



COLLIER COUNTY
BOARD OF COUNTY COMMISSIONERS

CONSTRUCTION INVITATION TO BID

FOR

PINE RIDGE CANAL WEIR REPLACEMENT

SOLICITATION NO.: 18-7476

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PROCUREMENT SERVICES DIVISION
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This proposal solicitation document is prepared in a Microsoft Word format (Rev 8/22/2017). Any alterations to this document made by the Vendor may be grounds for rejection of proposal, cancellation of any subsequent award, or any other legal remedies available to the Collier County Government.



INVITATION TO BID - COUNTY BID NO. 18-7476

PINE RIDGE CANAL WEIR REPLACEMENT

Sealed bids for the construction of Pine Ridge Canal Weir Replacement will be received electronically until **3:00 P.M. LOCAL TIME**, on the **26th** day of **September on the County's on-line bidding system: <https://www.bidsync.com/bidsync-cas/>**. All bids will be publicly opened and read aloud. Any bids received after the time and date specified will not be accepted and shall be returned unopened to the Bidder. The anticipated project budget is: \$1,000,000.00

A pre-bid conference has been waived for this project.

Bids shall be received on line by the Bid Date of September 26th, 2018. No bid shall be considered unless it is made on unaltered Bid forms which are included in the Bidding Documents. One contract will be awarded for all Work. Bidding Documents may be examined on the Collier County Procurement Services Division Online Bidding System website: <https://www.bidsync.com/bidsync-cas/>. Copies of the Bidding Documents may be obtained only from the denoted website. Bidding Documents obtained from sources other than the Collier County Procurement Services Division website may not be accurate or current.

Each bid shall be accompanied by a certified or cashier's check or a Bid Bond in an amount not less than five percent (5%) of the total Bid to be retained as liquidated damages in the event the Successful Bidder fails to execute the Agreement and file the required bonds and insurance within ten (10) calendar days after the receipt of the Notice of Award. The Successful Bidder acknowledges and agrees that it shall execute the Agreement in the form attached hereto and incorporated herein.

The Successful Bidder shall be required to furnish the necessary Payment and Performance Bonds, as prescribed in the General Conditions of the Contract Documents. All Bid Bonds, Payment and Performance Bonds, Insurance Contracts and Certificates of Insurance shall be either executed by or countersigned by a licensed resident agent of the surety or insurance company having its place of business in the State of Florida. Further, the said surety or insurance company shall be duly licensed and qualified to do business in the State of Florida. Attorneys-in-fact that sign Bid Bonds or Payment and Performance Bonds must file with each bond a certified and effective dated copy of their Power of Attorney.

In order to perform public work, the Successful Bidder shall, as applicable, hold or obtain such contractor's and business licenses, certifications and registrations as required by State statutes and County ordinances. Before a contract will be awarded for the Work contemplated herein, the Owner shall conduct such investigations as it deems necessary to determine the performance record and ability of the apparent low Bidder to perform the size and type of work specified in the Bidding Documents. Upon request, the Bidder shall submit such information as deemed necessary by the Owner to evaluate the Bidder's qualifications.

The Successful Bidder shall be required to finally complete all Work within **One Hundred and Fifty (150)** calendar days from and after the Commencement Date specified in the Notice to Proceed. The final completion days includes substantial completion days of **One Hundred and Twenty (120)** calendar days, with an additional **Thirty (30)** calendar days to final completion. Should Contractor fail to achieve Substantial Completion within the number of calendar days established herein, Owner shall be entitled to assess, as liquidated damages, but not as a penalty, **One Thousand Five Hundred Thirty-Two Dollars (\$1,532)** for each calendar day thereafter until Substantial Completion is achieved. Unless otherwise specified, work will be limited to the hours of 7:00 am a.m. to 7:00 pm p.m., Monday through Friday. The Owner reserves the right to reject all Bids or any Bid not conforming to the intent and purpose of the Bidding Documents, and to postpone the award of the contract for a period of time which, however, shall not extend beyond one hundred twenty (120) days from the bid opening date without the consent of the Successful Bidder.

BOARD OF COUNTY COMMISSIONERS, COLLIER COUNTY, FLORIDA

BY: /s/ Edward F. Coyman, Jr.
Director, Procurement Services Division

FORM 1 - BID RESPONSE FORM

**BOARD OF COUNTY COMMISSIONERS
COLLIER COUNTY, FLORIDA**

**PINE RIDGE CANAL WEIR REPLACEMENT
BID NO. 18-7476**

Full Name of Bidder _____

Main Business Address _____

Place of Business _____

Telephone No. _____ Fax No. _____

State Contractor's License # _____

State of Florida Certificate of Authority Document Number _____

Federal Tax Identification Number _____

DUNS # _____ CCR# _____ Cage Code _____

To: **BOARD OF COUNTY COMMISSIONERS OF COLLIER COUNTY, FLORIDA**
(hereinafter called the Owner)

The undersigned, as Bidder declares that the only person or parties interested in this Bid as principals are those named herein, that this Bid is submitted without collusion with any other person, firm or corporation; that it has carefully examined the location of the proposed Work, the proposed form of Agreement and all other Contract Documents and Bonds, and the Contract Drawings and Specifications.

Bidder proposes, and agrees if this Bid is accepted, Bidder will execute the Agreement included in the Bidding Documents, to provide all necessary machinery, tools, apparatus and other means of construction, including utility and transportation services necessary to do all the Work, and furnish all the materials and equipment specified or referred to in the Contract Documents in the manner and time herein prescribed and according to the requirements of the Owner as therein set forth, furnish the Contractor's Bonds and Insurance specified in the General Conditions of the Contract, and to do all other things required of the Contractor by the Contract Documents, and that it will take full payment the sums set forth in the following Bid Schedule:

Unit prices shall be provided in no more than two decimal points, and in the case where further decimal points are inadvertently provided, rounding to two decimal points will be conducted by Procurement Services Division staff.

FORM 2 - CONTRACTOR'S KEY PERSONNEL ASSIGNED TO THE PROJECT

**PINE RIDGE CANAL WEIR REPLACEMENT
Bid No. 18-7476**

Name

Personnel Category

Construction Superintendent

Project Manager

FORM 3 - MATERIAL MANUFACTURERS

THIS FORM MUST BE COMPLETED OR BID SHALL BE DEEMED NON-RESPONSIVE

All Bidders shall confirm by signature that they will provide the manufacturers and materials outlined in this Bid specifications, including compliance with Florida Statute 255.20 to provide lumber, timber and other forest products produced and manufactured in the State of Florida as long as the price, fitness and quality are equal. Exceptions (when equals are acceptable) may be requested by completing the Material Manufacturer Exception List below. If an exception for a manufacturer and/or material is proposed and listed below and is not approved by Engineer/Project Manager, Bidder shall furnish the manufacturer named in the specification. Acceptance of this form does not constitute acceptance of material proposed on this list.

Complete and sign section A OR B.

Section A (Acceptance of all manufactures and materials in Bid specifications)

On behalf of my firm, I confirm that we will use all manufacturers and materials as specifically outlined in the Bid specifications.

Company: _____	
Signature: _____	Date: _____

Section B (Exception requested to Bid specifications manufacturers and materials)

	<u>EXCEPTION MATERIAL</u>	<u>EXCEPTION MANUFACTURER</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Please insert additional pages as necessary.

Company: _____	
Signature: _____	Date _____

FORM 4 - LIST OF MAJOR SUBCONTRACTORS

THIS LIST MUST BE COMPLETED OR BID MAY BE DEEMED NON-RESPONSIVE

The undersigned states that the following is a list of the proposed subcontractors for the major categories outlined in the requirements of the Bid specifications.

The undersigned acknowledges its responsibility for ensuring that the Subcontractors for the major categories listed herein are “qualified” (as defined in Ordinance 2017-08 and Section 15 of Instructions to Bidders) and meet all legal requirements applicable to and necessitated by the Contract Documents, including, but not limited to proper licenses, certifications, registrations and insurance coverage. The Owner reserves the right to disqualify any Bidder who includes non-compliant or non-qualified Subcontractors in its bid offer. Further, the Owner may direct the Successful Bidder to remove/replace any Subcontractor, at no additional cost to Owner, which is found to be non-compliant with this requirement either before or after the issuance of the Award of Contract by Owner. (Attach additional sheets as needed). Further, the undersigned acknowledges and agrees that promptly after the Award of Contract, and in accordance with the requirements of the Contract Documents, the Successful Bidder shall identify all Subcontractors it intends to use on the Project. The undersigned further agrees that all Subcontractors subsequently identified for any portion of work on this Project must be qualified as noted above.

Major Category of Work	Subcontractor and Address
1. Electrical	
2. Mechanical	
3. Plumbing	
4. Site Work	
5. Identify other subcontractors that represent more than 10% of price or that affect the critical path of the schedule	

Company: _____

Signature: _____

Date: _____

FORM 5 - STATEMENT OF EXPERIENCE OF BIDDER

The Bidder is required to state below what work of similar magnitude completed within the last five (5) years is a judge of its experience, skill and business standing and of its ability to conduct the work as completely and as rapidly as required under the terms of the Agreement.

1.

_____	_____
(project name)	(project owner)
_____	_____
(project location)	(Owner's address)
_____	_____
(project description)	(Owner's contact person) (title)
_____ \$ _____	_____
(project start/completion dates) (contract value)	(phone) (email)

2.

_____	_____
(project name)	(project owner)
_____	_____
(project location)	(Owner's address)
_____	_____
(project description)	(Owner's contact person) (title)
_____ \$ _____	_____
(project start/completion dates) (contract value)	(phone) (email)

3.

_____	_____
(project name)	(project owner)
_____	_____
(project location)	(Owner's address)
_____	_____
(project description)	(Owner's contact person) (title)
_____ \$ _____	_____
(project start/completion dates) (contract value)	(phone) (email)

FORM 5 - STATEMENT OF EXPERIENCE OF BIDDER

4.

_____ (project name)

_____ (project owner)

_____ (project location)

_____ (Owner's address)

_____ (project description)

_____ (Owner's contact person)

_____ (title)

_____ (project completion date)

\$ _____ (contract value)

_____ (phone)

_____ (email)

5.

_____ (project name)

_____ (project owner)

_____ (project location)

_____ (Owner's address)

_____ (project description)

_____ (Owner's contact person)

_____ (title)

_____ (project completion date)

\$ _____ (contract value)

_____ (phone)

_____ (email)

6.

_____ (project name)

_____ (project owner)

_____ (project location)

_____ (Owner's address)

_____ (project description)

_____ (Owner's contact person)

_____ (title)

_____ (project completion date)

\$ _____ (contract value)

_____ (phone)

_____ (email)

Company: _____

Signature: _____

Date: _____

FORM 6 - TRENCH SAFETY ACT

Bidder acknowledges that included in the various items of the bid and in the Total Bid Price are costs for complying with the Florida Trench Safety Act (90-96, Laws of Florida) effective October 1, 1990. The Bidder further identifies the cost to be summarized below:

	<u>Trench Safety Measure (Description)</u>	<u>Units of Measure (LF,SY)</u>	<u>Unit (Quantity)</u>	<u>Unit Cost</u>	<u>Extended Cost</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

TOTAL \$ _____

Failure to complete the above may result in the Bid being declared non-responsive.

Company: _____

Signature: _____

Date: _____

Respectfully Submitted:

State of _____

County of _____

_____, being first duly sworn on oath deposes and says that the Bidder on the above Bid is organized as indicated and that all statements herein made are made on behalf of such Bidder and that this deponent is authorized to make them.

_____, also deposes and says that it has examined and carefully prepared its Bid from the Bidding Documents, including the Contract Drawings and Specifications and has checked the same in detail before submitting this Bid; that the statements contained herein are true and correct.

(a) Corporation

The Bidder is a corporation organized and existing under the laws of the State of _____, which operates under the legal name of _____, and the full names of its officers are as follows:

President _____

Secretary _____

Treasurer _____

Manager _____

The _____ is authorized to sign construction bids and contracts for the company by action of its Board of Directors taken _____, a certified copy of which is hereto attached (strike out this last sentence if not applicable).

(b) Co-Partnership

The Bidder is a co-partnership consisting of individual partners whose full names are as follows:

The co-partnership does business under the legal name of:

(c) Individual

The Bidder is an individual whose full name is _____, and if operating under a trade name, said trade name is _____.

Complete for information contained in (a) Corporation, (b) Co-Partnership or (c) Individual from previous page.

DATED _____

Witness _____

Witness _____

Legal Entity

BY: _____

Name of Bidder (Typed)

Signature _____

Title _____

STATE OF _____

COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, as _____ of _____, a _____ corporation, on behalf of the corporation. He/she is personally known to me or has produced _____ as identification and did (did not) take an oath.

My Commission Expires:

(Signature of Notary)

NAME: _____

(Legibly Printed)

Notary Public, State of _____

(AFFIX OFFICIAL SEAL)

FORM 8 - INSURANCE AND BONDING REQUIREMENTS

The Vendor shall at its own expense, carry and maintain insurance coverage from responsible companies duly authorized to do business in the State of Florida as set forth in EXHIBIT B of this solicitation. The Vendor shall procure and maintain property insurance upon the entire project, if required, to the full insurable value of the scope of work.

The County and the Vendor waive against each other and the County's separate Vendors, Contractors, Design Consultant, Subcontractors, agents and employees of each and all of them, all damages covered by property insurance provided herein, except such rights as they may have to the proceeds of such insurance. The Vendor and County shall, where appropriate, require similar waivers of subrogation from the County's separate Vendors, Design Consultants and Subcontractors and shall require each of them to include similar waivers in their contracts.

Collier County shall be responsible for purchasing and maintaining its own liability insurance.

Certificates issued as a result of the award of this solicitation must identify "For any and all work performed on behalf of Collier County", or, the specific solicitation number and title.

The General Liability Policy provided by Vendor to meet the requirements of this solicitation shall name Collier County, Florida, as an additional insured as to the operations of Vendor under this solicitation and shall contain a severability of interests provisions.

The Certificate Holder shall be named as Collier County Board of County Commissioners, OR, Board of County Commissioners in Collier County, OR Collier County Government, OR Collier County. The Certificates of Insurance must state the Contract Number, or Project Number, or specific Project description, or must read: For any and all work performed on behalf of Collier County.

The amounts and types of insurance coverage shall conform to the minimum requirements set forth in EXHIBIT B with the use of Insurance Services Office (ISO) forms and endorsements or their equivalents. If Vendor has any self-insured retentions or deductibles under any of the below listed minimum required coverage, Vendor must identify on the Certificate of Insurance the nature and amount of such self-insured retentions or deductibles and provide satisfactory evidence of financial responsibility for such obligations. All self-insured retentions or deductibles will be Vendor's sole responsibility.

Coverage(s) shall be maintained without interruption from the date of commencement of the Work until the date of completion and acceptance of the scope of work by the County or as specified in this solicitation, whichever is longer.

The Vendor and/or its insurance carrier shall provide thirty (30) days written notice to the County of policy cancellation or non-renewal on the part of the insurance carrier or the Vendor. The Vendor shall also notify the County, in a like manner, within twenty-four (24) hours after receipt, of any notices of expiration, cancellation, non-renewal or material change in coverage or limits received by Vendor from its insurer and nothing contained herein shall relieve Vendor of this requirement to provide notice. In the event of a reduction in the aggregate limit of any policy to be provided by Vendor hereunder, Vendor shall immediately take steps to have the aggregate limit reinstated to the full extent permitted under such policy.

Should at any time the Vendor not maintain the insurance coverage(s) required herein, the County may terminate the Agreement or at its sole discretion shall be authorized to purchase such coverage(s) and charge the Vendor for such coverage(s) purchased. If Vendor fails to reimburse the County for such costs within thirty (30) days after demand, the County has the right to offset these costs from any amount due Vendor under this Agreement or any other agreement between the County and Vendor. The County shall be under no obligation to purchase such insurance, nor shall it be responsible for the coverage(s) purchased or the insurance company or companies used. The decision of the County to purchase such insurance coverage(s) shall in no way be construed to be a waiver of any of its rights under the Contract Documents.

If the initial or any subsequently issued Certificate of Insurance expires prior to the completion of the scope of work, the Vendor shall furnish to the County renewal or replacement Certificate(s) of Insurance not later than ten (10) calendar days after the expiration date on the certificate. Failure of the Vendor to provide the County with such renewal certificate(s) shall be considered justification for the County to terminate any and all contracts.

Collier County Florida Insurance and Bonding Requirements

Insurance / Bond Type	Required Limits
1. <input checked="" type="checkbox"/> Worker's Compensation	Statutory Limits of Florida Statutes, Chapter 440 and all Federal Government Statutory Limits and Requirements Evidence of Workers' Compensation coverage or a Certificate of Exemption issued by the State of Florida is required. Entities that are formed as Sole Proprietorships shall not be required to provide a proof of exemption. An application for exemption can be obtained online at https://apps.fldfs.com/boexempt/
2. <input checked="" type="checkbox"/> Employer's Liability	\$ <u>1,000,000</u> single limit per occurrence
3. <input checked="" type="checkbox"/> Commercial General Liability (Occurrence Form) patterned after the current ISO form	Bodily Injury and Property Damage \$ <u>1,000,000</u> single limit per occurrence, \$2,000,000 aggregate for Bodily Injury Liability and Property Damage Liability. This shall include Premises and Operations; Independent Contractors; Products and Completed Operations and Contractual Liability.
4. <input checked="" type="checkbox"/> Indemnification	To the maximum extent permitted by Florida law, the Contractor/Vendor/Consultant shall defend, indemnify and hold harmless Collier County, its officers and employees from any and all liabilities, damages, losses and costs, including, but not limited to, reasonable attorneys' fees and paralegals' fees, to the extent caused by the negligence, recklessness, or intentionally wrongful conduct of the Contractor/Vendor/Consultant or anyone employed or utilized by the Contractor/Vendor/Consultant in the performance of this Agreement.
5. <input checked="" type="checkbox"/> Automobile Liability	\$ <u>1,000,000</u> Each Occurrence; Bodily Injury & Property Damage, Owned/Non-owned/Hired; Automobile Included
6. <input checked="" type="checkbox"/> Other insurance as noted:	<input checked="" type="checkbox"/> Watercraft \$ 1,000,000 Per Occurrence <input checked="" type="checkbox"/> United States Longshoreman's and Harborworker's Act coverage shall be maintained where applicable to the completion of the work. \$ 1,000,000 Per Occurrence <input checked="" type="checkbox"/> Maritime Coverage (Jones Act) shall be maintained where applicable to the completion of the work. \$ 1,000,000 Per Occurrence <input type="checkbox"/> Aircraft Liability coverage shall be carried in limits of not less than \$5,000,000 each occurrence if applicable to the completion of the Services under this Agreement. \$ _____ Per Occurrence <input type="checkbox"/> Pollution \$ _____ Per Occurrence <input type="checkbox"/> Professional Liability \$ _____ Per claim & in the aggregate <ul style="list-style-type: none"> • \$1,000,000 per claim and in the aggregate • \$2,000,000 per claim and in the aggregate <input type="checkbox"/> Project Professional Liability \$ _____ Per Occurrence <input type="checkbox"/> Valuable Papers Insurance \$ _____ Per Occurrence <input type="checkbox"/> Cyber Liability \$ _____ Per Occurrence <input type="checkbox"/> Technology Errors & Omissions \$ _____ Per Occurrence



FORM 9 - CONFLICT OF INTEREST AFFIDAVIT

The Vendor certifies that, to the best of its knowledge and belief, the past and current work on any Collier County project affiliated with this solicitation does not pose an organizational conflict as described by one of the three categories below:

Biased ground rules – The firm has not set the “ground rules” for affiliated past or current Collier County project identified above (e.g., writing a procurement’s statement of work, specifications, or performing systems engineering and technical direction for the procurement) which appears to skew the competition in favor of my firm.

Impaired objectivity – The firm has not performed work on an affiliated past or current Collier County project identified above to evaluate proposals / past performance of itself or a competitor, which calls into question the contractor’s ability to render impartial advice to the government.

Unequal access to information – The firm has not had access to nonpublic information as part of its performance of a Collier County project identified above which may have provided the contractor (or an affiliate) with an unfair competitive advantage in current or future solicitations and contracts.

In addition to this signed affidavit, the contractor / vendor must provide the following:

1. All documents produced as a result of the work completed in the past or currently being worked on for the above-mentioned project; and,
2. Indicate if the information produced was obtained as a matter of public record (in the “sunshine”) or through non-public (not in the “sunshine”) conversation (s), meeting(s), document(s) and/or other means.

Failure to disclose all material or having an organizational conflict in one or more of the three categories above be identified, may result in the disqualification for future solicitations affiliated with the above referenced project(s).

By the signature below, the firm (employees, officers and/or agents) certifies, and hereby discloses, that, to the best of their knowledge and belief, all relevant facts concerning past, present, or currently planned interest or activity (financial, contractual, organizational, or otherwise) which relates to the project identified above has been fully disclosed and does not pose an organizational conflict.

Firm: _____

Signature and Date: _____

Print Name: _____

Title of Signatory: _____

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FORM 10 - VENDOR DECLARATION STATEMENT

BOARD OF COUNTY COMMISSIONERS
Collier County Government Complex
Naples, Florida 34112

Dear Commissioners:

The undersigned, as Vendor declares that this response is made without connection or arrangement with any other person and this proposal is in every respect fair and made in good faith, without collusion or fraud.

The Vendor agrees, if this solicitation submittal is accepted, to execute a Collier County document for the purpose of establishing a formal contractual relationship between the firm and Collier County, for the performance of all requirements to which the solicitation pertains. The Vendor states that the submitted is based upon the documents listed by the above referenced Solicitation. **Further, the vendor agrees that if awarded a contract for these goods and/or services, the vendor will not be eligible to compete, submit a proposal, be awarded, or perform as a sub-vendor for any future associated with work that is a result of this awarded contract.**

IN WITNESS WHEREOF, WE have hereunto subscribed our names on this ____ day of _____, 20__ in the County of _____, in the State of _____.

Firm's Legal Name: _____

Address: _____

City, State, Zip Code: _____

Florida Certificate of Authority Document Number _____

Federal Tax Identification Number _____

*CCR # or CAGE Code _____

*Only if Grant Funded _____

Telephone: _____

Signature by: _____
(Typed and written)

Title: _____

Additional Contact Information

Send payments to:

(required if different from above)

Company name used as payee

Contact name:

Title:

Address:

City, State, ZIP

Telephone:

Email:

Office servicing Collier

County to place orders

(required if different from above)

Contact name:

Title:

Address:

City, State, ZIP

Telephone:

Email:

Secondary Contact for this Solicitation:

Email:

Phone:



FORM 11 - IMMIGRATION AFFIDAVIT CERTIFICATION

This Affidavit is required and should be signed, notarized by an authorized principal of the firm and submitted with formal solicitation submittals. Further, Vendors are required to enroll in the E-Verify program, and provide acceptable evidence of their enrollment, at the time of the submission of the Vendor’s proposal. Acceptable evidence consists of a copy of the properly completed E-Verify Company Profile page or a copy of the fully executed E-Verify Memorandum of Understanding for the company. **Failure to include this Affidavit and acceptable evidence of enrollment in the E-Verify program may deem the Vendor’s proposal as non-responsive.**

Collier County will not intentionally award County contracts to any Vendor who knowingly employs unauthorized alien workers, constituting a violation of the employment provision contained in 8 U.S.C. Section 1324 a(e) Section 274A(e) of the Immigration and Nationality Act (“INA”).

Collier County may consider the employment by any Vendor of unauthorized aliens a violation of Section 274A (e) of the INA. Such Violation by the recipient of the Employment Provisions contained in Section 274A (e) of the INA shall be grounds for unilateral termination of the contract by Collier County.

Vendor attests that they are fully compliant with all applicable immigration laws (specifically to the 1986 Immigration Act and subsequent Amendment(s)) and agrees to comply with the provisions of the Memorandum of Understanding with E-Verify and to provide proof of enrollment in The Employment Eligibility Verification System (E-Verify), operated by the Department of Homeland Security in partnership with the Social Security Administration at the time of submission of the Vendor’s proposal.

Company Name _____
Print Name _____ Title _____
Signature _____ Date _____

State of _____

County of _____

The signee of these Affidavit guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of this affidavit to interrogatories hereinafter made.

Commission No.: _____



FORM 12 - VENDOR SUBSTITUTE W – 9
Request for Taxpayer Identification Number and Certification

In accordance with the Internal Revenue Service regulations, Collier County is required to collect the following information for tax reporting purposes from individuals and companies who do business with the County (including social security numbers if used by the individual or company for tax reporting purposes). Florida Statute 119.071(5) requires that the county notify you in writing of the reason for collecting this information, which will be used for no other purpose than herein stated. Please complete all information that applies to your business and return with your quote or proposal.

1. General Information (provide all information)

Taxpayer Name _____ <i>(as shown on income tax return)</i> Business Name <i>(if different from taxpayer name)</i> _____ Address _____ City _____ State _____ Zip _____ Telephone _____ Email _____	
Order Information (Must be filled out) Address _____ City _____ State _____ Zip _____ Email _____	Remit / Payment Information (Must be filled out) Address _____ City _____ State _____ Zip _____ Email _____

2. Company Status (check only one)

<input type="checkbox"/> Individual / Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership
<input type="checkbox"/> Tax Exempt (Federal income tax-exempt entity under Internal Revenue Service guidelines IRC 501 (c) 3)	<input type="checkbox"/> Limited Liability Company Enter the tax classification <i>(D = Disregarded Entity, C = Corporation, P = Partnership)</i>	

3. Taxpayer Identification Number (for tax reporting purposes only)

Federal Tax Identification Number (TIN) _____ (Vendors who do not have a TIN, will be required to provide a social security number prior to an award).

4. Sign and Date Form: Certification:

Under penalties of perjury, I certify that the information shown on this form is correct to my knowledge.

Signature _____ _____	Date _____ _____
Title _____ _____	Phone Number _____ _____

FORM 13 - BIDDERS CHECKLIST

IMPORTANT: Please read carefully, sign in the spaces indicated and return with your Bid. Bidder should check off each of the following items as the necessary action is completed:

1. The Bid has been signed.
2. The Bid prices offered have been reviewed.
3. The price extensions and totals have been checked.
4. Bid Schedule has been completed and attached.
5. Any required drawings, descriptive literature, etc. have been included.
6. Any delivery information required is included.
7. The following on-line standard documents have been reviewed in Bidsync:
 1. Construction bid instructions form
 2. Construction services agreement
 3. Purchase order terms and conditions
8. All of the following bid forms have been completed and signed:

<ol style="list-style-type: none">1. Bid Form (Form 1)2. Contractors Key Personnel (Form 2)3. Material Manufacturers (Form 3)4. List of Major Subcontractors (Form 4)5. Statement of Experience (Form 5)6. Trench Safety Act (Form 6)7. Bid Bond Form (Form 7)8. Insurance and Bonding Requirements (Form 8)9. Conflict of Interest Affidavit (Form 9)	<ol style="list-style-type: none">10. Vendor Declaration Statement (Form 10)11. Immigration Law Affidavit Certification (Form 11)12. Vendor Substitute W-9 (Form 12)13. Bidders Checklist (Form 13 – this form)14. Business tax Receipt (Collier County Businesses Only)15. Signed Grants Provisions Package (if applicable)
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9. Copies of required information have been attached
 1. Company's E-Verify profile page or memorandum of understanding
 2. Certificate of Authority to Conduct Business in State of Florida
 3. Any required professional licenses – valid and current
(ie: General Contractors license, Underground Utility and Excavation, Builders, Trade Contractors, etc., as applicable, requested and/or required.)
10. If required, the amount of Bid bond has been checked, and the Bid bond or cashier's check has been submitted.
11. Any addenda have been signed and acknowledgement form attached and included.
12. The Bid will be uploaded in time to be received no later than the specified opening date and time, otherwise the Bid cannot be considered.

Bidder Name

Signature & Title

Date

FOR REVIEW ONLY – NOT REQUIRED UNTIL AWARD IS MADE – PLEASE SEE CONSTRUCTION AGREEMENT

**EXHIBIT B-1: PUBLIC PAYMENT BOND
PINE RIDGE CANAL WEIR REPLACEMENT**

Bond No. _____
Contract No. 18-7476

KNOW ALL MEN BY THESE PRESENTS: That _____
_____, as Principal, and
_____, as Surety, located at
_____ (Business Address) are held and firmly
bound to _____ as Oblige
e in the sum of
_____ (\$ _____) for the payment whereof
we bind ourselves, our heirs, executors, personal representatives, successors and assigns, jointly and
severally.

WHEREAS, Principal has entered into a contract dated as of the ____ day of _____ 20____,
with Oblige
e for _____ in _____ accordance
with drawings and specifications, which contract is incorporated by reference and made a part hereof, and
is referred to herein as the Contract.

THE CONDITION OF THIS BOND is that if Principal:

Promptly makes payment to all claimants as defined in Section 255.05(1), Florida Statutes, supplying
Principal with labor, materials or supplies, used directly or indirectly by Principal in the prosecution of the
work provided for in the Contract, then this bond is void; otherwise it remains in full force.

Any changes in or under the Contract and compliance or noncompliance with any formalities connected
with the Contract or the changes do not affect Sureties obligation under this Bond.

The provisions of this bond are subject to the time limitations of Section 255.05(2). In no event will the
Surety be liable in the aggregate to claimants for more than the penal sum of this Payment Bond, regardless
of the number of suits that may be filed by claimants.

IN WITNESS WHEREOF, the above parties have executed this instrument this ____ day of
_____ 20____, the name of each party being affixed and these presents duly signed by its
under-signed representative, pursuant to authority of its governing body.

Signed, sealed and delivered
in the presence of:

PRINCIPAL

Witnesses as to Principal

BY: _____
NAME: _____
ITS: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____ 20__, by
_____, as _____ of
_____, a _____ corporation, on behalf of the corporation. He/she
is personally known to me OR has produced _____ as identification and did (did not) take an oath.

My Commission Expires:

(Signature of Notary)

NAME: _____
(Legibly Printed)

(AFFIX OFFICIAL SEAL)

Notary Public, State of _____
Commission No.: _____

ATTEST:

SURETY:

(Printed Name)

(Business Address)

(Authorized Signature)

Witnesses to Surety

(Printed Name)

OR

As Attorney in Fact
(Attach Power of Attorney)

Witnesses

(Printed Name)

(Business Address)

(Telephone Number)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, as _____ of _____ Surety, on behalf of Surety. He/She is personally known to me OR has produced _____ as identification and who did (did not) take an oath.

My Commission Expires:

(Signature)

Name: _____
(Legibly Printed)

(AFFIX OFFICIAL SEAL)

Notary Public, State of: _____
Commission No.: _____

FOR REVIEW ONLY – NOT REQUIRED UNTIL AWARD IS MADE – PLEASE SEE CONSTRUCTION AGREEMENT

EXHIBIT B-2: PUBLIC PERFORMANCE BOND
PINE RIDGE CANAL WEIR REPLACEMENT

Bond No. _____

Contract No. 18-7476

KNOW ALL MEN BY THESE PRESENTS: That _____
_____, as Principal, and _____
_____, as Surety, located at _____
_____, (Business
Address) are held and firmly bound to _____, as
Obligee in the sum of _____ of

(\$_____) for the payment whereof we bond ourselves, our heirs, executors, personal
representatives, successors and assigns, jointly and severally.

WHEREAS, Principal has entered into a contract dated as of the _____ day of
_____, 20____, with Obligee _____ for
_____ in accordance
with drawings and specifications, which contract is incorporated by reference and made a part hereof, and
is referred to herein as the Contract.

THE CONDITION OF THIS BOND is that if Principal:

1. Performs the Contract at the times and in the manner prescribed in the Contract; and
2. Pays Obligee any and all losses, damages, costs and attorneys' fees that Obligee sustains because of any default by Principal under the Contract, including, but not limited to, all delay damages, whether liquidated or actual, incurred by Obligee; and
3. Performs the guarantee of all work and materials furnished under the Contract for the time specified in the Contract, then this bond is void; otherwise it remains in full force. Any changes in or under the Contract and compliance or noncompliance with any formalities connected with the Contract or the changes do not affect Sureties obligation under this Bond.

The Surety, for value received, hereby stipulates and agrees that no changes, extensions of time, alterations or additions to the terms of the Contract or other work to be performed hereunder, or the specifications referred to therein shall in anywise affect its obligations under this bond, and it does hereby waive notice of any such changes, extensions of time, alterations or additions to the terms of the Contract or to work or to the specifications.

This instrument shall be construed in all respects as a common law bond. It is expressly understood that the time provisions and statute of limitations under Section 255.05, Florida Statutes, shall not apply to this bond.

In no event will the Surety be liable in the aggregate to Obligee for more than the penal sum of this Performance Bond regardless of the number of suits that may be filed by Obligee.

IN WITNESS WHEREOF, the above parties have executed this instrument this ____ day of _____, 20____, the name of each party being affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

Signed, sealed and delivered
in the presence of:

PRINCIPAL

Witnesses as to Principal

BY: _____

NAME: _____

ITS: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, as _____ of _____, a _____ corporation, on behalf of the corporation. He/she is personally known to me OR has produced _____ as identification and did (did not) take an oath.

My Commission Expires:

(Signature)

Name: _____
(Legibly Printed)

(AFFIX OFFICIAL SEAL)

Notary Public, State of: _____
Commission No.: _____

ATTEST:

SURETY:

(Printed Name)

(Business Address)

(Authorized Signature)

Witnesses as to Surety

(Printed Name)

OR

As Attorney in Fact
(Attach Power of Attorney)

Witnesses

(Printed Name)

(Business Address)

(Telephone Number)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, as _____ of _____, a _____ Surety, on behalf of Surety. He/She is personally known to me OR has produced _____ as identification and who did (did not) take an oath.

My Commission Expires:

(Signature)

Name: _____
(Legibly Printed)

(AFFIX OFFICIAL SEAL)

Notary Public, State of: _____
Commission No.: _____