Exhibit B

	Total Cost:	MTD \$82,923.75 1 \$63,078.75				
#	ltems	Total withoutCost of P&P BondsBrand of Paint if as aTotal Total OcstP&P BondsPercent (Example:Alternatewith with 				
1	Charles F. Dodge City Center	60075	0.05	Sherwin WIlliams	\$63,078.75	
2	Fire Station 101	18900	0.05	Sherwin WIlliams	\$19,845.00	

			м	TD
		Total Cost	\$	0
		Selected #		0
		Selected (\$)	\$	0
# Items	Quantity Required	UOM	UnitPrice	TotalCost
0				
#0-1 Additional Work: Stucco Repair	0	Square Foot	\$26	\$0
#0-2 Additional Work: Expansion Join	nts O	Linear Foot	\$8	\$0

Summary

Question Set	Questions	% Complete	Progress
1	10 Questions	100.00% Complete	TFJE
2	12 Questions	100.00% Complete	
3	11 Questions	100.00% Complete	TF
4	75 Questions	100.00% Complete	
Total	108 Questions		TF REE JE

Question Set 1: Contact Information Form

#	Question	Response	Comment
Company	Information		
1.1.1	Company Name	-MTD PAINTING & CONSTRUCTION	
1.1.2	Company Address	-12059 NW 49th DR	
Primary Co	ontact for the Project		
1.2.1	Contact Name	Yesenia Diaz	
1.2.2	Contact Title	BDM	
1.2.3	Contact E-mail Address	Yesenia Diaz	
1.2.4	Contact Telephone Number	3059923633	
Authorized	d Approver		
1.3.1	Contact Name	Carlos Bello	
1.3.2	Contact Title	CEO	
1.3.3	Contact E-mail Address	mtdbello72@outlook.com	
1.3.4	Contact Telephone Number	9545926418	
	10 Questions		100.00% Complete

Question Set 2: Proposer's Background Information Question Set 2 Instructions The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER's qualifications to perform under the contract may cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

#	Question	Response	Comment
Former Bu		1170	
2.1.1	Under what former name has your business operated? Include a description of the business.	MTD	MTD Painting & Pressure Cleaning
2.1.2	At what address was that business located?	-12059 NW 49th Dr Coral Springs	n/a
Past Failur	e e		
2.2.1	Have you ever failed to complete work awarded to you. If so, when, where and why?	No	n/a
Inspected			
2.3.1	Have you personally inspected the proposed WORK and do you have a complete plan for its performance?	Yes	n/a
Subcontra	cting		
2.4.1	Will you subcontract any part of this WORK? If you will be subcontracting any part of this work, provide details including a list of each sub-contractor(s) that will perform work in excess of ten percent (10%) of the contract amount and the work that will be performed by each subcontractor(s). (Note: The proposed list of subcontractor(s) may not be amended after award of the contract without the prior written approval of the Contract Administrator, whose approval shall not be reasonably withheld.)	No	n/a
Bankruptc	y Petitions		
2.5.1	List and describe all bankruptcy petitions (voluntary or involuntary) which have been filed by or against the Proposer, its parent or subsidiaries or predecessor organizations during the past five (5) years. Include in the description the disposition of each such petition.	no	n/a
Bond Clair	ns		
2.6.1	List and describe all successful Bond claims made to your surety(ies) during the last five (5) years. The list and descriptions should include claims against the bond of the Proposer and its predecessor organization(s).	no	n/a
Claims, Ar	bitrations, Administrative Hearings and Lawsuits		
2.7.1	List all claims, arbitrations, administrative hearings and lawsuits brought by or against the Proposer or its predecessor organizations(s) during the last (10) years. The list shall include all case names; case, arbitration or hearing identification numbers; the name of the project over which the dispute arose; and a description of the subject matter of the dispute.	no	n/a
Criminal P	roceedings or Hearings		
2.8.1	List and describe all criminal proceedings or hearings concerning business related offenses in which the Proposer, its principals or officers or predecessor organization(s) were defendants.	no	n/a
Company	Classification		
2.9.1	In regards to the commodities/services proposed, which of the following best classifies your firm? If you selected any options besides \"Original Provider\" please explain.	Original Provider	n/a
Debarmen	/Suspension		

Question Set 2: Proposer's Background Information Question Set 2 Instructions The PROPOSER acknowledges and understands that the information contained in response to this Qualification Statement shall be relied upon by CITY in awarding the contract and such information is warranted by PROPOSER to be true. The discovery of any omission or misstatement that materially affects the PROPOSER's qualifications to perform under the contract may cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

#	Question	Response	Comment
2.10.1	Have you ever been debarred or suspended from doing business with any governmental agency? If you have been debarred or suspended from doing business with any governmental agency, please explain.	No	n/a
Similar Ex	perience & Contracts		
2.11.1	Describe the firm's local experience/nature of service with contracts of similar size and complexity, in the previous three (3) years.	GC has over 12 years experience of exterior repainting ranging from Contractor to subcontractor capabilities.	See references
	12 Questions		100.00% Complete

Question Set 3: Vendor Registration Checklist

Question Set 3 Instructions

"The City has included various documents in the Vendor Registration portal on the Bonfire website. This process is intended to make the bidding process easier for vendors that bid on multiple City projects. This process will allow vendors to complete and submit the following standard forms and documents at any time prior to bidding on a project. In addition, the vendors will be able to utilize these same forms without the need to re-fill and re-submit the forms each time they bid on a City project. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

Furthermore, please make sure to update this information on an as-needed basis so that all pertinent information is accurate, such as local business tax receipts, and any other relevant information.

This section will summarize your responses to those relevant documents."

#	Question	Response	Comment
Vendor Inf	ormation Form		
3.1.1	Did you submit a completed Vendor Information Form in the Vendor Registration Portal?	Yes	
Form W-9	(Rev. October 2018 or later)		
3.2.1	Did you submit a W-9 Form (Revised October 2018 or later) in the Vendor Registration Portal?	Yes	
Company	Profile		
3.3.1	Did you submit your Company Profile Form in the Vendor Registration Portal?	Yes	
Sworn Sta	tement on Public Entity Crimes Form		
3.4.1	Which option did you select on the Sworn Statement on Public Entity Crimes Form?	A) Not Charged / Convicted	
Local Vend	dor Preference Certification		
3.5.1	Which option did you select on the Local Vendor Preference Certification? Note - If certifying that your business is a Local Pembroke Pines or Broward County vendor, you must also attach applicable current business tax receipt(s) along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.	Local Broward County Vendor	
Local Busi	iness Tax Receipts		
3.6.1	Did you submit your Local Business Tax Receipts in the Vendor Registration Portal?	Yes	
Veteran Ov	wned Small Business Preference Certification		
3.7.1	Which option did you select on the Veteran Owned Small Business Preference Certification? Note - If certifying that your business is a Veteran Owned Small Business, you must also attach a "Determination Letter" from the U.S. Dept. of Veteran Affairs Center	Not a Veteran Owned Small Business	
Equal Ben	efits Certification Form		
3.8.1	Which option did you select on the Equal Benefits Certification Form?	A) Complies	
Vendor Dr	ug-Free Workplace Certification Form		
3.9.1	Which option did you select on the Vendor Drug-Free Workplace Certification Form?	Complies Fully	
Scrutinize	d Company Certification		
3.10.1	Did you submit a completed Scrutinized Company Certification in the Vendor Registration Portal?	Yes	no
E-Verify Sy	stem Certification Statement		

Question Set 3: Vendor Registration Checklist

Question Set 3 Instructions

"The City has included various documents in the Vendor Registration portal on the Bonfire website. This process is intended to make the bidding process easier for vendors that bid on multiple City projects. This process will allow vendors to complete and submit the following standard forms and documents at any time prior to bidding on a project. In addition, the vendors will be able to utilize these same forms without the need to re-fill and re-submit the forms each time they bid on a City project. In the event that the City does not have one of the forms or documents listed below for your company, the City may reach out to your company after the bid has closed to obtain the document(s).

Furthermore, please make sure to update this information on an as-needed basis so that all pertinent information is accurate, such as local business tax receipts, and any other relevant information.

This section will summarize your responses to those relevant documents."

#	Question	Response	Comment
3.11.1	Did you submit a completed E-Verify System Certification Statement in the Vendor Registration Portal?	Yes	no
	11 Questions		100.00% Complete

Question Set 4 Instructions

"Provide specific examples of similar contracts delivered by the proposed team members. Provide details on related projects (preferably where the team was the same). References should be from the last five years and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications.

#	Question	Response	Comment
Reference	#1: Reference Contact Information		
4.1.1	Name of Firm, City, County or Agency	Presidential Golf View	
4.1.2	Address	2000 N Congress Ave, West Palm Beach	
4.1.3	Contact Name	Tyler Berg	
4.1.4	Contact Title	President	
4.1.5	Contact E-mail Address	golfview1860@gmail.com	
4.1.6	Contact Telephone #	2023273592	
Reference	#1: Project Information		
4.2.1	Name of Contractor Performing the work	MTD	
4.2.2	Name and location of the project	2000 N Congress Ave, West Palm Beach	
4.2.3	Nature of the firm's responsibility on the project	Painting	
4.2.4	Project duration	4 Months	
4.2.5	Completion (Anticipated) Date	7/2022	
4.2.6	Size of project	3 story (436 Units)	
4.2.7	Cost of project	400000	
4.2.8	Work for which staff was responsible	Exterior Painting	
4.2.9	The results/deliverables of the project	Satisfactory	
Reference	#2: Reference Contact Information		
4.3.1	Name of Firm, City, County or Agency	Poinciana	
4.3.2	Address	807 N Flagler Dr3661 Poinciana, Lake Worth, FL	

Question Set 4 Instructions

"Provide specific examples of similar contracts delivered by the proposed team members. Provide details on related projects (preferably where the team was the same). References should be from the last five years and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications.

#	Question	Response	Comment
4.3.3	Contact Name	Ted Suss	
4.3.4	Contact Title	Manager	
4.3.5	Contact E-mail Address	sussted@gmail.com	
4.3.6	Contact Telephone #	5619677420	
Reference	#2: Project Information		
4.4.1	Name of Contractor Performing the work	MTD	
4.4.2	Name and location of the project	807 N Flagler Dr3661 Poinciana, Lake Worth, FL	
4.4.3	Nature of the firm's responsibility on the project	Painting	
4.4.4	Project duration	3 months	
4.4.5	Completion (Anticipated) Date	3/2022	
4.4.6	Size of project	4 (6 Story Buildings)	
4.4.7	Cost of project	300000	
4.4.8	Work for which staff was responsible	Painting	
4.4.9	The results/deliverables of the project	Statisfactory	
Reference	#3: Reference Contact Information		
4.5.1	Name of Firm, City, County or Agency	Southeast Center	
4.5.2	Address	Southeast Coast of Florida	
4.5.3	Contact Name	Robert Valle	
4.5.4	Contact Title	Facilities Manager	

Question Set 4 Instructions

"Provide specific examples of similar contracts delivered by the proposed team members. Provide details on related projects (preferably where the team was the same). References should be from the last five years and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications.

#	Question	Response	Comment
4.5.5	Contact E-mail Address	robert.valle@secenters.com	
4.5.6	Contact Telephone #	9542149042	
Reference	#3: Project Information		
4.6.1	Name of Contractor Performing the work	Southeast Centers	
4.6.2	Name and location of the project	Southeast Centers	
4.6.3	Nature of the firm's responsibility on the project	Stucco Repairs & Exterior Painting	
4.6.4	Project duration	2 Month	
4.6.5	Completion (Anticipated) Date	2/2022	
4.6.6	Size of project	6 Shopping Centers	
4.6.7	Cost of project	360000	
4.6.8	Work for which staff was responsible	Stucco Repairs & Exterior Painting	
4.6.9	The results/deliverables of the project	Satisfactory	
Reference	#4: Reference Contact Information		
4.7.1	Name of Firm, City, County or Agency	Douglas Place Condominium	
4.7.2	Address	60 NW 37th Ave, Miami	
4.7.3	Contact Name	Bob Gombosh	
4.7.4	Contact Title	Pesident	
4.7.5	Contact E-mail Address	rmgsales@comcast.net	
4.7.6	Contact Telephone #	4125960660	
Reference	#4: Project Information		

Question Set 4 Instructions

"Provide specific examples of similar contracts delivered by the proposed team members. Provide details on related projects (preferably where the team was the same). References should be from the last five years and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications.

#	Question	Response	Comment
4.8.1	Name of Contractor Performing the work	MTD	
4.8.2	Name and location of the project	60 NW 37th Ave, Miami	
4.8.3	Nature of the firm's responsibility on the project	Painting	
4.8.4	Project duration	4 months	
4.8.5	Completion (Anticipated) Date	12/2022	
4.8.6	Size of project	14 Story High Rise	
4.8.7	Cost of project	200000	
4.8.8	Work for which staff was responsible	Exterior Repaint	
4.8.9	The results/deliverables of the project	Satisfactory	
Reference	#5: Reference Contact Information		
4.9.1	Name of Firm, City, County or Agency	Sonoma Bay	
4.9.2	Address	3600 Sonoma Bay Dr., Riviera Beach, FL 33468	
4.9.3	Contact Name	Kena Brown	
4.9.4	Contact Title	Property Manager	
4.9.5	Contact E-mail Address	smsmanagement@gmail.com	smsmanagement@gmail.com
4.9.6	Contact Telephone #	5618451016	
Reference	#5: Project Information		
4.10.1	Name of Contractor Performing the work	MTD	
4.10.2	Name and location of the project	3600 Sonoma Bay Dr., Riviera Beach, FL 33468	

Question Set 4 Instructions

"Provide specific examples of similar contracts delivered by the proposed team members. Provide details on related projects (preferably where the team was the same). References should be from the last five years and should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. As part of the proposal evaluation process, the City may conduct an investigation of references, including a record check or consumer affairs complaints. Proposers' submission of a proposal constitutes acknowledgment of the process and consent to investigate. The City is the sole judge in determining Proposers qualifications.

#	Question	Response	Comment
4.10.3	Nature of the firm's responsibility on the project	Painting	
4.10.4	Project duration	4 months	
4.10.5	Completion (Anticipated) Date	6/2021	
4.10.6	Size of project	10 Buildings (29 2-Story Townhomes)	
4.10.7	Cost of project	340000	
4.10.8	Work for which staff was responsible	Exterior Repaint	
4.10.9	The results/deliverables of the project	Satisfactory	
	75 Questions		100.00% Complete



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VENDOR INFORMATION FORM

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MAIN CONTACT INFORMATION					
Company Name	MTT	D Printing and County + Can			
(Legal Name as filed with IRS)	1411	D airing and construction cons			
Doing Business As (DBA)	MTD	D Painting and Construction Corp Painting and construction Corp			
Primary Business Address					
	1209	59 NW 49th Dive			
	City:	Coral Springs			
	State:	Florida Zip: 33076			
	Countr				
Remit To Address					
	1203	59 NW49th Druc			
	City:	Coral Springs			
	State:				
	Countr	ry: BIOWard			
Order From Address		•			
	City:				
	State:	Zip:			
	Countr	ry:			
Foreign Entity (Yes/No)	NO	1			
Telephone Number	833-	-350-9300			
Primary Company E-mail	MTD.	scruices florida @ gmail, com			
Fax					
Website	mtdp	aunting, com			
DUNS	/	\sim			
Independent Contractor (Yes/No)					
Identification Number	SSN:	FID: 45-5509311			

GENERAL PAYMENT TERMS					
Discount Percent Days to Discount Days to Net					
Defines the discount percentage the vendor extends to your organization.	Number of days which payment must be received to claim the discount percent.	Number of days that the vendor allows before requiring net payment.			
		30			

CONTACT INFORMATION					
Contact Name (First & Last Name)	Jesenia Diaz				
Description/Title/Position	BDM				
Phone (Voice)	305-992-3633				
Phone (Text)	305-992-3633 Opt In (Y/N):				
Fax					
E-mail	gesenia. draz Omto painting - com				

m 2 2 2018) w. October 2018) partment of the Treasury mel Revenue Sarvice	Request for Taxpayer Identification Number and Certification > Go to www.ire.gov/Forini#9 for instructions and the latest information.	Give Form to the requester. Do not send to the IRS.
Name (as shown	on year, income (as return). Name is required on this line, go not leave this line benk.	2:
ei S Check sparopha toflowing seven i S D Individuat/sol	a proprietor or C. Comparation II & Corporation C Partnership C TrueVestate	4 Exemptions (ordes apply only to certain entities, not individuals; see instructions on page 3); Exempt payee code (if briv)
Limited Babili Note: Chack LLC If the LL	y company. Enter the tax classification (C+C corporation, S+S corporation, P+Performership) • the appropriate box in the line above for the tax classification of the single-mamber owner. Do not sheck is classified as a single-mamber LLC that is disregarised from the center unters the owner of the LLC is that a not disregarded from the owner for LLS, tederal tax purposes. Otherwise, a single-member LLC the single from the owner should check the appropriate box for the tax classification of file owner.	
Port I Taxpa nter your TIN in the a ackup withholding. Fo	Sphivos, HL 330 [0]	ecurity number
	or	
W, later.		- 5509311
IV, later. lete: If the appount is lumber To Give the R Part II Certif Inder penaities of per . The number shown . I am not subject to I Service (IPS) that I.	in more than one name, see the instructions for line 1. Also see What Name and equester for guidelines on whose number to enter. Ication ury, I certify that: on this form is my correct taxpayer identification number (or I am waiting for a number to be I backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been m subject to backup withholding as a result of a failure to report all interest or dividends, or (-55093111
IV, later. lots: If the account is jumber To Give the R Part II Certif Inder penalties of per . The number shown . I am not subject to I Servica (IRS) that I a no longer subject to 3. I am a U.S. citizen of 4. The FATCA code(s) Certification instruction we have failed to recear	in more than one name, see the instructions for line 1. Also see What Name and equester for guidelines on whose number to enter.	- 55093111 asued to ma); and notified by the Internal Revenue c) the IRS has notified me that I a ubject to backup withholding becau For mortgage interest paid, act (IBA) and generality generation

General Instructions

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

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

Purpose of Form

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

. Form 1099-INT (interest earned or paid)

funds)

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

- . Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- . Form 1099-S (proceeds from real estate transactions)
- · Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest). 1098-T (tuition)
- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property) Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

be subject to backup withholding. See What is backup withholding. later.



COMPANY PROFILE FORM

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Please provide the following information so that the City could better get to know your company's background.

MAIN CONTACT INFORMATION							
Company Name	INTOF	Pita 121+Ca					
(Legal Name as filed with IRS)	MIDIC	Painting and Construction Corp.					
Doing Business As (DBA)	MIDI	Painting and Construction Corp.					
Primary Business Address	12059 NW 49th Drive						
		4					
	City:	Coral SPINgs					
	State:	FL Zip: 33076					
	Country:	Broward					

Organization Background				
Please state the year that you company started its business	06/16/2012			
Please state the year that your company started providing service under your current business name	2021			
What State is your Company Registered In?	Florida			

Professional License Information							
License Type License Number Expiration							
C6.C	6661531127	August 31 2022					
Painting	18-P-20926-X	August 31 2022					
2							

Please list any applicable professional licenses required to perform the services your company offers.

Please Provide a Summa	ary of yo	our Company an	d What Servic	es you provide
-Painting (interior	and	extenor)	- high	lises .
- Painting (interior - Restoration			repair	nting and
- Stucco work			- New	construction
- wood work				coating
-Remodeling			<i>u</i>	_

	City of Pembroke Pines
	SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).
I.	This sworn statement is submitted MTD Painting and Construction Co (name of entity submitting sworn statement) whose business address is 12059 NW 4976 Dr. Coral Spring, PL 33076 and (if applicable) its Federal Employer Identification Number (FEIN) is 45-5509311 (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement:
2.	My name is <u>Yamile Rangel</u> and my (Please print name of individual signing)
	relationship to the entity named above is Vice-President
3.	I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), <u>Florida</u> <u>Statutes</u> , means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid, proposal, reply, or contract for goods or services, any lease for real property, or any contract for the construction or repair of a public building or public work, involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
4.	I understand that a "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), <u>Florida Statutes</u> , means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, nonjury trial, or entry of a plea of guilty or nolo contendere.
5.	I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means;

2. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The Cityship by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a City of Pernbroke Pines

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joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

I understand that a "person" as defined in Paragraph 287.133(1)(e), <u>Florida Statutes</u>, means any natural person or any entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts let by a public entity, or which otherwise transacts or applies to transact business with a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. (Please indicate which statement applies.)

(A) Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

B) The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, <u>AND</u> (Please indicate which additional statement applies.)

B1) There has been a proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. (Please attach a copy of the final order.)

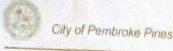
B2) The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. (Please attach a copy of the final order.)

B3) The person or affiliate has not been placed on the convicted vendor list. (Please describe any action taken by or pending with the Department of General Services.)

Bidder's Name/Signature

MTD Painting and Construction Company

212312022



LOCAL VENDOR PREFERENCE CERTIFICATION

SECTION 1 GENERAL TERM

LOCAL PREFERENCE

The evaluation of competitive bids is subject to section 35.36 of the City's Procurement Procedures which, except where contrary to federal and state law, or any other funding source requirements, provides that preference be given to local businesses. To satisfy this requirement, the vendor shall affirm in writing its compliance with either of the following objective criteria as of the bid or proposal submission date stated in the solicitation. A local business shall be defined as:

- 1. "Local Pembroke Pines Vendor" shall mean a business entity which has maintained a permanent place of business with full-time employees within the City limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the City of Pembroke Pines.
- OR; 2
 - "Local Broward County Vendor" shall mean or business entity which has maintained a permanent place of business with full-time employees within the Broward County limits for a minimum of one (1) year prior to the date of issuance of a bid or proposal solicitation. The permanent place of business may not be a post office box. The business location must actually distribute goods or services from that location. In addition, the business must have a current business tax receipt from the Broward County or the city within Broward County where the business resides.

A preference of five percent (5%) of the total evaluation point, or five percent (5%) of the total price, shall be given to the Local Pembroke Pines Vendor(s); A preference of two and a half percent (2.5%) of the total evaluation point for local, or two and a half percent (2.5%) of the total price, shall be given to the Local Broward County Vendor(s).

COMPARISON OF QUALIFICATIONS

The preferences established in no way prohibit the right of the City to compare quality of supplies or services for purchase and to compare qualifications, character, responsibility and fitness of all persons, firms or corporations submitting bids or proposals. Further, the preference established in no way prohibit the right of the city from giving any other preference permitted by law instead of the preferences granted, nor prohibit the city to select the bid or proposal which is the most responsible and in the best interests of the city.

SECTION 2 AFFIRMATION

LOCAL PREFERENCE CERTIFICATION:

Place a check mark here only if affirming bidder meets requirements above as a Local Pembroke Pines Vendor. In addition, the business must attach a current business tax receipt from the City of Pembroke Pines along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder meets requirements above as a Local Broward County Vendor. In addition, the business must attach a current business tax receipt from the Broward County or the city within Broward County where the business resides along with any previous business tax receipts to indicate that the business entity has maintained a permanent place of business for a minimum of one (1) year.

Place a check mark here only if affirming bidder does not meet the requirements above as a Local Vendor.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Local Preference. This form must be completed by/for the proposer; the proposer <u>WILL NOT</u> qualify for Local Vendor Preference based on their sub-contractors' qualifications.

COMPANY NAME: MTL 10 PRINTED NAME / AUTHORIZED SIGNATURE:

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000 VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA: MTD PAINTING AND PRESSURE CLEANING CORP

Receipt #:184-293656 PAINTING/SEALCOAT/CONTRACTOR Business Type: (PAINTING)

Owner Name: CARLOS BELLO Business Location: 12334 NW 56TH CT CORAL SPRINGS

Business Opened:09/19/2018 State/County/Cert/Reg:18-P-20926-X Exemption Code:

Business Phone:

Roc	oms	Seats	Employees 4	Machines	Profes	ssionals
	F		or Vending Business O	nly		
Number of Machines:			Vending Type):		
Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid
27.00	0.00	0.00	0.00	0.00	0.00	27.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved the business location. This receipt does not indicate that the business is legal or that it is in compliance with State or local laws and regulations.

Mailing Address:

MTD PAINTING AND PRESSURE CLEANING 12334 NW 56TH CT CORAL SPRINGS, FL 33076

Receipt #WWW-20-00218762 Paid 07/06/2021 27.00

2021 - 2022

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 – 954-831-4000 VALID OCTOBER 1, 2021 THROUGH SEPTEMBER 30, 2022

DBA: MTD PAINTING AND PRESSURE CLEANING Business Name: CORP **Receipt #:** 184–293656 Business Type: PAINTING/SEALCOAT/CONTRACTOR (PAINTING)

0.00

Owner Name: CARLOS BELLO Business Location: 12334 NW 56TH CT CORAL SPRINGS

0.00

Business Opened: 09/19/2018 State/County/Cert/Reg: 18-P-20926-X **Exemption Code:**

0.00

Business Phone:

27.00

Roo		oms	Seats	Employees 4	Machines	Profes	ssionals
Signature			F	or Vending Business O	nly		
		Number of Mac	hines:		Vending Type	:	
	Tax Amount	Transfer Fee	NSF Fee	Penalty	Prior Years	Collection Cost	Total Paid

0.00

0.00

27.00



City of Pembroke Pines

EQUAL BENEFITS CERTIFICATION FORM FOR DOMESTIC PARTNERS AND ALL MARRIED COUPLES

Except where federal or state law mandates to the contrary, a Contractor awarded a Contract pursuant to a competitive solicitation shall provide benefits to Domestic Partners and spouses of its employees, irrespective of gender, on the same basis as it provides benefits to employees' spouses in traditional marriages.

The Contractor shall provide the City and/or the City Manager or his/her designee, access to its records for the purpose of audits and/or investigations to ascertain compliance with the provisions of this section, and upon request shall provide evidence that the Contractor is in compliance with the provisions of this section upon each new bid, contract renewal, or when the City Manager has received a complaint or has reason to believe the Contractor may not be in compliance with the provisions of this section. Records shall include but not be limited to providing the City and/or the City Manager or his/her designee with certified copies of the Contractor's records pertaining to its benefits policies and its employment policies and practices.

The Contractor must conspicuously make available to all employees and applicants for employment the following statement.

"During the performance of a contract with the City of Pembroke Pines, Florida, the Contractor will provide Equal Benefits to its employees with spouses, as defined by Section 35.39 of the City's Code of Ordinances, and its employees with Domestic Partners and all Married Couples".

The posted statement must also include a City contact telephone number and email address which will be provided to each contractor when a covered contract is executed.

SECTION 1 DEFINITIONS

- Benefits means the following plan, program or policy provided or offered by a contractor to its employees as part of the employer's total compensation package which may include but is not limited to sick leave, bereavement leave, family medical leave, and health benefits.
- Cash Equivalent mean the amount of money paid to an employee with a domestic partner or spouse in lieu of providing benefits to the employee's domestic partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee for his or her spouse from a traditional marriage.
- Covered Contract means a contract between the City and a contractor awarded subsequent to the date when this section becomes effective valued at over \$25,000 or the threshold amount required for competitive bids as required in section 35.18(A) of the Procurement Code.
- 4. Domestic Partner shall mean any two (2) adults of the same or different sex who have registered as domestic partners with a governmental body pursuant to state or local law authorizing such registration, or with an internal registry maintained by the employer of at



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least one of the domestic partners. A contractor may institute an internal registry to allow for the provision of equal benefits to employees with domestic partners who do not register their partnerships pursuant to a governmental body authorizing such registration, or who are located in a jurisdiction where no such governmental domestic partnership registration exists. A contractor that institutes such registry shall not impose oriteria for registration that are more stringent than those required for domestic partnership registration by the City of Pembroke Pines.

- Equal benefits means the equality of benefits between employees with spouses and/or dependents of spouses and employees with domestic partners and/or dependents of domestic partners, and/or between spouses of employees and/or dependents of spouses and domestic partners of employees and/or dependents of domestic partners.
- Spouse means one member of a married pair legally married under the laws of any state within the United States of America or any other junsdiction under which such marriage is legally recognized, irrespective of gender.
- 7. Traditional marriage means a marriage between one man and one woman.

SECTION 2 CERTIFICATION OF CONTRACTOR

The firm providing a response, by virtue of the signature below, certifies that it is aware of the requirements of Section 35.39 "City Contractors providing Equal Benefits for Domestic Partners and all Married Couples" of the City's Code of Ordinances, and certifies the following (Check only one box below):

- A. Contractor currently complies with the requirements of this section; or
- B. Contractor will comply with the conditions of this section at the time of contract award; or
- C. Contractor will not comply with the conditions of this section at the time of contract award: or
- D. Contractor does not comply with the conditions of this section because of the following allowable exemption (Check only one box below):

1. The Contractor does not provide benefits to employees' spouses in traditional marriages;

☐ 2. The Contractor provides an employee the cash equivalent of benefits because the Contractor is unable to provide benefits to employees' Domestic Partners or spouses despite making reasonable efforts to provide them. To meet this exception, the Contractor shall provide a notarized affidavit that it has made reasonable efforts to provide such benefits. The affidavit shall state the efforts taken to provide such benefits and the amount of the cash equivalent. Cash equivalent means the amount of money paid to an employee with a Domestic Partner or spouse rather than providing benefits to the employee's Domestic Partner or spouse. The cash equivalent is equal to the employer's direct expense of providing benefits to an employee's spouse;



City of Pembroke Pines

VENDOR DRUG-FREE WORKPLACE CERTIFICATION FORM

SECTION 1 GENERAL TERM

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

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

- Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, 1 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
- Give each employee engaged in providing the commodities or contractual services that are under 3. bid a copy of the statement specified in subsection (1).
- In the statement specified in subsection (1), notify the employees that, as a condition of working 4. on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after each
- Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or 5. rehabilitation program if such is available in the employee's community, by any employee who is
- Make a good faith effort to continue to maintain a drug-free workplace through implementation 6.

SECTION 2 AFFIRMATION

Place a check mark here only if affirming bidder complies fully with the above requirements for a Drug-Free

Place a check mark here only if affirming bidder does not meet the requirements for a Drug-Free Workplace.

Failure to complete this certification at this time (by checking either of the boxes above) shall render the vendor ineligible for Drug-Free Workplace Preference. This form must be completed by/for the proposer; the proposer WILL NOT qualify for Drug-Free Workplace Preference based on their sub-contractors' qualifications.

Authorized Signature Authorized Signer Name

MTD Painting Company Name



2.4 3

City of Pembroke Pines

SCRUTINIZED COMPANY CERTIFICATION PURSUANT TO FLORIDA STATUTE § 287.135.

I. Yamile Rangel, VP, on behalf of <u>Construction</u> Corp Print Name and Sole

certify that MTD Painting and Construction Corp.

- 1. Does not participate in a boycott of Israel; and
- 2. Is not on the Scrutinized Companies that Boycott Israel list; and
- 3. Is not on the Scrutinized Companies with Activities in Sudan List; and
- Is not on the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; and
- 5. Has not engaged in business operations in Syria.

Submitting a false certification shall be deemed a material breach of contract. The City shall provide notice, in writing, to the Contractor of the City's determination concerning the false certification. The Contractor shall have ninety (90) days following receipt of the notice to respond in writing and demonstrate that the determination of false certification was made in error. If the Contractor does not demonstrate that the City's determination of false certification was made in error then the City shall have the right to terminate the contract and seek civil remedies pursuant to Florida Statute § 287.135.

Section 287.135, Florida Statutes, prohibits the City from: 1) Contracting with companies for goods or services in any amount if at the time of bidding on, submitting a proposal for, or entering into or renewing a contract if the company is on the Scrutinized Companies that Boycott Israel List, created pursuant to Section 215.4725, F.S. or is engaged in a boycott of Israel; and 2) Contracting with companies, for goods or services over \$1,000,000.00 that are on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector list, created pursuant to s. 215.473, or are engaged in business operations in Syria.

As the person authorized to sign on behalf of the Contractor, I hereby certify that the company identified above in the section entitled "Contractor Name" does not participate in any boycott of Israel, is not listed on the Scrutinized Companies that Boycott Israel List, is not listed on either the Scrutinized Companies with activities in the Iran Petroleum Energy Sector List, and is not engaged in business operations in Syria. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject the company to civil penalties, attorney's fees, and/or costs. I further understand that any contract with the City for goods or services may be terminated at the option of the City if the company is found to have submitted a false certification or has been placed on the Scrutinized Companies with Activities in Sudan list or the Scrutinized Companies with Activities in Sudan list.

MTD Painting and 2/23/22 Construction Cons. A

Company Name

Print Name / Signature



E-VERIFY SYSTEM CERTIFICATION STATEMENT (UNDER SECTION 448.095, FLORIDA STATUTES)

Definitions:

- a. "Contractor" means a person or entity that has entered or is attempting to enter into a contract with a public employer to provide labor, supplies, or services to such employer in exchange for salary, wages, or other remuneration. "Contractor" includes, but is not limited to, a vendor or consultant.
- b. "Subcontractor" means a person or entity that provides labor, supplies, or services to or for a contractor or another subcontractor in exchange for salary, wages, or other remuneration.
- c. "E-Verify system" means an Internet-based system operated by the United States Department of Homeland Security that allows participating employers to electronically verify the employment eligibility of newly hired employees.
- Effective January 1, 2021, Contractors, shall register with and use the E-verify system in order to verify the work authorization status of all newly hired employees. Contractor shall register for and utilize the U.S. Department of Homeland Security's E-Verify System to verify the employment eligibility of:
 - All persons employed by a Contractor to perform employment duties within Florida during the term
 of the contract; and
 - b. All persons (including subvendors/subconsultants/subcontractors) assigned by Contractor to perform work pursuant to the contract with the City of Pembroke Pines. The Contractor acknowledges and agrees that registration and use of the U.S. Department of Homeland Security's E-Verify System during the term of the contract is a condition of the contract with the City of Pembroke Pines; and
 - c. Should vendor become the successful Contractor awarded for the above-named project, by entering into the contract, the Contractor shall comply with the provisions of Section 448.095, Fla. Stat., "Employment Eligibility," as amended from time to time. This includes, but is not limited to registration and utilization of the E-Verify System to verify the work authorization status of all newly hired employees. Contractor shall also require all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The Contractor shall maintain a copy of such affidavit for the duration of the contract.
- 3. Contract Termination
 - a. If the City has a good faith belief that a person or entity with which it is contracting has knowingly violated s. 448.09 (1) Fla. Stat., the contract shall be terminated.
 - b. If the City has a good faith belief that a subcontractor knowingly violated s. 448.095 (2), but the Contractor otherwise complied with s. 448.095 (2) Fla. Stat., shall promptly notify the Contractor and order the Contractor to immediately terminate the contract with the subcontractor.
 - c. A contract terminated under subparagraph a) or b) is not a breach of contract and may not be considered as such.
 - Any challenge to termination under this provision must be filed in the Circuit Court no later than
 20 calendar days after the date of termination.
 - e. If the contract is terminated for a violation of the statute by the Contractor, the Contractor may not be awarded a public contract for a period of 1 year after the date of termination.

COMPANY NAME: MTD Painting	and Construction Corp.
	PCAD'
	Θ

PAINTING INTERIOR AND EXTERIOR

18-P-20926-X BELLO, CARLOS D. - QUALIFYING MTD Painting and Pressure Cleaning Corp. 12334 NW 56 CT CORAL SPRINGS FL 33076 EXPIRES 08/31/2022

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CERTIFICATE OF COMPETENCY

R I D A Betach and SIGN the reverse side of this card IMMEDIATELY upon receipt! You should carry this card with you at all times.

Contractor must obtain a photo I.D. Certificate of Competency Card every two years.

BROWARD COUNTY, FLORIDA CERTIFICATE OF COMPETENCY

EXPIRES 08/31/2022

CC# PAINTING INTERIOR AND EXTERIOR 18-P-20926-X BELLO, CARLOS D. - QUALIFYING MTD Painting and Pressure Cleaning Corp. 12334 NW 56 CT CORAL SPRINGS FL 33076

BELLO, CARLOS D. 12334 NW 56 CT CORAL SPRINGS FL 33076

503-207 (Rev. 1/12) PC201247908

Ron DeSantis, Governor

Julie I. Brown, Secretary

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

CONSTRUCTION INDUSTRY LICENSING BOARD

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

> HOYOS, TATIANA MTD PAINTING AND CONSTRUCTION CORP 12059 NW 49TH DRIVE CORAL SPRINGS FL 33076

> > LICENSE NUMBER: CGC1531127

EXPIRATION DATE: AUGUST 31, 2022

Always verify licenses online at MyFloridaLicense.com

Do not alter this document in any form.

This is your license. It is unlawful for anyone other than the licensee to use this document.

CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS FOR EXPENDITURE OF FEDERAL FUNDS

LOBBYING

As required by 7 CFR Part 3018, for persons entering into a contract, grant or cooperative agreement over \$100,000 involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement,
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress, in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit <u>Standard Form - LLL</u>, "Disclosure Form to Report Lobbying," in accordance with its Instructions, and
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned Contractor, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Official

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Construction MITE Haintin and Contrator / Name of Company

2 23 2023

DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

As required by 7 CFR Part 3017, for persons entering into a contract, grant or cooperative agreement over \$25,000 involving the expenditure of Federal funds, the undersigned certifies for itself and its principals that.

- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
- (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- (d) Have not within a three-year period preceding this application had one or more public transaction (Federal, State, or local) terminated for cause or default, and

Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Signature of Contractor's Authorized Official Construction ala31 IND Paintir and Contrator / Name of Company.

Standard Form LLL **Disclosure of Lobbying Activities** Complete this form to disclose lobbying activities pursuant to 31 U.S.C 1352 (See reverse for public burden disclosure) 1. Type of Federal Action; 3. Report Type: 2. Status of Federak a. initial filing a contract Action: b. material change b. grant a bid / offe c. cooperative agreement application For material change only: d loan e, loan quarantee b. initial award quarter Year f. loan insurance c. post-award Date of last report 5. If Reporting Entity in No. 4 is Subawardee, 4. Name and Address of Reporting Entity: Enter Name and Address of Prime: Prime Subawardee Tier if Known: Congressional District, if known: Congressional District, if known: 7. Federal Program Name/Description: 6. Federal Department/Agency: CFDA Number, if applicable 8. Federal Action Number, if known: 9. Award Amount, if known S b. Individuals Performing Services (including 10. a. Name and Address of Lobbying address if different from No. 10a) Registrant (if individual, last name, first name, MI): (last name, first name, MI): 11. Information requested through this form is authorized by Title 31 U.S.C. Section 1352. This disclosure of lobbying Signature: X activities is a material representation of fact upon which reliance was placed by the tier above when this transaction Print Name: was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public Title: inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than Date: 223 \$10,000 and not more than \$100,000 for each such failure. **Telephone No.:**