 1 |
| 38 | documentation and verification | 1 |
| 39 | Owner training | 1 |
| 40 | Closeout documents | 1 |
| 41 | warranty letter | 1 |
| 42 | 1 year walk thru | 1 |
| | | |

Project Schedule

| Bid |
|--|
| Award |
| Notice to Proceed |
| Apply for Permit (separate Clearing Permit), address |
| Submittals/order coffer damn |
| Release long lead items |
| take video/locates |
| install NPDS devices/security fence, construction sign/turbidity barriers |
| remove trees and stumps |
| Permits, install first pair of pipes, discharge pipes(partial) |
| Install rip rap |
| move to the other side, install pipes/colums/ stilling well/rip rap/pump/walkw |
| rough in fiber, electric, instrumentation conduits/rehab wet well |
| grade/sod/remove coffer damn/ turbitity barrier/gates |
| install fence/signage/trim out electric/controls |
| final inspections/documentation/closeout docs |
| Owner training |
| |



Bid Bond

CONTRACTOR:

(Name, legal status and address) E & W MECHANICAL CONTRACTING LLC SURETY:

(Name, legal status and principal place PO Box 73909 of business)

United Fire & Casualty Company

Cedar Rapids, IA 52407-3909

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

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

1720 Copenhaver Road Fort Pierce, FL 34945

OWNER:

(Name, legal status and address) City of Port St. Lucie

121 SW Port St. Lucie Blvd. Building A, Room 390 Port St. Lucie, FL 34984

BOND AMOUNT: (5%) Five Percent of Amount Bid

PROJECT:

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

E-Bid Number: 20230073, Rehabilitation / Modification to SWW-1 Water Control Structure

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

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

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

Signed and sealed this 25th

day of July

E & W MECHANICAL CONTRACTING LLC

(Principal) (Title)

(Seal)

(Witness)

lalt.

United Fire & Casualty Company

(l'ille) Gloria A. Richards , Attorney-in-Fact & Florida Licensed Resident Agent
CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that

Inquiries: (407) 786-7770

changes will not be obscured

(m)ss) Sophia Golecki

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UNITED FIRE & CASUALTY COMPANY, CEDAR RAPIDS, IA UNITED FIRE & INDEMNITY COMPANY, WEBSTER, TX FINANCIAL PACIFIC INSURANCE COMPANY, LOS ANGELES, CA CERTIFIED COPY OF POWER OF A TORNEY

(original on file at Home Office of Company - See Certification)

Inquiries: Surety Department 118 Second Ave SE Cedar Rapids, IA 52401

KNOW ALL PERSONS BY THESE PRESENTS, That United Fire & Casualty Company, a corporation duly organized and existing under the laws of the State of Iowa, United Fire & Indemnity Company, a corporation duly organized and existing under the laws of the State of Texas; and Financial Pacific Insurance Company, a corporation duly organized and existing under the laws of the State of California (herein collectively called the Companies), and having their corporate headquarters in Cedar Rapids, State of Iowa, does make, constitute and appoint

KIM E. NIV, JEFFREY W. REICH, SUSAN L. REICH, TERESA L. DURHAM, GLORIA A. RICHARDS, LISA A. ROSELAND, SONJA AMANDA FLOREE HARRIS, CHERYL A. FOLEY, ROBERT P. O'LINN, SARAH K. O'LINN, EMILY J. GOLECKI, NATHAN K. REICH, EACH INDIVIDUALLY

their true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature provided that no single obligation shall exceed \$100,000,000.00 and to bind the Companies thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Companies and all of the acts of said Attorney, pursuant to the authority hereby given and hereby ratified and confirmed.

The Authority hereby granted is continuous and shall remain in full force and effect until revoked by United Fire & Casualty Company, United Fire & Indemnity Company, and Financial Pacific Insurance Company.

This Power of Attorney is made and executed pursuant to and by authority of the following bylaw duly adopted by the Boards of Directors of United Fire & Casualty Company, United Fire & Indemnity Company, and Financial Pacific Insurance Company.

"Article VI - Surety Bonds and Undertakings"

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Companies may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Companies in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby: such signature and seal, when so used, being adopted by the Companies as the original signature of such officer and the original seal of the Companies, to be valid and binding upon the Companies with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set of forth in their respective certificates of authority shall have full power to bind the Companies by their signature and execution of any such instruments and to attach the seal the Companies thereto. The President or any Vice President, the Board of Directors or any other officer of the Companies may at any time revoke all power and authority previously given to any attomey-in-fact.

> IN WITNESS WHEREOF, the COMPANIES have each caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this

24th day of January, 2023







UNITED FIRE & CASUALTY COMPANY UNITED FIRE & INDEMNITY COMPANY FINANCIAL PACIFIC INSURANCE COMPANY

Vice President

State of Iowa, County of Linn, ss:

On 24th day of January, 2023, before me personally came Dennis J. Richmann

to me known, who being by me duly sworn, did depose and say; that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of United Fire & Casualty Company, a Vice President of United Fire & Indemnity Company, and a Vice President of Financial Pacific Insurance Company the corporations described in and which executed the above instrument; that he knows the seal of said corporations; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporations and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporations



Judith A. Jones Iowa Notarial Seal Commission number 173041 My Commission Expires 4/23/2024

My commission expires: 4/23/2024

1. Mary A. Bertsch, Assistant Secretary of United Fire & Casualty Company and Assistant Secretary of United Fire & Indemnity Company, and Assistant Secretary of Financial Pacific Insurance Company, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the bylaws and resolutions of said Corporations as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID CORPORATIONS, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said Corporations this 25 th day of July 20 23 this 25 th day of _





By: Mary A Bartsch
Assistant Secretary.



Melanie S. Griffin, Secretary



DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION STATE OF FLORIDA

CONSTRUCTION INDUSTRY LICENSING BOARD

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

WHEATON, DEVIN THOMAS

E& W MECHANICAL CONTRACTING LLC 1720 GOPENHAVER RD FORT PIERGE FL 34945

LICENSE NUMBER: CGC1532884

EXPIRATION DATE: AUGUST 31, 2024

Always verify licenses online at MyFloridaLicense.com



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Melanie S. Griffin, Secretary



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

EARMAN, JOHN DEWITT

E&W MECHANICAL CONTRACTING LLC 885 44TH COURT VERO BEACH FL 32966

LICENSE NUMBER: CMC1250760

EXPIRATION DATE: AUGUST 31, 2024

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ATTACHMENT E - E-BID #20230073

CONTRACTOR'S GENERAL INFORMATION WORKSHEET/QUESTIONNAIRE E-Bid #20230073 – ATTACHMENT E

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.

| Dat | ted at 1720 Copenhaver Road., Ft. Pierce, FL (Location) | 34945 , this 31 day of July , 2023 | |
|----------------|--|--|------|
| | me of Organization/Contractor: E & W Me | chanical Contracting, LLC | |
| By: | John Earman Managing Partner Name and Title | | |
| | • | ndividual or other? | |
| 2. | Firm's name and main office address, tele | | |
| | Name: E & W Mechanical Contraction Address: 1720 Copenhaver Road. | | |
| | | | |
| | Telephone Number: 772-473-8554 | | |
| | Fax Number: | | |
| | | | |
| 3. | Contact person: John Earman | Email: ewmechanicalcontracting@gmail.com | |
| 3. 4. | Contact person: John Earman Firm's previous names (if any). N/A | | |
| | | | |
| 4. | Firm's previous names (if any). N/A How many years has your organization Has your firm ever received a cure no | | |
| 4. 5. | Firm's previous names (if any)N/A How many years has your organization Has your firm ever received a cure no If yes, please explain: ADDENDUM ACKNOWLEDGMI | on been in business? 1 tice from a government entity? () Yes () No ENT - Bidder acknowledges that the following addenda have leading to the second of th | been |
| 4. 5. 6. | Firm's previous names (if any)N/A How many years has your organization Has your firm ever received a cure no If yes, please explain: | on been in business? 1 tice from a government entity? () Yes (/) No ENT - Bidder acknowledges that the following addenda have I sal/bid: | been |
| 4. 5. 6. | Firm's previous names (if any). N/A How many years has your organization Has your firm ever received a cure not lif yes, please explain: ADDENDUM ACKNOWLEDGMI received and are included in its propo | on been in business? 1 tice from a government entity? () Yes (/) No ENT - Bidder acknowledges that the following addenda have I sal/bid: | been |

- 8. Provide a Detailed Project Management Plan for the project. This is a mandatory document.
- 9. Provide the Proposed Project Schedule. This is a mandatory document.
- 10. List five (5) water control structure rehabilitation / modification projects (can be new construction) similar to this project completed by your firm along with a brief description of project, location of project, client name, client phone number, 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.

| Project Number I |
|--|
| Project Name: See attached list for completed projects |
| Description & size: |
| |
| |
| Location: |
| Client Name, Phone Number & Email: |
| Value of Total Contract: |
| Date of Completion: |
| Firm's Percentage of Total Contract: |
| Number of Change Orders: |
| Value of Change Orders: |
| Was Project Completed on Schedule: |
| Was Project Completed within Budget? |
| Project Number 2 |
| Project Name: |
| Description & size: |
| |
| |
| Location: |
| Client Name, Phone Number & Email: |
| Value of Total Contract: |
| Date of Completion: |
| Firm's Percentage of Total Contract: |
| Number of Change Orders: |
| Value of Change Orders: |
| Was Project Completed on Schedule: |
| Was Project Completed within Budget? |
| Project Number 3 |
| Project Name: |
| |

| ATTACHMENT E - E-BID #20230073 | |
|--------------------------------------|--|
| Description & size: | |
| | |
| | |
| Location: | |
| Client Name, Phone Number & Email: | |
| Value of Total Contract: | |
| Date of Completion: | |
| Firm's Percentage of Total Contract: | |
| Number of Change Orders: | |
| Value of Change Orders: | |
| Was Project Completed on Schedule: | |
| Was Project Completed within Budget? | |
| Project Number 4 | |
| Project Name: | |
| Description & size: | |
| Description & size. | |
| | |
| Location: | |
| Client Name, Phone Number & Email: | |
| Value of Total Contract: | |
| Date of Completion: | |
| Firm's Percentage of Total Contract: | |
| Number of Change Orders: | |
| Value of Change Orders: | |
| Was Project Completed on Schedule: | |
| Was Project Completed within Budget? | |
| Project Number 5 | |
| Project Name: | |
| Description & size: | |
| | |
| | |
| Location: | |
| Client Name, Phone Number & Email: | |
| Value of Total Contract: | |
| Date of Completion: | |
| Firm's Percentage of Total Contract: | |
| Number of Change Orders: | |

| ATTACHMENT E - E-BID #202300 | 73 | |
|--|---|--|
| Value of Change Orders: | | |
| Was Project Completed on Sch | nedule: | |
| Was Project Completed within | Budget? | |
| ist subcontractors and major material suppliers for the project. Include telephone numbers. Insert addition heets if necessary. Attach all licenses and certifications that qualify them to perform the work. Electro Design Engineering, Inc 813-621-0121 | | |
| MWI Pumps 954-834-1056 | | |
| Golden Harvest Slide Gates | 863-835-0952 | |
| R.K Contractors, Inc 772-20 | 1-5298 | |
| Adron Fence 772-216-0999 | | |
| Contractor; refused to enter into a he past five (5) years or been de | ncipals of the applicant organization failed to qualify as a responsite contract after an award has been made; failed to complete a contract during the clared to be in default in any contract or been assessed liquidated damage. | |
| in the last five (5) years? List the | e name of project, location, client, engineer, date and reason. Use addition | |
| in the last five (5) years? List the pages if needed. | e name of project, location, client, engineer, date and reason. Use addition re Failure to Complete Work Occurred: | |
| in the last five (5) years? List the pages if needed. Total Number of Projects when | e name of project, location, client, engineer, date and reason. Use addition | |
| in the last five (5) years? List the pages if needed. Total Number of Projects when Project Name: | e name of project, location, client, engineer, date and reason. Use addition re Failure to Complete Work Occurred: <u>N/A</u> | |
| in the last five (5) years? List the pages if needed. Total Number of Projects when Project Name: Project Location: | e name of project, location, client, engineer, date and reason. Use addition re Failure to Complete Work Occurred: N/A Project Number 1 | |
| in the last five (5) years? List the pages if needed. Total Number of Projects when Project Name: Project Location: Client Name and Phone Numb | re Failure to Complete Work Occurred: N/A Project Number 1 | |
| in the last five (5) years? List the pages if needed. Total Number of Projects when Project Name: Project Location: Client Name and Phone Number Engineer Name and Phone Number Number (19) years? List the pages if needed. | re Failure to Complete Work Occurred: N/A Project Number 1 | |
| in the last five (5) years? List the pages if needed. Total Number of Projects when Project Name: Project Location: Client Name and Phone Numb Engineer Name and Phone Numb Date: | e name of project, location, client, engineer, date and reason. Use addition re Failure to Complete Work Occurred: N/A Project Number 1 | |
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| in the last five (5) years? List the pages if needed. Total Number of Projects when Project Name: Project Name: Project Location: Client Name and Phone Numb Engineer Name And Phone Numb Eng | e name of project, location, client, engineer, date and reason. Use addition re Failure to Complete Work Occurred: | |

Page 4 of 13

16.

| (N/A is not an acc | eptable answer - insert l | ines if needed) | |
|-----------------------------|---------------------------|-----------------------|------------------------------|
| List any judgment None | s from lawsuits in the la | st five (5) years: | |
| (N/A is not an acc | eptable answer - insert l | ines if needed) | |
| List any criminal v None | violations and/or convic | tions of the Proposer | and/or any of its principals |
| (N/A is not an acc | eptable answer - insert l | ines if needed) | |

F&WCO-1

OP ID: NC

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/31/2023

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.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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). CONTACT Richard H. Martiniuk 772-334-5822 PRODUCER FAX (A/C, No): 772-334-0940 Kearns Agency of Florida Inc. P O Box 1849 PHONE (A/C, No. Ext): 772-334-5822 E Maless: Richard@kearnsinsgroup.com Jensen Beach, FL 34958 Richard H. Martiniuk INSURER(S) AFFORDING COVERAGE 16890 INSURER A: Accelerant Specialty Insurance INSURED E & W Contracting LLC 1720 Copenhaver Rd Fort Pierce, FL 34945 INSURER B : INSURER C: INSURER D : INSURER F **COVERAGES CERTIFICATE NUMBER:** REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP ADDL SUBR LIMITS POLICY NUMBER TYPE OF INSURANCE 1,000,000 X COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 S0031GL000069 01/10/2023 01/10/2024 X CLAIMS-MADE 5,000 MED EXP (Any one person) S 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 PRO-JECT PRODUCTS - COMP/OP AGG \$ POLICY OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) s NON-OWNED HIRED AUTOS ONLY UMRRELLA LIAB EACH OCCURRENCE 3 EXCESS LIAB CLAIMS-MADE AGGREGATE S DED RETENTIONS PER STATUTE OTH-ER WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E L EACH ACCIDENT \$ E L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CANCELLATION CERTIFICATE HOLDER CITYPSL SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Port St. Lucie 121 SW Port St. Lucie Blvd. AUTHORIZED REPRESENTATIVE Port St. Lucie, FL 34984 Richard H. Martiniuk

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. 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 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 <u>DemandStar's Website</u> for retrieval. All notice of intent to award documentation will be published on the <u>City Clerk's Website</u>. 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 I | lame: John Earman |
|---------|--|
| Denni2 | Outil |
| Compa | ny and Job Title: E & W Mechanical Contracting, LLC Managing Partner |
| Date: | 7/31/23 |



"A City for All Ages"

E-BID #20230073 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, <u>City official</u>, 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

ATTACHMENT E - E-BID #20230073

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.
- o 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/Propo | SET E & W Mechanical Contracting, LLC |
|-----------------------------|---------------------------------------|
| Signature John | |
| Printed Name and Title John | n Earman Managing Partner |
| D | |
| Date 7/31/23 | |

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.

CITY OF PORT ST. LUCIE, FLORIDA SEALED BID NO. 20230073

TRENCH SAFETY ACT COMPLIANCE STATEMENT

Project Location: Various Locations

Instructions:

. . . .

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

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

Certification

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

| | 0.00 | Dollars | |
|-----|------------------|--|------------------------|
| | | (Written) | (Figures) |
| 3. | The amour | nt listed above has been included within | the Base Bid. |
| | Certified: | E & W Mechanical Contracting, LLC | |
| | | (Company-Contractor) | |
| | By: | John Earman Managing Partner | |
| | - | (President's Signature) | |
| | | (President's Typed or Prin | ted Name) |
| Swo | rn to and su | bscribed before me in Stillige | County, Florida on the |
| day | of <u>July 3</u> | , 20 <u>23</u> . | TARY PUBLIC |
| | | Notary Public State of Florida Colleen Sue Hayes | |

Expires 3/15/2027

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 | Applied tending |
|--|--|
| Date of Authorization | |
| Name of Contractor | E & W Mechanical Contracting, LLC |
| Name of Project | Rehab/Mod to SWW-1 Water Control Structure |
| Solicitation Number (If Applicable) | 20230073 |
| I hereby declare under penalty of perjury th | at the foregoing is true and correct. 31315, 20,237 in Ff. Pierre (city), Fl. (state). |
| Adultus Signature of Authorized Officer | John Carman Managing partner Printed Name and Title of Authorized Officer of Agent |
| SUBSCRIBED AND SWORN BEFORE ME | |
| ON THIS THE 31ST DAY OF JULY | ,20 <u></u> 23 |
| NOTARY PUBLIC | Notary Public State of Florida Colleen Sue Hayes My Commission MH 333852 Expires 3/15/2027 |
| My Commission Expires: 3/13/07/ | Expires 3/19/2027 |

NON-COLLUSION AFFIDAVIT Solicitation 20230073

| State | of Florida | • |
|-------|----------------------------|---|
| Cour | ity of 54. Lucie | } |
| | John Earman | , being first duly sworn, disposes and says that: |
| | (Name/s) | 10 11 |
| 1. | They are managing partners | E & W Mechanica Contacthe Froposer 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) Lanaging partner

| STATE OF FLORIDA } COUNTY OF ST. LUCIE} SS: | |
|---|--|
| | efore me this (Date) July 31st, 2023 |
| The foregoing instrument was acknowledged b | etore me this (Date) OVIY SI , POS |
| by: John Earman | who is personally known to me or who has produced |
| DL | as identification and who did (did not) take an oath. |
| Commission No. <u>HH 333652</u> | |
| Notary Print: C. Hayes | Notary Public State of Florida Colleen Sue Hayes My Commission HH 333852 |
| Notary Signature: | Expires 3/15/2027 |

DRUG-FREE WORKPLACE FORM E-Bid # 20230073

| The undersigned Contractor is | n accordance with Florida Statute | 287.087 hereby certifies that |
|-------------------------------|-----------------------------------|-------------------------------|
| | E & W Mechanical Contracting, LLC | does: |
| | (Name of Business) | |

- Publish a statement notifying employees that the unlawful manufacture, 1... 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.
- Give each employee engaged in providing the commodities or contractual services 3. 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
7/31/2023

(Rev. October 2018) Department of the Treasury

Request for Taxpayer Identification Number and Certification

wire gov/FormW9 for instructions and the latest information.

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

| | | A A I A Abrilla III - Literate | | | | | | | | |
|--|--|--|--|---|--|---|--|-------------------------|---|--|
| | 1 Name (as shown on your income tax return). Name is required on this line; | do not leave this line blank. | | | | | | | | |
| | E & W Mechanical Contracting LLC | | | | | | | | | |
| | 2 Business name/disregarded entity name, if different from above | | | | | | | | | |
| Print or type. See Specific Instructions on page 3. | | | | | | | | | | |
| | | | | | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3); | | | | | |
| | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ True single-member LLC | | | state | ate Exempt payee code (if any) | | | | | |
| 8 5 | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) 4 S | | | | | | | | | |
| Print or type. c Instructions | Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is classified as a single-member LLC that is discharged to the property of the control of the LLC is controlled to the control of the last of the | | | | exemption from FATCA reporting code (if any) | | | | | |
| <u> </u> | is disregarded from the owner should check the appropriate box for the | tax classification of its owner | | | | | | | | |
| <u>Š</u> | Other (see instructions) ⁸ | | | | | NODER CLS | | | JUISIGE | ine U 5; |
| Š | 5 Address (number, street, and apt, or suite no) See instructions. | Rec | luester's | name | e and a | aress (o | ptiona | 11) | | |
| 8 | 1720 Copenhaver Road | | | | | | | | | |
| တ | 6 City, state, and ZIP code | | | | | | | | | |
| | Ft. Pierce, FL 34945 | | _ | | | | | | | |
| | 7 List account number(s) here (optional) | | | | | | | | | |
| | | | | | | | | | | |
| Pai | Taxpayer Identification Number (TIN) | | | | | | | | | |
| P 4 | your TIN in the appropriate box. The TIN provided must match the n | ame given on line 1 to avoid | So | cial s | ecurity | number | | | | |
| back | up withholding. For individuals, this is generally your social security n | umber (SSN). However, IDI a or Part I. later. For other | | | | |] - | | | |
| entitie | es, it is your employer identification number (EIN), If you do not have | a number, see How to get a | or | | | | | _ | | |
| TIN, I | ater. | | - 2-to- | r identification number | | | | | | |
| Mata | | 1 Alon one IMbat Alama and | l En | ilbină | er iden | uncauci | | 200 | | - 1 |
| Alumi | : If the account is in more than one name, see the instructions for line | 1. Also see What Name and | En | ipidy | er iden | IIICauci | T | 1 | 1 | |
| Numi | : If the account is in more than one name, see the instructions for line ber To Give the Requester for guidelines on whose number to enter. | 1. Also see What Name and | | Γ | er iden | 1 0 | T | 7 | 0 | 6 |
| Numi | ber To Give the Requester for guidelines on whose number to enter. | : 1. Also see What Name and | 8 | 8 | | TT | T | | 0 | 6 |
| Num! Par | t II Certification | 1. Also see What Name and | | Γ | | TT | T | | 0 | 6 |
| Par | t I Certification To penalties of periury. I certify that: | | 8 | 8 | _2 | 1 0 | 5 | | 0 | 6 |
| Par Unde 1. Th 2. I as | t II Certification | mber (or I am waiting for a nu | 8 amber to | 8 beer beer | 2 issued | 1 0 | and e Inte | 7 | l Rev | enue |
| Par Unde 1. Th 2. Lar Se no 3. La | til Certification If penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification numer not subject to backup withholding because: (a) I am exempt from I rice (IRS) that I am subject to backup withholding as a result of a fail longer subject to backup withholding; and m a U.S. citizen or other U.S. person (defined below); and | mber (or I am waiting for a ne packup withholding, or (b) I h lure to report all interest or d | 8 amber to ave not vidends | B beer s, or | 2 issued | 1 0 | and e Inte | 7 | l Rev | enue |
| Par Unde 1. Th 2. Lar Se no 3. Lar | till Certification or penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification number subject to backup withholding because: (a) I am exempt from I note (IRS) that I am subject to backup withholding as a result of a fail longer subject to backup withholding; and on a U.S. citizen or other U.S. person (defined below); and one FATCA code(s) entered on this form (if any) indicating that I am exe | mber (or I am waiting for a nu packup withholding, or (b) I halure to report all interest or d | amber to | 8 beer s, or | issued notifie | to me); ed by th | and e Inte | 7 ernalied | l Rev | enue nat I an |
| Part Unde 1. Th 2. I at Se no 3. I at 4. Th Certifyou h | till Certification If penalties of perjury, I certify that: e number shown on this form is my correct taxpayer identification nument subject to backup withholding because: (a) I am exempt from I rvice (IRS) that I am subject to backup withholding as a result of a faillonger subject to backup withholding; and | mber (or I am waiting for a no packup withholding, or (b) I h lure to report all interest or d impt from FATCA reporting is a notified by the IRS that you a estate transactions, item 2 do witings to an individual reliens | amber to ave not vidends correct re currer es not a ent area. | B be been s, or the ntly s pply. | issued in notific (c) the ubject For moent (IR) | to me); ed by th IRS has | and e Inter- intere | 7 ernalied | I Rev me ti | enue nat I an becaus |
| Part Unde 1. Th 2. I at Se no 3. I at 4. Th Certifyou h | ter To Give the Requester for guidelines on whose number to enter. It II Certification If penalties of perjury, I certify that: If enumber shown on this form is my correct taxpayer identification numer not subject to backup withholding because: (a) I am exempt from I not subject to backup withholding as a result of a fail longer subject to backup withholding; and If a U.S. citizen or other U.S. person (defined below); and If a EATCA code(s) entered on this form (if any) indicating that I am exempted in the subject to report all interest and dividends on your tax return. For real sistion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification. If Signature of | mber (or I am waiting for a no packup withholding, or (b) I h lure to report all interest or d impt from FATCA reporting is a notified by the IRS that you a estate transactions, item 2 do witings to an individual reliens | amber to ave not vidends correct re currer end a ent arrar orrect Ti | 8 be beer s, or line spely. See spely. See spely. | issued in notific (c) the ubject For moent (IR) | to me); ed by th IRS has | and e Inter- intere | 7 ernalied | I Rev me ti | enue nat I an becaus |
| Par Unde 1. Th 2. I at Se no 3. I at 4. Th Certi you h acquire other other other | till Certification If penalties of perjury, I certify that: If enumber shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number subject to backup withholding because: (a) I am exempt from I note: (IRS) that I am subject to backup withholding as a result of a fail longer subject to backup withholding; and If a U.S. citizen or other U.S. person (defined below); and If a EATCA code(s) entered on this form (if any) indicating that I am exempted in the failed to report all interest and dividends on your tax return. For real sistion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification of the certif | mber (or I am waiting for a no backup withholding, or (b) I halve to report all interest or d impt from FATCA reporting is a notified by the IRS that you a estate transactions, item 2 do utions to an individual retirement, but you must provide your co Date • Form 1099-DIV (divide funds) | mber to ave not vidends correct re current arrangements, including a sent arrangements are a sent arrangements. | 8 beer beer s, or the state of | issued in notifie (c) the ubject For ment (IR/ce the infinity and those the infinity and the infinity and those the infinity and the infi | to me); ed by the IRS has to backer to packer to packer to packer to backer | and e Inter notifications for stock | 7 ernal fied thhorst pa | I Rev me the Iding aid, paym rt II, I | enue nat I an becaus nents ater. |
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| Par Unde 1. Th 2. I at Se no 3. I a 4. Th Certifyou h acquire other Ge Section note: | Certification If penalties of perjury, I certify that: If e number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on this form is my correct taxpayer identification number shown on the same set in the subject to backup withholding because: (a) I am exempt from I longer subject to backup withholding; and If a U.S. citizen or other U.S. person (defined below); and If a EATCA code(s) entered on this form (if any) indicating that I am exempted property in the penaltic point in the same shown or abandonment of secured property, cancellation of debt, contribution or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the captification. If a Signature of U.S. person is signature of U.S. person is needed to the Internal Revenue Code unless otherwise. | mber (or I am waiting for a no backup withholding, or (b) I halve to report all interest or d impt from FATCA reporting is a notified by the IRS that you a estate transactions, item 2 do utions to an individual retirement, but you must provide your con- bate • Form 1099-DIV (divided funds) • Form 1099-MISC (var | mber to ave not vidends correct re currenes not a ant arranderect Timends, including type remutus | 8 be beer s, or lit. ntly s pply. ligem N. So | issued a notification of the last state of the l | to me); ed by the IRS has to backer trigage in A), and g nstruction to backer trigage in A), and g nstruction to backer trigage in A), and g nstruction | and e Inter notifit up with the properties one for stock | 7 rhhoost pally, or Pa | I Rev me the lding aid, paym art II, I | enue nat I an becaus nents ater. |

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-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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

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

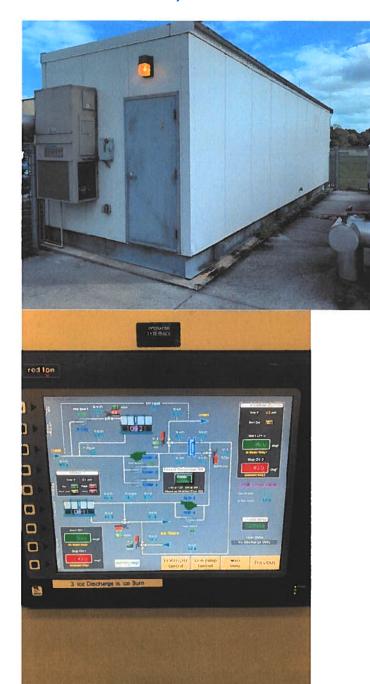
885 44th Court Vero Beach, Fl 32966 772-473-8554 Crackerjohn1735@yahoo.com (personal) jearman@eeandg.com (work)

PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

Photos of Completed projects

2003-2010
Indian River County
School Board, Central
Energy Plants and Thermal
Energy Storage.

Multiple Sites: Indian
River Academy, Glendale
Elementary, Pelican
Island Elementary,
Sebastian Elementary,
Citrus Elementary,
Sebastian River Middle
School, Fellsmere
Elementary.
Responsibilities:
Superintendent/Project
Manager
Estimated value: \$35M



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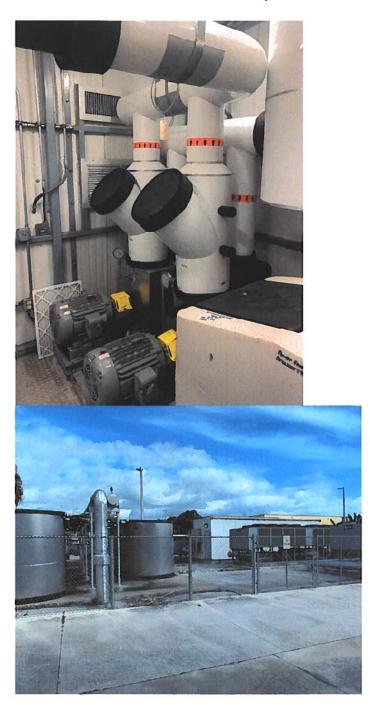
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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

Completed General Contracting projects

Sea Oaks Tennis Club house and Villa renovations







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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

Indian River Estates ACLF- New Chapel, \$1.2M



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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

2011

Indian River County
Utilities, Operations
Center/Warehouse/Regional
Waste Water Repump
Station.

4100 43rd Ave, Vero
Beach, Fl.
Warehouse, outside
storage, office building,
2-30' wet
wells/pumps/odor control.
Responsibilities:
Superintendent/Project
Manager
Estimated value: \$12M



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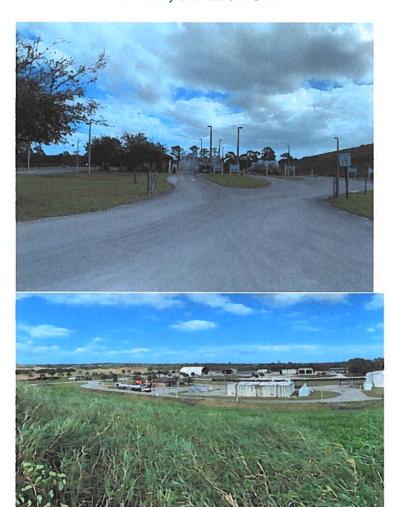




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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

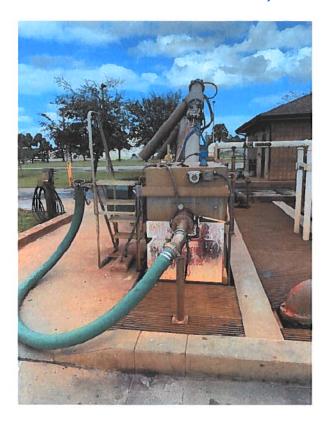
2012 Indian River County Utilities, Biosolids Dewatering Facility 904 74 Avenue S.W., Vero Beach, Florida Septage, Sewage, Sludge, Grease receiving and processing facility. Receiving equipment to remove grit and rags (Lakeside), positive aeration (3 tanks-CIP), centrifuge, cake disposal(landfill), 250K gal GST, centrate and leachate alum treatment and storage, pumping to treatment plant. AB/Wonderware/DFS Automation and telemetry. Office building. Responsibilities: Superintendent/Project Manager Estimated value: \$10M



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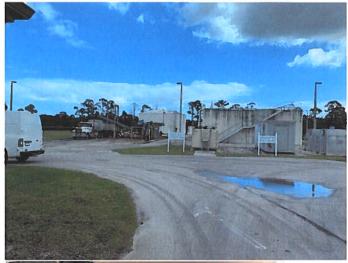


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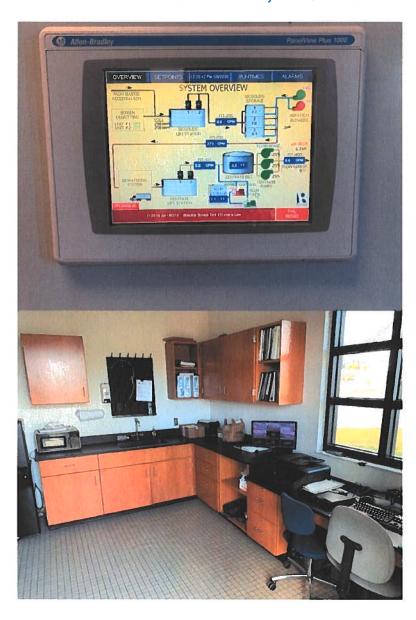
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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

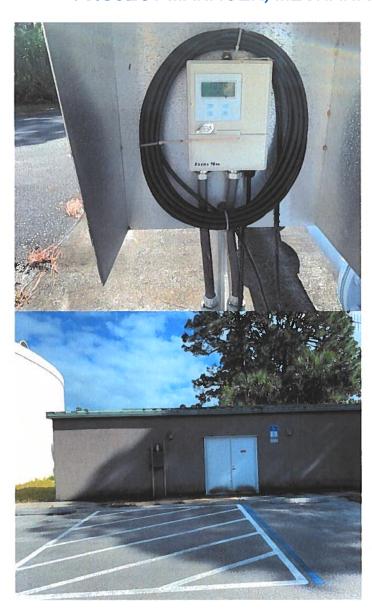
2013

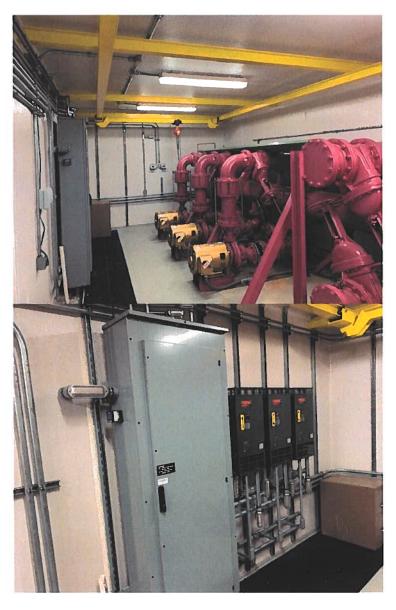
Indian River County Utilities, Reuse Repump Station

5600 77th Street, Vero
Beach, Florida
3M gal. GST, 3,000 gpm
pumps (3) on VFD's,
AB/Wonderware/DFS
Automation and telemetry.
Prefabricated pump
station.
Responsibilities:
Superintendent/Project
Manager
Estimated value: \$3.5M



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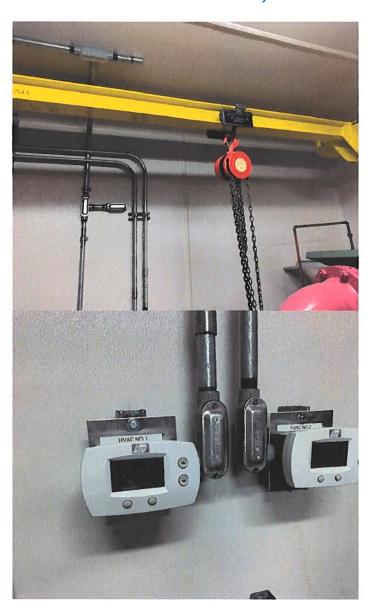
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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

2014-2017
Indian River County
School Board, Vero Beach
Districtwide Central
Energy Plant.

1625 20th Ave. Vero Beach, Florida 1600 ton chilled water loop serving the cooling needs of Vero Beach High School, The preforming Arts Center, The Citrus Bowl, and The Freshman Learning Center. Underground HDPE piping and pumps serving 4 city blocks, directional bores under major roadways. Chillers (2), pumps (3-100 hp), cooling towers (2), Johnson Controls. Responsibilities: Owners representative, Concept creation, design team manager, Project presentations to the public and Board, funding facilitator, design coordinator, construction oversight. Estimated value: \$14M

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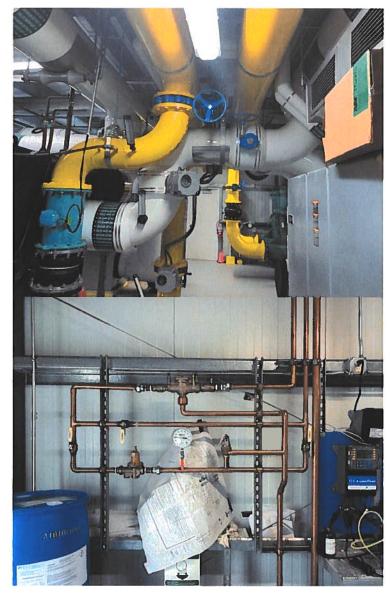


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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

2018-2020
Benchmark Property
Management, St Andrews
Towers Disaster Recovery
new HVAC system.

new HVAC system.

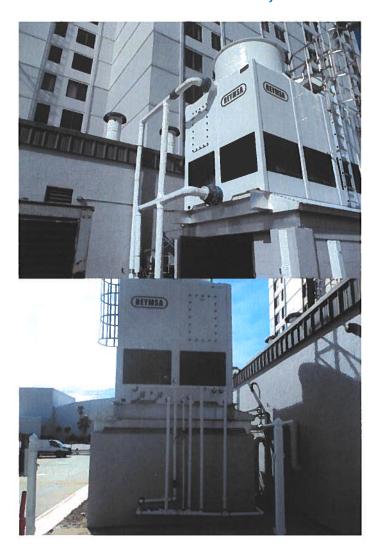
25 Harrison Ave. Panama
City, Florida
Remove and Install new
Cooling tower, triplex
pump station, riser
piping, and fan coil
units, in 14 story
condominium.
Responsibilities:
Mechanical Contracting
services
Estimated value: \$1.8M



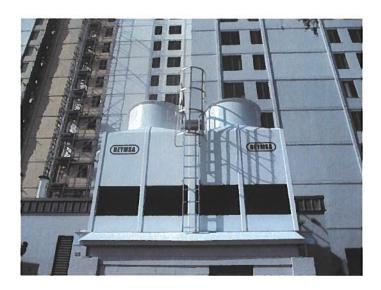
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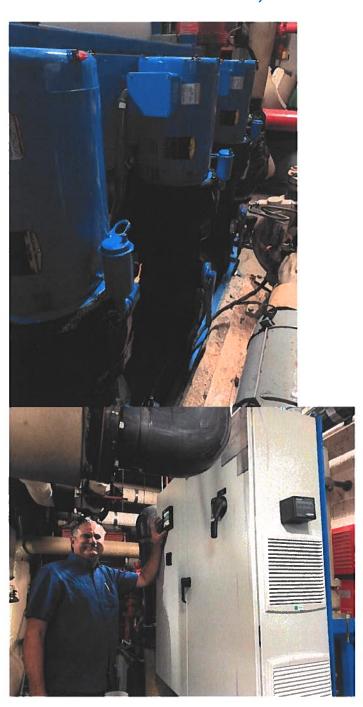


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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR



2020-2021 City of Cape Canaveral Central WasteWater Treatment Plant Emergency Bypass Pump



NASA-Artimus Project Launch Pad 39B Fire Pump Replacement Project



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PROJECT MANAGER, MECHANICAL CONTRACTOR, DIRECTOR

References

Terry Sutherd, Director of Operations, Indian River County Utilities 772-226-3400

Richard Meckes, Manager, Waste Water Operations, Indian River County Utilities 772-226-3400

Fred Trippensee, Sales Representative, Lakeside Equipment Corp.

Bob Fields, President, Mid State Mechanical 772-567-3102

Brad Schuh, President, Summit Construction 772-794-2099