Address 3484 nw 43rd Pl.

Lauderdale Lakes, FL 33309

Proficient Construction Company

Bid Contact Marlon Jackson Procci@bellsouth.net Ph 954-733-2406

Supplier Code 237249

Item #	Line Item	Notes	Unit Price	Qty/Unit	Attch.	Docs
PL-18-0401- 01	Please submit the required documents as per section 1.9	Supplier Product Code:	First Offer -	1 / each	Y	Y

Supplier Total \$0.00

Proficient Construction Company

Item: Please submit the required documents as per section 1.9

Attachments

Ppines GC contract app revised.pdf



PL-18-04 "GENERAL CONTRACTORS AND HOME REPAIR PROJECTS (EXPANSION)"

July 31, 2018

PROFICIENT CONSTRUCTION COMPANY INC.

MARLON JACKSON – PRESIDENT

P) 954-658-4876

EMAIL: PROCCI@BELLSOUTH.NET

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TAB 2 – Letter of Interest



LIC # CBC1255450 3484 N.W. 43rd Place Lauderdale Lakes, FL 33309 Office# (954)733-2406 Fax# (954)733-2407 Email: Procci@Bellsouth.net

Letter of Interest

ProFicient Construction Company, Inc. is a full service general construction and project management firm servicing Broward County. ProFicient Construction Company Inc. was established on January 2007 in the State of Florida; offering building construction and renovation services for commercial and residential projects. Our ultimate goal is to complete every project on schedule and within budget. ProFicient Construction prides itself on it's caliber of professional work and timeliness of our scheduled projects.

ProFicient Construction Company Inc. would like to provide your homeowner clients with quality professional servive, expertise and craftsmanship that our company possesses. We will meet and exceed all the terms and conditions in fulfilling contract agreements. We have completed various residential renovation projects ranging from \$15K to \$150K. We have worked with several local cities and administration agencies such as Community Redevelopment Associates of FL., and Broward County Minority Builders Coalition, City of North Lauderdale, City of Coral Springs and City of Coconut Creek. We understand the importance of timelines, budgets and responsiveness in complying with government funded projects requirements.

TAB 3 – Experience & Ability



LIC # CBC1255450 3484 N.W. 43rd PL. Lauderdale Lakes, FL 33309 Office# (954)733-2406 Fax# (954)733-2407 Email: Procci@Bellsouth.net

Qualifications and Experience

As an experienced firm with completing residential rehab projects our approach on a team effort is to ensure that we are able to deliver what is expected on each project. First phase would be to review scope of work intended and identify all areas of concern at the pre-bid meetings and seek clarification from inspector and/or administrator. Second phase would be to completely plan all order of events for project to establish a realistic timeframe for a successful completion. Next, the ordering of materials that has been selected by the homeowner and within compliance of specifications is processed. Then, closely we coordinating with homeowner's schedule, and start the rendering of services contracted for, monitoring that all work performed is performed according to building codes and specifications. During the process of construction, we work diligently to accommodate the experience of undertaking the home of the owner, to ensure that the experience is as less stressful and convenient as possible. These practices are not limited to our staff only; subcontractors are thoroughly screened and informed about company's work practices.

ProFicient Construction Company, Inc. is a full service general construction and project management firm servicing Broward County. ProFicient Construction Company Inc. was established on January 2007 in the State of Florida; offering building construction and renovation services for commercial and residential projects. Our ultimate goal is to complete every project on schedule and within budget. ProFicient Construction prides itself on its caliber of professional work and timeliness of our scheduled projects.

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ProFicient Construction Company Inc. would like to provide you with the expertise and craftsmanship that our company possesses. We will meet and exceed all the terms and conditions in fulfilling contract agreements. We have completed various residential renovation projects ranging from \$15K to \$150K. We have worked with several local cities and administration agencies such as Community Redevelopment Associates of FL., North Lauderdale Grant Program, Fort Lauderdale Housing and Community Development, City of Coconut Creek and Broward County Minority Builders Coalition. We understand the importance of timelines, budgets and responsiveness in complying with government funded projects. The minimum qualifications as required by the above agencies are as follows:

- Small business owner
- State building contractor license
- Experience working on Federal Funded projects.

Resumes

President/Owner – Marlon Jackson

Marlon Jackson started out as a Journeyman Carpenter in the South Florida Carpenters union and worked as a foreman for some very reputable construction companies. Marlon Jackson currently holds a State of Florida Building Contractor license and has been in business for the last eight years managing and working on federally funded projects. These projects range from multi-unit apartment renovations to single family residential home repair projects. The scope of services involved in these federally funded projects are replacement of windows and doors, replacement of A/C mechanical systems, roof replacements, electrical upgrades, kitchen and bathroom remodels, and various home repairs and improvements.

Controller - Lori Madison

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Lori Madison has worked in the construction industry for over 15 years and prides herself on great office management. Her experience and knowledge is stretched through the accounting, human resource, general office and even estimating department.

Project Manager - Wesley Griffiths

Wesley Griffiths has over 20 years' experience in working on residential rehabilitation and new construction projects. Overall as the project manager, Wesley prepares the plan in detail of the steps required and calculates the material cost and personal needed to complete the project; Wesley determines the permits necessary and ensures that they are obtained and coordinates inspections form building department.

Superintendent – Steve Jackson

Steve Jackson has had over 20 years' experience in the carpentry, plumbing and electrical field. Steve can be utilized in many facets of construction. He has the ability to problem solve in the field and assist homeowner's with questions and or explaining the schedule of tasks in his position of supervisory. Steve has a strong sense with it comes to public relations and has been very proactive in resolving issues or problems that may arise in the process of completing projects.

Resources and Availability

Once our firm has been awarded a project, our management plan begins with the project manager planning a detailed layout of schedule and budget for project. The planning performed by the project manager is a key component used to foresee the successful completion of projects. Also to assist with maintaining the project budget cost, the controller produces accurate job cost accounting reports. The reports prepared by the controller are crucial in the maintaining of the existence of the firm's financial position. To ensure the project runs efficiently with as minimum as possible risk factors a daily superintendent is assigned to each and every project. The superintendent is

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responsible for organizing and conducting safety meetings and coordinating daily activities on jobsite.

For the purpose of performing special task which require specific equipment our firm utilizes various rental equipment companies such as Dixie Clamp & Scaffold, Sunbelt, and General Rental Center. We have several companies with established lines of credit if needed to assist with supplying material and equipment to projects.

References

Administrated by Community Redevelopment Associates of FL. 8569 Pines Blvd. #201 Pembroke Pines, FL. 33024 Angela Polanco (954) 431-7866 ext. #120 Fax (954) 431-6822 Email apolanco@crafla.org Homeowner: James & Ana Camacho 2051 NW 35th Terr. Coconut Creek, FL. 33063 (954) 873-0399

City of Coconut Creek

* Project funded by Department of Housing and Urban Development through the City of Coconut Creek SHIP Program. Scope of work included. Reroof shingle roof, replacement of A/C mechanical system, electrical upgrades and more minor home repairs.
Job valued at \$26,900 was completed on 5/11/2015 on schedule.

City of Pembroke Pines Community Redevelopment Associates of FL. 8569 Pines Blvd. #201 Pembroke Pines, FL. 33024 Zuleyka Malave (954) 431-7866 ext. #127 Fax (954) 431-6882 Email zmalave@crafla.org Homeowner: David & Maria Garay 901 SW 128th Terr. #402. Pembroke Pines, FL. 33027 (954) 274-8159 Project funded by Department of Housing and Urban Development through City of Pembroke Pines.

Job valued at \$38,465.00 was completed on 4/16/2015 on schedule.

City of Coral Springs Community Development

Administered by Minority Builders Coalition

665 SW 27th Ave. Suite 12 Fort Lauderdale, FL. 33312 *Janice Hayes* (954) 792-1127 Ext. 25 Fax (954) 792-1175 Email janice.hayes@minoritybuilders.org Homeowner: A. James & Andrade Greene 2980 Riverside Drive #126 Coral Springs, FL. 33065 (754) 245-0557 Project funded by Department of Housing and Urban Development through City of Coral Springs Home Repair Grant Program Job valued at **\$27,350** was completed on 3/18/2014 on schedule. *We provide architectural drawings and engineered calculations to building department for permit issuance. Scope of work included new kitchen, flooring throughout, new impact windows

and doors and other minor home repairs.

City of Coconut Creek Administrated by Community Redevelopment Associates of FL. 8569 Pines Blvd. #201 Pembroke Pines, FL. 33024 Angela Polanco (954) 431-7866 ext. #120 Fax (954) 431-6822 Homeowner: Harriet Lomm 2461 Fiddleleaf Ave. Coconut Creek, FL. 33063 (954) 977-9981

* Project funded by Department of Housing and Urban Development through the City of Coconut Creek SHIP Program. Scope of work included. Reroof shingle roof, replacement of A/C mechanical system, replacement of bathroom plumbing fixtures and more minor home repairs. Job valued at \$25,800 was completed on 2/14/2014 on schedule.

Broward County DRI Administrated by Community Redevelopment Associates of FL. 8569 Pines Blvd. #201 Pembroke Pines, FL. 33024 Zuleyka Malave (954) 431-7866 ext. #127 Fax (954) 431-6882 Email zmalave@crafla.org Homeowner: Yuliza Tavera 8080 NW 13TH ST. Pembroke Pines, FL. 33024 (786) 301-5282 Project funded by Department of Housing and Urban Development through Broward County Housing Finance Community Development Division. Job valued at \$32,845.00 was completed on 5/6/2014 on schedule. *Scope of work included replacement of shingle roof, installation of impact windows, doors and gutters.

City Of North Lauderdale

701 SW 71st Ave. North Lauderdale, FL. 33068 Sandy Lila (954) 597-4745 Fax (954) 954-597-4845 Email slila@nlauderdale.org Homeowner: Nichole Johnell Fleur 8012 SW 4th PL. North Lauderdale FL. 33068 (305) 467-4569

Project funded by Department of Housing and Urban Development through City of North Lauderdale.

Job valued at \$14,265 estimated completion date of 6/1/2016

*Scope of work includes, replace shingle roof, installation of accordion shutters at door.

City Lauderdale Lakes 4300 NW 36th ST. Lauderdale Lakes, FL. 33319 *Freddy Scott* (954) 746-8744 Fax (954) 954-746-2109 Email freddyscott@bellsouth.net Homeowner: Lola Phillips 4595 NW 43rd CT. Lauderdale Lakes FL. 33319 (305) 467-4569 Project funded by Department of Housing and Urban Development through Broward County Housing Finance Community Development Division. Job valued at \$18,200 estimated completion date of 6/27/2014 *Scope of work includes, replace shingle roof, installation of impact door and windows, electrical system upgrade, and drywall repair.

TAB 4 – Previous Experience (References)



REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

Reference Contact Information:

Name of Firm, City, County or Agency: ___City of Coconut Creek-Community Redevelopment Assoc. of FL.

Address: 8596 Pines Blvd. suite 201 Pembroke Pines, FL. 33024

City/State/Zip: Pembroke Pines, FL. 33024

Contact Name: Mery Sanchez Title: Administrator Coordinator

E-Mail Address: Msanchez@crafl.org

Telephone: 954-431-7866 ext. 120

Project Information:

Name and location of the project: ____Claire Louisville Residence 3740 NW 20th ST. Coconut Creek FL. 33066

Fax:

Nature of the firm's responsibility on the project: Install impact windows and doors, re-roof shingle roof, replace A/C system.

Project duration: 120	Completion (Anticipated) Date: 2/23/2018
Size of project:mid	Cost of project: \$35,000
Work for which staff was responsible:	Installation of windows and doors



REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

Reference Contact Information:

Name of Firm, City, County or Agency: City of Coconut Creek-Community Redevelopment Assoc. of FL.

Address: 8596 Pines Blvd. suite 201 Pembroke Pines, FL. 33024

City/State/Zip: Pembroke Pines, FL. 33024

Contact Name: Mery Sanchez Title: Administrator Coordinator

E-Mail Address: Msanchez@crafl.org

Telephone: 954-431-7866 ext. 120

Project Information:

Name and location of the project: _____ Delcina Annakie Residence 3780 NW 23rd PL. Coconut Creek FL. 33066

Fax:

Nature of the firm's responsibility on the project: Install impact windows, re-roof shingle roof, paint 1st floor ceiling.

Completion (Anticipated) Date: (ATC) 9/14/2018
Cost of project: \$31,800
stallation of windows, painting



REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

Reference Contact Information:

Name of Firm, City, County or Agency: Broward County Minority Builders Coalition (City of Coral Spring)

Address: __665 SW 27th Ave.

City/State/Zip: Fort Lauderdale Lakes, FL. 33311

Contact Name: Janice Hayes Title: Administrator Coordinator

E-Mail Address: Janice.Hayes@MinorityBuilders.org

Telephone: 954-792-1121 ext. 25

Project Information:

Name and location of the project: _____ George Zaire Residence 2381 NW 98th Lane. Coral Springs FL. 33065

Fax:

954-792-1175

Nature of the firm's responsibility on the project: Install impact windows and doors,

replace A/C system, paint exterior complete, upgrade electrical system.

Project duration: _	120	Completion (Anticipated) Date:	1/12/2018
Size of project:	mid	Cost of project:\$35,000	
Work for which sta	aff was responsible:	Installation of windows and doors	
Contract Type:	Construction Service Contra	act	
The results/deliver	ables of the project:	Successfully Completed	



REFERENCES FORM

Provide specific examples of similar contracts. References should be should be capable of explaining and confirming your firm's capacity to successfully complete the scope of work outlined herein. This form should be duplicated for each reference and any additional information that would be helpful can be attached.

Reference Contact Information:

Name of Firm, City, County or Agency: Broward County Minority Builders Coalition

Address: 665 SW 27th Ave.

City/State/Zip: Fort Lauderdale Lakes, FL. 33311

Contact Name: Janice Hayes Title: Administrator Coordinator

E-Mail Address: Janice.Hayes@MinorityBuilders.org

Telephone: ______954-792-1121 ext. 25 Fax: _______Fax: ______554-792-1175

Project Information:

Name and location of the project: _____ Darlene Gunn Residence 2981 NW 7th St. Ft. Laud. FL. 33311

Nature of the firm's responsibility on the project: _____Reroof shingle roof, install impact windows and doors, replace A/C system, paint exterior complete.

Completion (Anticipated) Date: 7/27/2018
Cost of project: \$45,000
stallation of windows and doors

TAB 5 – Firms Understanding & Approach to Work



Approach To Projects

As an experienced firm with completing residential rehab projects our approach on a team effort is to ensure that we are able to deliver what is expected on each project. First phase would be to review scope of work intended and identify all areas of concern at the pre-bid meetings and seek clarification from inspector or administrator. As much as the project is important the client we will be working for is just as well, we also look for jesters from the homeowner to get a feel for their expectation from the services to be provided. We work diligently to accommodate the experience of undertaking homeowner's personal home as less stressful as possible. These practices are not limited to our staff only, subcontractors are screened as well to ensure they use the same work ethics.

TAB 6 – Documents and Forms



CONFLICT OF INTEREST FORM

The undersigned vendor, in accordance with 24 CFR 570.611, hereby certifies that award of contract to Proficient Construction Company Inc. (Name of Business) for participation in the City of Pembroke Pines' Minor Home Repair Program does not constitute a conflict of interest.

A conflict of interest exists if the person/entity receiving any type of direct assistance or compensation from federal funds is an employee, agent, consultant, officer, elected official or appointed official of the recipient or subrecipients *or* within the past 12 months meets one of the following criteria:

- Exercises or has exercised any functions or responsibilities with respect to funds for this program.
- 2. Participates or has participated in the decision making process related to funds for this program.
- 3. Is or was in a position to gain inside information with regard to program activities.

A conflict of interest may also arise if the business is related by family or has business ties to any employee, officer, elected or appointed official or agent of a unit of local government who exercises any functions or responsibilities with respect to any federal program funding.

As the person authorized to sign the statement, I acknowledge the provisions of 24 CFR 570.611 and certify that a conflict of interest does not exist.

Marlon	
Contractor's Name Signature	7-30-2018 Date
State of:	
County of:Broward	
The foregoing instrument was acknowledged before me this	day of
(who are) personally known to me or who has produced	_, who is
identification and who did (did not) take an oath.	as
Notary Public Signature	
Notary Name, Printed, Typed or Stamped	FF935462
Commission Number: FF935462 EXPIRES November	
My Commission Expires: 11-11-2019	

7/31/2018

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(OFFICE USE ONLY) Vendor number:

Please entirely complete this vendor information form along with the IRS Form W-9, and email to accountspayable@ppines.com

Vendor Information Form

Operating Name (Payee)	Proficient Construct	ion Company I	Inc.	
Legal Name (as filed with IRS)	Proficient Construction Company Inc.			
Remit-to Address (For Payments)	3484 NW 43rd PL.			
	Lauderdale Lakes, FL. 33309			
Remit-to Contact Name:	Marlon Jackson	Title:	President	
Email Address:	Procci@bellsouth.net			
Phone #:	054.050 4070 E //		954-733-2407	
Order-from Address (For purchase orders)	3484 NW 43rd PL.			
	Lauderdale Lakes, FL.			
Order-from Contact Name:	Marlon Jackson	Title:	President	
Email Address:	Procci@bellsouth.net			
Phone #:	954-658-4876	Fax #	954-733-2407	
Return-to Address (For product returns)	3484 NW 43rd PL.			
	Lauderdale Lakes, FL. 33309			
Return-to Contact Name	Marlon Jackson	Title:	President	
Email Address:	Procci@bellsouth.net			
Phone #:	954-658-4876	Fax #	954-733-2407	
Payment Terms:	net 15			

Type of Business (please check one and provide Federal Tax identification or social security Number)

	Corporation	Federal ID Number:	
\Box	Sole Proprietorship/Individual	Social Security No.:	
	Partnership		
	Health Care Service Provider		
	\square LLC – C (C corporation) $\stackrel{\times}{=}$ S (S corporation) –]	P (partnership)	
	Other (Specify):		
Nan	ne of Applicant / Signature Manlon	Jackson	
Titl	e of Applicant President /	Date	7/30/2018

City	of	Pembrok	e Pines
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Request for Taxpayer Identification Number and Certification

Attachment B

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

- 8 1 8 4 0 2 4

5	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank Proficient Construction Company Inc.	с.	
n page	2 Business name/disregarded entity name, if different from above Same As Above		
pe ns on	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:		4 Exemptions (codes apply only to certain entities, not individuals; see
Print or type Instructions	single-member LLC	st/estate	instructions on page 3):
Print Specific Instr	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box ir the tax classification of the single-member owner.	hip) ► the line above for	Exempt payee code (if any) Exemption from FATCA reporting code (if any)
Spe	Other (see instructions) a		(Applies to accounts maintained outside the U.S.)
ee	5 Address (number, street, and apt. or suite no.) 3484 NW 43rd PL.	Requester's name a	and address (optional)
Ś	6 City, state, and ZIP code Lauderdale Lakes, FL. 33309		
	7 List account number(s) here (optional)		
Part	I Taxpayer Identification Number (TIN)		
esiden entities, TIN on	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to aver withholding. For individuals, this is generally your social security number (SSN). However, for t alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> page 3.	a or	urity number
lote. If Juidelin	the account is in more than one name, see the instructions for line 1 and the chart on page 4 ness on whose number to enter.	for Employer ic	Dentification number

Part II Certification

R C

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3. I am a U.S. citizen or other U.S. person (defined below); and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on

Sign Signature of U.S. person Marlon Jackson	Date ► 7/30/2018
General Instructions	
	 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T

Section references are to the Internal Revenue Code unless otherwise noted. Future developments. Information about developments affecting Form W-9 (such

as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- · Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual 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)

(tuition)

- · Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2. By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Attachment B: Vendor Information Form and a W-9

Cat. No. 10231X

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Form W-9 (Rev. 12-2014)

Page 2 of 5

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items

- 1. The treaty country. Generally, this must be the same treaty under which
- you claimed exemption from tax as a nonresident alien. The treaty article addressing the income. 2
- 3
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions. 4
- The type and amount of income that qualifies for the exemption from tax. 5. Sufficient facts to justify the exemption from tax under the terms of the treaty article

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details)

- 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- 5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information

Also see Special rules for partnerships above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 linstead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

BidSync

Page 2

Page 3

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2-The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8-A real estate investment trust

 $9\mathrm{--An}$ entity registered at all times during the tax year under the Investment Company Act of 1940

10-A common trust fund operated by a bank under section 584(a)

11—A financial institution

12-A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network ransactions	Exempt payees 1 through 4

See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B-The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I-A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an IN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

BidSync

Form W-9 (Rev. 12-2014)

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

Give name and SSN of: The individual The actual owner of the account or, if combined funds, the first individual on the account The minor
The actual owner of the account or, if combined funds, the first individual on the account
The minor ²
The grantor-trustee
The actual owner
The owner ³
The grantor*
Give name and EIN of:
The owner
Legal entity
The corporation
The organization
The partnership
The broker or nominee
The public entity
The trust

List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished. ²Circle the minor's name and furnish the minor's SSN.

Page 4

³You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 2. *Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- · Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, consistent the about information. But they define returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

BidSync



ernandez

Mandatory Pre-Bid/Site Visit Confirmation Form

<u>The scanned form, signed by both the Contractor and City Representatives</u> <u>must be uploaded in order for the bid to be considered complete.</u>

(Printed name of Contractor's representative), who is a representative of

(Contractor's Company) PERSONALLY came and appeared

before me and affirms that they have completed the mandatory pre-bid/site visit on this the

9th day of July

Solicitation #:

RFQ #PL-18-04

2018

Solicitation Title: "General Contractors for Home Repair Projects (Expansion)"

(Contractor Representative's Printed Name)

(Contractor Representative's Signature)

(Contractor's Company)

(Contractor's Phone Number)

(City Representative's Printed Name)

as required by:

(City Representative's Signature)

urchasin

(City Representative's Department)

(City Representative's Phone Number)

(Date)

July 9, 2018

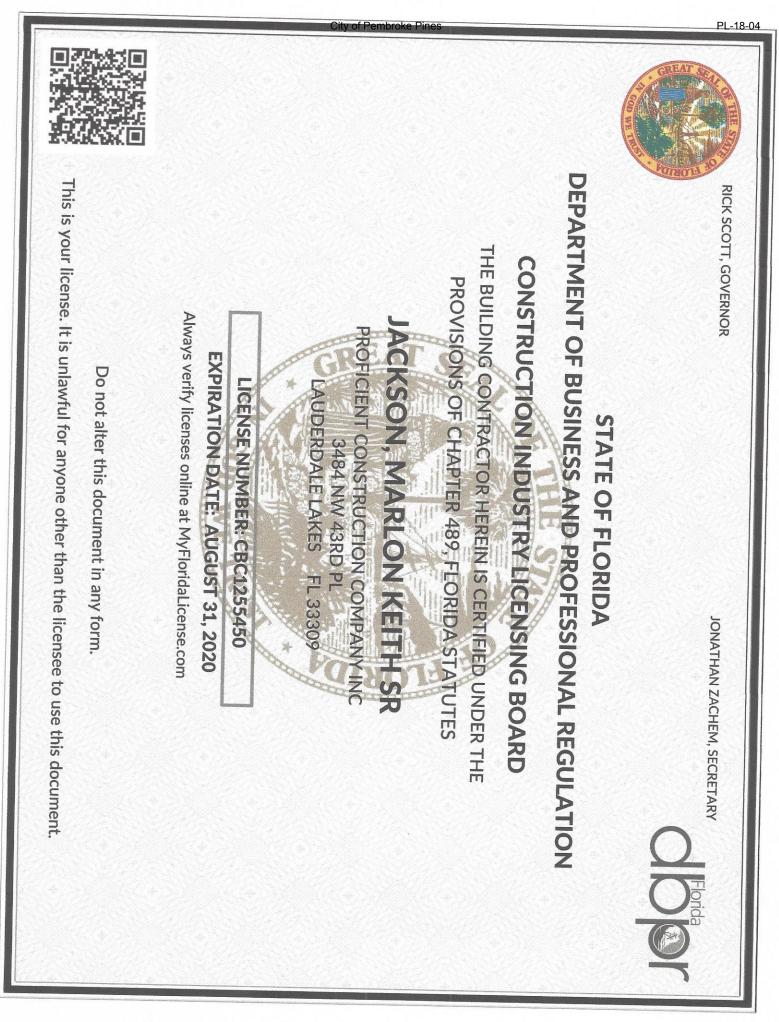
(Date)

The City requires all questions on the "the BidSync website. Such request must be received by the "Question Due Date," questions received after the "Question Due Date" shall not be answered. Interpretations or clarifications in response to such questions will be issued via BidSync. The issuance of a response via BidSync is considered an Addendum and shall be the only official method whereby such an interpretation or clarification will be made.

Page 1 of 1

Attachment J: Mandatory Pre-Bid/Site Visit Confirmation

TAB 7 – Business Structure & License



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	CAPE CORAL, FL 3399	1			DRESS: ALLISC): (000	1342 330
	,				11	SURER(S) AFFO	ORDING COVERAGE		
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	2404 MT 4000			INS	URER C :				
	3484 NW 43RD PLACE			INS	URER D :				
	Fort Lauderdale, FL	33309	9		URER E :				
01/22	4050			INS	URER F :				
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JEFF ATWATER CHIEF FINANICAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

** CERTIFICATE OF ELECTION TO BE EXEMPT FROM FLORIDA WORKERS' COMPENSATION LAW **

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation law.

EFFECTIVE DATE: 4/18/2017

EXPIRATION DATE: 4/18/2019

PERSON: JACKSON

MARLON

FEIN: 208184024

BUSINESS NAME AND ADDRESS:

PROFICIENT CONSTRUCTION COMPANY INC

3484 NW 43RD PL

LAUDERDALE FL 33309 LAKES

SCOPE OF BUSINESS OR TRADE:

Licensed Building Contractor

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. Pursuant to Chapter 440.05(12), F.S., Certificates of election to be exempt... apply only within the scope of the business or trade listed on the notice of election to be exempt. Pursuant to Chapter 440.05(13), F.S., Notices of election to be exempt and certificates of election to be exempt shall be subject to revocation if, at any time after the filing of the notice or the issuance of the certificate, the person named on the notice or certificate no longer meets the requirements of this section for issuance of a certificate. The department shall revoke a certificate at any time for failure of the person named on the certificate to meet the requirements of this section.

DFS-F2-DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 08-13

QUESTIONS? (850)413-1609

Notice	Business License ID 812.0	Number
his receipt becomes null & void if ownership, business name or ddress is changed. Taxee must apply within 10 days of such change or transfer. Fee will apply. All applicable building & so of such change	Туре	6184
or transfer. Fee will apply. All applicable building & zoning regulations artaining to business location must be followed.	CONTRACTOR - BUILDING	License Fee
		222.71 Issued
		11/07/2017
		Expires
PROFICIENT CONSTRUCTION COMPANY, INC.		09/30/2018
3073 NW 26 STREET		
LAUDERDALE LAKES, FL 33311		
DO NOT ACCEPT UNLESS THIS DOCUMENT IS PRINTED WITH A COLOR BA	CKGROUND, CONTAINS A VOID PANTOGRAPH AND A M	CROPRINT BORDER
City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700	17-18 CEI	RTIFICATE
City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700 Notice	17-18 CEI	RTIFICATE
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City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700 Notice certificate of use becomes null & void if ownership, business e, type of use or address is changed. Certificate holder must y prior to such change All applicable building & section	Certificate of Use ID	RTIFICATE OF USE
City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700 Notice certificate of use becomes null & void if ownership, business e, type of use or address is changed. Certificate holder must y prior to such change. All applicable building & zoning lations pertaining to business location must be delayed	17-18 CEI Certificate of Use ID	Number 6185 Fee 50.00
City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700 Notice certificate of use becomes null & void if ownership, business e, type of use or address is changed. Certificate holder must y prior to such change All applicable building & section	Certificate of Use ID	RTIFICATE OF USE Number 6185 Fee 50.00 Issued
City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700 Notice Certificate of use becomes null & void if ownership, business e, type of use or address is changed. Certificate holder must y prior to such change. All applicable building & zoning lations pertaining to business location must be followed. Inter to accurately report all lines of husiness of action must	Certificate of Use ID	RTIFICATE OF USE Number 6185 Fee 50.00 Issued 11/07/2017
City of Lauderdale Lakes 4300 N.W. 36 Street Lauderdale Lakes, FL 33319-5599 (954) 535-2700 Notice Certificate of use becomes null & void if ownership, business e, type of use or address is changed. Certificate holder must y prior to such change. All applicable building & zoning lations pertaining to business location must be followed. Inter to accurately report all lines of husiness of action must	Certificate of Use ID	RTIFICATE OF USE Number 6185 Fee 50.00 Issued

PL-18-04

BROWARD COUNTY LOCAL BUSINESS TAX RECEIPT

115 S. Andrews Ave., Rm. A-100, Ft. Lauderdale, FL 33301-1895 - 954-831-4000 VALID OCTOBER 1, 2017 THROUGH SEPTEMBER 30, 2018

DBA: Business Name: PROFICIENT CONSTRUCTION COMPANY INC

Receipt #: 180-7582 GENERAL CONTRACTOR (BUILDING Business Type: CONTRACTOR)

Owner Name: MARLON KEITH JACKSON SR Business Location: 3073 NW 26 ST LAUDERDALE LAKES

Business Opened:04/18/2007 State/County/Cert/Reg:CBC1255450 **Exemption Code:**

Business Phone:

oms	Seats	Employees 1	Machines	Profes	sionals
Number of Machin	For	Vending Business Onl	•		•
Transfer Fee	NSF Fee	Penalty			
0.00	0.00	4.05			Total Paid 31.05
	Number of Machir Transfer Fee	Number of Machines: For Transfer Fee NSF Fee	Number of Machines: For Vending Business Oni Transfer Fee NSF Fee Penalty	Number of Machines: For Vending Business Only Transfer Fee NSF Fee 0 0	Number of Machines: For Vending Business Only Vending Type: Transfer Fee NSF Fee Penalty Prior Years Collection Cost

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT

WHEN VALIDATED

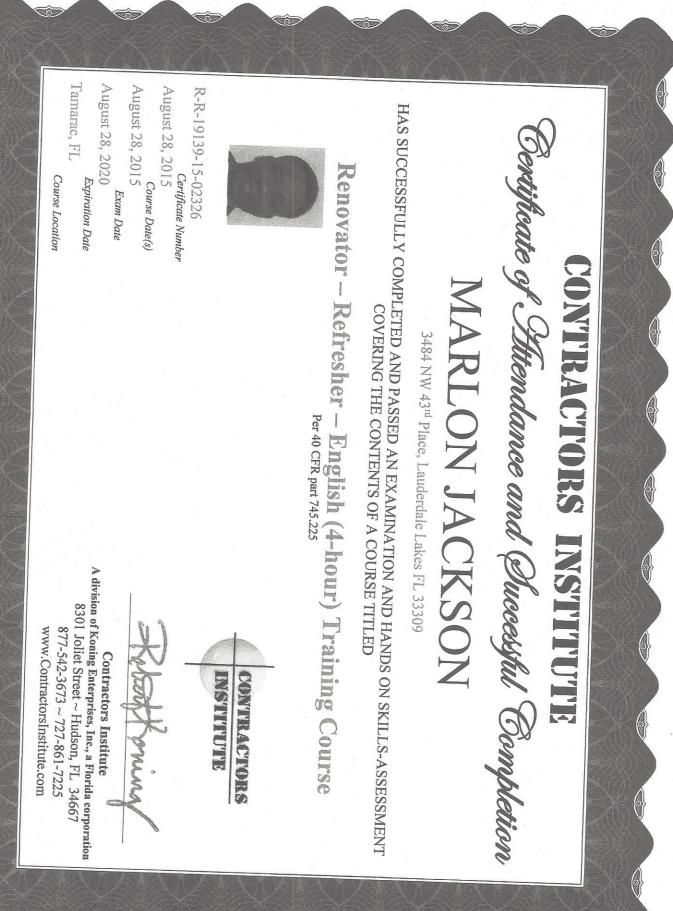
This tax is levied for the privilege of doing business within Broward County and is non-regulatory in nature. You must meet all County and/or Municipality planning and zoning requirements. This Business Tax Receipt must be transferred when the business is sold, business name has changed or you have moved 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:

MARLON KEITH JACKSON SR 3484 NW 43 RD PL LAUDERDALE LAKES, FL 33309

Receipt #01A-17-00000680 Paid 11/03/2017 31.05

2017 - 2018



PL-18-04

Supplier: Proficient Construction Company



Attachment C

NON-COLLUSIVE AFFIDAVIT

BIDDER is the **OWNER**,

(Owner, Partner, Officer, Representative or Agent)

BIDDER is fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;

Such Bid is genuine and is not a collusive or sham Bid;

- Neither the said BIDDER nor any of its officers, partners, owners, agents, representative, employees or parties in interest, including this affidavit, have in any way colluded, conspired, connived or agreed, directly or indirectly, with any other BIDDER, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted; or to refrain from bidding in connection with such Contract; or have in any manner, directly or indirectly, sought by agreement or collusion, or communications, or conference with any BIDDER, firm, or person to fix the price or prices in the attached Bid or any other BIDDER, or to fix any overhead, profit, or cost element of the Bid Price or the Bid Price of any other BIDDER, or to secure through any collusion conspiracy, connivance, or unlawful agreement any advantage against (Recipient), or any person interested in the proposed Contract;
- The price of items quoted in the attached Bid are fair and proper and are not tainted by collusion, conspiracy, connivance, or unlawful agreement on the part of the BIDDER or any other of its agents, representatives, owners, employees or parties in interest, including this affidavit.

Printed Name/Signature MARLON JACKSON

Title **PRESIDENT**

Name of Company **PROFICIENT CONSTRUCTION COMPANY INC**

Supplier: Proficient Construction Company



Attachment D

SWORN STATEMENT ON PUBLIC ENTITY CRIMES UNDER FLORIDA STATUTES CHAPTER 287.133(3)(a).

- This sworn statement is submitted PROFICIENT CONSTRUCTION COMPANY INC (name of entity submitting sworn statement) whose business address is 3484 NW 43rd PL. Lauderdale Lakes, FL. 33309 and (if applicable) its Federal Employer Identification Number (FEIN) is 20-8184024. (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn statement: Florida.)
- 2. My name is **MARLON JACKSON** and my (Please print name of individual signing)

relationship to the entity named above is **PRESIDENT**.

- 3. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(g), <u>Florida 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</u> <u>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), <u>Florida Statutes</u>, means:
 - 1. A predecessor or successor of a person convicted of a public entity crime: or
 - 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 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.

- 6. 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.
- 7. 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.)

 \Box 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.)

 \square 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.)

Marlon Jackson	PROFICIENT	7/29/18	
	CONSTRUCTION COMPANY		
	INC		
Bidder's Name/Signature	Company	Date	

PL-18-04

Supplier: Proficient Construction Company



City of Pembroke Pines

Attachment G

PROPOSER'S QUALIFICATIONS STATEMENT

PROPOSER shall furnish the following information. Failure to comply with this requirement will render Bid non-responsive and shall cause its rejection. Additional sheets shall be attached as required.

PROPOSER'S Name and Principal Address: **Proficient Construction Company Inc** 3484 NW 43rd PL. Lauderdale Lakes, FL. 33309

Contact Person's Name and Title: Marlon Jackson President

Contact Person's E-mail Address: procci@bellsouth.net

PROPOSER'S Telephone and Fax Number: 954-658-4876 fax 954-733-2407

PROPOSER'S License Number: CBC 1255450 (Please attach certificate of status, competency, and/or state registration.)

PROPOSER'S Federal Identification Number: 20-8184024

Number of years your organization has been in business 11

State the number of years your firm has been in business under your present business name 11

State the number of years your firm has been in business in the work specific to this solicitation: 11

Names and titles of all officers, partners or individuals doing business under trade name: Marlon Jackson President

The business is a:	Sole Proprietorship	Partnership	Corporation \square

IF USING A FICTITIOUS NAME, SUBMIT EVIDENCE OF COMPLIANCE WITH FLORIDA FICTITIOUS NAME STATUTE. (ATTACH IN PROPOSER EXHIBIT SECTION)

Under what former name has your business operated? Include a description of the business. Failure to include such information shall be deemed to be intentional misrepresentation by the City and shall render the proposer RFP submittals non-responsive.

N/A

At what address was that business located? N/A

Name, address, and telephone number of surety company and agent who will provide the required bonds on this contract:

TBD

Have you ever failed to complete work awarded to you. If so, when, where and why?

No

Have you personally inspected the proposed WORK and do you have a complete plan for its performance?

TBD

Will you subcontract any part of this WORK? If so, give 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).

All license requiring trades per project needs. Electrical, Mechanical, Plumbing, Roofing. TBD

The foregoing 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.

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.

N/A

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). N/A

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.

N/A

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.

N/A

Has the Proposer, its principals, officers or predecessor organization(s) been CONVICTED OF A Public Entity Crime, debarred or suspended from bidding by any government entity? If so, provide details. N/A

Are you an	✓ Original provider	sales representativ	e 🗌 distributor,	□broker, [manufacturer	
□ other, of	the commodities/serv	rices proposed upon?	If other than the	original prov	ider, explain bel	OW.

Have you ever been debarred or suspended from doing business with any governmental agency? If yes, please explain:

No

Describe the firm's local experience/nature of service with contracts of similar size and complexity, it the previous three (3) years:

Our firm delivers extra attention to following SOW specifications to ensure precise clarity on the services to be provided in residential rehabilitation projects, which has resulted in very minimum misunderstanding or error situations.

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 shall cause the CITY to reject the Bid, and if after the award, to cancel and terminate the award and/or contract.

PROFICIENT CONSTRUCTION COMPANY INC (Company Name)

Marlon Jackson (Printed Name/Signature)